

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 511

Department of Health &
Human Services

Center for Medicare and &
Medicaid Services

Date: MARCH 28, 2005

Change Request 3788

SUBJECT: Type of Service (TOS) Corrections

I. SUMMARY OF CHANGES: This transmittal replaces CR 3717, Transmittal 476 dated February 18, 2005. It corrects the effective date in the previous transmittal and also corrects TOS for A4595 and A4605. This transmittal is being issued to correct several type of (TOS) inconsistencies. In addition, this instruction contains additional procedure codes and their corresponding TOS that were inadvertently left out of the annual TOS update, Change Request 3519. All of the above mentioned changes are in Attachment 1 as well as in Chapter 26, Section 10.7.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : **January 01, 2005**

IMPLEMENTATION DATE : **APRIL 18, 2005**

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED

R/N/D	Chapter / Section / SubSection / Title
R	26/10.7/Type of Service(TOS)

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Recurring Notification Form

**Unless otherwise specified, the effective date is the date of service.*