Medicare
Carriers Manual
Part 3 – Claims Process

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

Transmittal 1823 **Date: OCTOBER 31, 2003**

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
Table of Contents – Chapter IV	1 - 18 (18 pp.)	4-1 - 4-4.6 (10 pp.)
4-4010 – 4-4917	None	4-5 – 4-586 (398 pp.)

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

Chapter IV, Claims Review and Adjudication Procedures, This chapter is being deleted and the related instructions are issued in the Medicare Claims Processing Manual . The table of contents is replaced with a crosswalk from the old Part 3 to the related instruction in the Internet -only manual (IOM). If the material from MCM-3 is no longer applicable, we indicate that it was not moved to the IOM by entering "deleted" in the crosswalk. For each included cross-reference, we provide the old manual section number and the IOM number (e.g., 100-4 for Medicare Claims Processing Manual), and the IOM chapter and section (§) numbers.

The IOM can be found at http://www.cms.hhs.gov/manuals

These instructions should be implemented within your current operating budget.

CHAPTER IV - CLAIMS, REVIEW AND ADJUDICATION PROCEDURES

NOTE: Chapter IV has been moved to the new CMS Manual System, in the Medicare Claims Processing Manual (Pub. 100-4). The new manual can be found at http://www.cms.hhs.gov/manuals. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Line Review – HCFA-1490S		
Review of Form HCFA-l490S	4010	Not Found (perhaps should be in Claims Chapter 26)
Items 1-3 – Patient Identification	4010.1	See above
Item 4 – Nature of Illness or Injury and Employment Relationship	4010.2	See above
Item 5 – Information for Complementary Insurer	4010.3	See above
Item 6 – Signature of Patient	4010.4	See above
Review of Physician's or Supplier's Statement	4011	See above
		See above
Line Review – Health Insurance Claim Form		
Review of the Health Insurance Claim Form – CMS-1500	4020	100-4, 26-§10, 30
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Items 14-22 – Physician or Supplier Information	4020.2	100-4, 23-§10, 26-§10.4
Item 23A – Diagnosis or Nature of Illness or Injury	4020.3	100-4, 14-§50, 26-§10.6
Item 23B	4020.4	100-4, 26-§10.7
Simplified Billing Requirements for Independent Laboratory Claims	4021	100-4, 1-§80.5.1, 4, 22-§50.1
Review of Relevant Information	4022	Not Found- Perhaps deleted (not in current Manual file or Internet file paper manual, but listed in I-Drive TOC file)
Time Limit for Filing Claims	4025	100-4, 1-§70.4

	Old §	Pub, Chapter, & §
Items and Services Having Special Review Considerations		
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Home Use of DME	4105.1	100-2, 15-§100.1, 100-4, 20-§10.1.1
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Systems and Pricing Consultation in Making Rental/Purchase Decision	4106.4	100-4, 20-§30.5
Beneficiary Alleges Hardship	4106.5	Not Found - recommended place in Pub 100-4, DME chapter (20)
Durable Medical Equipment – Billing and Payment Considerations Under the Fee Schedule	4107	100-4, 20-§§20 and 20.4
General Billing and Claims Processing Requirements	4107.1	100-4, 20-§100
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Comparability and Inherent Reasonableness Limitations	4107.3	100-4, 20-§30.5
15 Month Ceiling on Capped Rental Items	4107.4	100-4, 20-§30.5
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Written Order Prior to Delivery	4107.6	100-3, 1-§256
Special Requirements for Oxygen Claims	4107.7	100-4, 20-§130.6
EOMB Messages	4107.8	100-4, 20-§100, 130.2, 130.3, 130.4, 130.5

	Old §	Pub, Chapter, & §
Oxygen HCPCS Codes Effective 1/1/89	4107.9	deleted - updated when CMS changes HCPCS codes
Oxygen Equipment and Contents Billing Chart	4107.10	100-4, 20-§130
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Laboratory Services by Physicians	4110.2	100-4, 16-§50.2, 50.2.1
Independent Laboratory Services	4110.3	100-4, 16-§10
Laboratory Services to a Patient at Home or in Institution	4110.4	100-4, 16-§60.1.2
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Billing Requirements for NP or CNS Services	4112.2	100-4, 12-§120.1
Billing for Teaching Physician Services	4113	100-4, 12-§100.1.8
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	Old §	Pub, Chapter, & §
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Portable X-Ray Services (Item 7C)	4130	100-4, 13-§30
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Consultations	4142	100-4, 12-§30.6.10
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Flat Fee or Package Charges	4145	deleted - obsolete
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Part I of the HCFA-1490, Item 6-Request for Payment on the Clinic Record	4160.3	deleted - 1490 obsolete
Part II of the HCFA-1490	4160.4	deleted - 1490 obsolete
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Postpayment Identification to Detect Duplicate and Improper Payments for Non-physician Services	4168.2	Deleted-obsolete
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Elective Surgical Procedures Subject to 100 Percent PRO Prior Approval	4170.1	Deleted - Obsolete
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PRO Disapproves Procedure	4170.5	Deleted - Obsolete
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Reports from PRO	4171.2	Deleted - Obsolete
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	Old §	Pub, Chapter, & §
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Medicare as Secondary Payer

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	Old §	Pub, Chapter, & §
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Billing Requirements	4480.3	100-4, 18-§10.2.1
Payment Requirements	4480.4	100-4, 18-§10.4, 10.4.2
No Legal Obligation to Pay	4480.5	100-4, 18-§10.4.3
Roster Bills	4480.6	100-4, 18-§10.2.5.2
Health Maintenance Organization (HMO) Processing Requirements	4480.7	100-4, 18-§10.2.5.2
Specialty Code/Place of Service (POS)	4480.8	100-4, 18-§10.3, 10.3.1

	Old §	Pub, Chapter, & §
Health Maintenance Organization (HMO) Processing Requirements	4480.9	100-4, 18-§10.3
Specialty Code/Place of Service (POS) Processing Requirements	4480.10	100-4, 18-§10.2.5
Centralized Billing for Fu and Pneumococcal (PPV) Vaccination Claims	4481	100-4, 18-§10.3, 10.3.1.1

Services Provided In Health Manpower Shortage Areas

Determining if a New Physician Provided Service in a Health Manpower Shortage Area	4500	100-4, 12-§90.4
List of Health Manpower Shortage Areas (HMSAs)	4500.1	100-4, 12-§90.4.2
Calculating the Appropriate Customary Charge	4500.2	100-4, 12-§90.4.4
New Physician Billing for Services Performed in a HMSA	4500.3	Not Found to be placed in 100-4, 23 unless obsolete

Healthcare Common Procedure Coding System (HCPCS)

Healthcare Common Procedure Coding System (HCPCS)	4501	100-4, 23-§20
Use and Maintenance of CPT-4 in HCPCS	4506	100-4, 23-§20.1
Local Codes	4507	100-4, 23-§20.2
Local Codes at Regular Carriers	4507.1	100-4, 23-§20.2
Use and Acceptance of HCPCS Codes and Modifiers	4508	100-4, 23-§20.3
Coding for Non-Covered Services and Services Not Reasonable and Necessary	4508.1	100-4, 23-§20.9.1.1
HCPCS Update	4509	100-4, 23-§20.1
Payment Concerns While Updating Codes	4509.1	100-4, 23-§30.2.1
Payment Utilization Review (UR) and Coverage Information on CMS Tape File	4509.2	100-4, 23-§20.8
Deleted HCPCS Codes/Modifiers	4509.3	100-4, 23-§20.4
Claims Review and Adjudication Procedures	4540	100-4, 23-§20, 20.6
Professional Relations	4550	100-4, 23-§20.6
Professional Relations for HCPCS	4551	100-4, 23-§20.6
HCPCS Training	4552	100-4, 23-§20.5
Radiology Fee Schedule	4600	Deleted - Obsolete
Mixed Multispecialty Clinic (Specialty Code 70)	4600.1	Deleted - Obsolete
Radiation Therapy	4600.2	100-4, 13-§70

	Old §	Pub, Chapter, & §
Issue Conversion Factors to Intermediaries	4600.3	Deleted - Obsolete
Screening Mammography and Diagnostic Mammography	4601	100-4, 18-§20
Screening Mammography Examinations	4601.1	100-4, 18-§20
Identifying a Screening Mammography Claim and Diagnostic Mammography Claim	4601.2	100-4, 18-§20.1, 20.2, 20.2.1, 20.3, 20.3.1, 20.3.2, 20.3.2.2, 20.4, 20.5.2, 20.6
Adjudicating the Claim	4601.3	100-4, 18-§20.1, 20.5, 20.5.1
MSN and EOMB Messages	4601.4	100-4, 18-§20.8, 20.8.1
Remittance Advice Messages	4601.5	100-4, 18-§20.8.2
Diagnostic and Screening Mammograms Performed with New Technologies	4601.6	100-4, 18-§20.7
Magnetic Resonance Angiography	4602	100-4, 13-§40.1, 18-§20.7
Magnetic Resonance Angiography Coverage Summary	4602.1	100-4, 13-§40.1.1
Coding Requirements	4602.2	100-4, 13-§40.1.2
Payment Requirements and Methodology	4602.3	100-4, 13-§40.1.4
Format for Submitting Medicare Carrier Claims	4602.4	100-4, 26
Claims Editing	4602.5	100-8
Screening Pap Smear and Pelvic Examination	4603	100-4, 18-§30, 40
Screening Pap Smear Coverage and Payment Requirements	4603.1	100-4, 16-§80.2, 18-§30, 30.1, 30.2, 30.4, 30.5
Screening Pelvic Examination Coverage and Payment Requirements	4603.2	100-4, 18-§40, 40.1, 40.2, 40.3, 40.4
Diagnosis Coding	4603.3	100-4, 18-§30.6
Billing Requirements	4603.4	100-4, 18-§30.3, 40.3, 40.5
Calculating Frequency Limitations	4603.5	100-4, 18-§40.1
CWF Edits	4603.6	100-4, 18-§30.3, 40.3
Medicare Summary Notices (MSNs) and Explanations of Your Part B Medicare Benefits (EOMBs)	4603.7	100-4, 18-§40.6
Remittance Advice Notices	4603.8	100-4, 18-§40.7
Furnishing Medicare Physician Fee Schedule Database (MPFSDB) Pricing Files	4620	100-4, 23-§30.3
Furnishing Physician Fee Schedule Data for Local and Carrier Priced Codes	4620.1	100-4, 23-§30.3.1

	Old §	Pub, Chapter, & §
Furnishing Physician Fee Schedule Data for National Codes	4620.2	100-4, 23-§30.3.2
Furnishing Fee Schedule (Excluding Physician Fee Schedule), Prevailing Charge and Conversion Factor Data to United Health Care, Intermediaries, State Agencies, Indian Health Services, and United Mine Workers	4620.3	100-4, 23-§30.3.3
File Specifications	4621	100-4, 23-§30.3.5
Responsibility to Download and Implement Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedules	4622	100-4, 23-§30.3.4
Correct Coding Initiative	4630	100-4, 23-§20.9, 20.9.2, 20.9.3, 20.9.4, 20.9.5, 20.9.6

Submission of Claims to Medigap Insurers

Submission of Claims to Medigap Insurer	4700	100-4, 28-§10
General Requirements	4701	Deleted-obsolete
Medigap Assignment Selection	4702	100-4, 28-§20, 30
Medigap Assignment Selection	4702.1	100-4, 28-§20.1
EOMB Messages	4703	100-4, 28-§40
Remittance Notice Messages	4704	100-4, 28-§50
Returned Medigap Notices	4705	100-4, 28-§60
Charging Medigap Insurers	4706	100-4, 28-§70.3
Electronic Transmission	4707	100-4, 28-§80
Paper Submission	4708	100-4, 28-§900
Medigap Electronic Claims Transfer Agreements	4709	100-4, 28-§80.3

Global Surgery

General	4820	100-4, 12-§30.6.3, 30.6.6, 40, 40.1A, 40.1D
Definition of a Global Surgical Package	4821	100-4, 12-§30.6.3, 30.6.6, 40.1, 40.1A, 40.1D
Billing Requirements for Global Surgeries	4822	100-4, 12-§30.6.3, 30.6.6, 40.1A, 40.1D, 40.2

	Old §	Pub, Chapter, & §
Claims Review for Global Surgeries	4823	100-4, 12-§30.6.3, 30.6.6, 40.1A, 40.1D, 40.3
Adjudication of Claims for Global Surgeries	4824	100-4, 12-§30.6.3, 30.6.6, 40.1A, 40.1D, 40.4
Postpayment Issues	4825	100-4, 12-§40.1A, 40.1D, 40.4, 40.5
Claims for Multiple Surgeries	4826	100-4, 12-§40.1A, 40.1D, 40.6, 40.6D
Claims for Bilateral Surgeries	4827	100-4, 12-§40.1A, 40.1D, 40.7
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Procedures Billed with Two or More Surgical Modifiers	4829	100-4, 12-§40.1A, 40.1D, 40.9
Claims for Anesthesia Services Performed On or After January 1, 1992	4830	100-4, 12-§40.1A, 40.1D, 50E, 50K, 140.2
Billing for Portable X-Ray Set-Up Services	4831	100-4, 12-§40.1A, 40.1D, 13-§90

National Emphysema Treatment Trial

National Emphysema Treatment Trial	4900	Not Found-should be in demonstrations (100-19)
Background	4900.1	See immediately above
Coverage of Service	4900.2	See immediately above
Beneficiaries Participating in the Study	4900.3	See immediately above
Sites of Service	4900.4	See immediately above
Format for Submitted Claims	4900.5	See immediately above
Identifying NETT Claims	4900.6	See immediately above
Bypassing Existing Edits in Your System	4900.7	See immediately above
Common Working File (CWF) Processing of NETT Claims	4900.8	See immediately above

	Old §	Pub, Chapter, & §
Dates of Service	4900.9	See immediately above
Late Claim Submission	4900.10	See immediately above
Termination of a Beneficiary's Participation	4900.11	See immediately above
Coding	4900.12	See immediately above
Payment	4900.13	See immediately above
Managed Care	4900.14	See immediately above
Responding to Billing Questions	4900.15	See immediately above
Denied Claims	4900.16	See immediately above
Participating Clinical Centers	4900.17	See immediately above
	Qualifying Clinical Trials	
General	4906	100-3, 1-§310
Payment for Qualifying Clinical Trial Services	4907	Not Found-analysis needed
Medical Records Documentation Requirements	4908	Not Found-analysis needed
Local Medical Review Policy	4909	100-3, 1-§310
Billing Requirements-General	4910	Not Found-analysis needed
Billing Requirements for Dates of Service on or After September 19, 2000 Through December 31, 2001	4911	See immediately above
Billing Requirements for Dates of Service on or After January 1, 2002	4912	See immediately above
Billing Requirements for Dates of Service on or After January 1, 2002	4912	See immediately above
Billing Requirements for Diagnostic Trial Services Furnished to Healthy Control Group Volunteers	4913	See immediately above
Handling Erroneous Denials of Clinical Trial Services	4914	See immediately above
Processing Fee For Service Claims for Clinical Trial Services Furnished To Medicare + Choice (M+C) Enrollees	4915	See immediately above

	Old §	Pub, Chapter, & §
CWF Editing of Clinical Trial Claims for M+C Enrollees	4916	See immediately above
Resolution of UR-5232 Rejects	4917	Not Found-to be in 100-4, 27-§80