

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1915	Date: February 5, 2010
	Change Request 6788

SUBJECT: Non-systems Internet Only Manual (IOM) Chapter 25 Changes

I. SUMMARY OF CHANGES: This Change Request (CR) includes National Uniform Billing Committee (NUBC) approved changes (mostly wordsmithing), updated Part A and Part B Medicare Administrated Contractor (A/B MAC) language (replacing "FI" with "FI or A/B MAC"), and updates resulting from the following CRs:

6338 - Change Type of Bill (TOB) for Federally Qualified Health Centers (FQHCs) from 73x to 77x, Effective Date: April 1, 2010,

6416 - April 2009 Update of the Hospital Outpatient Prospective Payment System (OPPS), Effective Date: April 1, 2009 - Revenue Code 0392 (Blood Processing and Storage), and

6638 - Instructions regarding processing claims rejecting for gender/procedure conflict, Effective Date: April 1, 2010.

New / Revised Material

Effective Date: April 14, 2010

Implementation Date: April 14, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
R	25/70.1 - Uniform Billing with Form CMS-1450
R	25/70.2 - Disposition of Copies of Completed Forms
R	25/75 - General Instructions for Completion of Form CMS-1450 for Billing (UB-04)
R	25/75.1 - Form Locators 1-15
R	25/75.2 - Form Locators 16-30
R	25/75.3 - Form Locators 31-41

R	25/75.4 - Form Locator 42
R	25/75.5 - Form Locators 43-81

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*