

CMS Manual System

Pub. 100-04 Medicare Claims Processing

Transmittal 111

Department of Health & Human Services (DHS)
Systems for Medicare & Medicaid Services (CMS)

Date: 01/14/09

1/14/09 10:00 AM

NOTE: This transmittal replaces Transmittal 109, dated September 24, 2008. We are adding conditions code 99 that was omitted in error. All other information remains the same.

SUBJECT: Instructions for Completion of Form CMS-1489

I. REVISIONS TO MANUALS: Chapter 24 is being revised to remove sections 24 and 25. The information in these sections was moved to Chapter 26 as part of CM 1440. Sections 24 is being moved to Chapter 26 as well. From Section 24 to 26, we moved items 24, 27, Patient Status Code, and PL 42 Service Codes. PL 24-30 Condition Codes and PL 30-40 Work Codes are being updated to include new term conditions code and two new value codes approved by the National Claims Billing Committee.

NEW/REVISED MATERIAL: EFFECTIVE DATE: January 8, 2009

REPEATED FROM DATE: January 8, 2009

Directions for manual changes only: The revision date and manual number apply to the red manual material only. Any other material was previously published and remains unchanged. However, if the revision consists of table of contents, you will receive the corrected information only, and not the entire table of contents.

II. CHANGES IN MANUAL EFFECTIVE DATE: (All of manual are updated.)
CM = BENEFIT, N = NEW, D = DELETED – only for Pub. 100-04

BOOK	CHAPTER BOOK TITLE/DESCRIPTION
24	24-30 Patient Status, Priority and Administrative Set (PAPAC) Codes, CLM and C-Modifications of Items 24
25	25-30 Work Codes of Section 25
26	26-30 General Instructions for Completion of Form CMS-1489 for Billing

III. COMMENTS: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

N	Manual Requirements
N	Manual Requirements
C	Conditional Requirements

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