

Program Memorandum Carriers

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

Transmittal B-03-030

Date: APRIL 25, 2003

CHANGE REQUEST 2703

SUBJECT: Type of Service (TOS) Corrections

I. GENERAL INFORMATION

A. Background:

Type of Service is an indicator that the carrier places on the Form CMS-1500 paper form or the 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. Scope:

The purpose of this Program Memorandum (PM) is to correct some TOS inconsistencies. Medicare Part B carriers and the Common Working File (CWF) must correct the TOS for the HCPCS code listed below.

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	Responsibility																								
01	<p>The Part B Medicare carriers and CWF must make the following TOS corrections:</p> <table><thead><tr><th><u>HCPCS CODE</u></th><th><u>TOS</u></th><th><u>Effective Date</u></th></tr></thead><tbody><tr><td>62252</td><td>1</td><td>January 1, 2001</td></tr><tr><td>G0248</td><td>5</td><td>July 1, 2002</td></tr><tr><td>G0249</td><td>5</td><td>July 1, 2002</td></tr><tr><td>G0281</td><td>1,U,W</td><td>April 1, 2003</td></tr><tr><td>G0282</td><td>1,U,W</td><td>April 1, 2003</td></tr><tr><td>G0295</td><td>1,U,W</td><td>April 1, 2003</td></tr><tr><td>G0283</td><td>1,U,W</td><td>January 1, 2003</td></tr></tbody></table>	<u>HCPCS CODE</u>	<u>TOS</u>	<u>Effective Date</u>	62252	1	January 1, 2001	G0248	5	July 1, 2002	G0249	5	July 1, 2002	G0281	1,U,W	April 1, 2003	G0282	1,U,W	April 1, 2003	G0295	1,U,W	April 1, 2003	G0283	1,U,W	January 1, 2003	CWF/Carriers
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X-Ref Requirement #	Instructions
01	<p>NOTE: The Medicare Carriers Manual (MCM), Part 3, Chapter 4, will be updated to show the correct TOS for the following codes:</p> <p>99170-TOS 5 96920-TOS 2 96921-TOS 2 96922-TOS 2</p> <p>This is not a change for CWF since CWF does have the correct TOS already in the system. The MCM needs to be updated.</p>

B. Design Considerations: NONE

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. ATTACHMENT(S)--None

<p>Implementation Date: July 1, 2003</p> <p>Discard Date: July 1, 2004</p> <p>Post-Implementation Contact: CMS Regional Office</p>	<p>Effective Date: July 1, 2003</p> <p>Funding: These instructions should be implemented within your current operating budget.</p>
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