

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

Transmittal No.	Manual/Subject/Publication No.
A-03-053	• Nurse Practitioner Services Under Medicare Hospice
A-03-054	• Revision to Change Request 2573, Transmittal A-03-013, dated February 14, 2003: 3-Day Payment Window Refinements Under the Short-Term Hospital Inpatient Prospective Payment System
A-03-055	• Disclosure of Information Requirements Related to Hospice Claims
A-03-056	• Payment Update for Long-Term Care Hospital Prospective Payment System Rate Year 2004

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

B-03-023	• Correct Payment of January and February 2003 Physician Services
B-03-024	• Follow-Up to Implementation of the National Council for Prescription Drug Programs Telecommunications Standard Version 5.1 and the Equivalents
B-03-025	• Batch Standard Version 1.1 for Retail Pharmacy Drug Transactions
B-03-026	• Durable Medical Equipment Regional Carriers—DeWall Posture Protector Orthotic Body Jacket (L0430)
B-03-027	• Standard System Acceptance of Primary Payer Information at the Line Level
B-03-028	• Implementation of Carriers Jurisdiction Manual Instructions Based on the Medicare Carriers Manual Part 3, Section 3101 for the Multi-Carrier System
B-03-029	• Standard System and Associated Medicare Carriers
B-03-030	• Durable Medical Equipment Regional Carriers—Internal Classification of Diseases—9—Classification of Diseases Coding
B-03-031	• Manager Care Reasonable Charge Data Disclosure Requirements for Ambulance Services
B-03-032	• Types of Services Corrections
B-03-033	• Multi-Carriers System Reporting of 2003 Participating Data to the Contractor
B-03-034	• Reporting of Operational and Workload Data System
B-03-035	• Continuation of April and July 2003 Change Requests (2423 and 2524): Create Import/Export Functionality Between the Unique Provider Identification Number System and the Provider Enrollment Chain Ownership System
B-03-036	• Continuation of April and July 2003 Change Requests (2425 and 2525): Create Import/Export Functionality Between the Medicare Claims System and the Provider Enrollment Chain Ownership System
B-03-037	• Continuation of April and July 2003 Change Requests (2426 and 2526): 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
B-03-038	• Continuation of April and July 2003 Change Requests (2427 and 2527): Process All Medicare Part B Provider Enrollments in the Provider Enrollment Chain Ownership System. Create Import/Export Functionality Between the Viable Information Processing Systems Medicare System and Provider Enrollment Chain Ownership System
B-03-039	• Expansion of Beneficiary History and Claims In Process Files in the Viable Information Processing System Phase 1—Beneficiary History File Expansion
B-03-040	• Excluding From Home Health Consolidated Billing Edits Claims for Therapy Services Rendered by Physicians
B-03-041	• Oral Anti-Cancer Drugs
B-03-042	• Common Working File Skilled Nursing Facility Consolidated Billing Bypass To Allow Separate Payment for Drugs
B-03-043	• Update of the Place of Services Code Set
B-03-044	• National Council for Prescription Drug Program Batch Transaction Standard 1.1 Billing Request Companion Document
B-03-045	• Bi-Annual Updates to the Health Care Provider Taxonomy Code
B-03-046	• Diabetes Outpatient Self-Management Training and the "Incident To" Provision
B-03-047	• Correction to Business Requirements 2
B-03-048	• International Classification of Diseases 9th Edition Clinical Modification Coding
B-03-049	• Requirements for Claims Submitted to Medicare Carriers
B-03-050	• Provider Education: Establishing New Requirements for ICD-9-CM Coding on Claims Submitted to Medicare Carriers—Increased Role for Physicians/Practitioners
B-03-051	• Changes To Correct Coding Edits, Version 9.3, Effective October 1, 2003
B-03-052	• Addition of Temporary Codes Q4052 and Q4053
B-03-053	• Additional Instructions To Assist in the Implementation of Program Memorandum B-02-075—Carrier Review of Payment Amounts for Portable X-Ray Transportation Services Health Care Procedure Coding System

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

AB-03-041	• Common Working File Reject and Utilization Edits and Carriers Resolution for Consolidated Billing for Skilled Nursing Facility Residents
AB-03-042	• Coverage and Billing for Percutaneous Image-Guided Breast Biopsy
AB-03-043	• Addition of "K" Codes for Surgical Dressings
AB-03-044	• Addition of Temporary "K" Codes
AB-03-045	• Addition of Temporary "K" Codes
AB-03-046	• Expanding the Number of Source Identifiers for Common Working File Medicare Secondary Payor
AB-03-047	• Single Drug Pricer Clarifications
AB-03-048	• End-Stage Renal Disease Coordination Period
AB-03-049	• Clarification of Payment Responsibilities of Fee-for-Service Contractors as They Relate to Hospice Members Enrolled in Managed Care Organizations and Claims Processing Instructions for Processing Rejected Claims