

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

Transmittal No.	Manual/subject/publication No.
B-03-016	<ul style="list-style-type: none"> Continuation of April 2003 Change Request 2427: Process all Medicare Part B Provider Enrollments in the Provider Enrollment Chain Ownership System; Create Import/Export Functionality Between the Viable Medicare System and the Provider Enrollment Chain Ownership System
B-03-017	<ul style="list-style-type: none"> Add-On-Codes for Anesthesia
B-03-018	<ul style="list-style-type: none"> Changes to Correct Coding Edits, Version 9.2, Effective July 1, 2003
B-03-019	<ul style="list-style-type: none"> Durable Medical Equipment Regional Carriers and Part B Carriers on the VMS Standard System—Short Descriptions of National Modifiers on the Healthcare Common Procedure Coding System Tape
B-03-020	<ul style="list-style-type: none"> 2003 DMEPOS Jurisdiction List
B-03-021	<ul style="list-style-type: none"> Provider Education Regarding Home Health Consolidated Billing and Provider Liability
B-03-022	<ul style="list-style-type: none"> Use of Statistical Sampling for Overpayment Estimation When Performing Administrative Reviews of Part B Claims

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

AB-03-001	<ul style="list-style-type: none"> Medicare Coverage of Non-Invasive Vascular Studies for End-Stage Renal Disease Patients
AB-03-002	<ul style="list-style-type: none"> Quarterly Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement
B-03-003	<ul style="list-style-type: none"> Noncoverage of Multiple Electroconvulsive Therapy
B-03-004	<ul style="list-style-type: none"> Installation of a Security Firewall for Deceased Beneficiary Files (Options B & C)
AB-03-005	<ul style="list-style-type: none"> FY 2003 Systems Security Activities and Due Dates
AB-03-006	<ul style="list-style-type: none"> April Quarterly Update for 2003 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fee Schedule
AB-03-007	<ul style="list-style-type: none"> Second Clarification of Medicare Policy Regarding the Implementation of the Ambulance Fee Schedule
AB-03-008	<ul style="list-style-type: none"> Clarification of Physician Certification Requirements for Medicare Hospice
AB-03-009	<ul style="list-style-type: none"> The Medicare Exclusion Database Replaces Publication 69
AB-03-010	<ul style="list-style-type: none"> Shared System Maintainer Hours for Resolution of Problems Detected During Health Insurance Portability and Accountability Act Transaction Release Testing
AB-03-011	<ul style="list-style-type: none"> Identifying the Primary Payer Amounts To Send to the Medicare Secondary Payer Pay Module and the Shared Systems When There Are Multiple Primary Payers on Electronic and Hardcopy Claims
AB-03-012	<ul style="list-style-type: none"> Remittance Advice Remark and Reason Code Update
AB-03-013	<ul style="list-style-type: none"> New Waived Tests—December 17, 2002
AB-03-014	<ul style="list-style-type: none"> Single Drug Pricer
AB-03-015	<ul style="list-style-type: none"> Shared Systems Changes for Name Change from HCFA to CMS (MCS and CWF External Changes Only)
AB-03-016	<ul style="list-style-type: none"> CR 2240 Question and Answer Document
AB-03-017	<ul style="list-style-type: none"> Scheduled Release for April Updates to Software Programs and Pricing/Coding Files
AB-03-018	<ul style="list-style-type: none"> Implementation of the Financial Limitation for Outpatient Rehabilitation Services
AB-03-019	<ul style="list-style-type: none"> Notice of Interest Rate for Medicare Overpayments and Underpayments
AB-03-020	<ul style="list-style-type: none"> Clarification of Transmittal AB-00-107, Change Request 1163, and Transmittal AB-00-129, Change Request 1460, Regarding the Coordination of Benefits
AB-03-021	<ul style="list-style-type: none"> Contractor and MSP Prepay Work Activities for Customer Service, MSP and Standard Systems Contractor Staff
AB-03-022	<ul style="list-style-type: none"> Additional Documentation Requests Requirements for Ordering Providers of Laboratory Services
AB-03-023	<ul style="list-style-type: none"> Use of the American Medical Association's <i>Physicians' Current Procedural Terminology, Fourth Edition</i> Codes on Contractors' Web Sites
AB-03-024	<ul style="list-style-type: none"> Deep Brain Stimulation for Essential Tremor and Parkinson's Disease
AB-03-025	<ul style="list-style-type: none"> Clarification of the Allocation of Initial Claim Entry Activities Where the Claim Is Paid Secondary by Medicare
AB-03-026	<ul style="list-style-type: none"> System Networking Electronic Correspondence Referral System 1.3 User and Installation Guides for Testing and Production
AB-03-027	<ul style="list-style-type: none"> Implementation of the Modifications (4010A1) to Transactions and Code Set Standards for Electronic Transactions Adopted Under the Health Insurance Portability and Accountability Act
AB-03-028	<ul style="list-style-type: none"> Payment Change for the 2003 Medicare Physician Fee Schedule and Further Extension of the 2003 Participation Enrollment Process
AB-03-029	<ul style="list-style-type: none"> Coverage and Billing of Sacral Nerve Stimulation
AB-03-030	<ul style="list-style-type: none"> Health Care Claims Status Category Codes and Health Care Claim Status Codes for Use With the Health Care Claim Status Request and Response ASC X12N 276/277
AB-03-031	<ul style="list-style-type: none"> Changes to the Laboratory National Coverage Determination Edit Software for April 1, 2003
AB-03-032	<ul style="list-style-type: none"> Addition or Modification of Temporary "K" Codes and Change in Status for Code A4232
AB-03-033	<ul style="list-style-type: none"> File Names, Descriptions and Instructions for Retrieving the 2003 Ambulatory Surgical Center HCPCS Additions, Deletions, and Master Listing
AB-03-034	<ul style="list-style-type: none"> Promoting Colorectal Cancer Screening As a Part of National Colorectal Cancer Awareness Month
AB-03-035	<ul style="list-style-type: none"> Medicare Fee for Service Contractor Guidance on the HIPAA Privacy Rule
AB-03-036	<ul style="list-style-type: none"> Emergency Changes to the 2003 Medicare Physician Fee Schedule Database
AB-03-037	<ul style="list-style-type: none"> 270/271 Implementation and Direct Date Entry Eligibility
AB-03-038	<ul style="list-style-type: none"> Provider Education Article: Medicare Payments for Part B Mental Health Services
AB-03-039	<ul style="list-style-type: none"> Reporting Benefit Integrity Workload in CROWD
AB-03-040	<ul style="list-style-type: none"> Procedure for Granting Extension to File Requests for Appeal Under the New 120-day Timeframe Created by section 521 of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000
AB-03-040	<ul style="list-style-type: none"> Provider Education Article: "Hospice Care Enhances Dignity and Peace As Life Nears Its End"