

**ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued**  
 [April 2003 Through June 2003]

Transmittal No.	Manual/Subject/Publication No.
1802	<ul style="list-style-type: none"> <li>Specialty Code/Place of Service Processing</li> <li>Foot Care and Supportive Devices for Feet Foot Care</li> <li>Peripheral Neuropathy With Loss of Protective Sensation in People With Diabetes Coverage</li> <li>Applicable Codes</li> <li>Payment Requirements</li> <li>Standard System Edits</li> <li>Common Working File Edits</li> </ul>
1803	<ul style="list-style-type: none"> <li>End-Stage Renal Disease Bill Procedures 1804</li> </ul>
1804	<ul style="list-style-type: none"> <li>Durable Medical Equipment Regional Carriers—Pre-Discharge Delivery of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies for Fitting and Training</li> </ul>
1805	<ul style="list-style-type: none"> <li>Necessity for Treatment</li> </ul>
1806	<ul style="list-style-type: none"> <li>Intestinal and Multi-Visceral Transplantation</li> <li>Approved Transplant Facilities</li> <li>Payment Procedures for Intestinal and Multi-Visceral Transplants</li> </ul>
1807	<ul style="list-style-type: none"> <li>International Classification of Diseases 9th Edition Clinical Modification</li> <li>Coding for Diagnostic Tests</li> </ul>

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

A-03-020	<ul style="list-style-type: none"> <li>April 2003 Update of the Hospital Outpatient Prospective Payment System</li> </ul>
A-03-021	<ul style="list-style-type: none"> <li>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</li> </ul>
A-03-022	<ul style="list-style-type: none"> <li>Installation of Version 29.0 of the Provider Statistical and Reimbursement Reporting System—Modification A-03-023</li> </ul>
A-03-023	<ul style="list-style-type: none"> <li>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</li> </ul>
A-03-024	<ul style="list-style-type: none"> <li>Advance Beneficiary Notices Must Be Given To Beneficiaries and Demands Bills Must Be Submitted By Home Health Agencies</li> </ul>
A-03-025	<ul style="list-style-type: none"> <li>Advance Beneficiary Notices Must Be Given To Beneficiaries and Demands Bills Must Be Submitted By Home Health Agencies</li> </ul>
A-03-026	<ul style="list-style-type: none"> <li>April Outpatient Code Editor Specifications Version (V4.1)</li> </ul>
A-03-027	<ul style="list-style-type: none"> <li>Updated Outpatient Prospective Payment System: Requirements for Provider Education and Training</li> </ul>
A-03-028	<ul style="list-style-type: none"> <li>January Medicare Outpatient Code Editor Specifications Version 18.1R1 for Bills From Hospitals That Are Not Paid Under the Outpatient Prospective Payment System</li> </ul>
A-03-029	<ul style="list-style-type: none"> <li>Corrections to: Changes to the Hospital Inpatient Prospective Payment Systems and Rates and Costs of Graduate Medical Education, etc., as Published in the <b>Federal Register</b>, Fiscal Year 2003 (67 FR 49982, August 1, 2002)</li> </ul>
A-03-030	<ul style="list-style-type: none"> <li>Provider-Based Status On or After October 1, 2002</li> </ul>
A-03-031	<ul style="list-style-type: none"> <li>Medicare Secondary Payer Information Collection Policies Changed for Hospitals</li> </ul>
A-03-032	<ul style="list-style-type: none"> <li>Addition of Patient Status Code 43, Deletion of Patient Status Codes 71 and 72, and Information on New Patient Status Code 65</li> </ul>
A-03-033	<ul style="list-style-type: none"> <li>End-Stage Renal Disease Reimbursement for Automated Multi-Channel Chemistry Tests</li> </ul>
A-03-034	<ul style="list-style-type: none"> <li>Modification to Medicare Timely Filing Edit for Claims Paid Under Certain Prospective Payment Systems</li> </ul>
A-03-035	<ul style="list-style-type: none"> <li>Reporting of Revenue Codes Under the Outpatient Prospective Payment System</li> </ul>
A-03-036	<ul style="list-style-type: none"> <li>Installation of Version 30.0 of the Provider Statistical and Reimbursement Reporting System—Modification</li> </ul>
A-03-037	<ul style="list-style-type: none"> <li>Contractor Reporting of Operational and Workload Data for Electronic Data Interchange and Manual Transactions</li> </ul>
A-03-038	<ul style="list-style-type: none"> <li>Program Integrity Management Reporting System for Part A Phase 2</li> </ul>
A-03-039	<ul style="list-style-type: none"> <li>Clarification to Corrections to Updated Instruction on Receipt and Processing of Non-Covered Changes on Other Than Part A Inpatient Claims (Transmittals A-02-071, A-02-117)—Change In Effective and Implementation Date Only</li> </ul>
A-03-040	<ul style="list-style-type: none"> <li>Clarification of Bill Types 22x and 23x Submitted by Skilled Nursing Facilities</li> </ul>
A-03-041	<ul style="list-style-type: none"> <li>Health Insurance Portability and Accountability Act Version 4010A1 Institutional 837 Health Care Claim Additional Implementation Direction</li> </ul>
A-03-042	<ul style="list-style-type: none"> <li>Updated Revision to Change Request 2508, Suspension, Offset, and Recoupment of Medicare Payment to Providers and Suppliers of Services</li> </ul>
A-03-043	<ul style="list-style-type: none"> <li>Changes to Fiscal Year 2001 Nursing and Allied Health Education Payment Policies</li> </ul>
A-03-044	<ul style="list-style-type: none"> <li>Audit Guidance Pertaining To Write-Offs of Small Debit Balances in Patients' Accounts Receivable</li> </ul>
A-03-045	<ul style="list-style-type: none"> <li>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</li> </ul>
A-03-046	<ul style="list-style-type: none"> <li>Demonstration—Settlement of Payment for Home Health Services to Beneficiaries Eligible for Both Medicare and Medicaid in Connecticut, and Massachusetts. Regional Home Health Intermediaries Only.</li> </ul>
A-03-047	<ul style="list-style-type: none"> <li>Medicare's Coordination of Benefits Contractor Shall Discontinue the Dissemination of the Right of Recovery Letter to Intermediaries</li> </ul>
A-03-048	<ul style="list-style-type: none"> <li>July Outpatient Code Editor Specifications Version (V4.2)</li> </ul>
A-03-049	<ul style="list-style-type: none"> <li>Fiscal Intermediaries Must Install and Use Super Op With the Fiscal Intermediary Standard System</li> </ul>
A-03-050	<ul style="list-style-type: none"> <li>July Medicare Outpatient Code Editor Specifications Version 18.2 for Bills From Hospitals That Are Not Paid Under the Outpatient Prospective Payment System</li> </ul>
A-03-051	<ul style="list-style-type: none"> <li>July 2003 Update of the Hospital Outpatient Prospective System</li> </ul>
A-03-052	<ul style="list-style-type: none"> <li>Revision to Billing for Swing-Bed Services Under the Skilled Nursing Facility Prospective Payment System</li> </ul>