CMS Manual System	Department of Health & Human Services (DHHS)
Pub. 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1	Date: OCTOBER 1, 2003

I. SUMMARY OF CHANGES:

Pub.100-04, Medicare Claims Processing Manual, is a new CMS manual that replaces current Medicare claims processing instructions other than those specific to Medicare Secondary Payer. It is an Internet-only manual and may be accessed at the CMS Web site:

http://www.cms.hhs.gov/manuals

In general, these instructions have been found in Chapter III and a number of other chapters in Part 3 of the Medicare Carriers Manual and the Medicare Intermediary Manual, and in Chapters III and IV of the various provider manuals (and Chapter V of the SNF Manual, Chapter V and VI of the RHC, and the FQHC Manuals). Some instructions also have been in Program Memoranda. Related instructions in these manuals are being retired in separate revisions.

Material about procedures related to Medicare Secondary Payment are not in this manual but will be found in the Medicare Secondary Payer Manual (Pub. 100-05). Instructions reflecting Benefit Policy (other than National Coverage Determinations) will be published in the Benefit Policy Manual (Pub. 100-02). National Coverage Determinations will be found in the National Coverage Determinations Manual (Pub. 100-03)

Manual transmittals through Revision Transmittal Number 1, dated October 1, 2003, are included in this update. As new transmittals are included, they will be identified on this page. To review individual transmittals, view the CMS Transmittal Web site.

A crosswalk from the new manual to the source manual instruction is provided with each chapter. This crosswalk for the entire chapter may be accessed from the chapter table of contents. Also, the crosswalk for each section is shown immediately under the section heading.

This manual contains 31 chapters, listed on the attached table of contents.

NEW/REVISED MATERIAL - EFFECTIVE DATE: Not Applicable
                                    IMPLEMENTATION DATE: Not Applicable

II. CHANGES IN MANUAL INSTRUCTIONS:
  (R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N	Table of Contents
N	Chapters 1-31 (excluding Chapter 19)

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
x	**Manual Instruction**
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	One-Time Notification

NOTE: Normally, red italic font identifies new material. However, because this release is a new manual, normal text font is used for the initial release.

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