

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

[July 2003 through September 2003]

Transmittal No.	Manual/Subject/Publication No.
B-03-059	• Minimum Number of Pricing Files That Must Be Maintained Online for Medicare Single Drug Pricer
B-03-060	• Expansion of Beneficiary History and Claims in Process Files in the Voucher Insurance Plan Viable Medicare System. Phase 2—Adjudication Claims in Process File Expansion
B-03-061	• Durable Medical Equipment Regional Carriers National Council of Prescription of Drug Programs Crosswalk Requirements
B-03-062	• Procedures for Non-Medicare Secondary Payer Overpayments With Original Balance Less than \$10
B-03-063	• Healthcare Provider Taxonomy Codes Crosswalk
B-03-064	• Clarification—ICD-9 Coding
B-03-065	• Changes to Code List for Therapy Services
B-03-066	• Durable Medical Equipment Regional Carriers—Eliminate Combined Working File Edit for Cancer Diagnosis for National Drug Codes
B-03-067	• National Council for Prescription Drug Programs Batch Transmittal Standard 1.1 Billing Request Companion Document
B-03-068	• 2004 Annual Update for Skilled Nursing Facility Consolidated Billing for the Common Working File and Medicare Carriers
B-03-069	• Schedule for Completing the Calendar Year 2004 Fee Schedule Updates and the Participating Physician Enrollment Procedures

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

AB-03-094	• October 2003 Quarterly Updates for Skilled Nursing Facility Consolidated Billing
AB-03-095	• Remittance Advice Remark and Reason Code Update
AB-03-096	• Quarterly Update of Healthcare Common Procedure Coding System Codes Used for Home Health Consolidated Billing Enforcement
AB-03-097	• Delay in Implementation of Outpatient Therapy Caps to September 1, 2003
AB-03-098	• Medicare Summary Notice Implementation for Contractors Using Arkansas Part A Standard System and HCFA Part B Standard System
AB-03-099	• Instructions for Fiscal Intermediary Standard System and Multi-Carriers System Healthcare Integrated General Ledger Accounting System Changes
AB-03-100	• October Quarterly Update for 2003 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fee Schedule
AB-03-101	• Clarification for CR 2562: Collection of Fee-for-Service Payments Made During Periods of Managed Care Enrollment
AB-03-102	• Clarifications Regarding Coverage of Hyperbaric Oxygen Therapy for the Treatment of Diabetic Wounds of the Lower Extremities
AB-03-103	• Medicare Secondary Payer Debt Referral and Write-Off Closed Instructions
AB-03-104	• Changes to the Laboratory National Coverage Determination Edit Software for October 1, 2003
AB-03-105	• Harkin Grantees: Complaint Tracking System and Aggregate Reports
AB-03-106	• Third Clarification of Medicare Policy Regarding the Implementation of the Ambulance Fee Schedule
AB-03-107	• Federal Bankruptcy/State Insurer Liquidation Actions and Medicare Secondary Payer Debt
AB-03-108	• Medicare Secondary Payer—(1) Use of Inter-Contractor Notices and the Common Working File for the Development of the Medicare Secondary Payer Conditional Payment Amount for Liability, No-Fault, Worker's Compensation, and Federal Tort Claims Act Cases; (2) Reminder Regarding Termination Updates to the Common Working File; (3) Reminder Regarding Savings Information to Non-Lead Contractors
AB-03-109	• Discontinue Use of the Healthcare Integrity and Protection Data Bank for Provider Enrollment Only
AB-03-110	• Adjustment to the Rural Mileage Payment Rate for Ground Ambulance Services
AB-03-111	• Shared System Maintainer Hours for Resolution of Problems Detected During Health Insurance Portability and Accountability Act Transaction Release Testing
AB-03-112	• Transmittal AB-03-112 Has Been Rescinded
AB-03-113	• Update of Codes in the Program Integrity Management Reporting System and the Contractor Administrative Cost and Financial Management System
AB-03-114	• Claims Processing and Payment of Incomplete Screening Colonoscopies
AB-03-115	• Payment Denial for Medicare Services Furnished to Alien Beneficiaries Who Are Not Lawfully Present in the United States
AB-03-116	• Update of Rates and Wage Index for Ambulatory Surgical Center Payment Effective October 1, 2003
AB-03-117	• Contractor Guidance for Connection to the Medicare Data Communication Network for Real-time Eligibility Inquiries (270/271) Via a Route Other Than Insurance Value-Added Network Services
AB-03-118	• Cease Further Work on the Eligibility File-Based Standard Trading Partner Agreement for the Purpose of Coordination of Benefits
AB-03-119	• Final Update to the 2003 Medicare Physician Fee Schedule Database
AB-03-120	• Medicare Secondary Payer—(1) Copy of Recovery Demand Packages Resulting From a Data Match or Non-Data Match Group Health Plan Recovery Action to Insurers/Third Party Administrators of Employers; (2) Documentation Required When an Insurer/Third Party Administrator Wishes to Resolve a Debt on Behalf of Its Client, an Employer Debtor
AB-03-121	• Requirement to Cross Claims Over to Multiple Supplemental Insurers
AB-03-122	• Notice of Interest Rate for Medicare Overpayments and Underpayments
AB-03-123	• Scheduled Release for October Updates to Software Programs and Pricing/Coding Files
AB-03-124	• Standard System Automation of the Notice of Change to Medicare Secondary Payer Auxiliary File Process
AB-03-125	• Consolidation of Claims Cross-Over Process
AB-03-126	• Change in Type of Service for L04080
AB-03-127	• Payment for Fecal Leukocyte Examination Under Clinical Laboratory Improvement Amendments of 1988 Certificate for Provider-Performed Microscopy Procedures During Calendar Year 2003