

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

Transmittal No.	Manual/Subject/Publication No.
AB-03-050	• Data Center Testing and Production—Electronic Correspondence Referral System User Manual 5.1 and Quick Reference Guide Replacement
AB-03-051	• Notice of Interest Rate for Medicare Overpayments and Underpayments
AB-03-052	• Managing Medicare Appeals Workloads in Fiscal Year 2003
AB-03-053	• Availability of Online Screens for the Laboratory National Coverage Determinations
AB-03-054	• Diagnosis Code for Screening Pap Smear and Pelvic Examination Services
AB-03-055	• Shared System Maintainer Hours for Resolution of Problems Detected During Health Insurance Portability and Accountability Act Transaction Release Testing
AB-03-056	• New Waived Test—March 21, 2003
AB-03-057	• Implementation of the Financial Limitation for Outpatient Rehabilitation Services
AB-03-058	• Collection of Fee-for-Service Payments Made During Periods of Managed Care Enrollment
AB-03-059	• Shared Systems Changes for Name Change From Health Care Financing Administration to Centers for Medicare & Medicaid Services (Fiscal Intermediary Standard and VIPS Medicare System External Changes Only)
AB-03-060	• Flat File Changes in the Health Care Claim Professional (837 Professional) Version 4010A1, Health Care Claim Payment/Advice (835) Version 4010 and 4010A1 and 3051.4A, and Health Care Claim Status Inquiry and Response (276/277) Version 4010A1 Transactions
AB-03-061	• Program Memorandum on Written Statements of Intent To Claim Medicare Benefits
AB-03-062	• New Common Working File Edits and Standard System Responses on Skilled Nursing Facility Claims
AB-03-063	• New Common Working File Medicare Secondary Payer Edit to Reject Medicare Secondary Edit Records for Medicare Beneficiaries Who Are Only Entitled To Medicare Part B, and Are Covered by a Group Health Plan
AB-03-064	• System Networking Electronic Correspondence Referral System User Guide
AB-03-065	• Schedule Release for July Updates to Software Programs and Pricing/Coding Files
AB-03-066	• Issuance of the Eligibility File-Based Standard Trading Partner Agreement for the Purpose of Coordination of Benefits
AB-03-067	• Revision to Change Request 2170: Appeals Quality Improvement and Data Analysis Activities
AB-03-068	• Common Working File Change for the 270/271 Eligibility Transaction
AB-03-069	• Clarification of the Criteria for a Valid Written Statement of Intent To File a Medicare Claim
AB-03-070	• Second Update to the 2003 Medicare Physician Fee Schedule Database
AB-03-071	• July Quarterly Update for 2003 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fee Schedule
AB-03-072	• Mammography Computer-Aided Detection Equipment
AB-03-073	• Provider Education Article: Financial Limitation of Claims for Outpatient Rehabilitation Services
AB-03-074	• Instructions for Fiscal Intermediary Standard System and Multi-Carrier System Healthcare Integrated General Ledger Accounting System Changes
AB-03-075	• Provider Education Article: Quarterly Provider Update
AB-03-076	• Remittance Advice Message for Denial of Clinical Diagnostic Laboratory Services Denied Due to Frequency Edits
AB-03-077	• Revised Disclosure Desk Reference for Call Centers
AB-03-078	• Medicare Fee-for-Service Contractor Guidance of the Health Insurance Portability and Accountability Act Privacy Rule Business Associate Provisions
AB-03-079	• Claims Processing Instructions for the Utah Graduate Medical Education Demonstration
AB-03-080	• Single Drug Pricer Clarification for Code J7342
AB-03-081	• Data Center Testing and Production—Electronic Correspondence Referral System User Manual 6.0
AB-03-082	• Medicare Secondary Payer Prepayment and Postpayment Workload Reporting—Activity Code Definitions
AB-03-083	• Screening of Complaints Alleging Fraud and Abuse
AB-03-084	• Changes to the Laboratory National Coverage Determination Edit Software for July 1, 2003
AB-03-085	• Beneficiary Notice of Implementation of Outpatient Therapy Service Limitations
AB-03-086	• New Automatic Notice of Change to Medicare Secondary Payer Auxiliary File
AB-03-087	• Common Working File Edits With Unsolicited Responses for Skilled Nursing Facility Consolidated Billing
AB-03-088	• Prohibition on New Trading Partner Agreements With Certain Entities for the Purpose of Coordination of Benefits
AB-03-089	• Coverage and Billing for Home Prothrombin Time International Normalized Ratio Monitoring for Anticoagulation Management
AB-03-090	• Coverage of Compression Garments in the Treatment of Venous Stasis Ulcers
AB-03-091	• Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification
AB-03-092	• Expanded Coverage of Positron Emission Tomography Scans and Related Claims Processing Requirements for Thyroid Cancer and Perfusion of the Heart Using Ammonia N-13
AB-03-093	• Correction: Coverage and Billing Requirements for Electrical Stimulation for the Treatment of Wounds

**Hospice Manual
 (CMS Pub. 10)
 (Superintendent of Documents No. HE 22.8/2)**

800	• Screening Pap Smears and Screening Pelvic Examinations
801	• Notice to Beneficiaries Peer Review Organization Monitoring of Hospital Admission Notice to Beneficiaries
802	• Frequency of Billing
803	• Magnetic Resonance Angiography
804	• Screening Pap Smears and Screening Pelvic Examinations
805	• International Classification of Diseases 9th Edition Clinical Modification