

FDL program, government publications are sent to approximately 1,400 designated libraries throughout the United States. Some FDLs may have arrangements to transfer material to a local library not designated as an FDL. Contact any library to locate the nearest FDL.

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most Federal Government publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library.

Superintendent of Documents numbers for each CMS publication are shown in Addendum III, along with the CMS publication and transmittal

numbers. To help FDLs locate the materials, use the Superintendent of Documents number, plus the transmittal number. For example, to find the Hospice Manual, (CMS Pub. 21) transmittal entitled "Payment of Amounts Owed Medicare," use the Superintendent of Documents No. HE 22.8/18 and the transmittal number 69.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance, Program No. 93.774, Medicare—Supplementary Medical Insurance Program, and Program No. 93.714, Medical Assistance Program)

Dated: December 2, 2003.

Jacquelyn Y. White,

Director, Office of Strategic Operations and Regulatory Affairs.

Addendum I

This addendum lists the publication dates of the most recent quarterly listings of program issuances.

November 2, 1999 (64 FR 59185)
December 7, 1999 (64 FR 68357)
January 10, 2000 (65 FR 1400)
May 30, 2000 (65 FR 34481)
June 28, 2002 (67 FR 43762)
September 27, 2002 (67 FR 61130)
December 27, 2002 (67 FR 79109)
March 28, 2003 (68 FR 15196)
June 27, 2003 (68 FR 38359)
September 26, 2003 (69 FR 55618)

Addendum II—Description of Manuals, Memoranda, and CMS Rulings

An extensive descriptive listing of Medicare manuals and memoranda was published on June 9, 1988, at 53 FR 21730 and supplemented on September 22, 1988, at 53 FR 36891 and December 16, 1988, at 53 FR 50577. Also, a complete description of the former CIM (now the NCDM) was published on August 21, 1989, at 54 FR 34555. A brief description of the various Medicaid manuals and memoranda that we maintain was published on October 16, 1992, at 57 FR 47468.

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS

[July 2003 through September 2003]

Transmittal No.	Manual/Subject/Publication No.
Intermediary Manual	
Part 3—Audits, Reimbursement Program Administration (CMS—Pub. 13–3) (Superintendent of Documents No. HE 22.8/6)	
1892	• Frequency of Billing Provider Education
1893	• Release Software
1894	• Review of Form CMS–1450 (previously Form HCFA–1450) for Inpatient and Outpatient Bills
1895	• Diabetes Outpatient Self-Management Training Services
1896	• Mammography Screening Diagnostic Mammography Diagnostic and Screening Mammography Performed With New Technologies Mammography Billing Charts for Billing for Computer Aided Detection Devices Common Working File Application of Age and Frequency Edits Hospital Outpatient Partial Hospitalization Services
1897	• Limitation on Payment for Services to Individuals Entitled to Benefits on the Basis of End-Stage Renal Disease Who Are Covered by Group Health Plans Definitions Retroactive Implementation Processing Claims Determining the 30-Month Coordination Period During Which Medicare May Be Secondary Payer Effect of Dual Entitlement Subsequent Periods of End-Stage Renal Disease Eligibility or Entitlement Amount of Secondary Medicare Payments Where Group Health Payments in Part for Items and Services Limitation on Right of Provider or Facility to Charge a Beneficiary Responsibility of Provider/Providers of Service and Renal Dialysis Facilities Action When Group Health Payments Erroneously Pay Primary Benefits Referral to Regional Offices of Cases Involving Taking Into Account Medicare Eligibility or Entitlement and Benefit Differentiation During Coordination Period Claimant's Right To Take Legal Action Against a Group Health Plan Medical Services Furnished to End-Stage Renal Disease Beneficiaries by Source Outside Group Health Plan Managed Care Plan Limitations on Payment for Services to Aged Beneficiaries Who are Covered by a Group Health Plan on the Basis of Current Employment Status Definitions Individuals Subject to Limitation on Payment, General Individuals Not Subject to Limitation on Payment, General Identification of Cases by Providers of Services Identification of Cases and Action Where There Is Indication of Possible Group Health Plan Coverage Action by Provider Where Medicare Is Secondary to Group Health Plan Limitation on Right of Provider or Facility to Charge a Beneficiary