

CMS Manual System

Department of Health & Human  
Services (DHHS)

Pub 100-04 Medicare Claims  
Processing

Centers for Medicare & Medicaid  
Services (CMS)

Transmittal 1410

Date: JANUARY 11, 2008

Change Request 5838

NOTE: Transmittal 1410, dated, January 11, 2008 rescinds and replaces  
Transmittal 1398 dated  
December 19, 2007 to correct the type of service (TOS) for the following two  
codes: K0730 should be  
TOS P and 0145T should be TOS 4. All other material remains the same.

Subject: Annual Type of Service (TOS) Update

I. SUMMARY OF CHANGES: This transmittal is being revised to include the  
crosswalk of 2008 HCPCS  
codes to national type of service (TOS) indicators. Some changes have been made  
to previous existing  
HCPCS/TOS combinations. Any additional new codes not included in this  
transmittal will be part of the  
2008 HCPCS file and contractors should refer to the 2008 HCPCS file for all new  
2008 codes and the  
applicable TOS.

New / Revised Material

Effective Date: January 1, 2008

Implementation Date: January 7, 2008

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/Annual Type of Service (TOS) Update

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

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

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question

and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Manual Instruction

Recurring Update Notification

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

Attachment - Recurring Update Notification

Pub. 100-04

Transmittal: 1410

Date: January 11, 2008

Change Request: 5838

NOTE: Transmittal 1410, dated January 11, 2008 rescinds and replaces Transmittal 1398 dated December 19, 2007 to correct the type of service (TOS) for the following two codes: K0730 should be TOS P and 0145T should be TOS 4. All other material remains the same.

SUBJECT: Annual Type of Service (TOS) Update

Effective Date: January 1, 2008

Implementation Date: January 7, 2008

I. GENERAL INFORMATION

A. Background: Type of Service (TOS) is an indicator that the carrier places on the Form CMS-1500 paper form or electronic format. The indicator is mainly used for data purposes. However, in some instances it affects payment. All HCPCS codes have a corresponding TOS indicator.

B. Policy: This transmittal is revised to include crosswalk of 2008 HCPCS codes to national TOS indicators. Some changes have been made to previous existing HCPCS/TOS combinations.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number

Requirement

Responsibility (place an "X" in each applicable column)

A/  
B

MA  
C

DM  
E

MA  
C

F  
I

CARRIE  
R

RHH  
I

Shared-System  
Maintainers

OTHER

FIS  
S

MC  
S

VM  
S

C  
W  
F

5838.1

CWF shall recognize the new changes included in Chapter 26, Section 10.7.

X

5838.2

Contractors shall recognize the new changes included in Chapter 26, Section 10.7

X

X

X

X

III. PROVIDER EDUCATION TABLE

Number

Requirement

Responsibility (place an "X" in each applicable column)

A/  
B

MA  
C

DM  
E

MA  
C

F  
I

CARRIE  
R

RHH  
I

Shared-System  
Maintainers

OTHER

FIS  
S

MC  
S

VM  
S

C  
W  
F



None.

#### IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref

Requirement

Number

Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space:

## V. CONTACTS

Pre-Implementation Contact(s): Vera A. Dillard (410) 786-6149, Pat Gill (410) 786-1297

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING A. For Fiscal Intermediaries and Carriers, use only one of the following statements:

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

B. For Medicare Administrative Contractors (MACs), use the following statement:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

