

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

Transmittal No.	Manual/Subject/Publication number
AB-02-145	• Electronic Patient Records Via Non-Internet Means
AB-02-146	• Revision to the Healthcare Provider Taxonomy Codes Crosswalk
AB-02-147	• Promoting Influenza Vaccinations
AB-02-148	• Remittance Advice Message for Ambulance Services
AB-02-149	• Update to the Mammography Quality Standard Act File Record Layout for the Food and Drug Administration Certified Digital Mammography Centers
AB-02-150	• Payment of Physician and Nonphysician Services for Certain Indian Providers
AB-02-151	• Clarification Regarding Non-physician Practitioners Billing on Behalf of a Diabetes Outpatient Self-Management Training Services Program and the Common Working File Edits for Diabetes Outpatient Self-Management Training Services & Medical Nutrition Therapy. (NOTE: APASS has received a waiver for this Change Request)
AB-02-152	• Fee Schedule Update for 2003 for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
AB-02-153	• Claims Processing Instructions for the Medicare Disease Management Demonstration
AB-02-154	• New Waived Tests—September 27, 2002
AB-02-155	• Beneficiary Notification of Denials Based on Local Medical Review Policy
AB-02-156	• Coverage and Billing for Neuromuscular Electrical Stimulation
AB-02-157	• Codes Billable by Skilled Nursing Facilities and Suppliers for Skilled Nursing Facility Residents—Notice of New File Available via CMS Mainframe Telecommunication System
AB-02-158	• Common Working File, Fiscal Intermediary, and Carrier Edits and Policy Clarification for Peripheral Neuropathy With Loss of Protective Sensation in People With Diabetes
AB-02-159	• Medicare Deductible and Premium Rates for Calendar Year 2003
AB-02-160	• Medicare Telehealth Update
AB-02-161	• Coverage and Billing Requirements for Electrical Stimulation for the Treatment of Wounds
AB-02-162	• Deported Medicare Beneficiaries
AB-02-163	• 2003 Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment Method
AB-02-164	• Carrier, Durable Medical Equipment Regional Carrier, Intermediary and Regional Home Health Intermediary Processing Requirements for Claims Edited by Common Working File for Medicare Beneficiaries in State or Local Custody Under a Penal Authority
AB-02-165	• Levocarnitine for Use in the Treatment of Carnitine Deficiency in End Stage Renal Disease Patients
AB-02-166	• Editing of the Healthcare Provider Taxonomy Codes and Use of the Healthcare Provider Taxonomy Codes Crosswalk
AB-02-167	• Notice of Interest Rate for Medicare Overpayments and Underpayments
AB-02-168	• Advance Beneficiary Notice and Durable Medical Equipment Prosthetics, Orthotics & Supplies Refund Requirements—Corrections to PM AB-02-114
AB-02-169	• Notice Requirement Related to Local Medical Review Policies
AB-02-170	• File Descriptions and Instructions for Retrieving the 2003 Ambulatory Surgical Center Healthcare Common Procedure Code Additions and Deletions
AB-02-171	• X12N Health Care Eligibility Benefit Inquiry/Response (270/271) Transaction Security and Connectivity Instructions
AB-02-172	• Next Generation Desktop Data Center Connectivity—Security Information Clarification to Change Request 2079 (AB-02-073) Dated May 16, 2002
AB-02-173	• Ambulance Fee Schedule Updates for 2003
AB-02-174	• Single Drug Pricer
AB-02-175	• Revisions to Common Working File Edits for Skilled Nursing Facility Consolidated Billing to Permit Payment for Certain Diagnostic Services Furnished to Beneficiaries Receiving Treatment for End Stage Renal Disease at an Independent or Provider-Based Dialysis Facility
AB-02-176	• Prior Approval Requirement for Data Center and Front End Movement
AB-02-177	• Independent Laboratory Billing for the Technical Component of Physician Pathology Services to Hospital Patients
AB-02-178	• Clarification of the Comprehensive Error Rate Testing Program Contractor Resolution Process
AB-02-179	• Complaint Screening
AB-02-180	• Coverage and Billing for Home Prothrombin Time International Normalized Ratio Monitoring for Anticoagulation Management
AB-02-181	• Medicare Physician Fee Schedule Update and the 2003 Participation Enrollment Process
AB-03-182	• Coverage and Billing of Sacral Nerve Stimulation
AB-02-183	• Coverage of Hyperbaric Oxygen Therapy for the Treatment of Diabetic Wounds of the Lower Extremities
AB-02-184	• Provider Notification of Denials Based on Local Medical Review Policy
AB-02-185	• Deletion of Q Codes and Reactivation of CPT Codes for Hepatitis B Vaccine

Provider Reimbursement Manual—Part 1
(CMS Pub. 15-1)
Superintendent of Documents No. HE 22.8/4

423	• Regional Medicare Swing-Bed Rates
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Hospital Manual
(CMS Pub. 10)
(Superintendent of Documents No. HE 22.8/2)

791	• Billing for Mammography Screening Diagnostic Mammography
792	• Diagnostic and Screening Mammograms Performed with New Technologies
793	• Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines
	• Payment for Services Furnished by a Critical Access Hospital