

# Program Memorandum Carriers

Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

Transmittal B-01-33

Date: APRIL 27, 2001

## CHANGE REQUEST 1678

**SUBJECT: Suspend the Transmission of Box 10 Development Inquiries to the Coordination of Benefits (COB) Contractor**

Box 10 on Form HCFA-1500 or equivalent electronic media claims when checked indicates that the claims information being submitted may be related to a possible traumatic injury, accident, or illness. You have been forwarding this pertinent claim information to the COB contractor, via the electronic correspondence referral system (ECRS), for Medicare secondary payer (MSP) development. This instruction also applies to MSP information supplied on Forms HCFA-1490S and HCFA-1491.

After analyzing claims information submitted to the COB contractor, we find that submissions of this type duplicate development performed when claims are submitted with a Trauma diagnosis code.

Therefore, no longer forward claims information to the COB contractor where box 10 is checked. Where the claims information is already forwarded, but the COB contractor has not begun development, the new status/reason code HD/10 will be assigned. This status/reason code indicates the information was accepted by the COB contractor but will not be developed. For inquiries already under development, the COB contractor will continue processing under current guidelines.

**The *effective date* for this Program Memorandum (PM) is May 14, 2001.**

**The *implementation date* for this PM is May 14, 2001.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after March 31, 2002.**

**If you have any questions, contact your regional office MSP coordinator.**