
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 23

Date: OCTOBER 31, 2003

CHANGE REQUEST 2193

I. SUMMARY OF CHANGES: Carrier Standard Systems would price the payment of referred services based upon the zip code of where the service was performed versus the current use of a reference use only PIN.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004

***IMPLEMENTATION DATE: April 5, 2004**

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
R	16 Table of Contents
R	16/10/1 Definitions
R	16/40/1 Laboratories Billing for Referred Tests
N	16/40/1/1 Claims Information and Claims Forms and Formats
N	16/40/1/1/1 Paper Claim Submission to Carriers
N	16/40/1/1/2 Electronic Claim Submission to Carriers
R	16/50/1 Referring Laboratories
R	16/50/4 Reporting of Pricing Localities for Clinical Laboratory Services
R	16/50/5/1 Jurisdiction of Referral Laboratory Services
R	16/50/5/2 Examples of Reference Laboratory Jurisdiction Rules

*III. FUNDING:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Only

*Medicare contractors only

To download the Filename R23CP1.pdf associated with this instruction, click [here](#).

To download the Filename R23CP2.pdf associated with this instruction, click [here](#).