

## ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

[July 2003 through September 2003]

Transmittal No.	Manual/Subject/Publication No.
1820	<ul style="list-style-type: none"> <li>Medicare Physician Fee Schedule Database 2004 File Layout</li> <li>Maintenance Process for the Medicare Physician Fee Schedule Database</li> </ul>
<p align="center"><b>Carriers Manual</b>  <b>Part 4—Professional Relations</b>  <b>(CMS Pub. 14–4)</b>  <b>(Superintendent of Documents No. HE 22.8/7–4)</b></p>	
28	<ul style="list-style-type: none"> <li>Provider of Services or Supplier Information</li> </ul>
<p align="center"><b>Program Memorandum Intermediaries</b>  <b>(CMS Pub. 60A)</b>  <b>(Superintendent of Documents No. HE 22.8/6–5)</b></p>	
A–03–057	<ul style="list-style-type: none"> <li>Medicare Program—Update to the Hospice Payment Rates, Hospice Cap, Hospice Wage Index and the Hospice for Fiscal Year 2004</li> </ul>
A–03–058	<ul style="list-style-type: none"> <li>Change in Methodology for Determining Payment for Outliers Under the Acute Care Hospital Inpatient and Long-Term Care Hospital Prospective Payment System</li> </ul>
A–03–059	<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–03–060	<ul style="list-style-type: none"> <li>Medicare Program—Update to the Prospective Payment System for Home Health Agencies for Fiscal Year 2004</li> </ul>
A–03–061	<ul style="list-style-type: none"> <li>Tentative Settlement Requirements for Cost Reports from Home Health Agencies and Skilled Nursing Facilities That Have No Reimbursement Impact</li> </ul>
A–03–062	<ul style="list-style-type: none"> <li>Department of Veterans Affairs Claims Adjudication Services Project System Changes Needed</li> </ul>
A–03–063	<ul style="list-style-type: none"> <li>Installation of Version 30 of the Provider Statistical and Reimbursement Reporting System</li> </ul>
A–03–064	<ul style="list-style-type: none"> <li>X12N 837 Institutional Health Care Claim Companion Document</li> </ul>
A–03–065	<ul style="list-style-type: none"> <li>New Common Working File Edits to Ensure Accurate Coding and Payments for Discharge and/or Transfer Policies Under the Inpatient Prospective Payment System</li> </ul>
A–03–066	<ul style="list-style-type: none"> <li>Hospital Outpatient Prospective Payment System Implementation Instructions</li> </ul>
A–03–067	<ul style="list-style-type: none"> <li>The Supplemental Security Income Medicare Beneficiary Data for Fiscal Year 2002 for Inpatient Prospective Payment System Hospitals</li> </ul>
A–03–068	<ul style="list-style-type: none"> <li>Informing Beneficiaries About Which Local Medical Review Policy and/or National Coverage Determination Is Associated With Their Claim Denial</li> </ul>
A–03–069	<ul style="list-style-type: none"> <li>October Outpatient Code Editor Specification Version (V4.3)</li> </ul>
A–03–070	<ul style="list-style-type: none"> <li>Inclusion of the State of New York in Demonstration for Settlement of Payments for Home Health Services to Dual Eligibles and Instructions for Processing Fiscal Year 2000 Claims Under the Demonstration. Regional Home Health Intermediaries Only.</li> </ul>
A–03–071	<ul style="list-style-type: none"> <li>Retroactive Correction of Provider Statistical and Reimbursement System Report Data Related to Mammography and Outpatient Therapy Services</li> </ul>
A–03–072	<ul style="list-style-type: none"> <li>Instructions for Provider Credit Balance Reporting Related Activities</li> </ul>
A–03–073	<ul style="list-style-type: none"> <li>Fiscal Year 2004 Inpatient Prospective Payment System, Long Term Care Hospital, and Other Billing Changes</li> </ul>
A–03–074	<ul style="list-style-type: none"> <li>Inpatient Rehabilitation Facility Annual Update: Prospective Payment System Pricer Changes for Fiscal Year 2004</li> </ul>
A–03–075	<ul style="list-style-type: none"> <li>Medicare Part A Skilled Nursing Facility Prospective Payment System Update</li> </ul>
A–03–076	<ul style="list-style-type: none"> <li>October 2003 Update of the Hospital Outpatient Prospective Payment System</li> </ul>
A–03–077	<ul style="list-style-type: none"> <li>October Medicare Outpatient Code Editor Specification Version 19.0 for Bills From Hospitals That Are Not Paid Under the Outpatient Prospective Payment System</li> </ul>
A–03–078	<ul style="list-style-type: none"> <li>Reimbursement for Automated Multi-Channel Chemistry Tests for End-Stage Renal Disease Beneficiaries</li> </ul>
A–03–079	<ul style="list-style-type: none"> <li>Installation of Version 31 of the Provider Statistical and Reimbursement Reporting System</li> </ul>
A–03–080	<ul style="list-style-type: none"> <li>End-Stage Renal Disease Reimbursement for Automated Multi-Channel Chemistry Test</li> </ul>
A–03–081	<ul style="list-style-type: none"> <li>Conflicting Policies With Provider Reimbursement Manual 15–1, Section 2771</li> </ul>
A–03–082	<ul style="list-style-type: none"> <li>Clarification for Billing Under the 2300 Provider Number by Hospital-Based Renal Dialysis Facilities</li> </ul>
<p align="center"><b>Program Memorandum</b>  <b>Carriers</b>  <b>(CMS Pub. 60B)</b>  <b>(Superintendent of Documents No. HE 22.8/6–5)</b></p>	
B–03–050	<ul style="list-style-type: none"> <li>Multiple Primary Payers on Part B Claims—Revision to Change Request 2050</li> </ul>
B–03–051	<ul style="list-style-type: none"> <li>Therapy Modifier Bypass for Ambulance Claims</li> </ul>
B–03–052	<ul style="list-style-type: none"> <li>Addition of Temporary “Q” Codes for Drugs Used in Infusion Pumps</li> </ul>
B–03–053	<ul style="list-style-type: none"> <li>Healthcare Provider Taxonomy Codes Crosswalk</li> </ul>
B–03–054	<ul style="list-style-type: none"> <li>Establishing and Maintaining Provider and Supplier Enrollment Data in Provider kEnrollment, Chain and Ownership System as Needed for Use By the Railroad Medicare Carrier to Pay Claims</li> </ul>
B–03–055	<ul style="list-style-type: none"> <li>Common Working File crossover Editing for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Claims During an Inpatient Stay</li> </ul>
B–03–056	<ul style="list-style-type: none"> <li>Durable Medical Equipment Regional Carriers—Additional Instructions for Health Insurance Portability and Accountability Act Implementation on National Drug Codes and the National Council of Prescription Drug Programs</li> </ul>
B–03–057	<ul style="list-style-type: none"> <li>Additional Guidelines for Implementing the National Council for Prescription Drug Program Format</li> </ul>
B–03–058	<ul style="list-style-type: none"> <li>Procedures for the Reconciliation of Total Funds Expended for Multi-Carriers Systems Medicare Contractors Used in the Preparation of Form CMS–1522, Monthly Contractor Financial Report</li> </ul>