

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
 [October 2002 Through December 2002]

Transmittal No.	Manual/Subject/Publication number
B-02-063	• Annual Updating of ICD-9-CM Codes Must Be Date of Services Driven
B-02-064	• Viable Information Processing System Implementation to Process ICD-9-CM Codes Using Date of Service and Not Date of Receipt
B-02-065	• Durable Medical Equipment Regional Carriers-Establishment Common Working File Override for Legitimate Duplicate Claims
B-02-066	• Ambulance Services: Maintaining Point-of-Pickup Zip Code
B-02-067	• Revision to Messages for Skilled Nursing Facility Consolidated Billing and Implementation of Common Working File Edits for Clinical Social Workers for Skilled Nursing Facility Consolidated Billing
B-02-068	• Revised X12N 4010 837 Professional Flat File
B-02-069	• Messages for Use With Drug Claims
B-02-070	• Reporting of Admission Date and Additional Edit Requirements for the X12N 837 (Version 4010) Coordination of Benefits Transaction
B-02-071	• Use of the National Drug Code for Drug Claims at the Durable Medical Equipment Regional Carriers
B-02-072	• Calendar Year 2003 Participation Enrollment and Medicare Participating Physicians and Supplies Directory Procedures
B-02-073	• Durable Medical Equipment Regional Carriers-Establishment Common Working File Override for Legitimate Duplicate Claims
B-02-074	• Clarification on System Changes in Change Request 2299
B-02-075	• Carrier Review of Payment Amounts for Portable X-Ray Transportation Services (HCPCS code R0070)—Request
B-02-076	• Annual Update for Skilled Nursing Facility Consolidated Billing for the Common Working File and Medicare Carriers
B-02-077	• Program Integrity Management Reporting System for Part B
B-02-078	• Medical Review Progressive Corrective Action—ACTION
B-02-079	• Contractor Reporting of Operational and Workload Data for Electronic Data Interchange and Manual Transactions
B-02-080	• Medicare Status Code System Standard System Financial Data Report Requirements for the Production Performance Monitoring System, Pulse System
B-02-081	• Migrate Medicare Carrier Provider/Supplier Enrollment Data From the Existing Carrier Provider Enrollment System into the Provider Enrollment Chain Ownership System
B-02-082	• Migrate Medicare Carrier Provider/Supplier Enrollment Data From the Existing Carrier Provider Enrollment System into the Provider Enrollment Chain Ownership System and Shut Down All Provider Enrollment Functions in Percutaneous Electrical Nerve Stimulation
B-02-083	• Create Import/Export Functionality Between the Unique Provider Identification Number System and the Provider Enrollment Chain Ownership System
B-02-084	• Create Import/Export Functionality Between the Medicare Claims System and the Provider Enrollment Chain Ownership System
B-02-085	• Process All Medicare Part B Provider Enrollments in the Provider Enrollment Chain Ownership System. Modify the Medicare Claims System to Incorporate All Claim Payment and Provider Correspondence Functionality That Is Included in the Provider Enrollment System But Will Not Be a Part of Provider Enrollment System. Shut Down All Provider Enrollment Functions in Provider Enrollment System
B-02-086	• Create Import/Export Functionality Between the Viable Medicare System and the Provider Enrollment Chain Ownership System
B-02-087	• Skilled Nursing Facility Consolidated Billing—New Requirements for Claims for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
B-02-088	• Changes to Correct Coding Edits, Version 9.1, Effective April 1, 2003
B-02-089	• Further Instructions Regarding the Reasonable Charge Update for 2003 for Splints and Casts
B-02-090	• Implementation of the National Council for Prescription Drug Programs (NCPDP) Telecommunications Standard Version 5.1 and the Equivalent Batch Standard Version 1.1 for Retail Pharmacy Drug Transactions—CORRECTION
B-02-091	• Provider Education Article: Requirements for Payment of Medicare Claims for Foot and Nail Care Services
B-02-092	• Electromagnetic Stimulation

**Program Memoranda
 Intermediaries/Carriers
 (CMS Pub. 60A/B)
 (Superintendent of Documents No. HE 22.8/6-5)**

AB-02-134	• Questions and Answers Related to Implementation of National Coverage Determinations for Clinical Diagnostic Laboratory Services
AB-02-135	• System Networking Electronic Correspondence Referral System 1.3 User and Installation Guides for Testing and Production
AB-02-136	• Reasonable Charge Update for 2003 for Splints, Casts, Dialysis Supplies, Dialysis Equipment, Therapeutic Shoes, and Certain Intraocular Lenses
AB-02-137	• Annual Update of Healthcare Common Procedure Coding System Codes Used for Home Health Consolidated Billing Enforcement
AB-02-138	• Instructions for Fiscal Intermediary Standard System and Multi-Carrier System Healthcare Integrated General Ledger Accounting System Changes
AB-02-139	• Additional Guidance for Applying the Medicare Self-Administered Drug Exclusion
AB-02-140	• Data Center Testing and Production—Electronic Correspondence Referral System User Manual 5.1 and Quick Reference Guide Replacement
AB-02-141	• Charging Fees to Providers for Medicare Education and Training Activities-Program Management
AB-02-142	• Remittance Advice Coding Update
AB-02-143	• Provider Education Article: Psychotropic Drug Use in Skilled Nursing Facilities
AB-02-144	• Virginia Cardiac Surgery Initiative Demonstration