

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
 [July 2003 through September 2003]

Transmittal No.	Manual/Subject/Publication No.
Provider Reimbursement Manual	
Part 2 Provider Cost Reporting Forms and Instructions Chapter 11/Form CMS 22.8/4 (CMS Pub. 15–2–11)	
5	<ul style="list-style-type: none"> Reimbursement Information
ESRD Network Organizations Manual	
(CMS Pub. 81) (Superintendent of Documents No. HE 22.9/4)	
15	<ul style="list-style-type: none"> Background and Responsibilities Administration Confidentiality and Disclosure Information Management Quality Improvement Community Information and Resource Sanctions and End-Stage Renal Disease Grievances Publication Policy Information Collection
Medicare Claims Processing Manual	
(CMS Pub. 100–04)	
3	<ul style="list-style-type: none"> New Effective Data for CR2112 (Revisions to the Outpatient Prospective Payment System Pricer Software and Outpatient Code Editor for Blood Deductible and Technician)
Financial Management	
(CMS Pub. 100–06)	
19	<ul style="list-style-type: none"> Intermediary Claims Accounts Receivable
Medicare Program Integrity	
(CMS Pub. 100–08)	
44	<ul style="list-style-type: none"> When to Develop New/Revised Local Medical Review Policy Coverage Provisions in Local Medical Review Policy Contractor Medical Director Local Medical Review Policy Development Process Final Local Medical Review Policy Web Site Requirements
45	<ul style="list-style-type: none"> Focused Medical Review Activity Report
46	<ul style="list-style-type: none"> Prepayment Edits
47	<ul style="list-style-type: none"> Data Analysis
48	<ul style="list-style-type: none"> Centers for Medicare & Medicaid Services Mandated Edits
48	<ul style="list-style-type: none"> Written Orders Prior to Delivery
49	<ul style="list-style-type: none"> Denial Notices
50	<ul style="list-style-type: none"> Instructions for Processing Advance Determination of Medicare Coverage Request
51	<ul style="list-style-type: none"> Update of Codes in the Program Integrity Management Reporting System and the Contractor Administrative Cost and Financial Management System
Quality Improvement Organization	
(CMS Pub. 100–10)	
2	<ul style="list-style-type: none"> Introduction Referrals Quality Review Diagnostic Related Group Limitation on Liability Determinations Third-Level Physician Review Use of the Physician Reviewer Assessment Format Review Setting Requesting Medical Records/Reviewing Documentation Providing Opportunity for Discussion Adhering to Review Timeframes Monitoring Hospitals' Physician Acknowledgement Statements
3	<ul style="list-style-type: none"> Introduction Quality Improvement Project Process Developing and Conducting Interventions Documenting and Disseminating Results Centers for Medicare & Medicaid Services Project Support and Guidance Activities