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# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

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

Transmittal 476

Date: FEBRUARY 18, 2005

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CHANGE REQUEST 3717

### SUBJECT: Type of Service (TOS) Corrections

**I. SUMMARY OF CHANGES:** This transmittal is being issued to correct several type of service (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\*: April 1, 2005**

**IMPLEMENTATION DATE: April 4, 2005**

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 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:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

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