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# **CMS Manual System**

## **Pub. 100-05 Medicare Secondary Payer**

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

**Transmittal 41**

**Date: OCTOBER 21, 2005**

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**CHANGE REQUEST 4098**

***NOTE: Transmittal 41, CR 4098, dated October 21, 2005, is rescinded and replaced with Transmittal 53, CR 5087, dated June 9, 2006. The CR 5087 will modify the changes previously made to PART V to address the questions that have arisen, will incorporate all other changes made via CR 4098, and will make additional changes to other parts of the model questionnaire to improve the language and sequencing of questions in these parts.***