

CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 25

Date: OCTOBER 31, 2003

CHANGE REQUEST 2634

I. SUMMARY OF CHANGES: Billing Non-Covered Charges to Fiscal Intermediaries – Summary and New Instructions

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004 for services provided October 1, 2000, on claims submitted on or after April 1, 2004, within the timely filing period

IMPLEMENTATION DATE: April 5, 2004 with fiscal intermediary standard systems release

Disclaimer: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. SCHEDULE OF CHANGES (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N	Chapter 1/60.1/General Information on Noncovered Charges Chapter 1/60.1.1/Notification Requirements Related to Noncovered Charges Prior to Billing Chapter 1/60.1.2/Services Excluded by Statute Chapter 1/60.1.3/Claims with Condition Code 21 Chapter 1/60.1.4/Summary of All Types of No Payment Claims Chapter 1/60.1.5/General Operational Information on Noncovered Charges Chapter 1/60.2/Noncovered Charges on Inpatient Bills Chapter 1/60.3/Noncovered Charges on Demand Bills Chapter 1/60.3.1/Traditional Demand Bills (Condition Code 20) Chapter 1/60.3.2/General Demand Bills Instructions, Inpatient and Outpatient (Other than HH PPS and Part A SNF) Chapter 1/60.3.3/Summary of Methods for Demand Billing Chapter 1/60.4/Noncovered Charges on Outpatient Bills Chapter 1/60.4.1/Billing with an ABN (Use of Occurrence Code 32) Comparable to Traditional Demand Bills Chapter 1/60.4.2/Line-Item Modifiers Related to Reporting of Noncovered Charges When Covered and Noncovered Services Are on the Same Claim Chapter 1/60.4.3/Clarifying Instructions for Outpatient Therapies Billed as Noncovered, on Other than HH PPS Claims, and for Critical Access Hospitals (CAHs) Billing the Same HCPCS Requiring Specific Time Increments Chapter 1/60.4.4/New Instructions for Noncovered Charges on Ambulance Claims Chapter 1/60.4.5/Clarification of Liability for Preventive Screening Benefits Subject to Frequency Limits

R/N	Chapter 10/50/Beneficiary-Driven Demand Billing Under HH PPS Chapter 10/60/No Payment Billing

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
X	Confidential Requirements
	One-Time Special Notification

To download the Filename R25CP1.pdf associated with this instruction, click [here](#).

To download the Filename R25CP2.pdf associated with this instruction, click [here](#).

To download the Filename R25CP3.pdf associated with this instruction, click [here](#).

To download the Filename R25CP4.pdf associated with this instruction, click [here](#).

To download the Filename R25CP5.pdf associated with this instruction, click [here](#).