

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1179</b>	<b>Date: FEBRUARY 2, 2007</b>
	<b>Change Request 5472</b>

***NOTE: Transmittal1179, dated February 2, 2007, is rescinded and replaced herewith. The Summary of Changes below corrects the scope of the CR. Business Requirements references within the Policy section and 5472.4.4 are changed from “loop 2330 REF\*T4\*Y” to “loop 2330B REF\*T4\*Y.” Business Requirement 5472.5.3 modifies “value” with “compliant.” Business Requirement 5472.5 clarifies the example provided as to when the “A” adjustment indicator should be set. The identical tables of Crossover Claim Disposition Indicators in Attachment B and Chapter 27§80.15 are corrected. The COBC Detailed Error Report layouts in Chapter 28 §70.6.1 now match those in Attachment C. All other information remains the same.***