

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4011	Date: March 30, 2018
	Change Request 10567

Transmittal 4011, dated March 30, 2018, is being rescinded and replaced by Transmittal 4198, dated January 11, 2019, to remove sections/subsections 70.1.1, 70.1.2, 70.1.3, 70.2.1, 70.2.2, 70.2.2.1, 70.2.2.2, 70.2.2.3, 70.2.2.4, 70.2.2.5, 70.2.3, 70.2.3.1, 70.2.3.2, 70.2.3.3, 70.2.4, 70.2.5, 70.3.1, 70.3.2, 70.3.3, 70.3.4, 70.3.5, 70.4.1, 70.4.1.1, 70.4.1.2, 70.4.1.3, 70.4.2, 70.4.2.1, 70.4.2.2, 70.4.3, 70.4.3.1, 70.4.3.2, 70.4.3.3, 70.4.3.4, 70.4.3.5, 70.4.3.6, 70.4.3.7, 70.4.3.8, 70.4.3.9, 70.4.3.10, 70.4.3.11, 70.4.4, 70.4.4.1, 70.4.4.2, 70.4.4.3, 70.4.5, 70.6.1.1, 70.6.1.2, 70.6.1.3, 70.6.1.4, 70.6.2, 70.6.3, 70.6.4, 70.6.5, 70.6.6, 70.6.7, 70.6.8, 70.6.9, 70.6.9.1, 70.6.9.2, 70.6.9.3, 70.6.9.4, 71, 72, 73, 74, 75, 75.1 and revise sections/subsections 70, 70.1, 70.2, 70.3, 70.4, 70.5, 70.6, 70.6.1 in chapter 30 of Pub. 100-04. These sections/subsections should have been removed or revised in the previous transmittal. All other information from the transmittal remains the same.

SUBJECT: Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN)