

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[January 2003 through March 2003]

Transmittal No.	Manual/subject/publication No.
Program Memorandum Intermediaries (CMS-Pub. 60A) (Superintendent of Documents No. HE 22.8/6-5)	
A-02-128	• Revision to 42 CFR 405.371 Suspension, Offset and Recoupment of Medicare Payments to Providers and Suppliers of Services
A-02-129	• 2003 Update of the Hospital Outpatient Prospective Payment System
A-03-001	• January Medicare Outpatient Code Editor Specifications Version 18.1 For Bills From Hospitals That Are Not Paid Under the Outpatient Prospective Payment System
A-03-002	• Installation of Version 28.0 Add-On of the Provider Statistical and Reimbursement Report
A-03-003	• January Outpatient Code Editor Specifications Version (V4.0)
A-03-004	• Calculating Provider-Specific Medicare Outpatient Cost-to-Charge Ratios and Instructions on Cost Report Treatment of Hospital Outpatient Services Paid on a Reasonable Cost Basis
A-03-005	• Health Insurance Portability and Accountability Act Transaction 835v4010 Companion Document Update for Intermediaries
A-03-006	• Update the Medicare Secondary Payment Module to Apportion Prospective Payment System (PPS) Outlier Amounts to all Service Lines With Medicare Reimbursement That Are PRICER Related and Potential Outlier Service Lines
A-03-007	• Payment to Hospitals and Units Excluded from the Acute Inpatient Prospective Payment System for Direct Graduate Medical Education and Nursing and Allied Health Education for Medicare+Choice Enrollees
A-03-008	• Clarification of 3-Day Payment Window vs. 1-Day Payment Window for Hospitals Excluded from Inpatient Prospective Payment System
A-03-009	• Medical Nutrition Therapy Services for Beneficiaries with Diabetes or Renal Disease
A-03-010	• Manual Medical Review Indicator for the Comprehensive Error Rate Testing Program
A-03-011	• Changes in Payment for Certain Services Provided by Outpatient Physical Therapy Providers Under the Medicare Physician Fee Schedule
A-03-012	• The Report of Benefit Savings
A-03-013	• 3-Day Payment Window Refinements Under the Short-Term Hospital Inpatient Prospective Payment System
A-03-014	• Further Guidance Regarding Billing Under the Outpatient Prospective Payment System
A-03-015	• Electromagnetic Stimulation
A-03-016	• Continuous Home Care Under Medicare Hospice
A-03-017	• Payment for Services To Be Paid on a Fee Schedule But for Which There Is No Price
A-03-018	• Installation of Version 28.0 Second Add-On of the Provider Statistical and Reimbursement Report
A-03-019	• Reactivation of Outpatient Prospective Payment System Outpatient Code Editor Edit 15, "Service Unit Out Of Range" and Guidance on Editing for Low Osmolar Contrast Media Procedures
A-03-020	• April 2003 Update of the Hospital Outpatient Prospective Payment System
A-03-021	• Announcement of Medicare Rural Health Clinics and Federally Qualified Health Centers Payment Rate Increases, Clarification on Coverage and Payment of Diabetes Self-Management Training Services and Medical Nutrition Therapy Services
A-03-022	• Installation of Version 29.0 of the Provider Statistical and Reimbursement Reporting System—Modification
A-03-023	• Implementation of the Temporary Equalization of Urban and Rural Standardized Payment Amounts Under the Medicare Inpatient Hospital Prospective Payment System as Required by Section 402(b) of Public Law 108-7

Program Memorandum
Carriers (CMS-Pub. 60B) (Superintendent of Documents No. HE 22.8/6-5)

B-03-001	• Emergency Update to the 2003 Medicare Physician Fee Schedule Database
B-03-002	• DMERCs-VIPS Medicare System Implementation To Process ICD-9 CM Codes Using Date of Service and Not Date of Receipt
B-03-003	• Processing Initial Denials, of the DMEPOS Refund Requirements Implementation of Limits on Beneficiary Liability for Medical Equipment and Supplies—Change
B-03-004	• CWF Change for Billing for Glucose Test Strips and Supplies—Follow-up to Change Request 2156
B-03-005	• Reporting of Accident Date and Ambulance Certification Information on the X12N 837 (version 4010) Coordination of Benefits Transaction
B-03-006	• Program Integrity Management Reporting System for Part B—Correction of Multiple Reports of Savings by VIPS Standard Systems (<i>i.e.</i> , VIPS Medicare System and Durable Medical Equipment Regional Contractor System)
B-03-007	• Minimum Number of Pricing Files That Must Be Maintained Online for Medicare Physician Fee Schedule Services
B-03-008	• Medical Review Progressive Corrective Action Continuation of Work Begun in Compliance with Change Request 2433
B-03-009	• Durable Medical Equipment Regional Carriers—New Modifier Needed To Invoke Advanced Beneficiary Notice Logic for Hard Copy and Electronic Claims
B-03-010	• Program Integrity Management Reporting System for Part B—Implementation of an Automated Edit Description Module
B-03-011	• Correct Payment of January and February 2003 Physician Services
B-03-012	• Use of the National Drug Code for Drug Claims at the Durable Medical Equipment Regional Carriers
B-03-013	• Continuation of April 2003 Change Request 2424: Create Import/Export Functionality Between the Unique Provider Identification Number System and the Provider Enrollment Chain Ownership System
B-03-014	• Continuation of April 2003 Change Request 2425: Create Import/Export Functionality Between the Medicare Claims System (MCS) and the Provider Enrollment Chain Ownership System
B-03-015	• Continuation of April 2003 Change Request 2426: 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 Chain Ownership System