
CMS Manual System
Pub. 100-04 Medicare Claims Processing

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

Transmittal 1010

Date: JULY 28, 2006

CHANGE REQUEST 5060

SUBJECT: Additional Requirements Necessary to Implement the Revised Health Insurance Claim Form CMS-1500 (08/05)

Transmittal 1010, CR 5060 dated July 28, 2006, is being rescinded and replaced by Transmittal 1058, CR 5060. In Section B. Policy, Code N271 incorrectly stated “primary identifier” and should be “secondary identifier”. All other information remains the same.