

One-Time Notification

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R1561OTN	11/06/15	Part B Detail Line Expansion - Trailer 08 Update	04/04/16	9379
R1560OTN	11/05/15	Instruction to Apply the Part A Deductible on a Medicare Secondary Payer (MSP) Inpatient Same Day Transfer Claim	04/04/16	9394
R1559OTN	11/05/15	Shared System Enhancement 2015: Modify Purged Claim History to Improve Efficiency	04/04/16	9422
R1557OTN	11/05/15	System Specific Enhancement 2015: Archive Competitive Bidding Demonstration Logic in ViPS Medicare System (VMS)	04/04/16	9376

R1556OTN	11/05/15	Shared System Enhancement 2015: Eliminate Remaining Uses of AREAFILE and CUSTCHRG Virtual Storage Access Method Files	04/04/16	9373
R1554OTN	11/05/15	System Specific Enhancements 2014: Retaining Most Recent Update for Auxiliary (Aux) File Data in Common Working File (CWF)	04/04/16	9337
R1553OTN	11/05/15	New State Code for CT, MA, NJ, PR, GA, NC, SC, TN, AR, OK, CO, CA, OR, LA, NM, TX and WA	04/04/16	9300
R1552OTN	11/05/15	Medicare Remit Easy Print (MREP) Upgrade	04/04/16	9291
R1551OTN	11/05/15	System Specific Enhancements 2014: Move PAP smear Risk Indicator (PAPRI) and Technical (TECH)/Professional (PROF) Dates to Screening Auxiliary file	04/04/16	9188
R1550OTN	11/05/15	System Specific Enhancement 2014: Process Health Maintenance Organization (HMO) edits in a single module in Common Working File (CWF)	04/04/16	9185

R1549OTN	10/30/15	Shared System Enhancement 2014 - Removal of Railroad Board (RRB) obsolete reports identified by Multi-Carrier System (MCS) Shared System Maintainer (SSM)	04/04/16	9294
R1548OTN	10/30/15	Analysis Only: To Obtain the Level of Effort (LOE) from Medicare Administrative Contractors (MACs) to Implement Multifactor Authentication (MFA) as an Option for Non-Organization Users and to also Obtain the Level of Effort (LOE) from Medicare Administrative Contractors (MACs) to Implement Multifactor Authentication (MFA) as a Requirement for Non-Organization Users	12/02/15	9309
R1545OTN	09/30/15	Procedures for Processing Under Tolerance Part A 935, Part A-Other, Part A and B Healthcare Professional Shortage Area (HPSA), and Part A-Provider Recovery Audit Contractor (RAC) Identified debts in the Healthcare Integrated General Ledger Accounting System (HIGLAS)	07/05/16	9221
R1544OTN	09/22/15	Implementation of Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Based on Specific Clinical Criteria	07/06/15	9015
R1542OTN	09/04/15	Implementation of Biosimilar Claim Modifiers	01/04/16	9284

R1541OTN	08/28/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2015	10/01/15	9145
R1540OTN	08/28/15	Modification to the Telehealth Originating Site Facility Fee Billing Requirements for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	10/05/15	9144
R1539OTN	08/28/15	Implementing the Insertion of a Sheet of Paper Promoting the Electronic Medicare Summary Notices (eMSNs) into Mailed Medicare Summary Notices (MSNs)	09/29/15	9275
R1538OTN	08/28/15	Medicare Prior Authorization of Power Mobility Devices (PMDs) Demonstration: Advance Determination of Medicare Coverage (ADMC) Reviews for Beneficiaries Who Have Representative Payees	09/29/15	9286
R1537OTN	08/21/15	ICD-10 Conversion/Coding Infrastructure Revisions to National Coverage Determinations (NCDs)-- 3rd Maintenance CR	01/04/16	9252
R1536OTN	08/21/15	Increasing Tax Withholding to 100 Percent for Internal Revenue Service (IRS) Federal Payment Levy Program (FPLP)	10/16/15	9285

R1535OTN	08/14/15	International Classification of Diseases, 10th Revision (ICD-10) Additional Acknowledgement Testing Reporting	09/15/15	9256
R1534OTN	08/07/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2016	01/04/16	9259
R1533OTN	08/07/15	Update Hard Coded Audit 205A MSP Return Code 3925 and Edit 152D	01/04/16	9237
R1528OTN	08/06/15	Reporting of Anti-Cancer and Anti-Emetic Drugs	01/04/16	9255
R1527OTN	08/06/15	Update for Paper Claims Processing Under the Administrative Simplification Compliance Act (ASCA)	09/08/15	9210
R1525OTN	08/06/15	Add Original Common Working Files (CWF) Occurrence Number to the CWF Feed to MBD	01/04/16	9209

R1524OTN	08/06/15	Medicare Remit Easy Print (MREP) Upgrade	01/04/16	9203
R1523OTN	07/31/15	Procedures for Processing Under Tolerance Part A 935, Part A-Other, Part A and B Healthcare Professional Shortage Area (HPSA), and Part A-Provider Recovery Audit Contractor (RAC) Identified debts in the Healthcare Integrated General Ledger Accounting System (HIGLAS)	04/04/16	9221
R1522OTN	07/31/15	Data Act Treasury Referral Timeframe and Reporting - DME MAC Changes	08/31/15	9193
R1521OTN	07/24/15	CMS Information Security Acceptable Risk Safeguards Update - Multifactor Authentication	09/25/15	9277
R1519OTN	07/10/15	Medicare Appeals System (MAS) Upgrade	07/27/15	9208
R1518OTN	07/10/15	Contractor Reporting of Operational and Workload Data (CROWD) Form 5 Remittance Advice Reporting	08/11/15	9181

R1517OTN	07/02/15	Tester Resolution Reports for International Classification of Diseases, Tenth Revision (ICD-10) Limited End to End Testing with Submitters	05/29/15	9137
R1516OTN	07/02/15	Analysis and Design for Part B Detail Line Expansion	10/05/15	9096
R1514OTN	07/02/15	Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction J	06/01/15	8960
R1511OTN	06/12/15	Classification of Speech Generating Devices (SGD) and Accessories under the Payment Category for Inexpensive or Routinely Purchased Durable Medical Equipment	10/05/15	9179
R1510OTN	06/12/15	Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction M	07/13/15	9171
R1508OTN	06/05/15	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2013 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	07/06/15	9195

R1507OTN	05/22/15	HIGLAS Release 12 (R12) Upgrade and Organizational Transitions for A/B MACs - R12 Upgrade	06/23/15	9135
R1505OTN	05/22/15	Analysis for Inserting a Pre-printed Sheet of Paper in Medicare Summary Notice (MSN) Envelopes	06/23/15	9161
R1504OTN	05/20/15	ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs)--2nd Maintenance CR	06/22/15	9087
R1503OTN	05/15/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1502OTN	05/15/15	Analysis - Procedures for Undeliverable Medicare Summary Notices (MSNs)	10/05/15	9047
R1500OTN	05/08/15	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Medical Review Data Elements	10/05/15	9126

R1499OTN	05/08/15	Section 504: Implement National Medicare Summary Notices (MSNs) in Alternate Formats	10/05/15	9153
R1498OTN	05/08/15	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	10/05/15	9054
R1497OTN	05/08/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2015	10/01/15	9145
R1496OTN	05/08/15	Modification to the Telehealth Originating Site Facility Fee Billing Requirements for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	10/05/15	9144
R1495OTN	08/19/15	Revision to Medicare Code Editor (MCE) Edit, Procedure Inconsistent with Length of Stay (LOS) for International Classification of Diseases, Tenth Revision, Procedure Classification System (ICD-10-PCS) Respiratory Ventilation, Greater than 96 Consecutive Hours	10/05/15	9117
R1494OTN	08/19/15	Updates of Medicare Severity Diagnosis Related Groups (MS-DRGs) to the List Subject to Inpatient Prospective Payment System (IPPS) Replaced Devices Offered without Cost or with a Credit Policy	10/05/15	9121

R1492OTN	05/05/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1491OTN	05/01/15	Identification of Obsolete Shared System Maintainer (SSM) On-Request Jobs - FISS and VMS	10/05/15	9102
R1490OTN	05/01/15	Identification of Obsolete Shared System Maintainer (SSM) Reports - FISS and VMS	10/05/15	9103
R1489OTN	05/01/15	Analysis and Design for Part B Detail Line Expansion	10/05/15	9096
R1488OTN	04/17/15	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2012 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	05/18/15	8835
R1486OTN	04/10/15	Increasing Tax Withholding to 30% for IRS Federal Payment Levy Program (FPLP)	06/19/15	9154

R1485OTN	04/10/15	Continuation of Systematic Validation of Payment Group Codes for Prospective Payment Systems (PPS) Based on Patient Assessments	07/06/15	9132
R1483OTN	03/31/15	Identifying "No Documentation" Medical Necessity Denials for Claims Flagged for Recovery Auditor Review	07/06/15	8913
R1482OTN	03/27/15	Use of Modifiers KK, KG, KU, and KW under the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program	07/06/15	9059
R1481OTN	03/27/15	Tester Resolution Reports for International Classification of Diseases, Tenth Revision (ICD-10) Limited End to End Testing with Submitters	05/29/15	9137
R1480OTN	03/26/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1478OTN	03/06/15	ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs)--2nd Maintenance CR	04/06/15	9087

R1476OTN	02/26/15	International Classification of Diseases, Tenth Revision (ICD-10) Limited End-to-end Testing with Submitters for 2015	01/05/15	8867
R1475OTN	02/27/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2015	04/06/15	8851
R1473OTN	02/27/15	Correction of the Maintenance of the Medicare Status Code	07/06/15	9080
R1470OTN	02/13/15	Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP): Additional Instructions for Grandfathered Items Subject to CBP	07/06/15	9060
R1469OTN	02/13/15	Develop Rough Order of Magnitude (ROM) for Appeals Workload in Preparation for Implementation of International Classification of Diseases-10th Revision (ICD-10)	03/16/15	9036
R1468OTN	02/13/15	Identification of Obsolete Shared System Maintainer (SSM) Reports	07/06/15	9022

R1467OTN	02/13/15	Reporting Force Balance Claim Payment on the Electronic Remittance Advice (ERA) 835 and Cross Over Beneficiary (COB) 837 Claim Transactions	07/06/15	9050
R1466OTN	02/13/15	Use of Modifiers KK, KG, KU, and KW under the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program	07/06/15	9059
R1463OTN	02/06/15	Identification of Obsolete Shared System Maintainer (SSM) On-Request Jobs	07/06/15	9023
R1462OTN	02/06/15	Identifying "No Documentation" Medical Necessity Denials for Claims Flagged for Recovery Auditor Review	10/05/15	8913
R1460OTN	01/30/15	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2015	07/06/15	9064
R1459OTN	01/30/15	Continuation of Systematic Validation of Payment Group Codes for Prospective Payment Systems (PPS) Based on Patient Assessments	07/06/15	9016

R1458OTN	01/30/15	Fee for Service Beneficiary Data Streamlining (FFS BDS) Phase II Beneficiary Address Analysis and Design	07/06/15	9029
R1457OTN	01/30/15	Renaming PPS-FLX6- PAYMENT Field in the Inpatient Prospective Payment System (IPPS) Pricer Output	07/06/15	9031
R1456OTN	01/30/15	Phase Two: Changing Fiscal Intermediary Shared System (FISS) Action on Informational Unsolicited Responses (IURs) From Canceled Claims to Adjustments	07/06/15	8990
R1455OTN	01/30/15	Corrections to Processing Service Facility Information on Hospice Claims	07/06/15	9042
R1450OTN	01/09/15	Moratorium on Classification of Long-Term Care Hospitals (LTCH) or Satellites/Increase in Certified LTCH Beds	02/10/15	9025
R1449OTN	12/19/14	2015 Electronic Health Record System Payment Adjustment Letter	12/29/14	9024

R1446OTN	12/05/14	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Medical Review Data Elements	01/05/15	8823
R1445OTN	12/05/14	Rescind and Replace of CR 8409: Reclassification of Certain Durable Medical Equipment from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category	04/07/14	8566
R1444OTN	11/06/14	Analysis and Design to Automate Adjustments That Are Completed In The Common Working File (CWF) When Inpatient (INP) Or Skilled Nursing Facility (SNF) Claims Are Processed Out Of Sequence	04/06/15	8934
R1441OTN	11/06/14	Implementation Instructions for the A/B and DME Medicare Administrative Contractors (MACs) and their Designated Shared Systems to Send the Correct Cost Avoided Indicator and Special Project Type to the Common Working File (CWF) To Ensure Correct Savings is Applied Both to the Medicare Secondary Payer (MSP) Savings Report and the Originating Contractor	04/06/15	8762
R1440OTN	11/06/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2015	04/06/15	8851

R1438OTN	11/06/14	Data Quality between the Fiscal Intermediary Shared System (FISS) and the Common Working File (CWF)	04/06/15	8931
R1437OTN	11/06/14	Data Quality Between the Multi Carrier System (MCS) and ViPS Medicare System (VMS) and the Common Working File (CWF)	04/06/15	8930
R1436OTN	11/06/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) Phase II Analysis	04/06/15	8915
R1435OTN	11/06/14	New Informational Unsolicited Response (IUR) Process for Durable Medical Equipment (DME) Items Furnished during a Part A Hospital Inpatient Stay	04/06/15	8844
R1434OTN	11/06/14	Payment for G0101 and Q0091 in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) that Bill under the All-Inclusive Rate (AIR) System	04/06/15	8927
R1433OTN	11/06/14	Additional Instruction on the Use of Claims Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) with Regard to Operating Rule: 360 Compliance	04/06/15	8790

R1429OTN	10/01/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) Updates to Operational Issues	01/05/15	8677
R1428OTN	09/24/14	Correction to Hospice Notice of Revocation Processing	01/05/15	8795
R1424OTN	08/22/14	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Medical Review Data Elements	01/05/15	8823
R1423OTN	08/22/14	International Classification of Diseases, 10th Revision (ICD-10) Testing - Acknowledgement Testing with Providers	09/30/14	8858
R1422OTN	08/15/14	Specific Modifiers for Distinct Procedural Services	01/05/14	8863
R1421OTN	08/15/14	Revised Modification to the Medically Unlikely Edit (MUE) Program	01/05/14	8853

R1420OTN	08/15/14	DMEPOS Competitive Bidding Program (CBP): Correction to VMS Processing of Wheelchair Accessory Claims for Round 2	01/05/15	8864
R1418OTN	08/08/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - July 1, 2014 version 3.1.1	09/02/14	8711
R1414OTN	08/01/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2015	01/05/15	8753
R1413OTN	08/01/14	Medicare Remit Easy Print (MREP) Enhancement	01/05/15	8856
R1412OTN	08/01/14	Modifying FISS Part B Claims Overlap Edits related to CMS-1599-F	01/05/15	8820
R1411OTN	08/01/14	Removal of User-Controlled Effective Date to Apply Therapy Caps to Critical Access Hospital (CAH) Claims	01/05/15	8686

R1410OTN	08/01/14	Instructions for Removing Logic Involving the IUR Implemented with CR8271	01/05/15	8573
R1409OTN	08/01/14	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Ambulance Data Elements	01/05/15	8741
R1408OTN	08/01/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) Updates to Operational Issues	01/05/15	8677
R1407OTN	08/01/14	Inpatient Hospital Claims and Medicare Secondary Payer (MSP) Claims with Medicare Coinsurance Days and/or Medicare Lifetime Reserve Days Occurring in the Seventh or More Calendar Years – Analysis and Design Only	01/05/15	8555
R1406OTN	08/01/14	Add Smoking Cessation Initial Session Date to the Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File	01/05/15	8631
R1405OTN	08/01/14	Diagnosis Reporting on Home Health Claims	01/05/15	8813

R1404OTN	08/01/14	Modify the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to no longer include Preventive Healthcare Common Procedure Coding System (HCPCS) Codes that have been terminated	01/05/15	8745
R1403OTN	08/01/14	Change in Applying Co-insurance and Lifetime Reserve (LTR) Amounts on Informational Only Claims with Condition Code (CC) 04	01/05/15	8704
R1401OTN	08/01/14	Fee for Service Beneficiary Data Streamlining (FFS BDS) - Phase II - Auxiliary Data	01/05/15	8681
R1399OTN	08/01/14	Federally Qualified Health Centers Prospective Payment System- Recurring File Updates	01/05/15	8854
R1397OTN	07/25/14	Consolidation of HIGLAS Organizations for a MAC - Organization Merges	07/27/14	8817
R1396OTN	07/25/14	Clarification of Remittance Advice Code Combination Reports Generated by Shared Systems	07/07/14	8616

R1395OTN	07/16/14	Implementation of a Prospective Payment System (PPS) for Federally Qualified Health Centers (FQHCs)	10/6/14	8743
R1392OTN	06/25/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - June 1, 2014 version 3.1.0	09/02/14	8711
R1390OTN	06/06/14	Implementing the Re-competition Award for the Jurisdiction N (formerly Jurisdiction 9) Part A/Part B Medicare Administrative Contractor (A/B MAC) Workload	07/08/14	8759
R1388OTN	05/23/14	ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs)-- Maintenance CR	10/06/14	8691
R1386OTN	05/16/14	Modifying the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to Include Diagnosis Codes on the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS) 270/271 Transactions	10/06/14	8456
R1385OTN	05/16/14	Additional States Requiring Payment Edits for DMEPOS Suppliers of Prosthetics and Certain Custom-Fabricated Orthotics. Update to CR 3959 and CR 8390	06/17/14	8730

R1384OTN	05/16/14	Posting the Limiting Charge after Applying the Electronic Health Record (EHR) and Physician Quality Reporting System (PQRS) Negative Adjustments	10/06/14	8667
R1383OTN	05/09/14	Implementation of a Prospective Payment System (PPS) for Federally Qualified Health Centers (FQHCs)	10/06/14	8743
R1380OTN	05/02/14	Present on Admission (POA) Indicator Editing for Maryland Waiver Hospitals	10/06/14	8709
R1379OTN	05/02/14	Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) Related Services in a Method II Critical Access Hospital (CAH)	10/06/14	8708
R1378OTN	05/02/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - June 1, 2014 version 3.0.5	10/06/14	8711
R1377OTN	05/01/14	Hewlett Packard Enterprise Services, LLC (HPES) Shared Systems Maintainer (SSM) support for Medicare Administrator Contractors (MACs) testing and inquiries for the Combined Common Edits/Enhancements Module (CCEM) for Part A and Part B	10/06/14	8722

R1376OTN	05/01/14	Return Maintenance of the ANSILIST to the Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs)	10/06/14	8729
R1375OTN	05/01/14	Adding New MSP Data Fields to the CWF Daily File	10/06/14	8733
R1374OTN	05/01/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2014	10/06/14	8700
R1373OTN	04/28/14	CWF Editing for Vaccines Furnished at Hospice - Correction	04/07/14	8620
R1371OTN	04/18/14	Instructions to Contractors for Implementing Section 5506 of the Affordable Care Act (ACA) - Preservation of Resident Cap Positions from Closed Teaching Hospitals – Rounds 1, 2, 3 and After	05/19/14	8633
R1370OTN	04/10/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - February 1, 2014 version 3.0.4	07/07/14	8651

R1369OTN	04/10/14	Clarification of Remittance Advice Code Combination Reports Generated by Shared Systems	10/06/14	8616
R1367OTN	04/09/14	Implementation of NACHA Operating Rules for Health Care Electronic Funds Transfers (EFT)	07/07/14	8629
R1366OTN	04/08/14	Termination of the Common Working File ELGA, ELGH, HIQA, HIQH, and HUQA Part A Provider Queries	04/07/14	8248
R1365OTN	04/02/14	Reporting principal and interest amounts when refunding previously recouped money on the Remittance Advice (RA)	10/06/14	8485
R1363OTN	03/28/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - February 1, 2014 version 3.0.4	06/30/14	8651
R1362OTN	03/25/14	Rescind and Replace of CR 8409: Reclassification of Certain Durable Medical Equipment from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category	04/07/14	8566

R1361OTN	03/25/14	Implementation of NACHA Operating Rules for Health Care Electronic Funds Transfers (EFT)	07/07/14	8629
R1360OTN	03/18/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - October 1, 2013 version 3.0.3	05/05/14	8518
R1359OTN	03/18/14	The Coordination of Benefits Contractor (COBC) to Remove and No Longer Apply Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer (MSP) Data Match Program on the Common Working File (CWF)	07/07/14	8353
R1358OTN	03/14/14	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - October 1, 2013 version 3.0.3	04/07/14	8518
R1357OTN	03/07/14	International Classification of Diseases, 10th Revision (ICD-10) Testing with Providers through the Common Edits and Enhancements Module (CEM) and Common Electronic Data Interchange (CEDI)	03/12/14	8465

R1356OTN	03/06/14	Modifying the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to Include Diagnosis Codes on the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS) 270/271 Transactions	10/06/14	8456
R1352OTN	02/21/14	International Classification of Diseases, Tenth Revision (ICD-10) Limited End to End Testing with Submitters	07/07/14	8602
R1351OTN	02/21/14	Implementation of HIPAA Standards and Operating Rules for Health Care Electronic Funds Transfers	07/07/14	8619
R1350OTN	02/21/14	Clarification of Remittance Advice Code Combination Reports Generated by Shared Systems	07/07/14	8616
R1349OTN	02/21/14	Implementation of NACHA Operating Rules for Health Care Electronic Funds Transfers (EFT)	07/07/14	8629
R1348OTN	02/21/14	Handling Bankrupt Suppliers within VMS	04/06/15	8502

R1347OTN	02/14/14	Inpatient Prospective Payment System (IPPS) Hospital Extensions per the Pathway for SGR Reform Act of 2013	04/07/14	8627
R1345OTN	02/14/14	Implementing Operating Rule (OR)-Phase III ERA Or Dual Delivery of ERA and Paper Remittance	07/07/14	8570
R1344OTN	02/07/14	Fee for Service Beneficiary Data Streamlining (FFS BDS)	07/07/14	8603
R1342OTN	02/06/14	Reporting principal and interest amounts when refunding previously recouped money on the Remittance Advice (RA)	07/07/14	8485
R1341OTN	02/06/14	Changing Fiscal Intermediary Shared System (FISS) Action on Informational Unsolicited Responses (IURs) From Canceled Claims to Adjustments	07/07/14	8554
R1340OTN	02/06/14	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2014	07/07/14	8571

R1339OTN	02/06/14	CWF Editing for Vaccines Furnished at Hospice - Correction	04/07/14	8620
R1337OTN	02/05/14	Encounter Data System Payer ID: Payer ID Creation for the Financial Alignment Demonstration for Medicare Medicaid Plans (MMPs)	07/07/14	8489
R1336OTN	02/05/14	Modifying the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to Include Diagnosis Codes on the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS) 270/271 Transactions	07/07/14	8456
R1334OTN	01/24/14	Occurrence Span Code 72; Identification of Outpatient Time Associated with an Inpatient Hospital Admission and Inpatient Claim for Payment	02/25/14	8586
R1330OTN	12/27/13	Revised Beneficiary Liability and Messages Associated with Denials for Claims for Services Furnished to Incarcerated Beneficiaries	04/07/14	8488
R1329OTN	12/26/13	Immediate Suspension of Postpayment Patient Status Reviews of Inpatient Hospital Admissions 10/1/13-12/31/13	12/02/13	8508

R1326OTN	12/06/13	Informational Unsolicited Response (IUR) or Reject for Ambulance SNF to SNF Transfer	04/07/14	8408
R1323OTN	11/29/13	Medicare Appeals System (MAS) Level 1 Implementation	12/06/13	8354
R1322OTN	11/22/13	Merge of the Daily CMS-1522 PULSE Roll-Up Number Report Data for A/B MAC Workloads	01/27/14	8529
R1320OTN	11/22/13	Revised Beneficiary Liability and Messages Associated with Denials for Claims for Services Furnished to Incarcerated Beneficiaries	02/24/14	8488
R1318OTN	11/15/13	Use of Claim Adjustment Reason Code 23	04/07/14	8297
R1316OTN	11/15/13	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - October 1, 2013 version 3.0.3	04/07/14	8518

R1315OTN	11/15/13	Immediate Suspension of Postpayment Patient Status Reviews of Inpatient Hospital Admissions 10/1/13-12/31/13	12/02/13	8508
R1314OTN	11/13/13	Implementation of the Award for the Jurisdiction K (JK) Part A and Part B Medicare Administrative Contractor (A/B MAC) to National Government Services	10/07/13	8303
R1313OTN	11/07/13	Termination of the Common Working File ELGA, ELGH, HIQA, HIQH, and HUQA Part A Provider Queries	04/07/14	8248
R1312OTN	11/07/13	Common Working File (CWF) and Fiscal Intermediary Standard System (FISS) Informational Unsolicited Response (IUR) or Denial of Inpatient Services Related to a Hospice Terminal Diagnosis	04/07/14	8273
R1311OTN	11/06/13	Informational Unsolicited Response (IUR) or Reject for Ambulance SNF to SNF Transfer	04/07/14	8408
R1310OTN	11/06/13	HCPCS Analysis CR for Conversion of Old HCPCS Code to New	04/07/14	8451

R1309OTN	11/06/13	FISS Claims Processing Update for Ambulance Services	04/07/14	8251
R1308OTN	11/06/13	MREP and PC Print Updates for Operating Rules Phase III 360 Rule Compliance	04/07/14	8479
R1307OTN	11/06/13	The Coordination of Benefits Contractor (COBC) to Remove and No Longer Apply Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer (MSP) Data Match Program on the Common Working File (CWF)	04/07/14	8353
R1305OTN	11/06/13	Denial for Power Mobility Device (PMD) Claim from a Supplier of Durable Medical, Orthotics, Prosthetics, and Supplies (DMEPOS) When Ordered By a Non-Authorized Provider	04/07/14	8239
R1303OTN	11/01/13	International Classification of Diseases, 10th Revision (ICD-10) Testing with Providers through the Common Edits and Enhancements Module (CEM) and Common Electronic Data Interchange (CEDI)	03/03/14	8465

R1302OTN	11/01/13	Braille and Large Print Medicare Summary Notices	01/06/14	8260
R1301OTN	10/18/13	Virtual Data Center Contract (VDC) Workload Realignment	10/07/13	8449
R1299OTN	09/30/13	MCS Prepayment Review Report	10/07/13	8224
R1298OTN	09/30/13	CWF Editing for Vaccines Furnished at Hospice	10/07/13	8098
R1297OTN	09/27/13	VMS Prepayment Review Report	10/07/13	8225
R1293OTN	09/13/13	Display of ICD-10 Local Coverage Determinations (LCDs) on the Medicare Coverage Database (MCD)	04/10/13	8348

R1291OTN	08/30/13	Standardizing the standard - Operating Rules for code usage in Remittance Advice	10/07/13	8182
R1290OTN	08/27/13	MCS Prepayment Review Report	10/07/13	8224
R1288OTN	08/23/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2014	01/06/14	8345
R1286OTN	08/16/13	Handling Bankrupt Suppliers within VMS	01/06/14	8414
R1285OTN	08/16/13	Further Instruction to Use Non-Alert Remittance Advice Remark Codes (RARCs)	10/07/13	8391
R1283OTN	08/15/13	Multi Carrier System (MCS) Modifications to Liability Assignment Regarding Therapy Cap Claim Denials	08/16/13	8321

R1281OTN	08/16/13	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE	01/06/14	8365
R1280OTN	08/16/13	Ambulatory Surgical Center Quality Reporting (ASCQR) Program Payment Reduction (MIEA-TRCHA, 2006) - Implementation	01/06/14	8349
R1277OTN	08/09/13	Medicare Physician Fee Schedule Database (MPFSDB) Field Revisions for the New Purchased Diagnostic Test (PDT) Indicator and New Effective Date Field	01/06/14	8388
R1276OTN	08/09/13	Revision to the CWF Edit for Technical Component (TC) of Pathology Services Occurring on the Same Day as an Outpatient Hospital Visit	01/06/14	8399
R1274OTN	08/02/13	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2011 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)	09/03/13	8406
R1272OTN	08/02/13	CEDI Removal of 4010A1 Jobs and Processes	10/07/13	8398

R1271OTN	08/02/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2014	01/06/14	8345
R1268OTN	07/26/13	Update to Post Acute Transfer Edit 7272 to Extend Home Health Agency CMS Certification Number (CCN) Range and Add Bypass	01/06/14	8367
R1266OTN	07/26/13	Common Working File (CWF) Informational Unsolicited Response (IUR) and Reject for Hospital to Hospital Transfers	01/06/14	8231
R1264OTN	07/26/13	Addition of the End Stage Renal Disease (ESRD) Facilities Located in the Pacific Rim to the ESRD Prospective Payment System (PPS)	01/06/14	8368
R1262OTN	07/26/13	Informational Unsolicited Response (IUR) or Reject for Add-On Codes billed without respective Primary Codes	01/06/14	8271
R1261OTN	07/26/13	Fee for Service Beneficiary Data Streamlining (FFS BDS) Local Beneficiary File Analysis	01/06/14	8285

R1259OTN	07/25/13	HIPAA 5010 and D.O 2013 Annual Recertification	08/26/13	8352
R1258OTN	07/25/13	Redaction of Health Insurance Claim Numbers (HICNs) in Medicare Redetermination Notices (MRNs)	01/06/14	8268
R1257OTN	07/19/13	Medicare Appeals System (MAS) Level 1 Implementation	08/19/13	8152
R1253OTN	07/10/13	Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports	07/19/13	7846
R1252OTN	07/09/13	Standardizing the Standard - Phase I	01/06/14	7910
R1251OTN	06/27/13	Affordable Care Act (ACA) Model 4 Bundled Payments for Care Improvement - Episode of Care - Implementation Phase 3	07/01/13	8070

R1250OTN	06/25/13	Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD)	07/01/13	8056
R1248OTN	06/14/13	Multi Carrier System (MCS) Modifications to Liability Assignment Regarding Therapy Cap Claim Denials	10/07/13	8321
R1247OTN	06/10/13	Implementation of CMS Ruling 1455-R (Medicare Program; Part B Billing in Hospitals)	07/01/13	8277
R1246OTN	06/07/13	Implementation of the Award for the Jurisdiction K (JK) Part A and Part B Medicare Administrative Contractor (A/B MAC) to National Government Services	10/07/13	8303
R1245OTN	06/07/13	Implementing the Re-competition Award for the Jurisdiction L (formerly Jurisdiction 12) Part A/Part B Medicare Administrative Contractor (A/B MAC) Workload	07/01/13	8327
R1244OTN	05/31/13	Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for a new patient visit billed by the same physician or physician group within the past three years	10/07/13	8165

R1243OTN	05/31/13	Implementation of CMS Ruling 1455-R (Medicare Program; Part B Billing in Hospitals)	07/01/13	8277
R1242OTN	05/30/13	Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports	06/21/13	7846
R1240OTN	07/19/13	Affordable Care Act (ACA) Model 4 Bundled Payments for Care Improvement Episode of Care Implementation Phase Two	04/01/13	7887
R1239OTN	05/21/13	New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment	07/01/13	8158
R1237OTN	05/17/13	Analysis and Design of VMS for implementing system changes for handling Bankrupt Suppliers	10/07/13	8310
R1236OTN	05/22/13	Standardizing the Standard - Phase I	01/06/14	7910

R1234OTN	05/10/13	MSP Claims and use of CARC 23 - Analysis and Design	10/07/13	8308
R1232OTN	05/06/13	New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment	07/01/13	8158
R1231OTN	05/03/13	Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for a new patient visit billed by the same physician or physician group within the past three years	10/07/13	8165
R1228OTN	05/02/13	Debts Referred to Treasury through the Healthcare Integrated General Ledger Accounting System (HIGLAS)	10/07/13	8216
R1227OTN	05/02/13	Update to the Common Working File (CWF) Qualifying Stay Edit for Skilled Nursing Facility (SNF) and Swing Bed (SB) Providers	10/07/13	8210
R1225OTN	05/02/13	Reporting of Principal and Interest when returning previously recouped money - Analysis	10/07/13	8092

R1224OTN	05/03/13	Phase III ERA Enrollment Operating Rules	10/07/13	8223
R1220OTN	05/03/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2013	10/07/13	8234
R1219OTN	05/03/13	National Competitive Bidding Program (CBP): Instructions for Processing CBP Oxygen and Capped Rental Item Claims with the Start of the Round One Re-compete	10/07/13	8270
R1218OTN	05/03/13	American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive : New Critical Access Hospital Banking Information File Transfer for Eligible Professional Payment	10/07/13	8209
R1217OTN	05/03/13	CWF Editing for Vaccines Furnished at Hospice	10/07/13	8098
R1216OTN	05/03/13	Applying Multiple Procedure Payment Reductions to Therapy Cap Amounts for Critical Access Hospital Claims	10/07/13	8278

R1215OTN	05/03/13	VMS Prepayment Review Report	10/07/13	8225
R1214OTN	05/03/13	Medicare System Update to Include Line Level National Provider Identifier (NPI) Sanction Editing on Critical Access Hospital (CAH) Method II Outpatient Claims	10/07/13	8170
R1213OTN	05/03/13	Updating the Shared Systems and Common Working File (CWF) to no Longer Create Veteran Affairs (VA) "I" records in the Medicare Secondary Payer (MSP) Auxiliary File	10/07/13	8198
R1212OTN	05/03/13	MCS Prepayment Review Report	10/07/13	8224
R1211OTN	05/03/13	Modification to Change Request (CR)7254	10/07/13	8280
R1210OTN	04/19/13	Implementing the Re-competition Award for the Jurisdiction C Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload	05/01/13	8235

R1209OTN	04/11/13	Recovery of Annual Wellness Visit (AWV) Overpayments	07/01/13	8153
R1208OTN	04/11/13	Use of Q6 Modifier for Locum Tenens by Providing Performing Provider NPT "FOR ANALYSIS ONLY"	04/01/13	8124
R1207OTN	04/12/13	Direct Mailing to Referral Agents about the DMEPOS Competitive Bidding Program Round 2 and National Mail-Order for Diabetic Testing Supplies	05/13/13	8262
R1205OTN	04/04/13	Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD)	07/01/13	8056
R1203OTN	03/22/13	CMS Administrator's Ruling: Part A to Part B Rebilling of Denied Hospital Inpatient Claims	07/01/13	8185
R1202OTN	03/22/13	Transition to New Centers for Medicare and Medicaid Services (CMS) Identity Mark	04/22/13	8113

R1201OTN	03/22/13	Implementation of the Award for Jurisdiction E Part A/Part B Medicare Administrative Contractor (JE A/B MAC)	07/01/13	8226
R1200OTN	03/21/13	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2010 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)	12/03/12	8078
R1199OTN	03/15/13	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)	07/01/13	8197
R1197OTN	03/15/13	Implementation of the Award for Jurisdiction 6 Part A/Part B Medicare Administrative Contractor (J6 A/B MAC)	07/01/13	8227
R1196OTN	03/08/13	Outpatient Therapy Functional Reporting Non-Compliance Alerts	04/01/13	8166
R1195OTN	03/01/13	Inpatient Prospective Payment System (IPPS) Hospital Extensions per the American Taxpayer Relief Act of 2012	04/01/13	8214

R1194OTN	02/22/13	Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services	04/01/13	8206
R1193OTN	02/15/13	Standardizing the Standard - Phase I	10/07/13	7910
R1192OTN	02/15/13	The Inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) claims to the VA Medicare Remittance Advice (eMRA) Process- Implementation	07/01/13	8089
R1191OTN	02/15/13	ICD-10 CR--Updates to National Coverage Determination/Local Coverage Determination (NCD/LCD) Processing in the VMS Shared System	10/07/13	8207
R1190OTN	02/15/13	Recovery of Annual Wellness Visit (AWV) Overpayments	07/01/13	8153
R1189OTN	02/15/13	Bundled Payments for Care Improvement Model 4 - HI and SMI Payment Attribution and Outlier Payments	07/01/13	8196

R1187OTN	02/08/13	Standardizing the standard - Operating Rules for code usage in Remittance Advice	07/01/13	8182
R1186OTN	02/08/13	FISS Prepayment Review Report	07/01/13	8175
R1184OTN	02/08/13	Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) National Competitive Bidding (NCB): Using the "KY" Modifier to Bill for Accessories for Non-NCB Wheelchair Base Units	07/01/13	8181
R1183OTN	02/08/13	Revision to CWF and VMS: Reject or Informational Unsolicited Response (IUR) Edit for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Provided During an Inpatient Stay	07/01/13	8172
R1182OTN	02/08/13	Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD)	07/01/13	8056
R1176OTN	02/01/13	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2013	07/01/13	8177

R1174OTN	02/01/13	Changes to the Laboratory National Coverage Determination (NCD) Software for ICD-10	07/01/13	8202
R1173OTN	02/01/13	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Program: Correction to the Medicare Summary Notice Message for PEN Items Furnished to Traveling Beneficiaries	07/01/13	8189
R1171OTN	01/31/13	Instructions to Contractors for Implementing Section 5506 of the Affordable Care Act (ACA)- Preservation of Resident Cap Positions from Closed Teaching Hospitals - Round 1 and Round 2 Only	03/04/13	7746
R1170OTN	01/31/13	Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for place of service billed by physician office and either ambulatory surgical center or inpatient hospital, for the same beneficiary, same date of service, and same procedure, based on sequence received of the Part B claim	07/01/13	7892
R1169OTN	01/31/13	Modification of Payment Window Edit in the Common Working File (CWF) to Modify Diagnostic Service List	07/01/13	8046
R1167OTN	01/31/13	Correction to Common Working File (CWF) A/B Crossover Edit 7272 for Transfer to Home for Home Health Services	07/01/13	8139

R1165OTN	01/18/13	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)	04/01/13	8109
R1164OTN	01/18/13	Implementation of New and Revised Medicare Summary Notice (MSN) Messages and Discontinuation of Obsolete MSN Messages	02/18/13	8106
R1163OTN	01/18/13	Medicare Remit Easy Print (MREP) Enhancement	04/01/13	8149
R1162OTN	01/04/13	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)	04/01/13	8109
R1161OTN	12/28/12	Implementation of New and Revised Medicare Summary Notice (MSN) Messages and Discontinuation of Obsolete MSN Messages	02/18/13	8106
R1160OTN	12/21/12	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - April 2013	04/01/13	8144

R1159OTN	12/21/12	New Healthcare Common Procedure Coding System (HCPCS) Codes for Replacement Accessories and Supplies for External Ventricular Assist Devices or Any Ventricular Assist Device (VAD) for Which Payment Was Not Made Under Medicare Part A	04/01/13	7888
R1158OTN	12/18/12	Use of Q6 Modifier for Locum Tenens by Providing the Substitute Physician's Unique Identifier	04/01/13	8124
R1157OTN	12/14/12	Standardizing the Standard - Phase I	01/07/13	7910
R1156OTN	12/13/12	Addition of New Common Working File (CWF) Medicare Secondary Payer (MSP) Utilization Edit Codes for CWF to Send the Shared Systems When the Diagnosis Code on the Claim is Considered a Match with the Family of DX Codes in CWF for Non-Group Health Plan (NGHP) MSP Claims	10/01/12	7605
R1155OTN	07/19/13	Affordable Care Act (ACA) Model 4 Bundled Payments for Care Improvement - Episode of Care - Implementation Phase 3	07/01/13	8070

R1152OTN	11/16/12	New Screens and Processes for ICD-9/ICD-10, ICD-10/ICD-9 Diagnosis and Procedure Codes Conversions for Medicare Secondary (MSP) Claims Using the General Equivalence Mappings (GEMS) 2013 Table in CWF	04/01/13	8034
R1151OTN	11/16/12	Use of Q6 Modifier for Locum Tenens by Providing Performing Provider NPI - Analysis only CR	04/01/13	8124
R1149OTN	11/06/12	Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Diagnostic Cardiovascular and Ophthalmology Procedures	01/07/13	7848
R1148OTN	11/02/12	Fee for Service Beneficiary Data Streamlining (FFS BDS)	04/01/13	8091
R1147OTN	11/02/12	Implementation of the Revised Health Insurance Claim Form CMS-1500 (02/12) (Analysis Only)	04/01/13	8015
R1145OTN	11/02/12	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for April 2013	04/01/13	8073

R1144OTN	11/02/12	MCS/TACs System Edits	04/01/13	8053
R1142OTN	11/02/12	Editing for Duplicate Payment of Nonphysician Outpatient Services Provided During an Inpatient Hospital Admission	04/01/13	7849
R1141OTN	11/02/12	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2010 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)	12/03/12	8078
R1140OTN	11/02/12	Termination of the Common Working File ELGB Provider Query	04/01/13	8086
R1139OTN	11/01/12	Durable Medical Equipment (DME) National Competitive Bidding (NCB): National Mail Order (NMO) Program Implementation for Diabetic Supplies	04/01/13	8080
R1138OTN	11/01/12	Adding Bankruptcy Status Field to the Recovery Audit Contractor Daily and Weekly Reports	04/01/13	8083

R1137OTN	11/01/12	PWK System Modifications for Processing Days	04/01/13	8014
R1136OTN	11/01/12	National Correct Coding Initiative (NCCI) Associated Modifier Changes (Additions)	01/07/13	8111
R1134OTN	11/01/12	New Informational Unsolicited Response (IUR) Process to Identify Previously Paid Claims for Services Furnished to Incarcerated Medicare Beneficiaries	04/01/13	8007
R1133OTN	11/01/12	New Informational Unsolicited Response (IUR) Process to Identify Previously Paid Claims for Services Furnished to Medicare Beneficiaries Classified as "Unlawfully Present" in the United States	04/01/13	8009
R1130OTN	10/26/12	Implementation of the Redesigned MSN	04/01/13	8081
R1129OTN	10/12/12	Elimination of the Fiscal Intermediary Shared System (FISS) Off Quarter User Releases	01/07/13	8022

R1128OTN	10/05/12	Recompiling of Application Data Structure Descriptors	10/26/12	8099
R1124OTN	09/25/12	Manual Medical Review of Therapy Services	10/01/12	8036
R1122OTN	09/14/12	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR 1 of 3) (ICD-10)	01/07/13	7818
R1119OTN	09/14/12	Implementation of the Award for the Jurisdiction 5 Part A and Part B Medicare Administrative Contractor (J5 A/B MAC) Reciprocity Including a New Workload Number for the Remaining WPS Legacy Workload	10/22/12	8059
R1117OTN	08/31/12	Manual Medical Review of Therapy Services	10/01/12	8036
R1116OTN	08/24/12	Standardizing the Standard - Phase I	01/07/13	7910

R1115OTN	08/24/12	Implement Fraud Prevention Predictive Modeling Prepayment Edits for Shared Systems (xref CR7787)	01/07/13	7861
R1114OTN	08/17/12	New Field Established within FISS and MCS	01/17/13	8012
R1112OTN	08/10/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits January 2013	01/07/13	7880
R1111OTN	08/06/12	Expand Place of Service Address to Include Full Address	04/01/13	7786
R1110OTN	08/03/12	Revision of Medicare Summary Notice (MSN) for Non-Competitive Bid Claims	07/02/12	7729
R1108OTN	08/03/12	Fee For Service Common Eligibility Services (FFS CES) - Common Working File (CWF) Detail Analysis, Design and Requirements	01/07/13	7895

R1107OTN	08/03/12	The Medicare Secondary Payer Payment Module (MSPPAY) to be Maintained by the Shared System Maintainers for all Future Enhancements	01/07/13	7826
R1104OTN	08/02/12	Application of the Multiple Procedure Payment Reduction (MPPR) on the Professional Component (PC) and Technical Component (TC) of Certain Diagnostic Imaging Procedures to Physicians in the Same Group Practice	01/07/13	7747
R1103OTN	08/01/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Execution of the Annual Recertification Program	09/04/12	7904
R1102OTN	08/01/12	Direction to Modify Institutional Reason Code 39012	01/07/13	7832
R1101OTN	07/19/12	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499
R1100OTN	06/28/12	Fiscal Intermediary Shared System (FISS) System Enhancement for Including Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Name Information in the Comprehensive Error Rate Testing (CERT) Resolution Record	10/01/12	7807

R1099OTN	06/28/12	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499
R1098OTN	06/22/12	Addition of New Common Working File (CWF) Medicare Secondary Payer (MSP) Utilization Edit Codes for CWF to Send the Shared Systems When the Diagnosis Code on the Claim is Considered a Match with the Family of DX Codes in CWF for Non-Group Health Plan (NGHP) MSP Claims	10/01/12	7605
R1097OTN	06/15/12	Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports	10/15/12	7846
R1095OTN	06/07/12	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the ViPS Medicare System (VMS)	07/02/12	7603
R1093OTN	05/23/12	Automated Tracking and Reporting of Recovery Audit-Associated Re-openings and Appeals	04/02/12	7604
R1091OTN	05/16/12	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the Fiscal Intermediary Shared System (FISS)	04/02/12	7601

R1089OTN	05/11/12	Implement Fraud Prevention Predictive Modeling Prepayment Edits	10/01/12	7787
R1088OTN	05/10/12	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499
R1087OTN	05/04/12	Expand Place of Service Address to Include Full Address	10/1/12	7786
R1085OTN	05/02/12	Establish an Automated Process between ViPS Medicare System (VMS) and the Provider Enrollment Chain and Ownership System (PECOS) to Post Payment Suspension Alert Codes and Related Data to All Four Durable Medical Equipment Medicare Administrator Contractors (DME MAC) Jurisdictions	10/01/12	7424
R1084OTN	04/26/12	Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates – October 2012	10/01/12	7811

R1083OTN	04/27/12	Temporary Direction to Accommodate Organ Donor Complications Billing on 837I Claims	10/01/12	7816
R1082OTN	04/27/12	FISS update for Clinical Laboratory Fee Schedule upload to include Kansas Payment Locality Structure	10/01/12	7815
R1079OTN	04/27/12	New Occurrence Code to Report Date of Death	10/01/12	7792
R1077OTN	04/26/12	Update to the Fiscal Intermediary Shared Systems (FISS) Outpatient Provider Specific File (OPSF) for Children's Hospitals	10/01/12	7798
R1076OTN	04/26/12	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes - October 2012	10/01/12	7769
R1075OTN	05/18/12	Medicare Fee-for-Service (FFS) Editing and Flat File Utility	10/1/12	7823

R1073OTN	04/26/12	American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive Program: Financial Information File Transfer Modifications for Eligible Hospitals	10/01/12	7776
R1072OTN	04/26/12	Fiscal Intermediary Shared System (FISS) System Enhancement for Including Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Name Information in the Comprehensive Error Rate Testing (CERT) Resolution Record	10/01/12	7807
R1071OTN	04/26/12	Expansion of the Laboratory National Coverage Determination (NCD) Edit Software	10/01/12	7808
R1070OTN	04/26/12	Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems	10/01/12	7756
R1067OTN	04/26/12	Fee for Service Common Eligibility Services Conference Calls and Research	10/01/12	7800
R1066OTN	04/27/12	Implementation of the HIPAA Version 5010 276/277 Claim Status Edits October 2012 Release	10/01/12	7804

R1065OTN	04/26/12	Addition of New Common Working File (CWF) Medicare Secondary Payer (MSP) Utilization Edit Codes for CWF to Send the Shared Systems When the Diagnosis Code on the Claim Is Considered a Match with the Family of DX Codes in CWF for Non-Group Health Plan (NGHP) MSP Claims	10/01/12	7605
R1064OTN	04/26/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits - October 2012	10/01/12	7817
R1062OTN	04/06/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Annual Re-Certification Program	05/07/12	7758
R1061OTN	03/30/12	Implementation of the Award for the Jurisdiction 8 Part A and Part B Medicare Administrative Contractor (J8 A/B MAC) including New Workload Numbers for Indiana and Michigan	07/02/12	7752
R1060OTN	04/13/12	Implementation of the Award for the Jurisdiction H Part A and Part B Medicare Administrative Contractor (JH A/B MAC) Including New Workload Numbers for Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas as well as for the J4 WPS Legacy Part A Workload	07/02/12	7812

R1058OTN	03/14/12	Emergency March 2012 Update (MCTRJCA) to the CY 2012 Medicare Physician Fee Schedule (MPFS) Database	03/15/12	7767
R1057OTN	03/09/12	Implementation of a Correction of Initial Default Values for Medically Unlikely Edits (MUEs)	01/03/12	7418
R1056OTN	03/09/12	Revision of Medicare Summary Notice (MSN) for Non-Competitive Bid Claims	07/02/12	7729
R1055OTN	03/09/12	Medicare Fiscal Intermediaries Shared System (FISS), HealthCare Integrated General Ledger Accounting System (HIGLAS), and Change of Ownership Process Revisions for IRS Form 1099 Reporting	07/02/12	7732
R1054OTN	03/07/12	Use of Revised Remittance Advice Remark Code (RARC) N103 When Denying Services Furnished to Federally Incarcerated Beneficiaries	07/02/12	7678
R1052OTN	03/01/12	Analysis and Design of Edits to Correct Recovery Auditor Identified Improper Payments in MCS	07/02/12	7673

R1051OTN	02/29/12	Analysis of Improper Overpayments to Design Edits to Correct these Overpayments in CWF, MCS, and FISS	07/02/12	7661
R1050OTN	02/29/12	Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals	04/02/12	7604
R1049OTN	02/24/12	Implement Fraud Prevention Predictive Modeling Prepayment Edits - Analysis and Design Only	07/02/12	7669
R1047OTN	02/17/12	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the ViPS Medicare System (VMS)	07/02/12	7603
R1046OTN	02/17/12	Fiscal Intermediary Shared System (FISS) and Common Working File (CWF) System Enhancement for Storing Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Physician Specialty Code Information	07/02/12	7578
R1043OTN	03/01/12	Delayed Work from CR 7589: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems	07/02/12	7662

R1042OTN	02/03/12	Creation of New Indicator for Use on the Ambulatory Surgical Centers (ASCs) Payment Indicator File for Reporting Quality Measures	04/02/12	7472
R1040OTN	02/03/12	Interaction of Multiple Procedure Payment Reduction (MPPR) on Imaging Procedures and the Outpatient Prospective Payment System (OPPS) Cap on the Technical Component of Imaging Procedures	07/02/12	7703
R1039OTN	02/3/12	International Classification of Diseases-10 th Edition (ICD-10), Inclusion of Type of Bill (TOB) 33X, Home Health, Outpatient (includes HHA visits under a Part A Plan of treatment)	07/02/12	7704
R1038OTN	01/27/12	Updates to Editing of Patient Discharge Status Codes on Hospice Claims	07/02/12	7690
R1037OTN	01/27/12	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes - July 2012	07/02/12	7664
R1033OTN	01/27/12	Analysis of Improper Overpayments to Design Edits to Correct these Overpayments in CWF, MCS, and FISS	07/2/12	7661

R1032OTN	01/26/12	Revisions to the Hospice Medicare Summary Notice (MSN)	07/02/12	7675
R1031OTN	01/26/12	Analysis and Design of Edits to Correct Recovery Auditor Identified Improper Payments in MCS	07/02/12	7673
R1030OTN	01/26/12	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits – July 2012 Version	07/02/12	7719
R1029OTN	01/26/12	Delayed Work from CR 7589: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems	07/02/12	7662
R1028OTN	01/27/12	Contractor Instructions to Implement International Classification of Diseases-10th Revision (ICD-10) Plans	04/01/13	7592
R1027OTN	01/26/12	New Occurrence Span Code to Report Antepartum Days	07/02/12	7716

R1026OTN	01/26/12	Implementation of the HIPAA Version 5010 276/277 Claim Status Edits July 2012 Release	07/02/12	7582
R1025OTN	01/26/12	Enterprise Electronic Change Information Management Portal (ECHIMP)	07/02/12	7643
R1024OTN	01/26/12	Common Edits and Enhancements Modules (CEM) Code Set Update	07/02/12	7665
R1023OTN	01/26/12	Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates - July 2012	07/02/12	7713
R1022OTN	01/26/12	Fee for Service Common Eligibility Services Conference Calls and Research	07/02/12	7712
R1021OTN	01/26/12	Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals	04/02/12	7604

R1019OTN	01/25/12	Update to the Fiscal Year (FY) 2012 List of Codes Exempt from Reporting Present on Admission (POA)	07/02/12	7680
R1016OTN	01/25/12	Direct Mailing to Medicare Providers About the 2012 Electronic Prescribing Payment	02/27/12	7730
R1015OTN	01/20/12	Emergency Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)	01/26/12	7737
R1014OTN	01/06/12	Instructions to Teaching Hospitals for Reporting the Internal Revenue Service (IRS) Refund of Medical Resident FICA Taxes	02/06/12	7685
R1013OTN	01/06/12	Contractor Instructions to Implement International Classification of Diseases-10th Revision (ICD-10) Plans	04/01/13	7592
R1012OTN	01/06/12	Use of Revised Remittance Advice Remark Code (RARC) N103 When Denying Services Furnished to Federally Incarcerated Beneficiaries	07/02/12	7678

R1011OTN	12/30/11	Review and Analysis of draft Accredited Standards Committee X12 Technical Report 3s	04/02/12	7697
R1010OTN	12/30/11	Instructions to Teaching Hospitals for Reporting the Internal Revenue Service (IRS) Refund of Medical Resident FICA Taxes	01/30/12	7685
R1008OTN	12/23/11	Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Allowing Contract or Non-contract Suppliers to Maintain and Service the Enteral Nutrition Equipment that They Provided in the 15th Continuous Month of Rental	01/03/12	7498
R1007OTN	12/22/11	Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Allowing Contract or Non-contract Suppliers to Maintain and Service the Enteral Nutrition Equipment that They Provided in the 15th Continuous Month of Rental	01/03/12	7498
R1005OTN	12/09/12	Implementation of the Award for the Jurisdiction F (J-F) Part A and Part B Medicare Administrative Contractor (A/B MAC) including New Workload Numbers for Alaska, Idaho, Oregon and Washington	02/01/12	7667

R1004OTN	12/02/11	Requirement to Report Medicare Fee for Service Rendering Provider Place of Service Address Information to the Common Working File	04/02/12	7645
R1003OTN	11/25/11	Instructions to Accept and Process All Ambulance Transportation Healthcare Common Procedure Coding System (HCPCS) Codes	01/03/12	7489
R1002OTN	11/23/11	Automated Tracking and Reporting of Recovery Audit-Associated Re-openings and Appeals	04/02/12	7604
R1001OTN	11/18/11	Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems	04/02/12	7589
R999OTN	11/10/11	MCS ICD-10 Changes	04/02/12	7640
R998OTN	11/10/11	HIPAA 5010 Outbound File Compliance Check	04/02/12	7583

R997OTN	11/10/11	Expansion of FISS Medical Policy Parameter	04/02/12	7639
R996OTN	11/04/11	Creating Payor ID for Medicare Advantage Encounter Data Submission	04/02/12	7521
R995OTN	11/04/11	Multiple Procedure Payment Reduction (MPPR) on Certain Diagnostic Imaging Procedures	01/03/12	7442
R993OTN	11/01/11	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499
R991OTN	11/01/11	Expansion of the Current Scope of Editing for Ordering/Referring Providers for claims processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)	07/05/11	6417
R990OTN	10/28/11	CMS Standard Edit 009H is Obsolete	04/02/12	7560

R989OTN	10/28/11	Change Management Process -- Enterprise Electronic Change Information Management Portal (ECHIMP)	04/02/12	7590
R988OTN	10/28/11	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the Multi-Carrier System (MCS)	04/02/12	7602
R985OTN	10/27/11	Fee for Service Common Eligibility Services Conference Calls and Research	04/02/12	7611
R983OTN	10/27/11	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes - April 2012	04/02/12	7576
R980OTN	10/27/11	Modify the Interchange Control Number (ICN) for Medicare Advantage Encounters	04/02/12	7521
R979OTN	10/28/11	Processing Multiple Home Health Unsolicited Responses	04/02/12	7544

R978OTN	10/27/11	Modify the Interchange Control Number (ICN) for Medicare Advantage Encounters	04/02/12	7562
R977OTN	10/27/11	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the Fiscal Intermediary Shared System (FISS)	04/02/12	7601
R976OTN	10/28/11	Determining Claims Processing Timeliness When Held Claims Are Later Subject to an Additional Documentation Request	04/02/12	7550
R975OTN	10/27/11	Format Revisions to the Special Incentive Remittance Advice used to Report Quarterly Incentive Payments for Health Professional Shortage Areas (HPSAs), the Primary Care Incentive Payment Program (PCIP), and the HPSA Surgical Incentive Payment Program (HSIP)	04/02/12	7561
R973OTN	10/27/11	Revisions to Common Working File (CWF) Edits that Deny Claims for Prosthetics, Orthotics, and Supplies (POS) Furnished to Beneficiaries in a Skilled Nursing Facility (SNF) Stay	04/02/12	7625
R972OTN	10/27/11	Common Edits and Enhancements Modules (CEM) Code Set Update	04/02/12	7577

R971OTN	10/26/11	Instructions for the Fiscal Intermediary Shared System (FISS) to modify the Workers Compensation Set Aside (WCSA) Claims Process to Capture the Amount Medicare would have paid when the Claim is returned by CWF. This change request also updates the MSP Savings Report to add Special Project Savings Total on the Savings Report to include totals from all Special Projects	04/02/12	7519
R970OTN	10/26/11	VMS Modifications to Oxygen CMN Editing	04/02/12	7467
R968OTN	10/26/11	Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals	04/02/12	7604
R966OTN	10/26/11	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits – April 2012 Version	04/02/12	7596
R964OTN	10/19/11	Expansion of the Current Scope of Editing for Ordering/Referring Providers for claims processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)	01/03/11	6417

R963OTN	10/14/11	Expansion of the Current Scope of Editing for Ordering/Referring Providers for Durable Medical Equipment, Prosthetics, Orthotics, and Supplier (DMEPOS) Suppliers Claims Process by Durable Medical Equipment Medicare Administrative Contractors (DMEMACs)	07/05/11	6421
R962OTN	09/23/11	HITECH - Annual 1099 Address File – Requirements for Submitting Updated Address, TIN and Full Legal Name for all HITECH Payees Receiving EHR Incentive Payments During the Calendar Year	01/03/12	7509
R960OTN	09/08/11	Update the existing ViPS Medicare System (VMS) Utilization Parameter files for ICD-10	01/03/12	7321
R959OTN	09/02/11	Populating REF Segment - Other Claim Related Adjustment - for Healthcare Claim Payment/Advice or Transaction 835 version 5010A1	01/03/12	7484
R958OTN	09/15/11	Additional Fields for Additional Documentation Request (ADR) Automated Development System (ADS) Letters	01/03/12	7254
R955OTN	08/26/11	Analysis and Design for Documentation Status Data Feed from Shared Systems for (CR 7455)	01/03/12	7417

R954OTN	08/19/11	Revise MCS System to Accommodate ICD-10	01/03/12	7539
R952OTN	08/19/11	Fee For Service Common Eligibility Services Conference Calls and Research	01/03/12	7548
R951OTN	08/19/11	HITECH - Annual 1099 Address File – Requirements for Submitting Updated Address, TIN and Full Legal Name for all HITECH Payees Receiving EHR Incentive Payments During the Calendar Year	01/03/12	7509
R950OTN	08/19/11	Medicare Fee-For-Service Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10)	01/03/12	7492
R949OTN	08/12/11	Implementation of a Correction of Initial Default Values for Medically Unlikely Edits (MUEs)	01/03/12	7418
R948OTN	08/12/11	Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Allowing Contract or Non-contract Suppliers to Maintain and Service the Enteral Nutrition Equipment that They Provided in the 15th Continuous Month of Rental	01/03/12	7498

R947OTN	08/12/11	Revisions to Change Request 7362: “Integrated Data Repository (IDR) Claims Sourcing from Shared Systems – Implementation” to Require Transmission of CMN History Data	01/03/12	7496
R946OTN	08/12/11	Implementation of the HIPAA Version 5010 276/277 Claim Status Edits January 2012 Release	01/03/12	7394
R945OTN	08/05/11	Informational Message on the 835	01/03/12	7440
R944OTN	08/05/11	Conference Calls and Research Hours to Identify an Automated Solution for Tracking and Reporting Recovery Auditor Reopening and Appeals throughout the Medicare Appeals Process	01/03/12	7469
R943OTN	08/05/11	New Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) Messages for the Electronic Prescribing (eRx) Negative Payment Adjustment (MIPPA, 2008)	01/03/12	7500
R942OTN	08/05/11	Instructions to Accept and Process All Ambulance Transportation Healthcare Common Procedure Coding System (HCPCS) Codes	01/03/12	7489

R941OTN	08/05/11	Common Working File (CWF) Editing Update for Pulmonary Rehabilitation Services (PR) and Cardiac and Intensive Cardiac Rehabilitation Services	01/03/12	7470
R940OTN	08/05/11	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number	01/03/12	7499
R939OTN	08/01/11	Independent Laboratory Billing of Automated Multi-Channel Chemistry (AMCC) Organ Disease Panel Laboratory Tests for Beneficiaries who are not Receiving Dialysis for Treatment of End Stage Renal Disease (ESRD)	01/03/12	7497
R936OTN	08/01/11	Expand the Expert Claims Processing System (ECPS) for the Fiscal Intermediary Shared System (FISS) to accommodate ICD-10	01/03/12	7428
R935OTN	08/01/11	Analysis CR - The Inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) claims to the VA Medicare Remittance Advice (eMRA) Process	01/03/12	7503
R933OTN	08/01/11	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes - January 2012	01/03/12	7481

R931OTN	08/01/11	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits – January 2012 Version	01/03/12	7515
R929OTN	08/01/11	Discontinuation of FISS Data Feed to Legacy Provider Statistical and Reimbursement (PSandR) System	01/03/12	7487
R928OTN	07/29/11	Systems Analysis of New Medicare Summary Notice (MSN) Design	01/03/12	7449
R927OTN	07/29/11	Populating REF Segment - Other Claim Related Adjustment - for Healthcare Claim Payment/Advice or Transaction 835 Version 5010A1	01/03/12	7484
R926OTN	07/29/11	Medicare Remit Easy Print (MREP) and PC Print User Guide Update for Implementation of version 5010A1	01/03/12	7466
R924OTN	07/29/11	Implementing the Recompensation Award for the Jurisdiction A Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload	08/01/11	7524

R922OTN	07/29/11	Addition of Medical Severity Diagnosis Related Group (MS-DRG) 265 to the list subject to Inpatient Prospective Payment System (IPPS) Replaced Devices Offered Without Cost or With a Credit Policy	01/03/12	7457
R921OTN	07/29/11	Common Edits and Enhancements Modules (CEM) Code Set Update	01/03/12	7491
R920OTN	07/29/11	Expand the Fiscal Intermediary Shared System (FISS) End Stage Renal Disease (ESRD) Parameter Files, Hook Selection Files, and Medical Policy Parameter Files to Accommodate the Requirements for ICD-10	01/03/12	7427
R919OTN	07/29/11	Add Patient Status Codes to Bypass DA02 Edit in Common Working File (CWF)	01/03/12	7490
R918OTN	07/26/11	HIPPA 5010 National Testing Day and Week	06/14/11	7415
R917OTN	07/21/11	October Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates	10/3/11	7392

R915OTN	07/22/11	Additional Healthcare Common Procedure Coding System (HCPCS) Codes Subject to Clinical Laboratory Improvement Amendments (CLIA) Edits	10/03/11	7513
R912OTN	07/14/11	Durable Medical Equipment National Competitive Bidding: Correction to Permit Payment for Certain Grandfathered Accessories and Supplies	10/03/11	7389
R911OTN	07/15/11	Implementing the Recompetition Award for the Jurisdiction D DME Medicare Administrative Contractor (MAC) Workload	07/29/11	7368
R910OTN	07/01/11	VMS Utility Run for DME MACs identification of edits for ICD-10	10/03/11	7406
R909OTN	06/29/11	CMS Standard Edit/Audit Setting Update	07/05/11	7263
R908OTN	06/22/11	Modifications to the Implementation of the PWK (paperwork) segment for X12N Version 5010	10/03/11	7306

R907OTN	06/14/11	Flat File Update for Institutional Claim Transaction 837I, Professional Claim Transaction 837P, and Claim Payment/Advice Transaction 835	07/05/11	7409
R906OTN	06/09/11	Reporting of Recoupment for Overpayment on the Remittance Advice (RA)	07/05/11	6870
R904OTN	06/08/11	Enhancements to the Recovery Audit Contractor (RAC) Mass Adjustment/Reporting Process in FISS	07/05/11	7272
R903OTN	05/27/11	Medicare Remit Easy Print (MREP) Update to Accommodate Extended Fractional Units for ASC X12 Transaction 835 (Health Care Claim Payment/Advice)	10/03/11	7404
R901OTN	05/13/11	Edit to Deny Claims for Repairs to Capped Rental Durable Medical Equipment (DME)	10/03/11	7212
R900OTN	05/13/11	HIPAA 5010 National Testing Days	06/14/11	7415

R899OTN	05/13/11	Addendum to CR 7362 to Require Hours for Research and Conference Calls With Maintainers, MACs, and EDCs	10/03/11	7433
R898OTN	05/13/11	Processing Claims Spanning More than Ten Years with Unlimited Occurrence Span Codes (OSCs): Final Completion	10/03/11	7151
R897OTN	05/13/11	Implementation of Client Letter to ViPS Medicare System (VMS)	10/03/11	7408
R896OTN	05/06/11	Durable Medical Equipment National Competitive Bidding: Correction to Permit Payment for Certain Grandfathered Accessories and Supplies	10/03/11	7389
R895OTN	05/06/11	Revisions to Change Request (CR) 7054: "Integrated Data Repository (IDR) Claims Sourcing from Shared Systems – Implementation" Based on Conference Calls and Further Research	10/03/11	7362
R894OTN	05/06/11	Update Common Working File (CWF) to modify the Indicators for Trailer Mask on Unsolicited Response (UR) or Informational Unsolicited Response (IUR)	10/03/11	7386

R893OTN	05/06/11	Health Insurance Portability and Accountability Act (HIPAA) 005010 837 Institutional (837I) Edits and 005010 837 Professional (837P) Edits - October 2011 Version	10/03/11	7398
R892OTN	05/06/11	935 Limitation on Recoupment – Duplicate Payment after Favorable Appeal Decision for HIGLAS Users	10/03/11	7268
R891OTN	05/06/11	Update to the Medicare Fee-For-Service (FFS) Companion Guide	10/03/11	7373
R890OTN	05/06/11	Switching Off Versions 4010A1 and 5.1	10/03/11	7390
R889OTN	04/29/11	Instructions for Multi Carrier System (MCS) to review submitted claims history and identify Primary Care Incentive Payment Program (PCIP) eligible services furnished by newly enrolled Medicare primary care practitioners	10/03/11	7402
R888OTN	04/29/11	VMS Utility Run for DME MACs Identification of Edits for ICD-10	10/03/11	7406

R887OTN	04/29/11	ESRD Transition Budget Neutrality Adjustment - Correction	05/09/11	7366
R886OTN	04/22/11	Expand Related Diagnosis File to Accommodate ICD-10 Diagnosis Codes	10/03/11	7356
R885OTN	04/22/11	Update the existing ViPS Medicare System (VMS) Utilization Parameter files for ICD-10	10/03/11	7321
R884OTN	04/22/11	New HCPCS Q-codes for 2010-2011 Seasonal Influenza Vaccines	01/03/11	7234
R883OTN	04/22/11	HITECH Overpayment Data Collection Coordination between FISS, MCS and the NLR	10/03/11	7327
R882OTN	04/22/11	Adjudication of Laboratory Tests that are Excluded from Clinical Laboratory Improvement Amendment (CLIA) Edits	10/03/11	7325

R881OTN	04/22/11	Update ViPS Medicare System (VMS) Automated Development System (ADS) to Recognize and Print the ICD-10 Indicator	10/03/11	7320
R880OTN	04/22/11	October Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates	10/03/11	7392
R879OTN	04/22/11	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes	10/03/11	7375
R878OTN	04/22/11	System Changes to VMS to Allow DME MACs to Adjust Claims Denied as a Result of ZPIC Auto-Denial Edits to Pay After an Appeals Decision	10/03/11	7276
R877OTN	04/22/11	Modify the Common Working File (CWF) Application to Allow the Medicare Secondary Payer (MSP) Effective and Termination dates for all MSP Occurrences to be Equal	10/03/11	7365
R876OTN	04/22/11	Upgrade of Optical Character Recognition (OCR) and Intelligent Character Recognition (ICR) Systems in Preparation for HIPAA Version 5010 (Analysis Only)	10/03/11	7347

R875OTN	04/22/11	ViPS Medicare System (VMS) ICD-10 Remove any Obsolete Quarterly Medical Review (QMR) Processes and Reports that Include ICD-9 codes	10/03/11	7322
R874OTN	04/20/11	Implementation of the PWK (paperwork) segment for X12N Version 5010	01/03/11	7041
R873OTN	04/15/11	Flat File Update for Institutional Claim Transaction 837I, Professional Claim Transaction 837P, and Claim Payment/Advice Transaction 835	07/05/11	7409
R871OTN	04/08/11	Implementation of New Reasonable Useful Lifetime (RUL) Policy for Stationary and Portable Oxygen Equipment	05/08/11	7213
R870OTN	03/18/11	Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Medicare Administrative Contractor (MAC) Trading Partner Testing Direction for Calendar Year 2011	03/01/11	7240
R869OTN	03/18/11	Allowing the Common Working File (CWF) to accept both Medicare Secondary Payer (MSP) and Non-MSP Lines on MSP Claims and MSP Adjustment Claims	04/04/11	7335

R868OTN	03/09/11	July Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates	07/05/11	7289
R867OTN	03/04/11	Analyze, Design, Maintain and Provide Implementation Instructions for a Modification of the Part A and Part B Common Edits and Enhancement Modules (CEMs), to allow 277C Edits to be Turned On/Off by the Encounter Data Front-End System (EDFES) Contractor Only	07/05/11	7201
R866OTN	03/04/11	Reporting of Recoupment for Overpayment on the Remittance Advice (RA)	07/06/10	6870
R865OTN	03/04/11	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) – This CR Rescinds and Fully Replaces CR7073.	04/04/11	7333
R864OTN	03/02/11	Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of the Patient Protection and Affordable Health Care Act (the Affordable Care Act), Removal of Barriers to Preventive Services in Medicare	01/03/11	7012

R863OTN	02/18/11	“Integrated Data Repository (IDR) Claims Sourcing from Shared System Implementation” Based on Further Conference Calls and Further Research	04/04/11	7215
R862OTN	02/18/11	Analysis and Design for Additional Fields for Additional Documentation Request (ADR) Letters for CR7254	07/5/11	7324
R861OTN	02/18/11	Common Working File (CWF) Requires More Space for the Health Insurance Master Record (HIMR) Auxiliary File Menu	07/5/11	7288
R859OTN	02/08/11	Additions To and Revisions of Existing G-Codes for the Reporting of Skilled Nursing Services and Skilled Therapy Services in the Home Health or Hospice Setting	01/03/11	7182
R858OTN	02/04/11	Accreditation for Physicians and Non-Physician Practitioners Supplying the Technical Component of Advanced Diagnostic Imaging Services	07/05/11	7176
R856OTN	02/04/11	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 276/277 Claim Status Edits July 2011 Release	07/05/11	7200

R855OTN	02/04/11	July Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates	07/05/11	7289
R854OTN	02/04/11	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes	07/05/11	7292
R853OTN	02/04/11	Currently Not Collectible (CNC) and Write-Off Closed Recommendations for claims Eligible for Section 935 Limitation on Recoupment of the Medicare Modernization Act (MMA)	07/05/11	7274
R852OTN	01/28/11	Expansion of Multi Carrier System (MCS) Procedure Code File to Accommodate ICD-10 Diagnosis Codes	07/05/11	7297
R851OTN	01/28/11	Update to the Fiscal Intermediary Shared System (FISS) End of Present on Admission (POA) Indicator Logic for Version 5010 837I Electronic Health Care Claim Submissions	07/05/11	7280
R850OTN	01/28/11	Health Insurance Portability and Accountability Act (HIPAA) 005010 837 Institutional (837I) Edits and 005010 837 Professional (837P) Edits - July 2011 Version	07/05/11	7282

R849OTN	01/28/11	Modifications to the Implementation of the PWK (paperwork) segment for X12N Version 5010	07/05/11	7306
R848OTN	01/28/11	FISS System Changes for Elimination of Lump Sum Purchase Payment for Standard Power Wheelchairs Furnished on or After January 1, 2011 Due to the Affordable Care Act	07/05/11	7231
R847OTN	01/28/11	Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Medicare Administrative Contractor (MAC) Trading Partner Testing Direction for Calendar Year 2011	03/01/11	7240
R846OTN	01/28/11	Additional Healthcare Common Procedure Coding System (HCPCS) Codes Payable Under the Replacement Parts, Accessories, and Supplies Pricing Logic Established By Change Requests (CRs) 5917 and 6573	07/05/11	7261
R845OTN	01/21/11	Updates to the Electronic Correspondence Referral System (ECRS) Web User Guide v1.0 and Quick Reference Card v1.0 and VMS updates	07/05/11	7242
R843OTN	01/21/11	Processing Claims Spanning More than Ten Years with Unlimited Occurrence Span Codes (OSCs): Phase III	07/05/11	7150

R842OTN	01/21/11	Off-Cycle Release of the Inpatient Prospective Payment System (IPPS) Pricer to Accept Diagnosis Codes and to Pass a Low-Volume Payment Amount	07/05/11	7244
R841OTN	01/21/11	Enhancements to the Recovery Audit Contractor (RAC) Mass Adjustment/Reporting Process in FISS	07/05/11	7272
R840OTN	01/21/11	Revision of the ICD-9 CM Codes Recognized for a Co-morbidity Payment Adjustment under the End Stage Renal Disease Prospective Payment System	07/05/11	7284
R839OTN	01/21/11	Improved Processing of Oxygen Services on Home Health Claims	07/05/11	7169
R838OTN	01/21/11	Entering Re-enrollment Bars in Section 3 of the Provider Enrollment, Chain and Ownership System (PECOS)	02/22/11	7186
R837OTN	01/21/11	Expand the Multi-Carrier System (MCS) Diagnosis File to Accommodate ICD-10 Diagnosis Codes	07/05/11	7293

R836OTN	01/21/11	Accreditation for Physicians and Non-Physician Practitioners Supplying the Technical Component of Advanced Diagnostic Imaging Services	07/05/11	7176
R835OTN	01/21/11	CMS Standard Edit/Audit Setting Update	07/05/11	7263
R834OTN	01/14/11	Medicare Fee-For-Service (FFS) Companion Guide	02/15/11	7251
R828OTN	12/30/10	Emergency Update to the CY 2011 Medicare Physician Fee Schedule (MPFS) Database	01/03/11	7300
R827OTN	12/23/10	Medicare Fee-For-Service (FFS) National Council for Prescription Drug Programs (NCPDP) Version D.0 Companion Guide	01/25/11	7255
R826OTN	12/21/10	Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services	01/03/11	7050

R824OTN	12/17/10	Additions To and Revisions of Existing G-Codes for the Reporting of Skilled Nursing Services and Skilled Therapy Services in the Home Health or Hospice Setting	01/03/11	7182
R821OTN	12/10/10	Revision to Common Working File (CWF) Edit for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Provided During an Inpatient Stay	04/04/11	7189
R820OTN	12/03/10	Request for Common Working File (CWF) System to Support the Automated Edit Project Field Test	07/05/11	6725
R819OTN	12/03/10	Currently Not Collectable (CNC) Type Development for 935 Appealed Claims	04/04/11	6926
R816OTN	11/24/10	Implementing the Re-competition Award for the Jurisdiction B DME Medicare Administrative Contractor (MAC) Workload	12/30/10	7238
R815OTN	11/19/10	New HCPCS Q-codes for 2010-2011 Seasonal Influenza Vaccines	01/03/11	7211

R814OTN	11/19/10	Analyze, Design, Maintain and Provide Implementation Instructions for a Modification of the Part A and Part B Common Edits and Enhancement Modules (CEMs), to Allow 277C Edits to be Turned On/Off by the Encounter Data Front-End System (EDFES) Contractor Only	04/04/11	7201
R813OTN	11/12/10	April Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates	04/04/11	7193
R812OTN	11/12/10	Instructions for PLB Code Reporting on Remittance Advice and a Crosswalk Between the HIGLAS PLB Codes and ASC X12 Transaction 835 PLB Codes, and RAC Recoupment Reporting on Remittance Advice for VMS	01/03/11	7068
R811OTN	11/12/10	Medicare Remit Easy Print (MREP) Compatibility Enhancement	04/04/11	7218
R810OTN	11/12/10	Integrated Data Repository (IDR) Claims Sourcing from Shared Systems – Implementation Based on Further Conference Calls and Further Research	04/04/11	7215
R809OTN	11/12/10	Additional Editing for Disaster Related Claims	04/04/11	7156

R808OTN	11/12/10	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	04/04/11	7073
R807OTN	11/12/10	Expansion of Inpatient Prospective Payment System Transfer Policy to Include Critical Access Hospitals (CAHs) and Non-Participating Hospitals	04/04/11	7141
R804OTN	11/05/10	Common Working File (CWF) Informational Unsolicited Response (IUR)for claims that have line item dates of service after the date of death of a beneficiary	04/04/11	7123
R802OTN	11/05/10	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes	04/04/11	7195
R801OTN	11/12/10	Health Insurance Portability and Accountability Act (HIPAA) 005010 837 Institutional (837I) Edits and 005010 837 Professional (837P) Edits - April 2011 Version	04/04/11	7196
R800OTN	11/16/10	Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services	01/03/11	7050

R799OTN	11/05/10	Provider Education for Handling National Provider Identifier (NPI) Issues Related to Deceased Providers Who Had an NPI	04/04/11	7123
R798OTN	11/05/10	Merge of the Daily CMS-1522 PULSE Report for Reporting Transitioned Wisconsin Physicians Service (WPS) Legacy Workloads	02/21/11	7229
R797OTN	11/05/10	J11 Part A and Part B Medicare Administrative Contractor (A/B MAC) New Workload Numbers for the South Carolina, Virginia and West Virginia Part A and Part B Workloads, the North Carolina Part B Workload and the Regional Home Health Intermediary (RHHI) Region C Workload, as well as the Split of the Customer Information Control System (CICS) Production and UAT Regions for the Ohio and West Virginia Part B Workloads	01/24/11	7203
R796OTN	10/29/10	Clarification of Payment Window for Outpatient Services Treated as Inpatient Services	04/04/11	7142
R795OTN	10/29/10	Edit to Deny Payment to Physicians and Other Suppliers for the Technical Component (TC) of Pathology Services Furnished on Same Date as Inpatient and Outpatient Services and Implements New Messages	04/04/11	7061

R794OTN	10/29/10	Accumulation of Informational Only Claims with Condition Code 04 from Critical Access Hospitals (CAH) and Maryland Waiver Hospitals on the Provider Statistical and Reimbursement Report (PS and R)	04/04/11	7145
R793OTN	10/29/10	National Uniform Billing Committee (NUBC) Point of Origin Code Updates	04/04/11	7144
R792OTN	10/29/10	Move the Physician Specialty Code to the FISS Claim Record and Forward to the Common Working File (CWF) and National Claims History (NCH)	04/04/11	7132
R789OTN	10/28/10	Revision to Common Working File (CWF) Edit 729K to Deny Claims for Durable Medical Equipment (DME) Furnished to Beneficiaries in a Non-Part A Skilled Nursing Facility (SNF) Stay	04/04/11	7164
R788OTN	10/28/10	Processing Claims Spanning More than Ten Years with Unlimited Occurrence Span Codes (OSCs): Phase II	04/04/11	7122
R785OTN	10/15/10	Version D.0 National Council for Prescription Drug Programs (NCPDP) Integration Testing	01/03/11	6976

R784OTN	10/15/10	Version 005010 Inbound 837 Institutional (837I) Flat File Update	12/17/10	7162
R783OTN	10/15/10	Revenue Codes Update	01/19/11	7100
R782OTN	10/08/10	The Transition of a Segment of the Wisconsin Physicians Service (WPS) Legacy Workload (Formerly Processed by Mutual of Omaha) for the States of Delaware, Maryland, New Jersey, Pennsylvania and the District of Columbia to the J12 A/B Medicare Administrative Contractor (MAC)	02/21/11	7135
R777OTN	09/24/10	Durable Medical Equipment (DME) National Competitive Bidding (NCB) Implementation- Phase 11E: Remittance Advice (RA) and Medicare Summary Notice (MSN) Messages for Round One	10/26/10	7066
R776OTN	09/24/10	Clarification on the Effective Date on the Procedure Status Indicator for Common Procedural Terminology (CPT) Code 80101	10/26/10	7140
R775OTN	09/24/10	Revised Mailing To All Individual Practitioners, Medical Groups and Clinics and Independent Diagnostic Testing Facilities (IDTF) Who Are Billing or Have Billed For Advanced Diagnostic Imaging Services	10/26/10	7108

R774OTN	09/24/10	2010 Reminder for Roster Billing and Centralized Billing for Influenza and Pneumococcal Vaccinations	10/26/10	7124
R773OTN	09/22/10	Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.O Certification Program October to December 2010	10/04/10	7091
R772OTN	09/21/10	Medicare Fee-For-Service Emergency Policies and Procedures: Questions and Answers For All Types of Emergencies and Disasters; Rescission of Change Requests (CRs) 5099, 6146, 6164, 6174, 6209, 6256, 6280, 6284, and 6378	11/19/10	6837
R771OTN	09/17/10	J11 Part A and Part B Medicare Administrative Contractor (A/B MAC) New Part A Workload Number for the State of North Carolina	09/30/10	7000
R770OTN	09/17/10	Suspension of Automatic Denial of Institutional Claims Reporting Modifier -GA	10/19/10	7106
R767OTN	09/10/10	Expansion of the Current Scope of Editing for Attending, Operating, or Other Physician or Non-Physician Practitioner Providers for Critical Access Hospital (CAH) Claims Processed by Medicare Fiscal Intermediaries and Part A Medicare Administrative Contractors (A/B MAC)	01/03/11	7046

R766OTN	09/03/10	Enhancements to the Healthcare Integrated General Ledger Accounting System (HIGLAS) System to Eliminate Unnecessary Demand Letters	12/10/10	7033
R764OTN	08/27/10	Health Insurance Portability and Accountability Act (HIPAA) Version 5010-D.0 Transition Reporting	01/03/11	7096
R763OTN	08/27/10	Implementation of the PWK (paperwork) segment for X12N Version 5010	01/03/11	7041
R762OTN	08/20/10	Additional Conference Call and Research Hours in Support of CR 5949	01/03/11	7102
R761OTN	08/20/10	Revisions to Change Request (CR) 5949: Integrated Data Repository (IDR) Claims Sourcing from Shared Systems – Implementation Based on Conference Calls and Further Research	04/04/11	7054
R758OTN	08/20/10	Discarded Drugs and Biological Policy at Contractor Discretion	09/21/10	7095

R756OTN	08/13/10	5010 Implementation—Changes to Present on Admission (POA) Indicator “1” and the K3 Segment	01/03/11	7024
R755OTN	08/13/10	National Council for Prescription Drug Programs (NCPDP) code set updates	01/03/11	7075
R753OTN	08/13/10	January Common Edits and Enhancements Module (CEM) Updates	01/03/11	7053
R752OTN	08/13/10	Processing Claims Spanning More than Ten Years with Unlimited Occurrence Span Codes (OSCs)	01/03/11	7088
R751OTN	08/13/10	Extract File Format Requirements to Fully Implement Change Request 6312 (Fiscal Intermediary Standard System (FISS) to Deactivate Billing Numbers for Non-Frequent Billers	01/03/11	6957
R749OTN	08/06/10	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes	01/03/11	7036

R748OTN	08/06/10	Identify All Beneficiaries in the Common Working File (CWF) With Dual Eligibility	01/03/11	7051
R746OTN	08/06/10	Changes to the Medicare Fraud Edit Modules	09/07/10	7067
R745OTN	08/06/10	Payment for Implantable Tissue Markers (HCPCS Code A4648) and Implantable Radiation Dosimeters (HCPCS Code A4650)	11/08/10	6968
R743OTN	07/30/10	Analysis Change Request - The Inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) Claims to the VA Medicare Remittance Advice (eMRA) Process	01/03/11	7047
R742OTN	07/30/10	Multi-Carrier System (MCS) Review and System Changes for IRS Reporting where Providers have been Paid under a Current and a Historic (or Multiple Historic) EIN Number in the Same Calendar Year	01/03/11	6878
R741OTN	07/30/10	Home Health Agencies (HHAs) Providing Durable Medical Equipment (DME) in Competitive Bidding Areas	01/03/11	7014

R740OTN	07/30/10	Alternative Feedback Report Request Process for Quality Initiatives	01/03/11	7031
R738OTN	11/17/10	Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Certain Diagnostic Imaging Procedures	01/03/11	6993
R736OTN	07/30/10	5010: Workgroup for Pub. 100-04, Medicare Claims Processing Manual, Chapter 24 Revisions	08/30/10	7028
R735OTN	07/30/10	Health Insurance Portability and Accountability Act (HIPAA) 005010 837 Institutional (837I) Edits and 005010 837 Professional (837P) Edits - January 2011 Version	01/03/11	7059
R734OTN	07/30/10	Timely Claims Filing: Additional Instructions	01/03/11	7080
R733OTN	07/30/10	Further Instruction for Implementation of Health Insurance Portability and Accountability Act of 1996 (HIPAA) version 5010 for Transaction 835 - Health Care Claim Payment/Advice and Updated Standard Paper Remit (SPR)	01/03/11	7032

R732OTN	07/29/10	Shared System Separation of Duties Enforcement (Technical Control)	01/03/11	7030
R730OTN	07/29/10	Allowing the Common Working File (CWF) to accept both Medicare Secondary Payer (MSP) and Non-MSP Lines on MSP Claims and MSP Adjustment Claims	01/03/11	7026
R726OTN	07/08/10	Updates to the Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH) PPS, Outpatient Prospective Payment System (OPPS), and Inpatient Rehabilitation Facility (IRF) PPS Changes due to the Affordable Care Act (ACA)	08/09/10	7029
R725OTN	07/02/10	Mailing To All Individual Practitioners, Medical Groups and Clinics and Independent Diagnostic Testing Facilities (IDTF) Who Are Billing or Have Billed For Advanced Diagnostic Imaging Services	07/06/10	6912
R720OTN	06/18/10	Additional Healthcare Common Procedure Coding System (HCPCS) Codes Subject to Clinical Laboratory Improvement Amendments (CLIA) Edits	07/19/10	6985
R719OTN	06/11/10	Reprocessing of Claims for Certain Replacement Parts, Accessories, or Supplies for Prosthetic Implants and Surgically Implanted Durable Medical Equipment (DME) with Dates of Service of October 27th, 2008 through December 31, 2009	10/04/10	6970

R717OTN	06/11/10	Clarification of the Date of Service for Maintenance and Servicing Payments for Certain Oxygen Equipment After July 1, 2010	07/09/10	6990
R715OTN	06/04/10	Analysis for FISS, CWF and NCH for Physician and Non-Physician Practitioner Specialty Codes	10/04/10	6998
R713OTN	06/04/10	Hospital Provider Enrollment Revalidation	07/04/10	6885
R712OTN	05/28/10	One-Time Mailing of Solicitation Letter To All Physicians And Non-Physician Practitioners Who Are Currently Enrolled In Medicare But Who Do Not Have An Enrollment Record In The Provider Enrollment, Chain And Ownership System (PECOS)	06/28/10	6842
R709OTN	05/21/10	Additional Instruction for Implementation of Health Insurance Portability and Accountability Act of 1996 (HIPAA) version 5010 for Transaction 835 – Health Care Claim Payment/Advice and Updated Standard paper	10/04/10	6975
R707OTN	05/21/10	Health Insurance Portability and Accountability Act (HIPAA) 005010 837 Institutional (837I) Edits and 005010 837 Professional (837P) Edits - October 2010 Version	10/04/10	6979

R706OTN	05/21/10	Extension for the Two Percent and Three Percent Add-On for the Ground Ambulance, Air Ambulance in Rural Areas and "Super Rural" Add-On through December 31, 2010	07/06/10	6972
R705OTN	05/21/10	Version D.0 Inbound National Council for Prescription Drug Programs (NCPDP) Medicare Secondary Payer (MSP) Claims Processing	10/04/10	6983
R704OTN	05/14/10	Implementation of the HIPAA Version 5010 276/277 Claim Status Edit October 2010 release	10/04/10	6940
R702OTN	05/14/10	Common Edit and Enhancements Model (CEM) October Release Update for test/productions Indicator Activity	10/04/10	6946
R701OTN	05/14/10	October Edits and Enhancements	10/04/10	6977
R700OTN	05/10/10	Revised Payment Files for the 2010 Medicare Physician Fee Schedule Database (MPFSDB)	06/01/10	6973

R697OTN	05/07/10	Systems Changes Necessary to Implement the Patient Protection and Affordable Care Act (PPACA) Section 6404 - Maximum Period for Submission of Medicare Claims Reduced to Not More Than 12 Months	10/04/10	6960
R696OTN	05/05/10	Requirements for Hospital Attestation and Billing of Fiscal Year 2007 and 2008 Informational Only Inpatient Claims for Medicare Advantage Beneficiaries	06/07/10	6821
R695OTN	04/30/10	Addition of Repair Codes to the List of Healthcare Common Procedure Coding System (HCPCS) codes Payable under the Instruction Provided in Change	10/04/10	6914
R694OTN	05/07/10	Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Certain Diagnostic Imaging Procedures	07/06/10	6965
R693OTN	04/29/10	Instructions Regarding the Processing of Inpatient Claims for Gender/Procedure Conflict	10/04/10	6917
R691OTN	04/29/10	The Transition of a Segment of the Wisconsin Physicians Service (WPS) Legacy Workload (Formerly Processed by Mutual of Omaha) for the States of Colorado, New Mexico, Oklahoma, and Texas to the J4 A/B Medicare Administrative Contractor (MAC)	10/18/10	6902

R690OTN	04/29/10	Durable Medical Equipment National Competitive Bidding Implementation -- Phase 10C: Exception for Medicare Beneficiaries Previously Enrolled in a Medicare Advantage Plan	10/04/10	6918
R689OTN	04/29/10	Analysis and Design to Ensure That Coordination of Benefits Agreement (COBA) Trading Partners Can Accept and Process Acute Care Episodic (ACE) Demonstration Claims For Crossover Purposes	10/04/10	6881
R688OTN	04/29/10	DME National Competitive Bidding Implementation-Phase 10G: Paying for Oxygen Equipment When Grandfathered	10/04/10	6934
R687OTN	04/29/10	Additional Medicare Secondary Payer (MSP) Claims Processing Instructions for the Common Working File, Medicare Part B, and Durable Medical Equipment (DME) Shared Systems Regarding Medicare Secondary Payer Claims that Contain a Claim Adjustment Reason Code (CARC) 19, 20 or 21	10/04/10	6795
R686OTN	04/29/10	Change in Claims Filing Jurisdiction for Tracheo-Esophageal Voice Prosthesis Healthcare Common Procedure Coding System (HCPCS) Code	10/04/10	6743
R685OTN	04/28/10	Provide Mapping of Shared Systems Data to the HIPAA835 and 837 Formats	10/04/10	6893

R684OTN	04/28/10	New Medicare Summary Notice (MSN) Message for Higher than Expected (PPS) Payments	10/04/10	6910
R683OTN	04/28/10	Analysis of the Expansion of the Legal Business Name (LBN), Practice Location and Special Payment Address Fields in the Viable Medicare System (VMS)	10/04/10	6790
R682OTN	04/28/10	Sending DMEPOS Medicare Summary Notices on a Monthly Schedule to all beneficiaries Miami-Dade, Broward and Palm Beach County Zip Codes in Florida	10/04/10	6877
R681OTN	04/28/10	Requirement for Submission of Shared Systems Data to the Integrated Data Repository (IDR)	10/04/10	6942
R680OTN	04/28/10	Deactivation Letters for the Fiscal Intermediary Standard System (FISS)	10/04/10	6763
R679OTN	04/28/10	Carrier and Part A and Part B Medicare Administrative Contractors (A/B MACs) Implementation of Title 42 Code of Federal Regulations (CFR) Section 424.535	10/04/10	6770

R677OTN	04/28/10	Expansion of the Current Scope of Editing for Attending Physician Providers for Free-Standing and Provider-Based Home Health Agency(HHA) Claims Processed by Medicare Regional Home Health Intermediaries (RHHIs)	10/04/10	6856
R676OTN	04/27/10	Payment of Oxygen Contents to Suppliers After the 36th Month Rental Cap under the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program	10/04/10	6939
R675OTN	04/23/10	CICS Production Region Merge of the Part A Arkansas, Louisiana and Mississippi in Preparation for the J7 A/B Medicare Administrative Contractor (MAC) Implementation	08/02/10	6919
R674OTN	04/23/10	Temporary 3 Percent Rural Add-On for the Home Health Prospective Payment System (HH PPS)	05/24/10	6955
R673OTN	04/16/10	Modification of the File-Based RAC Mass Adjustment Process in FISS (This CR Rescinds and Fully Replaces CR 6555)	07/06/10	6928
R671OTN	04/16/10	Implementation of a File-Based Recovery Audit Contractor (RAC) Mass Adjustment Process in VMS (This CR Rescinds and Fully Replaces CR 6549)	07/06/10	6943

R668OTN	04/02/10	HIPAA 5010/D.0 Project Receipt, Control and Balancing Second Phase	07/06/10	6843
R666OTN	03/26/10	Update ViPS Medicare System (VMS) to Deactivate Billing Numbers for Non-Frequent Billing Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers	07/06/10	6360
R664OTN	03/26/10	Implementation of the HIPAA Version 5010 276/277 Claim Status Multi-Carrier System (MCS) Only Transaction Pairing Fix	07/06/10	6858
R663OTN	03/26/10	Update to List of ICD-9-CM Diagnosis Codes Not Requiring the Q0 Healthcare Common Procedure Coding System (HCPCS) Modifier for Automatic Implantable Cardiac Defibrillator (ICD) Services Provided in a Clinical Study	07/06/10	6867
R662OTN	03/26/10	Conference Call Hours for CR 5949	07/06/10	6869
R659OTN	03/19/10	Reporting of Recoupment for Overpayment on the Remittance Advice (RA)	07/06/10	6870

R657OTN	03/19/10	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 Catch-up Phase Two - MAC Jurisdiction 9 Only	05/03/10	6847
R656OTN	03/19/10	Health Insurance Portability and Accountability Act (HIPAA) 005010 837 Institutional (837I) Edits and 005010 837 Professional (837P) Edits - July Version	07/06/10	6849
R655OTN	03/19/10	HIPAA 5010 Activity – Testing of 5010	07/06/10	6739
R654OTN	03/19/10	Beta Testing of the HIPAA Version 5010 Common Edits and Enhancements Module (CEM) at Part A/B MAC Local Data Centers	04/30/10	6872
R653OTN	03/19/10	Clinical Laboratory Fee Schedule (CLFS) - Special Instructions for Specific Test Codes (CPT Code 80100, CPT Code 80101, CPT Code 80101QW, G0430, G0430QW, and G0431QW)	04/05/10	6852
R650OTN	03/12/10	DME MAC and NSC MAC claims Processing Alert Code Notification and Action	07/06/10	6704

R649OTN	03/12/10	Health Insurance Portability and Accountability (HIPAA) 5010 Error Corrections	07/06/10	6846
R648OTN	03/05/10	Additional ICD-9 Codes Analysis and Processing direction (Institutional Claims Only)	07/06/10	6851
R647OTN	03/05/10	Implementation of Common Edits and Enhancements (CEM) Software at Part A/B MAC Local Data Centers	07/06/10	6836
R646OTN	03/05/10	VMS End-to-End Testing for HIPAA 5010	07/06/10	6853
R645OTN	03/05/10	Version D.0 Inbound National Council for Prescription Drug Programs (NCPDP) Flat File Implementation	07/06/10	6845
R644OTN	02/26/10	Accumulation of Claims with Condition Code 04 on the Provider Statistical and Reimbursement Report (PSandR)	07/06/10	6784

R641OTN	02/19/10	Common Working File (CWF) Submission of Codes to the Part A Contractors and Shared Systems and the Systems Ability to Override the Claim Level CWF Edit for Certain MSP Claims	07/06/10	6794
R639OTN	02/12/10	Editing Guidance/Clarification Related to HIPAA 5010	07/06/10	6824
R638OTN	02/12/10	Revised Clinical Laboratory Fee Schedule and ZIP Code File to include Kansas Payment Locality Structure	07/06/10	6787
R637OTN	02/05/10	Common Working File (CWF) Edit to Reject Claims for Durable Medical Equipment (DME) Provided to Medicare Beneficiaries During Non-Covered Stays in a Skilled Nursing Facility (SNF)	07/06/10	6695
R636OTN	02/05/10	Interim Instructions for Processing Claims and Recouping Overpayments for Claims Submitted Under the Guidelines Established in Change Request 5917	05/05/10	6762
R635OTN	02/05/10	Maintenance and Servicing Payments for Certain Oxygen Equipment on or After July 1, 2010	07/06/10	6792

R634OTN	02/05/10	Reporting the Beneficiary's Residence State Code and ZIP Code for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Claims	07/06/10	6359
R633OTN	02/05/10	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 – Acknowledgements Instructions	04/05/10	6783
R632OTN	01/29/10	Claim Adjustment Reason Code (CARC) Update for Medicare Secondary Payer (MSP) Claims Processing	07/06/10	6623
R630OTN	01/29/10	FISS Integrated Outpatient Code Editor (IOCE) Control block changes Related to ICD-10	07/06/10	6737
R629OTN	01/29/10	MCS Changes Needed to Automate the Annual Update to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)	07/06/10	6798
R628OTN	01/29/10	Integrated Outpatient Code Editor (IOCE) PC (interactive and batch) Re-Write	07/06/10	6709

R627OTN	01/29/10	Carriers and Part A and Part B Medicare Administrative Contractors (A/B MACs) to Fully Populate the Provider Enrollment, Chain and Ownership System (PECOS)	03/15/10	6755
R625OTN	01/29/10	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	04/05/10	6566
R621OTN	01/15/10	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 - MAC Jurisdiction 9 Only	03/01/10	6745
R620OTN	01/15/10	Various OIG Reports that have medical Review Implications	02/16/10	
R619OTN	01/08/10	Converting the BSIs for the Providers Transitioning from WPS Legacy Workload (formerly processed by Mutual of Omaha) to the J1 A/B Medicare Administrative Contractor (MAC)	04/19/10	6773
R618OTN	01/08/10	Institutional Online Screens Changes for Version 005010 Related to ICD-10, Institutional Online Screens Changes for Additional Medical Codes, and Changes Needed to Process Additional Medical Codes - Analysis Only	04/05/10	6797

R617OTN	01/08/10	Medically Unlikely Edits (MUEs)	04/05/10	6712
R616OTN	01/08/10	CWF Non-Base Jobs to Base Jobs	04/05/10	6767
R615OTN	12/29/09	Summary of Policies in the 2010 Medicare Physician Fee Schedule (MPFS) and the Telehealth Originating Site Facility Fee Payment Amount	01/04/10	6756
R614OTN	12/23/09	Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	07/06/10	6566
R613OTN	12/23/09	Summary of Policies in the 2010 Medicare Physician Fee Schedule (MPFS) and the Telehealth Originating Site Facility Fee Payment Amount	01/04/10	6756
R612OTN	12/23/09	Jurisdiction 10 A/B MAC Merge of the Part B Alabama, Georgia, and Tennessee CICS Production and User Acceptance Test Regions	06/05/10	6765

R611OTN	12/18/09	Implementation of a File-Based RAC Mass Adjustment Process in MCS	01/04/10	6554
R610OTN	12/18/09	Implementation of the HIPAA Version 5010 276/277 Claim Status Second Phase	04/05/10	6721
R609OTN	12/11/09	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 - MAC Jurisdiction 12 Only	03/01/10	6744
R608OTN	12/11/09	Version D.0 Inbound National Council for Prescription Drug Programs (NCPDP) Flat File Analysis and Design	04/05/10	6731
R606OTN	12/11/09	5010-D.O Project Healthcare Claims Acknowledgement 277CA Generator Implementation (FISS and MCS ONLY)	04/05/10	6738
R605OTN	11/27/09	Implementation of the Updated Health Insurance Portability and Accountability Act (HIPAA) 005010 837 Institutional (837I) Edits and 005010 837 Professional (837P) Edits	04/05/10	6676

R604OTN	11/27/09	Payment for Implantable Tissue Markers (HCPCS Code A4648)	02/26/10	6579
R603OTN	11/27/09	Remittance Advice (RA) Codes and Medicare Summary Notice (MSN) Messages Regarding Oxygen Equipment	12/28/09	6668
R600OTN	11/20/09	Elimination of national Standard Format Code from the VMS System	04/05/10	6689
R599OTN	11/20/09	Integrated outpatient Code Editor PC Re-Write	04/05/10	6709
R598OTN	11/20/09	Instructions on How Contractors Must Process Medicare Secondary Payer Claims When Negative Claim Adjustment Reason Code (CARC) Amounts are Received in the Claim Adjustment Segment (CAS) for Certain MSP Claims that are Suspended	12/21/09	6681
R596OTN	11/06/09	Phase 2 Base System Changes for Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) – Multi Carrier System (MCS) Only	01/04/10	6576

R595OTN	11/06/09	Ensuring the Denial of Claims for Ambulance Services Rendered to Beneficiaries in Part A Skilled Nursing Facility Stays	04/05/10	6700
R593OTN	11/06/09	Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program Round One Rebid Implementation--Phase 8B: Oxygen Modality	04/05/10	6692
R592OTN	11/06/09	Round One Rebid of the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program Phase 8C of Implementation: Repairs and Replacements	04/05/10	6678
R591OTN	11/06/09	Incorporation of the NPI into the SC Enrollment System Related Instructions	04/05/10	6488
R590OTN	11/06/09	Round One Rebid of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program - Phase 8A: Hospital Exception	04/05/10	6677
R589OTN	11/02/09	Continuation of Maintenance and Servicing Payments in CY 2010 for Certain Oxygen Equipment as a Result of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008	01/04/10	6716

R588OTN	10/30/09	Reflecting the Payment Ambulatory Payment Classification (APC) on the Remittance Advice (RA)	04/05/10	6641
R586OTN	10/30/09	Validating the Billing of End Stage Renal Disease (ESRD) 50/50 Rule Modifier	04/05/10	6683
R585OTN	10/30/09	The shared system maintainer shall not report services on the 1565C lines 5-7 when the Medicare allowed amount is greater than zero and the Medicare paid amount is zero	04/05/10	6680
R584OTN	10/30/09	Reporting Requirements for the Fiscal Intermediary Shared System (FISS) Medicare Fraud Edit Module	04/05/10	6551
R583OTN	10/28/09	Pilot to Transition a Segment of the WPS Legacy Workload (formerly processed by Mutual of Omaha) to the J1 A/B Medicare Administrative Contractor	04/05/10	6569
R582OTN	10/28/09	Update to the Common Working File (CWF) Edits to Recognize the "RA" and "RB" Modifiers for Durable Medical Equipment (DME) Repairs and Replacements	04/05/10	6688

R580OTN	10/23/09	Allow Zoned Program Integrity Contractors (ZPICs) to Access Medicare Administrative Contractors (MACs) by ZPIC Zone	04/05/10	6550
R579OTN	10/19/09	Version 005010 Inbound 837 Institutional (837I) and Inbound 837 Professional (837P) Flat Files Implementation	01/04/10	6575
R578OTN	10/16/09	5010-D.0 Project Receipt, Control and Balancing Initial Phase for Durable Medical Equipment (DME) Only	01/04/10	6591
R577OTN	10/16/09	Implementation of Health Insurance Portability and Accountability Act of 1996 (HIPAA) version 5010 for Transaction 835 - Health Care Claim Payment/Advice and Updated Standard Paper Remit (SPR)	01/04/10	6589
R576OTN	10/16/09	Replacement of New York State BSIs to support the Jurisdiction 13 A/B MAC Merge of the three Part B New York and the Part B Connecticut CICS Production and User Acceptance Test Regions	12/12/09	6694
R575OTN	10/09/09	Version 005010 Inbound 837 Institutional (837I) and Inbound 837 Professional (837P) Flat Files Implementation	01/04/10	6575

R574OTN	10/09/09	Various OIG Reports that have Medical Review Implications	11/09/09	6655
R573OTN	10/02/09	Implementation of a File-Based Mass Adjustment Process in VMS	04/05/10	6549
R572OTN	10/02/09	Expansion of the Current Scope of Editing for Ordering/Referring Providers for claims processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)	10/05/09	6417
R571OTN	10/02/09	Modification of the File-Based RAC Mass Adjustment Process in FISS	01/04/09	6555
R569OTN	10/02/09	Community Mental Health Center (CMHC), Comprehensive Outpatient Rehabilitation Facility (CORF), Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Provider Enrollment Revalidation	11/02/09	6665
R568OTN	10/02/09	One-Time Mailing of Supplier Responsibilities Letter - Individual Practitioners Only	11/02/09	6278

R567OTN	10/02/09	Home Health Agency (HHA) Provider Enrollment Revalidation	11/02/09	6669
R566OTN	10/02/09	Annual Systematic Synchronization of Medicare Participating Physician or Supplier Agreement (PAR) Status between the Multi Carrier System (MCS) and Provider Enrollment, Chain and Ownership System (PECOS)	01/04/10	6449
R565OTN	10/02/09	Continued Analysis and Design and Development for the Multi Carrier System (MCS) Contractor Only	01/04/10	6646
R564OTN	10/02/09	Medicare Part B Portable X-Ray Supplier Enrollment Revalidation	11/02/09	6666
R563OTN	09/25/09	Allow Zoned Program Integrity Contractor (ZPIC) to access Durable Medical Equipment Medicare Administrative Contractor (DME MAC) by ZPIC Zone	01/04/10	6430
R562OTN	09/25/09	Activation of New Coordination of Benefits Agreement (COBA) Trading Partner Dispute Error Code Within the National Crossover Process	10/26/09	6640

R561OTN	09/24/09	Implementation of a File-based Mass Adjustment Process in MCS	01/04/10	6554
R560OTN	09/18/09	HIPAA 5010 Activity - Medicare Administrative Contractor (MAC) Certification Test Package Development	09/29/09	6600
R559OTN	09/18/09	Version 005010 Inbound 837 Institutional (837I) and Inbound 837 Professional (837P) Flat Files Implementation	01/04/10	6575
R558OTN	09/14/09	Skilled Nursing Facility (SNF) Provider Enrollment Revalidation	10/23/09	6486
R557OTN	09/14/09	Part B Individual Praticioner Supplier Enrollment Revalidation	10/23/09	6574
R556OTN	09/14/09	Part B Organizational Supplier Enrollment Revalidation	10/23/09	6485

R555OTN	09/11/09	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Common Edits and Enhancements Module - ICN Generator (for MCS ONLY)	10/05/09	6558
R552OTN	09/04/09	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Common Edits and Enhancements Module File Preparation (for FISS Only)	01/04/10	6636
R551OTN	09/04/09	Creation of Receipt Date for Multi-Carrier System (MCS)	01/04/10	6612
R550OTN	09/04/09	Implementation of Health Insurance Portability and Accountability Act of 1996 (HIPAA) version 5010 for Transaction 835 - Health Care Claim Payment/Advice and Updated Standard Paper Remit (SPR)	01/04/10	6589
R549OTN	08/28/09	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 - MAC Jurisdictions 10 and 14 Only	10/05/09	6595
R548OTN	08/28/09	MAC Certification Test Package Development	09/28/09	6600

R546OTN	08/28/09	Ambulatory Surgical Center Payment Indicator (ASCPI) File Error; and Reiteration of CMS Policy Regarding Beneficiary Liability for V 2787 and V2788	09/28/09	6630
R545OTN	08/28/09	5010-D.0 Project Healthcare Claims Acknowledgement 277CA Generator (FISS and MCS ONLY)	01/04/10	6622
R544OTN	08/28/09	Medicare Administrative Contractor (MAC) Transition and Outbound Health Insurance Portability and Accountability Act (HIPAA) Transactions	01/04/10	6599
R543OTN	08/21/09	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 837 Professional (837P) Edits Medicare Administrative Contractor (MAC) - Jurisdictions 10 and 14 Only	01/04/10	6611
R542OTN	08/21/09	Skilled Nursing Facility (SNF) Provider Enrollment Revalidation	09/21/09	6486
R541OTN	08/21/09	Implementation of Health Insurance Portability and Accountability Act (HIPAA) Version 005010 837 Institutional (837) Edits for J7, J10 and J14 Only	01/04/10	6610

R540OTN	08/21/09	5010-D.0 Project Receipt, Control and Balancing Initial Phase for Durable Medical Equipment (DME) Only	01/04/10	6591
R539OTN	08/21/09	Medicare Part B Slide Preparation Facility Supplier enrollment Revalidation	09/21/09	6494
R538OTN	08/21/09	PC Print Update for ASC X12 835 Version 005010	01/04/10	6601
R537OTN	08/21/09	5010-D.0 Project Receipt, Control and Balancing Initial Phase for A/B Medicare Administrative Contractor (MAC) Only	01/04/10	6597
R536OTN	08/21/09	Part B Individual Praticioner Supplier Enrollment Revalidation	09/21/09	6574
R535OTN	08/21/09	Part B Organizational Supplier Enrollment Revalidation	09/21/09	6485

R533OTN	08/14/09	Phase 2 Base System Changes for Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) – Viable Medicare System (VMS) Only	01/04/10	6602
R532OTN	08/14/09	Deactivation Letter for the Multi-Carrier System (MCS)	01/04/10	6467
R531OTN	08/14/09	Additional Instructions on Processing Claims for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Items Submitted Under the Guidelines Established in Change Request (CR) 5917	01/04/10	6573
R530OTN	08/07/09	Update Fiscal Intermediary Standard System to Deactivate Billing Numbers for Non-Frequent Billers	01/04/10	6312
R528OTN	08/03/09	New Workload Number for and Transition of the Part A Louisiana and Mississippi Workloads to PBSI, an Existing Title XVIII Fiscal Intermediary	09/30/09	6590
R527OTN	08/03/09	Program Instructions Designating the Competitive Bidding Areas and Product Categories Included in the DMEPOS Competitive Bidding Program Round One Rebid in CY 2009	09/03/09	6571

R526OTN	07/31/09	Appropriate Use of Modifier 50 and Add-On Codes for Facet Joint Injections Services	08/31/09	6518
R525OTN	07/31/09	Phase 2 Base System Changes for Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) Mutli-Carrier (MCS) Only	01/04/10	6576
R522OTN	07/24/09	Migrating the CMS Medicare Data Communication Network (MDCN) to the New Multi Protocol Label Switching (MPLS)	10/05/09	6389
R521OTN	07/24/09	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process	01/04/10	6498
R520OTN	07/24/09	Annual Systematic Synchronization of Medicare Participating Physician or Supplier Agreement (PAR) Status Between the Multi Carrier System (MCS) Provider Enrollment, Chain and Ownership System (PECOS)	01/04/10	6449
R519OTN	07/20/09	Implementation of the Health Care Claim Status Inquiry and Response (276/277) Version 005010 – Durable Medical Equipment (DME) Shared System Change	01/04/10	6399

R518OTN	07/17/09	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 837 Professional (837P) Edits	01/04/10	6475
R517OTN	07/17/09	System Network Architecture (SNA) Requirements for New CMS-Net Wide Area Network (WAN)	10/05/09	6367
R516OTN	07/17/09	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 837 Institutional (837i) edits	01/04/10	6476
R515OTN	07/10/09	2009 Reminder for Roster Billing and Centralized Billing for Influenza and Pneumococcal Vaccinations	08/10/09	6539
R514OTN	07/02/09	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Common Edits and Enhancements Module –File preparation (for MCS ONLY)	10/05/09	6565
R513OTN	07/02/09	Coding and Reporting Principles for the Physician Quality Reporting Initiative (PQRI) and the Electronic Prescribing (E-Prescribing) Incentive Programs	09/02/09	

R512OTN	07/02/09	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Common Edits and Enhancements Module - ICN Generator (for MCS ONLY)	10/05/09	6558
R509OTN	06/26/09	DME MAC Instructions for Therapy Caps 2009	07/27/09	6497
R507OTN	06/19/09	Jurisdiction 13 A/B MAC Merge of the three Part B New York and the Part B Connecticut CICS Production and User Acceptance Test Regions	12/12/09	6513
R505OTN	06/19/09	Medicare Part B Radiation Therapy Centers Supplier Enrollment Revalidation	07/20/09	6517
R502OTN	06/12/09	Jurisdiction 4 A/B MAC merge of the Part B Oklahoma, New Mexico, and Colorado CICS Production and User acceptance Test Regions	11/21/09	6508
R501OTN	06/05/09	Allow Zoned Program Integrity Contractor (ZPIC) to access Durable Medical Equipment Medicare Administrative Contractor (DME MAC) by ZPIC Zone	10/05/09	6430

R500OTN	06/05/09	VMS Modifications to Implement the Common Electronic Data Interchange (CEDI) System, Part III, NCPDP 5.1 Implementation	10/05/09	6507
R499OTN	05/29/09	Placing Medicare Florida Fraud Hotline Number on the Medicare Summary Notices for Zip Codes in Florida	10/05/09	6504
R498OTN	05/29/09	Reporting Gross Payments on IRS Form-1099	10/05/09	6466
R497OTN	05/22/09	Payment for Maintenance and Servicing of Certain Oxygen Equipment as a Result of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008	07/06/09	6509
R496OTN	05/15/09	Fiscal Intermediary Standard System (FISS) Analysis and Technical Consultation - to be Performed by the FISS Maintainer for the Planning and Execution of the J1 WPS Legacy Part A Pilot Split and Subsequent Workload Reporting Requirements	07/06/09	6425
R495OTN	05/15/09	Further Instruction for Implementation of the Next Version of the HIPAA 835 Transaction	10/05/09	6460

R494OTN	05/15/09	MREP Update for 835 Version 5010	10/05/09	6473
R489OTN	05/01/09	Require Medicare Administrative Contractors (MACs), Fiscal Intermediaries (FIs), and Carriers to Provide Program Safeguard Contractors (PSCs)/Zoned Program Integrity Contractors (ZPICs) with Monthly Updates of Deactivated Crosswalk File Entries	10/05/09	6437
R488OTN	05/01/09	Processing and Payment of Physician and Non-Physician Practitioner Services Reassigned to ASCs	10/05/09	6358
R487OTN	05/01/09	Modification of the Common Working File (CWF) Copybook to Transmit a "WC" Qualifier to Distinguish Workers Compensation Medicare Set-Aside Arrangement (WCMSA) MSP Records	10/05/09	6438
R486OTN	05/01/09	Jurisdiction 5 A/B MAC Merge of the Part B East Missouri, west Missouri, Nebraska, Kansas and Iowa CICS Production and User Acceptance Test Regions	07/06/09	6361
R485OTN	05/01/09	Implementation -- Systems Improvements to Streamline Updates to the Place of Service (POS) Code Set	10/05/09	6442

R484OTN	04/24/09	Archiving and Retrieving of the Integrated Outpatient Code Editor (IOCE) for Processing Claims	10/05/09	6390
R483OTN	04/24/09	Fiscal Intermediary Shared System (FISS) Analysis for System-Related Outpatient Prospective Payment System (OPPS) Processing Issues	10/05/09	6432
R482OTN	04/24/09	Mainframe Integrated Outpatient Code Editor (IOCE) Tool Set Upgrade	10/05/09	6401
R481OTN	04/24/09	Implementation of the Health Care Claim Status Inquiry and Response (276/277) Version 005010 - Durable Medical Equipment (DME) Shared System Change	10/05/09	6399
R480OTN	04/24/09	Expansion of the Current Scope of Editing for Ordering/Referring Providers for Durable Medical Equipment, Prosthetics, Orthotics, and Supplier (DMEPOS) Suppliers Claims Process by Durable Medical Equipment Medicare Administrative Contractors (DMEMACs)	10/05/09	6421
R478OTN	04/24/09	Internet-based Provider Enrollment, Chain and Ownership System (PECOS) Outreach to Academic Medical Institutions (AMIs) and Large Group Practices	05/26/09	6415

R477OTN	04/24/09	Change Type of Bill (TOB) for Federally Qualified health Centers (FQHC) from 73X to 77X	10/05/09	6338
R476OTN	04/24/09	Implementation of the Health Care Claim Status Inquiry and Response (276/277) Version 005010 - Part B Shared System Change	10/05/09	6411
R475OTN	04/24/09	Modification to Accommodate Acute Care (ACE) Demonstation	10/05/09	6408
R474OTN	04/24/09	Ten (10) percent Write-off from the Nine (9) CWF data bases for the Tables called: Medicare Secondary Payment and Beneficiary ESRD Dialysis Auxiliary, for the Calendar Years 2000 – 2008	10/05/09	6412
R473OTN	04/24/09	Deductible Application on Clinical Trial Claims	10/05/09	6326
R472OTN	04/24/09	Request for Common Working Files (CWF) to Send Common Working Files Medicare Quality Assurance (CWFMQA) the 5010 File Formats as of October 5, 2009	10/05/09	6439

R471OTN	04/24/09	Revision to Processing Hospice Visit Charges on Remittance Advices and Medicare Summary Notices (MSNs)	10/05/09	6386
R470OTN	04/24/09	Expansion of the Current Scope of Editing for Ordering/Referring Providers for Claims Processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)	10/05/09	6417
R467OTN	03/27/09	J10 Part A and Part B Medicare Administrative Contractor (A/B MAC) Part B Tennessee and Idaho CICS UAT and Production Region Split and New Workload Numbers for the States of Alabama Georgia and Tennessee	04/06/09	6436
R466OTN	03/27/09	Implementation of Indirect Medical (IME) and Long Term Care Hospital (LTCH) Provisions from The American Recovery and Reinvestment Act (ARRA) of 2009	07/06/09	6444
R465OTN	03/27/09	New "WW" Code to Identify a New Source for Topotecan	07/06/09	6423
R464OTN	03/24/09	Customer Information Control System (CICS) Production Region Merge of the Alaska, Washington, Idaho and Oregon Medicare Part A Workloads in Preparation for the J2 Medicare Administrative Contractor (MAC) Implementation	04/06/09	6339

R463OTN	03/24/09	J14 Part A and Part B Medicare Administrative Contractor (A/B MAC) New Workload Numbers for the States of Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont	05/24/09	6406
R462OTN	03/20/09	Emergency Change to the CWF Pacific Host's Internal Control File for the A/B Medicare Administrative Contractor Jurisdiction 3 Part B Merge	06/01/09	6403
R461OTN	03/20/09	Payment for Maintenance and Servicing of Certain Oxygen Equipment as a Result of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008	07/06/09	6404
R460OTN	03/20/09	J12 Production Region Merge of the District of Columbia, Maryland, New Jersey, and Pennsylvania Part A Workloads	04/06/09	6345
R459OTN	03/20/09	Program Overview: 2009 Physician Quality Reporting Initiative (PQRI) and the 2009 Electronic Prescribing (E-Prescribing) Incentive Program	06/22/09	6394
R457OTN	03/20/09	Hemophilia Clotting Factor Indicator on Average Sales Price (ASP) Drug Pricing File	07/07/09	6402

R456OTN	03/13/09	Addition of the Jurisdiction 5 Medicare Administrative Contractor (MAC) Roll Up Number (05001) to the CWF Contractor Table for Provider Inquiry Usage (Only)	04/13/09	6396
R454OTN	03/06/09	Influenza Pandemic Emergency Preparedness – Waiver of Certain Medicare Requirements	04/06/09	6378
R452OTN	02/27/09	PTAN in to the Collapse PTAN Process	03/27/09	6368
R451OTN	02/27/09	Incorporation of the National Provider Identifier (NPI) into the National Supplier Clearinghouse (NSC) Enrollment System and Related Instructions	07/06/09	6314
R450OTN	02/20/09	System Network Architecture (SNA) Requirements for New CMS-Net Wide Area Network (WAN)	07/31/09	6367
R448OTN	02/20/09	Request for Common Working File (CWF) to Continue Sending Common Working File Medicare Quality Assurance (CWFMQA) the Existing 4010 File Formats after the CWF July Implementation of 5010 File Formats	07/06/09	6373

R447OTN	02/13/09	Corrections to the Inpatient Prospective Payment System (IPPS) Wage Index for Fiscal Year (FY) 2009 and the Outpatient Prospective Payment System (OPPS) Wage Index for Calendar Year (CY) 2009	05/18/09	6363
R446OTN	02/13/09	Clarification on Use of National Drug Codes (NDCS) in 837 I Billing	07/06/09	6330
R445OTN	02/13/09	Claims Processing Instructions for Diagnostic Tests Subject to the Anti-Markup Pricing Limitation	07/06/09	6371
R443OTN	02/13/09	Payment for Repair, Maintenance and Servicing Oxygen Equipment as a Result of MIPPA of 2008	04/06/09	6296
R442OTN	02/13/09	Modifier 79	03/16/09	6334
R441OTN	02/13/09	Influenza Pandemic Emergency Preparedness -- Additional Guidance Concerning Medicare Fee-For-Service Payment Policies and Billing Instructions	03/16/09	6280

R440OTN	02/06/09	Facet Joints	03/09/09	6317
R439OTN	02/06/09	Influenza Pandemic Emergency- Additional Guidance Concerning the Medicare Prescription Drug Program (Part D) and Medicare Advantage (Part C)	03/09/09	6284
R438OTN	02/06/09	New "WW" Code to Identify a New Source for Topotecan	07/06/09	6294
R437OTN	02/06/09	HIPPA 837 5010 Coordination of Benefits Requirements - Analysis and Design	10/05/09	6308
R436OTN	02/06/09	Re-design of FISS Edits for Hemophilia Clotting Factors on Inpatient Claims	07/06/09	6354
R435OTN	02/06/09	VMS Modifications to Implement the Common Electronic Data Interchange (CEDI) System, Final Implementation	04/06/09	6357

R434OTN	01/30/09	Correction to Home Health Prospective Payment System (HH PPS) Episode Sequence Edits	07/06/09	6305
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R431OTN	01/16/09	Jurisdiction 3 A/B MAC Merge of the Part B Arizona, Montana and Utah CICS Production and User Acceptance Testing Regions	04/06/09	6279
R430OTN	01/16/09	Long Term Care Hospital (LTCH) Special Project	02/17/09	6324
R429OTN	01/16/09	Update to Change Request 5927-- Shared Systems Active and Non-Active Edits/Reason Codes and Audit Trail Reporting	04/06/09	6344
R428OTN	01/09/09	Influenza Pandemic Emergency Preparedness – Additional Guidance Concerning Tentative and Final Settlements, Periodic Interim Payments (PIP) and Pass-Through Payments, Medicare Secondary Payer (MSP), Accelerated Payments, Repayments and Financial Management	02/13/09	6256

R426OTN	12/31/08	Adjustment for Medicare Mental Health Services	02/02/09	6208
R425OTN	12/31/08	Implementation of the Health Care Claim Status Inquiry and Response (276/277) Version 005010-Part A Shared System Change	04/06/09	6299
R424OTN	12/24/08	HIGLAS Part A Changes for Limitation on Recoupment	04/06/09	6298
R423OTN	12/24/08	New Contractor Numbers for the J9 Medicare Administrative Contractor (MAC) Part A and Part B Workloads for the State of Florida and Territories of Puerto Rico and the Virgin Islands	01/05/09	6285
R421OTN	12/23/08	Changes in Payment for Oxygen Equipment as a Result of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 and Additional Instructions Regarding Payment for DMEPOS	01/06/09	6297
R420OTN	12/19/08	Implementation - Processing All Diagnosis Codes Reported on Claims Submitted to Durable Medical Equipment Medicare Administrative Contractors (DME MACs)	10/05/09	6068

R419OTN	12/19/08	Summary of Policies in the 2009 Medicare Physician Fee Schedule (MPFS) and the Telehealth Originating Site Facility Fee Payment Amount	01/05/09	6349
R418OTN	12/19/08	Moratorium on Classification of Long-Term Hospitals or Satellites/Increase in Certified Beds	01/20/09	6172
R414OTN	12/12/08	Improved Access to Ambulance Services Payment Rates for Effective Dates of Service July 1, 2008 - December 31, 2009	01/12/09	6206
R413OTN	12/12/08	Excluded LUPA Claims for HHPPS Episode Sequence Edits	01/12/09	6283
R411OTN	12/05/08	Influenza Pandemic Emergency Preparedness- Additional Instructions Concerning Financial Management and Program Integrity	01/05/09	6209
R410OTN	12/05/08	Process for Recovering Medicare Payments for Home Health Prospective Payment System (HH PPS) Claims Failing to Report Prior Hospitalizations	03/05/09	6276

R408OTN	11/28/08	New Numbers for all MAC Jurisdictions	12/29/08	6259
R406OTN	11/21/08	Analysis Only for New FISS, CWF, and NCH Systems Requirements for all 837 I Outpatient Claims Related to Physician/Practitioners	05/15/09	6289
R405OTN	11/21/08	FISS Reason Code Language Expansion	04/06/09	6247
R401OTN	11/14/08	2008 Physician Quality Reporting Initiative Claims-Based Reporting of Measures Groups	12/15/08	6187
R400OTN	11/14/08	Revised 4010A1 837 Professional (837P) Flat File	04/06/09	6167
R399OTN	11/07/08	Apply IRS Form 1099-MISC Updates to VMS System	01/05/09	6202

R397OTN	10/31/08	Claim Adjustments to Correct Home Health Prospective Payment System (HH PPS) Payment Errors	02/02/09	6250
R396OTN	10/29/08	Influenza Pandemic Emergency Preparedness - Instructions Concerning Financial Management Policies	11/25/08	6174
R395OTN	10/24/08	J3 A/B MAC Merge of the Part B Arizona, Montana, and Utah CICS Production and User Acceptance Testing Regions	01/05/09	6199
R393OTN	10/24/08	Update to the CR 5020: Method of Cost Settlement for Inpatient Services for Rural Hospital	11/24/08	6226
R392OTN	10/24/08	Revision to the CWF Requirements for Updating Spells of Illness for SNF and SB Claims	04/06/09	6257
R391OTN	10/24/08	Archiving and Retrieving of the Integrated Outpatient Code Editor and the Medicare Code Editor for Processing Claims	04/06/09	6177

R390OTN	10/24/08	Influenza Pandemic Emergency Preparedness - Instructions Concerning Financial Management Policies	11/25/08	6174
R389OTN	10/24/08	New 2008 Medicare Physician Fee Schedule (MPFS) Payment Rates Effective for Dates of Service July 1, 2008, Through December 31, 2008	10/24/08	6212
R388OTN	10/24/08	Analysis of Systems Changes Needed to Change Type of Bill (TOB) for Federally Qualified Health Centers (FQHCs) from 73x to 77x	07/06/09	6246
R387OTN	10/17/08	Medicare Payment for Air Ambulance Services Under Section 146(b)(1) of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008	01/05/09	6214
R386OTN	10/17/08	Influenza Pandemic Emergency Preparedness--Medicare Fee-For-Service Payment Policies and Billing Instructions	11/17/08	6146
R384OTN	10/10/08	Limitation of Recoupment - VMS Recoupment and Claims Adjustment Process	01/05/09	6204

R383OTN	10/03/08	J5 Production Region Merge of the Kansas, Missouri, Nebraska, and Iowa Part A Workloads	02/02/09	6152
R381OTN	10/03/08	Competitive Acquisition Program for Part B Drugs and Biologicals Vendor Identification Number, Iron Dextran Payment Update, and Physician Elections	01/05/09	6210
R380OTN	10/03/08	Reporting Non-Tax Withholding Due to Federal Payment Levy Program (FPLP)	01/05/09	6228
R379OTN	09/26/08	Influenza Pandemic Emergency-- Policies Concerning the Medicare Prescription Drug Program (Part D) and Medicare Advantage (Part C)	10/27/08	6164
R376OTN	09/26/08	Limitation on Recoupment - MCS Recoupment and Claims Adjustment Process	01/05/09	5986
R374OTN	09/05/08	Expansion of the Legal Business Name Field in VMS	01/05/09	5933

R373OTN	09/05/08	Schedule for Completing the Calendar Year (CY) 2009 Fee Schedule Updates and the Participating Physician Enrollment Procedures	10/06/08	6156
R372OTN	08/29/08	Update to the Intern to Bed Ratio for Method II Critical Access Hospitals	01/05/09	6176
R370OTN	08/15/08	Add Provider Measures to the Program Integrity Management Reporting (PIMR) System	01/05/09	6141
R369OTN	08/15/08	Fiscal Intemediary Shared System Merge Program Accomodation for Duplicate Check Numbers	01/05/09	6142
R367OTN	08/15/08	Reporting Withholding due to IFS Federal Payment Levy Program	10/06/08	6125
R366OTN	08/15/08	2008 Reminder for Roster Billing and Centralized Billing for Influenza and Pneumococcal Vaccinations	09/15/08	6121

R365OTN	08/08/08	CWF Automation of the Contractor Table to Support MAC Workload Renumbering	10/06/08	6092
R364OTN	08/08/08	Modification of Part B Flat File for Electronic Remittance Advice and Standard Paper remit	01/01/09	6127
R363OTN	08/08/08	FY 2008 Supplementary Security Income (SSI) Data	09/08/08	
R362OTN	08/01/08	Requirement to Educate Providers Regarding CMS' Use of Medicare Cost Report Data	01/05/09	6132
R361OTN	07/25/08	Administrative Instructions for Support Income Tax Reporting	08/25/08	6117
R360OTN	07/18/08	Implementation - Processing All Diagnosis Codes Reported on Claims Submitted to Durable Medical Equipment Medicare Administrative Contractors (DME MACs)	07/06/09	6068

R359OTN	07/18/08	Composite Ambulatory Payment Classification (APC) Processing under the Outpatient Prospective Payment System (OPPS)	01/05/09	6056
R358OTN	07/11/08	Instructions for Non-MSP Debts Returned to Agency (RTA) from the Department of Treasury from Inception of RTA Process to Dates of Implementation of this Change Request	08/11/08	6082
R357OTN	07/07/08	Pathology Services: Notification of the Sunset for the Payment of Physician Pathology Services for Independent Laboratories	07/07/08	6088
R356OTN	06/20/08	National Competitive Bidding (NCB) for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) - Phase VIIB of Implementation	07/07/08	6069
R355OTN	06/13/08	2008 Physician Quality Reporting Initiative (PQRI) Establishment of Alternative Reporting Periods and Reporting Criteria	07/07/08	6104
R354OTN	06/13/08	Hospitals Exempt from Present on Admission (POA) Reporting (i.e., non Inpatient PPS or IPPS Hospitals) & the Affects on Grouper	10/06/08	6086

R353OTN	06/13/08	Payment for Complex Rehabilitative Power Mobility Device Services that Span the Implementation Date of DMEPOS Competitive Bidding Programs	07/07/08	6112
R352OTN	06/13/08	Quarterly Update to the Ambulance Fee Schedule Public Use File (PUF)	07/28/08	6091
R351OTN	06/13/08	508 Compliancy for Medicare Remit East Print Software	10/06/08	6073
R349OTN	06/06/08	Inappropriate Denials of Claims for Percutaneous Transluminal Angioplasty (PTA) of Carotid Arteries Concurrent with Stenting Based on Facility Recertification Due Dates	7/7/08	6046
R348OTN	06/06/08	Modify the CWF Feed to Limit the Amount of Preventive Data Rows Being Loaded	10/06/08	5819
R347OTN	06/06/08	Analysis and Design Only - Systems Improvements to Streamline Updates to the Place of Service (POS) Code Set	10/06/08	6066

R344OTN	05/23/08	VMS Modifications to Implement the Common Electronic Data Interchange (CEDI) System, Part II	10/06/08	6026
R343OTN	05/23/08	New Contractor Numbers for the States of Connecticut and New York in Jurisdiction 13 Part A/B MAC Workload	07/07/08	5843
R342OTN	05/16/08	Medicare Fraud Edit Module Phase 2	10/06/08	6035
R341OTN	05/16/08	Update the Medicare Secondary Payer Payment (MSPPAY) Module to Accommodate the Medicare Part A Claims Expansion	09/08/08	5975
R340OTN	05/16/08	NCB for DMEPOS Phase VII Correction of CWF Category for Portable Oxygen	10/06/08	6055
R339OTN	05/09/08	Implementation of the 2007-2008 update to the Medicare Wage Index Occupational Mix Survey (Form CMS-10079 (2008))	06/09/08	5992

R338OTN	05/02/08	Shared Systems Active and Non-Active Edits/Reason Codes and Audit Trail Reporting	07/07/08	5927
R337OTN	05/02/08	Processing Federally Qualified Health Center (FQHC) Claims for the Telehealth Originating Site Facility Fee	10/06/08	6039
R336OTN	05/02/08	Beneficiary Address Change for Shared Systems	10/06/08	5962
R335OTN	05/02/08	Modification of Core-Based Statistical Area (CBSA) Payment Localities for Contractors that Process Ambulatory Surgical Center (ASC) Claims	10/06/08	6952
R334OTN	05/02/08	New Contractor Numbers for the J.12 Medicare Administrative Contractor Part A and Part B Workloads for the States of Delaware, Maryland, New Jersey, Pennsylvania, and the District of Columbia	07/07/08	5842
R333OTN	04/18/08	Assignment of Providers to MACs	05/19/08	5979

R332OTN	04/11/08	Instructions for Fiscal Intermediary Standard System, Multit-Carrier System and Healthcare Integrated General Ledger Accounting System Changes	07/07/08	5957
R331OTN	04/11/08	Clinical Laboratory Fee Schedule - Implementation of Sec 112 MMSCHIP Legislation	05/12/08	5987
R330OTN	04/04/08	Extension of Reasonable Cost Payment for Clinical Lab Tests Furnished by Hospitals with Fewer Than 50 Beds in Qualified Rural Areas	07/07/08	5961
R329OTN	04/04/08	Instructions for Fiscal Intermediary Standard System (FISS) and Multi-Carrier System (MCS) Healthcare Integrated General Ledger Accounting System (HIGLAS) Changes	04/07/08	5956
R328OTN	03/26/08	SPLIT OF HI/NV/AZ Part B Workloads and Merge of AZ/Ut/Mt	04/01/08	5733
R327OTN	03/07/08	Production region split for CIGNA Idaho Part B Data	04/07/08	5796

R326OTN	03/07/08	Medicare Fraud Edit Module	07/07/08	5725
R325OTN	03/07/08	New Contractor Numbers for the States of California, Hawaii and Nevada and American Samoa, Guam and Northern Marianna Islands Jurisdiction 1 Part A Medicare Administrative Contractor (MAC) Workload	04/07/08	5901
R324OTN	03/07/08	New Contractor Numbers for the States of Hawaii and Nevada and American Samoa, Guam and Northern Marianna Islands Jurisdiction 1 Part B Medicare Administrative Contractor (MAC) Workload	07/07/08	5904
R323OTN	03/07/08	New Contractor Numbers for the State of California Jurisdiction 1 Part B Medicare Administrative Contractor (MAC) Workload	07/07/08	5905
R321OTN	02/29/08	Refinements in Cost Reporting Due to CMS's Revised Procedures for Recalibrating DRG Relative Weights Under the Inpatient Prospective Payment System	03/31/08	5928
R320OTN	02/08/08	Part A Merge	05/01/08	5778

R319OTN	02/08/08	Fiscal Intermediary Shared System (FISS) Mid-Month Production Region Split	07/07/08	5894
R318OTN	02/08/08	Create User Account for Next Generation Desktop (NGD) on Common Working File (CWF)	07/01/08	5828
R317OTN	02/04/08	Production Region Split and New Contractor Number for Riverbend New Jersey Part A Workload	03/03/08	5786
R316OTN	02/04/08	Submitting Outpatient Provider Specific Data	07/07/08	5869
R315OTN	02/01/08	BOI Extract for CWF and MBD	07/07/08	5864
R314OTN	02/01/08	Limitation of Recoupment - FISS Recoupment and Claims Adjustment Process	07/01/08	5873

R313OTN	02/01/08	New Contractor Numbers for the States of Colorado, New Mexico, Oklahoma, and Texas in Jurisdiction 4 Part AB Medicare Administrative Services (MAC) Workload	03/01/08	5788
R312OTN	02/01/08	EMERGENCY -- Legislative Change Affecting the 2008 Medicare Physician Fee Schedule (MPFS), and Extension of the 2008 Participation Open Enrollment Period	01/07/08	5944
R311OTN	01/25/08	Support Income Tax Reporting	01/30/08	5816
R310OTN	01/18/08	Requirements for Including an 8-Digit Clinical Trial Number on Claims	04/07/08	5790
R308OTN	01/04/08	SPLIT OF HI/NV/AZ Part B Workloads and Merge of AZ/Ut/Mt	04/01/08	5733
R307OTN	12/21/07	National Provider Identifier Accounts Receivable Netting Process	01/07/08	5654

R306OTN	12/21/07	New Inpatient Spell and Adjustment Process for VA Claims	07/07/08	5783
R305OTN	12/14/07	New Contractor Numbers for the states of Iowa, Kansas, Nebraska and Missouri in Jurisdiction 5 A/B Medicare Administrative Contractor (MAC) Workload	12/01/07	5809
R304OTN	11/30/07	Medicare Exclusion Database (MED) Addition of National Provider Identifier (NPI)	01/07/08	5750
R303OTN	11/23/07	Addition of Data Elements to the Common Working File Database Extract into the Next Generation Desktop Data Repository	01/07/08	5709
R302OTN	11/02/07	Rejection of X12 276 Claim Status Requests That Lack National Provider Identifiers (NPIs)	04/07/08	5726
R301OTN	11/02/07	Automate Adjustments to Home Health Agency (HHA) and Managed Care (MC) Common Working File (CWF) Informational Unsolicited Responses (IURs)	04/07/08	5782

R300OTN	11/02/07	Healthcare Integrated General Ledger Accounting System (HIGLAS) Changes for Implementation of Stage 3 of National Provider Identifier (NPI)	04/07/08	5590
R299OTN	11/02/07	NCPDP Inbound Claim and COB Companion Documents Updated for NPI Reporting	04/07/08	5716
R298OTN	11/02/07	Update Multi-Carrier System (MCS) to Deactivate Billing Numbers for Non-Frequent Billers (Note, this instruction supersedes CR 5296 dated 9/29/2006)	04/07/08	5676
R297OTN	10/26/07	Instructions for Fiscal Intermediary Standard System (FISS) and Multi-Carrier System (MCS) Healthcare Integrated General Ledger Accounting System (HIGLAS) Changes	01/07/08	5773
R296OTN	10/19/07	New Numbers for All MAC Jurisdictions	12/01/07	5651
R295OTN	10/15/07	Durable Medical Equipment Medicare Administrative Contractors (DME MACs) - Discontinuance/Cancellation of the Use of a "WL" Modifier on Claims for the DeWall Posture Protector Orthotic Body Jacket HCPCS Code (L0430)	11/16/07	5758

R294OTN	10/15/07	New Contractor Workload Number for Cahaba RHHI Data	11/01/07	5566
R293OTN	10/05/07	Instructions for Fiscal Intermediary Standard System (FISS) and Multi-Carrier System (MCS) Healthcare Integrated General Ledger Accounting System (HIGLAS) Changes	10/01/07	5705
R291OTN	09/18/07	Cessation of FI-to-FI Moves for Providers that are Members of Chains	10/18/07	5720
R290OTN	08/24/07	New Contractor Number for Trispan Missouri Part A Workload	10/01/07	5650
R289OTN	07/20/07	Present on Admission Indicator Systems Implementation	01/07/08	5679
R288OTN	07/20/07	Creating a New File Transaction Layout Utilizing Automatic Response units	01/07/08	5666

R287OTN	07/13/07	FISS Recoupment and Claims Adjustment Process Changes- Limitation of Recoupment- Analysis and Design	01/07/08	5605
R286OTN	06/29/07	Adding a CMS Specialty Code for Suppliers of Oxygen and/or Oxygen Related Equipment	01/02/08	5563
R285OTN	06/22/07	Implement Changes to the VMS DME Standard System to include SAFE Audit Records	10/01/07	5565
R284OTN	06/22/07	Limiting Numbers of Letters Automatically Generated For Claims Suspended When There is No One-to-One Match of National Provider Identifier (NPI) to Legacy Provider Number	10/01/07	5621
R823OTN	06/15/07	Notifying Affected Parties Regarding Changes to the Mandatory Medigap ("Claim-Based") Crossover Process	07/16/07	5662
R282OTN	05/25/07	Common Working File Informational Unsolicited Response--Analysis Only	10/01/07	5611

R281OTN	05/25/07	Revision on the Medicare Summary Notice (MSN) Printing Cycle	10/01/07	5588
R280OTN	05/25/07	Adding Three CMS Specialty Codes for Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	01/02/08	5576
R279OTN	05/25/07	Continuation of Legacy Number Reporting on Outbound Claims for COBA Process	07/02/07	5549
R278OTN	05/25/07	Department of Veterans Affairs Medicare-equivalent Remittance Advice (MRA) Project: Continued Use of Part A Legacy Provider Numbers After National Provider Identifiers (NPIs) Are Fully Implemented	10/01/07	5615
R277OTN	05/18/07	Physician Quality Reporting Initiative (PQRI) Coding & Reporting Principles	05/18/07	5640
R276OTN	05/01/07	New Contractor Number for Jurisdiction 3 Arizona Part A Workload	10/01/07	5589

R275OTN	05/01/07	New Contractor Workload Number for Cahaba RHHI Data	11/01/07	5566
R274OTN	04/27/07	Invalid Skilled Nursing Facility (SNF) Informational Unsolicited Responses (IURs) from CWF	07/02/07	5587
R273OTN	04/27/07	Discontinuing the Application of Outpatient Frequency of Billing Edits to Roster Bills	10/01/07	5580
R272OTN	04/27/07	Medicare Claims System (MCS) Provider File Extract to the Railroad Retirement Board	10/01/07	5540
R271OTN	04/20/07	Recovery Audit Contractor (RAC)/Other Medicare Contractors Claims Mass Adjustments in VIPS Medicare System (VMS)- Analysis and Design	10/01/07	5497
R269OTN	04/03/07	Instructions for FISS and MCS HIGLAS Changes	07/02/07	5553

R268OTN	03/30/07	Recovery Audit Contractors (RAC)/Other Medicare Contractors Claims Mass Adjustments in MCS-Analysis and Design	07/01/07	5496
R267OTN	03/30/07	RAC/Other Medicare Contractors Claims Mass Adjustments in FISS	09/04/07	5494
R266OTN	03/23/07	New Contractor Number for CIGNA Government Services, LLC- Jurisdiction C DME MAC Workload	06/01/07	5548
R265OTN	03/09/07	Program Overview: 2007 Physician Quality Reporting Initiative	04/09/07	5558
R264OTN	03/09/07	Instructions for Fiscal Intermediary Standard System (FISS) and Multicarrier System (MCS) Healthcare Integrated General Ledger Accounting System (HIGLAS) Changes	04/02/07	5515
R262OTN	01/26/07	Invalid Managed Care Informational Unsolicited Responses (MCIURs) from CWF	04/26/07	5507

R260OTN	01/12/07	Enhance the Multi Carrier System (MCS) to Avoid Duplicate Payments When a Full Claim Adjustment Is Performed. This CR rescinds and fully replaces CR 3878.	04/02/07	5424
R259OTN	01/05/07	Additional Codes for Physician Voluntary Reporting Program (PVRP)	01/02/07	5409
R258OTN	12/26/06	Payment Amounts and Policies in the 2007 Medicare Physician Fee Schedule and the Telehealth Originating Site Facility Fee Payment Amount	01/02/07	5443
R256OTN	12/22/06	Payment Allowances for the Influenza Virus Vaccine (CPT 90655, 90656, 90657, and 90658) and the Pneumococcal Vaccine (CPT 90732) When Payment Is Based on 95 Percent of the Average Wholesale Price (AWP)	01/22/07	5365
R255OTN	12/22/06	Provider Migration	02/01/07	5419
R254OTN	12/22/06	Provision of Data for the Care Management for High Cost Beneficiaries Demonstration from Selected FIs, Carriers, and DME MAC Contractors	01/22/07	5398

R253OTN	12/15/06	Home Health Prospective Payment System (HH PPS) Update for Calendar Year (CY) 2007	01/02/07	5423
R252OTN	12/08/06	Additional Codes for Physician Voluntary Reporting Program (PVRP)	01/02/07	5409
R250OTN	11/17/06	PECOS to FISS Interface Via Extract File	04/02/07	4094
R249OTN	11/13/06	Claims Submitted With Only a National Provider Identifier (NPI) During the Stage 2 NPI Transition Period	11/20/06	5378
R248OTN	11/03/06	Optical Character Recognition (OCR) Interface in the Fiscal Intermediary Standard Systems (FISS)	01/02/07	5347
R247OTN	11/03/06	Returning Paper Claims Received From Clearinghouse	01/02/07	5341

R245OTN	10/27/06	Department of Veterans Affairs (VA) Medicare-equivalent Remittance Advice (MRA) Project: Continued Use of Professional Legacy Provider Numbers After National Provider Identifiers (NPIs) Are Fully Implemented	04/02/07	5352
R244OTN	10/27/06	New Contractor Numbers for Part A for the States of Montana, North Dakota, South Dakota, Utah, and Wyoming in Jurisdiction 3 Part AB Medicare Administrative Services (MAC) Workload	11/01/06	5381
R243OTN	10/27/06	Reporting the National Provider Identifier (NPI) on Physician Claims for Service Purchased Outside of the Local Carrier Jurisdiction	04/02/07	5289
R242OTN	10/27/06	C-Peptide Criteria Exception Guidance	11/27/06	5337
R241OTN	10/12/2006	Update to the Medicare Part B 835 Flat File	11/06/06	5360
R239OTN	09/29/06	Communications Infrastructure Testing	10/30/06	5336

R238OTN	09/29/06	Instructions for Fiscal Intermediary Standard System (FISS) and Multi-Carrier System (MCS) Healthcare Integrated General Ledger Accounting System (HIGLAS) Changes	01/02/07	5305
R237OTN	09/15/06	New Contractor Number for the Jurisdiction D DME MAC Workload for Noridan Adm. Serv., LLC	10/02/06	5279
R236OTN	09/11/06	New Contractor Numbers for Jurisdiction 3 Part AB Medicare Administrative Services (MAC) Workload	10/02/06	5291
R235OTN	08/18/06	Correction of Business Requirement 4320.19	11/20/06	5217
R234OTN	08/18/06	Modification of Editing Requirements in CR 4023 - NPIs and Medicare Legacy Identifiers	10/02/06	5229
R233OTN	08/04/06	Enhance the Multi Carrier System (MCS) to avoid duplicate payments when a full claim adjustment is performed: Analysis and Design Phase	01/02/07	3878

R232OTN	08/04/06	Allowing Veterans Administration (VA) Claims with Various OSCAR Numbers	01/02/07	5240
R230OTN	06/16/06	New Remittance Advice Remark Code Message Used for the Physician's Voluntary Reporting Program (PVRP)	07/17/06	5091
R229OTN	06/09/06	Healthcare Integrated General Ledger Accounting System (HIGLAS) Changes for Stage 2 National Provider Identifier (NPI)	10/02/06	5034
R227OTN	05/26/06	National Council of Prescription Drug Programs Coordination of Benefits (COB) Companion Document Update	08/28/06	5080
R226OTN	05/24/06	Allowing Adjustments to Part A and Part B Veterans Administration (VA) Medicare Remittance Advice (MRA) Claims	10/02/06	4370
R225OTN	05/05/06	Requirements for Systems Changes Needed to Generate Unsolicited Responses to the VA	10/02/06	5077

R224_OTN	04/28/06	Part A and Part B Medicare Administrative Contractor Jurisdiction Implementation	10/2/06	5033
R223_OTN	04/28/06	Contractor Number Changes for National Heritage Insurance Company - Jurisdiction A DME MAC Workload and AdminaStar Federal, Inc. - Jurisdiction B DME MAC Workload	7/3/06	5053
R221_OTN	04/21/06	Beneficiary Change of Address - Part 2	10/2/06	5021
R220_OTN	04/21/06	Addition of Data Elements to Common Working File (CWF) Database Extract into Next Generation Desktop (NGD) Datamart	10/2/06	5014
R218_OTN	04/07/06	Nesiritide for Treatment of Heart Failure Patients	5/22/06	4312
R217_OTN	03/31/06	2006 Revised American National Standards Institute X12N 837 Institutional Health Care Claim Companion Document	6/29/06	4379

R216 OTN	03/24/06	Contractor Number Changes for Noridian Administrative Services Idaho and Oregon Part A Workloads	5/1/06	4391
R215 OTN	03/10/06	Payment for Power Mobility Device (PMD) Claims	ASAP but No Later Than 3/24/06	4372
R214 OTN	02/17/06	Procedures for Preventing Duplicate Crossover File Submissions to the Coordination of Benefits Contractor	03/17/06	4285
R212 OTN	02/10/06	Full Replacement of CR 3980, Termination of Existing Crossover Agreements as Trading Partners Transition to the National Coordination of Benefits Agreement (COBA) Program (CR 3980 is rescinded.)	03/13/06	4325
R211 OTN	02/10/06	Temporary 5 Percent Payment Increase for Home Health Services Furnished in a Rural Area for One Year Under the Home Health Prospective Payment System (HH PPS), Change of the HH PPS Calendar Year (CY) 2006 Update from that of 2.8 Percent Update (Home Health Market Basket Update of 3.6 Minus 0.8 Percentage Point) to that of a Zero Percent Update	02/13/06	4282

R210 OTN	02/10/06	Creation of a Second Participation Enrollment Period for 2006	02/15/06	4346
R209 OTN	02/10/06	Q4080 - Change in HCPCS Code Descriptor	03/13/06	4324
R208 OTN	02/06/06	Analysis of Systems Changes Needed to Generate Unsolicited Responses to the Veterans Administration (VA)	07/03/06	4318
R207 OTN	02/01/06	New 2006 Payment Rate for Services Paid Under the Medicare Physician Fee Schedule	02/13/06	4313
R206 OTN	02/01/06	Modifications/Additions to CR 3730, Frequent Hemodialysis Network (FHN) Payments for Approved Clinical Trial Costs	03/03/06	4138
R205 OTN	02/01/06	Beneficiary Change of Address	07/03/06	4224

R204_OTN	02/01/06	Stage 1 Use and Editing of National Provider Identifier Numbers Received in Electronic Data Interchange Transactions, via Direct Data Entry Screens, or on Paper Claim Forms	01/03/06	4320
R203_OTN	02/01/06	Revision for PPS Payment for Blood Clotting Factor Administered to Hemophilia Inpatients.	03/06/06	4311
R201_OTN	01/19/06	Calculation of the Interim Payment of Indirect Medical Education (IME) Through the Inpatient PPS PRICER for Hospitals That Received an Increase to Their Full-time Equivalent Resident Caps Under Section 422 of the Medicare Modernization Act (MMA), P.L. 108-173 (Replaces 194)	03/31/06	4025
R200_OTN	01/13/06	Mandatory Transition to New Registry That Satisfies Medicare Data Reporting Requirements for Implantable Cardioverter Defibrillators (ICDs)	02/13/06	4249
R199_OTN	12/30/05	New Medicare Summary Notice (MSN) Message Used for the Physician's Voluntary Reporting Program (PVRP)	No later than 30 days from issuance (January 30, 2006)	4230
R198_OTN	12/09/05	Termination of the Eligibility File-Based Crossover Process At All Medicare Contractors	01/09/06	4231

R197_OTN	12/09/05	Inpatient Prospective Payment System (IPPS) and Skilled Nursing Facilities (SNF) Wage Index Corrections FY 2005-2006	01/09/06	4205
R195_OTN	11/10/05	Change of Medicare Part A contractor in the State of Idaho, Oregon, and Utah from Regence Blue Cross and Blue Shield to Noridian Administrative Services	01/03/06	4189
R194_OTN	11/04/05	Calculation of the Interim Payment of Indirect Medical Education (IME) Through the Inpatient PPS PRICER for Hospitals That Received an Increase to Their Full-time Equivalent Resident Caps Under Section 422 of the Medicare Modernization Act (MMA), P.L. 108-173	03/30/06	4025
R193_OTN	11/04/05	Change of Medicare Part B contractor in the State of Utah from Regence Blue Cross and Blue Shield of Utah to Noridian Administrative Services.	01/03/06	4174
R191_OTN	11/03/05	Noridian North Dakota/South Dakota Carrier Number Issue	04/03/06	4165
R190_OTN	11/03/05	Stage 2 Requirements for Use and Editing of National Provider Identifier (NPI) Numbers Received in Electronic Data Interchange (EDI) Transactions, via Direct Data Entry (DDE) Screens, or on Paper Claim Forms	04/03/06	4023

R186 OTN	10/28/05	Coverage by Medicare Advantage (MA) Plans for Implantable Automatic Cardiac Defibrillator (ICD) Services Not Previously Included in MA Capitation Rates	01/03/06	4133
R185 OTN	10/21/05	Payment Allowances for the Influenza Virus Vaccine (CPT 90655, 90656, 90657, and 90658) and the Pneumococcal Vaccine (CPT 90732) When Payment is Based on 95 Percent of the Average Wholesale Price (AWP)	11/21/05	4109
R184 OTN	10/14/05	National Modifier and Condition Code To Be Used To Identify Disaster Related Claims CR4106 (Replaces 183)	10/03/05	4106
R183 OTN	10/13/05	National Modifier and Condition Code To Be Used To Identify Disaster Related Claims CR4106 (Replaces 181)	10/03/05	4106
R181 OTN	09/23/05	National Modifier and Condition Code To Be Used To Identify Disaster Related Claims	10/03/05	4106
R179 OTN	09/16/05	Calculation of the Interim Payment of Indirect Medical Education (IME) Through the Inpatient PPS PRICER for Hospitals That Received an Increase to Their Full-time Equivalent Resident Caps Under Section 422 of the Medicare Modernization Act (MMA), P.L. 108-173	12/01-05	4025

R177 OTN	09/02/05	Termination of Existing Crossover Agreements As Trading Partners Transition to the National Coordination of Benefits Agreement (COBA) Program	10/03/05	3980
R176 OTN	08/26/05	Change of the CareFirst Part A Plan to Highmark in the State of Maryland and Washington, DC	10/03/05	4043
R175 OTN	08/26/05	Common Working File (CWF) Calculation of Next Eligible Date for Preventive Services (Replaces 151)	10/03/05	4011
R174 OTN	08/19/05	Fiscal Intermediary Shared System (FISS) Modification	01/03/06	3970
R173 OTN	08/16/05	Overnight Oximetry Testing (Replaces 166)	01/01/06	3751
R171 OTN	08/04/05	Preliminary System Updates in Preparation for Ending the Medicare Contingency Plan in October 2005	10/03/05	3956

R170 OTN	07/29/05	Updates to the Coordination of Benefits Agreement Insurance File (COIF) For Use in the National Crossover Program	01/03/06	3976
R169 OTN	07/29/05	Analysis of Systems Improvements to Streamline Place of Service (POS) Code Set Updates	01/03/06	3950
R168 OTN	07/29/05	Shared System Maintainer Hours for Resolution of Problems Detected During Health Insurance Portability and Accountability Act (HIPAA) Transaction January 2006 Release Testing	01/03/06	3974
R166 OTN	07/22/05	Overnight Oximetry Testing	08/22/05	3751
R164 OTN	07/15/05	Medicare HIPAA Electronic Claims Report - Third Reporting Timeframe Extension	08/05/05	3926
R163 OTN	07/08/05	Qualified Independent Contractor Jurisdictions	08/08/05	3908

R162 OTN	07/08/05	Instructions for Fiscal Intermediary Standard System (FISS) and Multi-Carrier System (MCS) Healthcare Integrated General Ledger Accounting System (HIGLAS) Changes	08/08/05	3757
R161 OTN	07/08/05	Kansas Blue Cross Blue Shield Carrier Numbering Issue	08/03/05	3876
R159 OTN	06/17/05	Requirements for Voided, Canceled, and Deleted Claims (Replaces R149)	10/03/05	3627
R158 OTN	06/17/05	Instructions for Fiscal Intermediaries (FIs) to Process Payment Adjustments Resulting From Data Assessment and Verification (DAVE) Program Safeguard Contractor (PSC) Medical Review	07/18/05	3799
R157 OTN	06/03/05	CD-ROM Initiative for Distribution of the Annual Disclosure, "Dear Doctor" Letter and Participation Enrollment Material	07/05/05	3891
R156 OTN	05/13/2005	New Patient Status Code 66 to Define Discharges and Transfers to a Critical Access Hospital (CAH)	10/03/2005	3829

R155 OTN	05/09/2005	Payment to Ambulatory Surgery Centers (ASCs) for New CPT Code 66711 (Replaces R153OTN)	07/05/2005	3817
R154 OTN	05/06/2005	Correction 2005 Clinical Laboratory Travel Fee (Codes P9603 and P9604)	07/05/2005	3785
R153 OTN	05/06/2005	Payment to Ambulatory Surgery Centers (ASCs) for New CPT Code 66711	06/06/2005	3817
R151 OTN	04/29/2005	Common Working File (CWF) Calculation of Next Eligible Date for Preventive Services	10/03/2005	3776
R150 OTN	04/29/2005	Shared System Maintainer Hours for Resolution of Problems Detected During Health Insurance Portability and Accountability Act (HIPAA) Transaction Release Testing	10/03/2005	3821
R149 OTN	04/29/2005	Requirements for Voided, Canceled, and Deleted Claims	10/03/2005	3627

R148 OTN	04/15/2005	Revised Coding Guidelines for Drug Administration Codes	05/16/2005	3818
R147 OTN	04/08/2005	Medicare HIPAA Electronic Claims Report - Second Reporting Timeframe Extension	05/06/2005	3780
R146 OTN	03/25/2005	Appeals Transition- BIPA Section 521 Appeals	04/25/2005	3530
R145 OTN	03/11/05	Frequent Hemodialysis Network Payment Changes for Approved Clinical Trial Costs	07/05/05	3730
R144 OTN	03/04/05	Debt Collection Improvement Act Backlog Non-MSP Collections from February 1998 to September 2004	04/05/05	3612
R142 OTN	02/18/05	Frequent Hemodialysis Network Payment Changes for Approved Clinical Trial Costs	07/05/05	3730

R141 OTN	02/04/2005	Shared System and CWF Renovation of Override Code Process (Phase 3)	07/05/05	3718
R140 OTN	02/04/2005	Revisions to January 2005 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File	02/04/05	3728
R139 OTN	01/28/2005	Update to the Evaluation Plan for the CD-ROM Initiative Used in the Mailing of the 2005 Annual Participation Enrollment Material	02/15/05	3700
R138 OTN	01/28/2005	Production of Provider Flat Files, including Taxpayer Identification Numbers (TIN), from the Fiscal Intermediary Standard System (FISS), Financial Master Files	07/05/05	3553
R137 OTN	01/28/2005	Instructions to Contractors regarding aged, pre-settlement cases and Inter-Contractor Notices (ICN)s	02/28/2005	3598
R136 OTN	01/21/2005	Medlearn Matters Article Related to the Flu Demonstration	01/28/2005	3696

R135_OTN	01/21/2005	Shared System Maintainer Hours for Resolution of Problems Detected During Health Insurance Portability and Accountability Act (HIPAA) Transaction Release Testing	07/05/2005	3597
R134_OTN	01/14/2005	Revisions to January 2005 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File	01/18/2005	3695
R133_OTN	12/23/2004	Shared System Maintainer Hours for Resolution of Problems Detected as a Result of Implementation of CR 2525 and CR 2527	04/04/2005	3603
R131_OTN	12/17/2004	Coverage of Routine Costs of Clinical Trials Involving Investigational Device Exemption (IDE) Category A Devices	01/03/2005	3548
R130_OTN	12/17/2004	Development of a Coordination of Benefits Agreement (COBA) Auxiliary File and Modification of the Health Insurance Portability and Accountability Act (HIPAA) 837 Coordination of Benefits (COB) Flat File and National Council for Prescription Drug Programs (NCPDP) File	04/04/2005	3614
R129_OTN	12/10/2004	2005 Drug Administration Coding Revisions	01/17/2005	3631
R128_OTN	12/10/2004	Promoting Medicare's Preventive Benefits and Services on an Annual Basis	01/03/2005	3527
R127_OTN	12/03/2004	This Transmittal Replaces Transmittal 125.	12/06/2004	3558

		Instructions Applicable to the Audit of Hospitals that are Part of an Affiliated Group in Relation to the “Redistribution of Unused Resident Positions,” Section 422 of the Medicare Modernization Act of 2003 (MMA), P.L. 108-173, for Purposes of Graduate Medical Education (GME) Payments		
R126_OTN	11/19/2004	Replaced by Transmittal 27 in Pub. 100-02, Medicare Benefit Policy.	01/03/2005	3554
R125_OTN	11/05/2004	Instructions Applicable to the Audit of Hospitals that are Part of an Affiliated Group in Relation to the “Redistribution of Unused Resident Positions,” Section 422 of the Medicare Modernization Act of 2003 (MMA), P.L. 108-173, for Purposes of Graduate Medical Education (GME) Payments	12/06/2004	3558
R124_OTN	10/29/2004	Common Working File (CWF) Duplicate Claim Edit for Referred Clinical Diagnostic and Purchased Diagnostic Services	04/04/2005	3551
R123_OTN	10/29/2004	Instructions For Pricing Treprostinil (Q4077)	11/29/2004	3533
R122_OTN	10/29/2004	Shared System and CWF Renovation of Override Code Process and Recognition of Four 2-byte Modifier Fields on the Part B Query Record – For MCS Phased Implementation Approach Only	04/04/2005	3494
R121_OTN	10/29/2004	Modification to Fiscal Intermediary Standard System (FISS) Regarding Common Working File Initiated Adjustments	04/04/2005	3330
R120_OTN	10/22/2004	Override of Common Working File (CWF) Edit for Observation Services Exceeding 48 Hours	04/04/2005	3311
R119_OTN	10/22/2004	Shared System Maintainer Hours for Resolution of Problems Detected During Health Insurance Portability and Accountability Act (HIPAA) Transaction Release Testing	04/04/2005	3495

R118_OTN	10/15/2004	Shared Systems Maintainer Hours for Resolution of Problems Detected as a Result of Implementation of Change Request 2525 and Change Request 2527	01/03/2005	3536
R117_OTN	09/29/2004	New Remark Code Message for Use with Claims for PEN Pumps – DMERC Only	10/01/2004	3405
R116_OTN	09/24/2004	Notification of Medlearn Matters (MM) Article for Confidential Change Request (CR) 3301	N/A	3465
R114_OTN	09/17/2004	Payment Allowances for the Influenza virus Vaccine (CPT 90658) and the Pneumococcal Vaccine (CPT 90732) When Payment is Based on 95 Percent of Average Wholesale Price (AWP)	10/01/2004	3490
R113_OTN	09/10/2004	Implementation of Section 921 of the Medicare Modernization Act (MMA) – Provider Customer Service Program	01/05/2005	3376
R112_OTN	09/13/2004	Billing Instructions for ADVATE rAHF-PFM on Medicare Claims	09/27/2004	3331
R111_OTN	08/27/2004	Creation of CWF Auxiliary File and Associated Logic to Properly Calculate Medicare-Equivalent Deductibles for VA Claims	01/03/2005	3450
R110_OTN	08/27/2004	MMA Drug Pricing Update – Payment Limits for J1000 (Depo-Estradiol cypionate inj)	09/27/2004	3418
R109_OTN	08/27/2004	Billing Instruction for ADVATE rAHF-PFM on Medicare Claims	09/27/2004	3331
R108_OTN	08/27/2004	New Remark Code Message for Use With Claims for Parenteral Pumps– Durable Medical Equipment Regional Carrier (DMERC) Only	09/27/2004	3405
R107_OTN	08/27/2004	CWF Analysis to Process Claims Per the Renovated Override Code Processing and CWF Analysis to Review System Edits for Additional 2-byte Modifiers Added in CR 3190.	01/03/2004	3320
R106_OTN	08/24/2004	MMA Drug Pricing Update-Payment Limits for J9045 (Carboplatin injection and J9310 (Rituximab cancer treatment)	09/24/2004	3419

R103 OTN	07/30/2004	This transmittal replaces Transmittal 100. ANSI X12 Transaction 835 Flat File and Companion Document Correction for Carriers and DMERCs, and Deletion of a Hard Coded Reason Code A2 that Has Been Deactivated	01/03/2005	3236
R102 OTN	07/30/2004	Update to the Healthcare Provider Taxonomy Codes (HPTC)/Medicare Specialty Code Crosswalk	01/03/2005	3259
R101 OTN	07/30/2004	Change of the Premera Blue Cross Medicare Part A Plan Under Contract to BCBSA to a Part A Fiscal Intermediary Contract with Noridian Mutual Insurance Company in the States of Washington and Alaska	10/04/2004	3380
R100 OTN	07/23/2004	This transmittal has been replaced by Transmittal 103.	01/03/2005	3236
R99 OTN	07/23/2004	This One-Time Notification is a Full Replacement for Transmittal 86 (CR 3142) Interface File From Recovery Management and Accounting System	01/03/2005	3383
R98 OTN	07/23/2004	Changes to Previous Transmittal Regarding the Discontinued use of Revenue Code 0910	10/04/2004	3343
R97 OTN	07/23/2004	Implementation of the Business Segment Identifier (BSI) in the Healthcare Integrated General Ledger Accounting System (HIGLAS)	01/03/2005	3362
R96 OTN	07/23/2004	Annual Changes to the Amount in Controversy Thresholds for the Administrative Law Judge and Judicial Review Levels of the Claim Appeals Process as Required by Section 940 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003	10/01/2005	3354
R95 OTN	07/30/2004	Modification to Post-payment Adjustment Process for Home Health Prospective Payment System Claims Failing to Report Prior Inpatient Discharges	01032005	3400
R94 OTN	07/23/2004	Shared System Maintainer Hours for Resolution of Problems Detected	01/03/2005	3316

		During Health Insurance Portability and Accountability Act (HIPAA) Transaction Release Testing		
R93 OTN	07/09/2004	Temporary SNF Extension	07/09/2004	3352
R92 OTN	07/02/2004	Additional Instructions Related to the "Redistribution of Unused Resident Positions," Section 422 of the Medicare Modernization Act of 2003 (MMA), P.L. 108-173, for Purposes of Graduate Medical Education (GME) Payments	07/16/2004	3353
R90 OTN	06/25/2004	MMA Drug Pricing Update-Payment Limits for J7308 (Levulan Kerastick) and J9395 (Faslodex)	07/25/2004	3312
R89 OTN	06/25/2004	Shared System Maintainer Hours for Resolution of Problem Detected As A Result of Implementation of CR 2525 and CR 2527	10/04/2004	3305
R88 OTN	06/10/2004	Clarification and Revision of Change Request 3084, Implementation of Section 508 (f) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173)	07/06/2004	3342
R87 OTN	05/27/2004	Instructions Related to Redistribution of Unused Resident Positions, Section 422 CR 3247 (This replaced Transmittal 77)	06/14/2004	3247
R86 OTN	5/28/2004	Interface File from Recovery Management and Accounting System		3142
R85 OTN	5/28/2004	CD-ROM Initiative for Distribution of the Annual Disclosure, Dear Doctor Letter and Participation Enrollment Material	06/28/2004	3292
R84 OTN	5/25/2004	Reporting Medicare Secondary Payer Information on the Health Insurance Portability and Accountability Act for 1996 X12N 837 Created Via Free Billing Software	10/04/2004	3284
R83 OTN	05/14/2004	Additional Health Insurance Health Insurance Portability and Accountability Act Coordination of Benefits Information for Trading Partners	06/14/2004	3255
R82 OTN	05/14/2004	Changes in Determining Rural Status of Hospital for Transitional	06/01/2004 10/04/2004	3214

		Outpatient Payments for 2004		
R81 OTN	05/14/2004	Requirement for Carriers, Durable Medical Equipment Regional Carriers, Fiscal Intermediaries	04/30/04	3157
R80 OTN	05/07/2004	Medicare Systems Acceptance of New Provider Numbers for Home Health Agencies	10/04/2004	3245
R79 OTN	05/07/2004	18-Month Moratorium on Physician Self-Referrals to Specialty Hospitals; Processing of Form CMS-855A Applications to Become a Medicare Certified Hospital	06/07/2004	3193
R78 OTN	04/30/2004	Renovate Override Code Processing In Common Working File	10/04/2004	3190
R77 OTN	04/30/2004	Instructions Related to "Redistribution of Unused Resident Positions, Section 422 of the Medicare Modernization Act of 2003, P.L. 108-173, for Purposes of Graduate Medical Education Payments	06/04/2004	3247
R76 OTN	04/30/2004	Shared System Maintainer Hours for Resolution of Problems Detected During Health Insurance Portability and Accountability Act Transaction Release Testing	10/04/2004	3178
R75 OTN	04/23/2004	One time instructions for audit intermediary cost reporting processes to accommodate claims processing error that prevented some supply charges from being reported on home health prospective payment system claims	05/24/2004	3147
R74 OTN	04/23/2004	Emergency Correction Regarding Correction to Healthcare Common Procedure Coding System (HCPCS) Codes for Low Osmolar Contrast Material	05/24/2004	3187
R73 OTN	04/23/2004	Revised American National Standards Institute X12N 837 Professional Health Care Claim Companion Document	05/24/2004	3177
R72 OTN	04/16/2004	Changes in Determining Rural Status of Hospitals for Transitional Outpatient Payment	01/01/2004 10/04/2004	3214
R71 OTN	04/16/2004	Update to the Healthcare Provider	05/17/2004	3188

		taxonomy codes version		
R70 OTN	04/09/2004	How Fiscal Intermediary's are to Record Coinsurance Amounts from The Provider Statistical and Reimbursement (PS&R) Report for Providers Who Elected to Accept Reduced Coinsurance for Outpatient Prospective Payment System (OPPS) Services	05/10/2004	3166
R69 OTN	04/09/2004	Carrier Only* Shared System Maintainer Hours for Resolution of Problems Detected As A Result of Implementation of CR 2525 and CR 2527	07/06/2004	3146
R68 OTN	04/02/2004	Transmittal 49 Implementation Date Extension	07/06/2004	3197
R67 OTN	04/02/2004	Requirement for Carriers, Durable Medical Equipment Regional Carriers, Fiscal Intermediaries, and Full Program Safeguard Contractors to Encourage Providers to Submit Medical Records to the Comprehensive Error Rate Testing Contractor for Use in the November 2004 Improper Medicare Fee-For-Service Payment Report	04/30/2004	3157
R65 OTN	03/26/2004	Implementation of Section 508(f) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173)	04/26/2004	3084
R64 OTN	03/26/2004	Implementation of Sections 401, 402, 504 and 508(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173)	04/05/2004	3158
R63 OTN	03/26/2004	Durable Medical Equipment Regional Carriers (DMERCs) – DeWall Posture Protector Orthotic Body Jacket (L0430): Continuation of CMS' Policy Stated in CR 2711 (B-03-025) dated April 11, 2003.	N/A	3224
R62 OTN	03/26/2004	Physician Self-Referral Prohibition; 18-Month Moratorium on Physician Investment in Specialty Hospitals	04/02/2004	
R61 OTN	03/12/2004	Changes to the FY 2004 Graduate Medical Education (GME) Payments	05/12/2004	3071

		as Required by the Medicare Modernization Act of 2003 (MMA), P.L. 108-173		
R59 OTN	02/20/2004	Temporary 5 Percent Payment Increase for Home Health Services Furnished in a Rural Area for One year Under the Home Health Prospective Payment System (HH PPS), Change of HH PPS Annual Update from a Fiscal Year Update to a Calendar Year Update, and Adjustment to HH PPS Annual Update to the Home Health Market Basket Percentage Increase Minus 0.8 Percent	04/05/2004	3085
R58 OTN	02/13/2004	Program Integrity Management Reporting (PIMR) System Program Integrity Management Reporting System (PIMR) FY 2004 F and T Codes	01/01/2004, for FISS and MCS and 07/06/2004 for VIPS	3110
R56OTN	02/06/2004	Program Integrity Management Reporting (PIMR) System for Part A -Phase 4	07/06/2004	3113
R55OTN	02/06/2004	Shared System Maintainer Hours for Resolution of Problems Detected During Health Insurance Portability and Accountability Act (HIPAA) Transaction Release Testing	07/06/2004	3067
R54OTN	02/06/2004	Introduction of " <i>Medlearn Matters...Information for Medicare Providers</i> " and Instructions for Carrier/Intermediary Use of This New Provider Education Vehicle	03/08/2004	3129
R53OTN	02/06/2004	Surgical Lines with No Charges	07/06/2004	3104
R52OTN	02/06/2004	Provider Data on Outbound Coordination of Benefit (COB) Files	07/06/2004	3101
R51OTN	02/06/2004	Changes in Payment for Services Furnished in Ambulatory Surgical Centers for Fiscal Year 2004	04/05/2004	3082
R50OTN	01/30/03	ANSI X12 Transaction 270/271 Changes	04/05/2004	3065
R49OTN	01/30/03	Announcement of Medicare Rural	03/02/2004	3075

		Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Payment Rate Increases		
R48OTN	01/30/03	Transfer of “WW” Codes for Oral Anti-Cancer Drugs Billed Using National Drug Codes (NDCs) on Durable Medical Equipment Regional Carrier (DMERC) Claims	04/01/2004	2863
R47OTN	01/23/2004	Implementation of the Occupational Mix Survey	02/23/2004	3043
R46OTN	01/23/2004	Railroad Medicare Carrier Collection of Data	02/23/2004	3041
R45OTN	01/23/2004	Emergency Correction to Healthcare Common Procedure Coding System (HCPCS) Codes for Low Osmolar Contrast Material	04/05/2004	3053
R44OTN	01/23/2004	Correction—CWF Edits for Inserts for Therapeutic Shoes	04/01/2004	3029
R43OTN	01/23/2004	Correction To The Effective Date On 9 Code Pairs in Correct Coding Initiative (CCI) Version 9.3 (Cardiology edits)	02/23/2004	3008
R42OTN	01/16/2004	Payment to Ambulatory Surgical Centers (ASCs) for G0260 and to Physicians for 27096 When 27096 is Performed in an ASC	02/02/2004	2979
R41OTN	01/09/2004	Provider Education Article: New Enrollee Rights, New Provider Responsibilities in M+C Program	01/09/2004	3044
R40OTN	01/06/2004	Provider Education Article: Renewed Moratorium on Outpatient Rehabilitation Therapy Caps	01/20/2004	3045
R39OTN	01/06/2004	<i>This One-Time Notification replaces Transmittal 18, originally a Confidential Requirement. The only change to this transmittal is that it is no longer a Confidential Requirement and can now be posted to the Internet or Intranet. All other information remains the same.</i> Change in Coding on Medicare Claims for Darbepoetin Alfa (trade name Aranesp) and Epoetin Alfa (trade name Epogen, EPO) For Treatment Of Anemia In End Stage Renal Disease (ESRD) Patients On	01/05/2004	2963

		Dialysis		
R38OTN	01/02/2004	Provider Education Article: 2004 Medicare Physician Fee Schedule Increase and Extension of the Annual Participation Enrollment Period	01/05/2004	3040
R37OTN	01/02/2004	One time instructions for home health cost reporting processes to accommodate claims processing errors that prevented some supply charges from being reported on home health prospective payment system claims	02/02/2004	2993
R36OTN	12/24/2003	Additional Modification Regarding Change Request (CR) 2963: Change in Coding on Medicare Claims for Darbepoetin Alfa (trade name Aranesp) and Epoetin Alfa (trade name Epogen, EPO) For Treatment of Anemia In End Stage Renal Disease (ESRD) Patients On Dialysis	01/05/2004	3037
R35OTN	12/24/2003	Emergency Correction to the Fee Schedule Update for 2004 for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	01/05/2004	3020
R34OTN	12/24/2003	2004 Medicare Physician Fee Schedule ANNUAL CHANGES	01/05/2004	3028
R33OTN	12/19/2003	Change of Medicare Part A Plan under contract with the Blue Cross/Blue Shield Association (BCBSA) and change of Part B carrier in the State of Rhode Island from BC/BS of Rhode Island to Arkansas BC/BS.	02/01/2004	2974
R32OTN	12/19/2003	January 2004 Update of the Hospital Outpatient Prospective Payment System (OPPS)	01/05/2004	3007
R31OTN	12/19/2003	Emergency Revised 2004 Update of the DMEPOS and Clinical Laboratory Fee Schedules	01/05/2004	3013
R30OTN	12/19/03	Changes in Transitional Outpatient Payment (TOP) for 2004	01/05/2004	3015
R29OTN	12/19/03	Revised American National Standards Institute X12N 837 Professional Health Care Claim Companion Document	01/20/2004	2900
R28OTN	12/10/03	2004 Medicare Physician Fee	01/05/04	3009

		Schedule Increase and Extension of the Annual Participation Enrollment Period		
R27OTN	12/08/03	Emergency Correction to the 2004 Healthcare Common Procedure Coding System (HCPCS) File	01/05/04	3002
R26OTN	11/28/03	Coding and Billing Instructions for Velcade™(bortezomib)	01/01/04	2982
R25OTN	11/28/03	Clarification of Mammography Annual Screening Examination	12/10/03	2932
R23OTN	11/21/2003	Payment for Ambulance Services Furnished by New Suppliers	N/A	2700
R22OTN	11/21/2003	Clarification to Transmittal B-03-059 (CR 2755) - Minimum Number of Pricing Files That Must Be Maintained Online for Medicare Single Drug Pricer (SDP)	01/05/04	2950
R20OTN	11/07/2003	2004 Annual for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment Method.	01/05/2004	2959
R17OTN	10/31/2003	This transmittal provides instructions for updating and implementing the 2004 fee schedule amounts for DMEPOS.	01/05/2004	2957
R16OTN	10/31/2003	This corrects certain wage index values and hospital geographical classifications published incorrectly in the Federal fiscal year 2004 Federal Register , instructs the fiscal intermediaries (FI) to reprocess claims containing diagnosis-related groups 104, 105, and 525.	11/05/2003	2971
R15OTN	10/31/03	Changes in Transitional Outpatient Payment (TOP) for 2004.	01/05/2004	2908
R14OTN	10/31/2003	This one time notification updates the record format requirements for the CERT provider address file and the sample claims resolution file. There is new information regarding record sizes and field definitions in this one time notification.	04/05/2004	2824
R13OTN	10/31/2003	This is a One Time Notification for Program Integrity Management Reporting (PIMR) System for Part A -Phase 3	04/05/2004	2646
R12OTN	10/24/2003	This instruction informs contractors	01/01/2004	2935

		of new waived tests approved by the Food and Drug Administration under Clinical Laboratory Improvement Amendments of 1988. Since these tests are marketed immediately after approval, the Centers for Medicare and Medicaid Services must notify its contractors of the new tests so that the contractors can accurately process claims.		
R100TN	10/22/2003	This instruction communicates requirements to shared system maintainers and contractors notifying them of changes to the laboratory edit module to update it for changes in the NCDs for January 1, 2004.	01/01/2004	2940
R90TN	10/17/2003	This instruction provides updated information regarding the hours reserved to correct problems in the April 2004 release.	04/01/2004	2920
R80TN	10/17/2003	This instruction provides a revised X12N 4010A1 837 professional flat file for carriers. R	04/01/2004	2840
R70TN	10/17/2003	This instruction adds two HCPCS codes to existing CWF edit for inserts for therapeutic shoe.	04/01/2004	2746
R60TN	10/01/2003	This notification provides the Table of Contents for One-Time Notification instructions.	N/A	N/A
R50TN	10/01/03	New Waived Tests - October 2003	10/01/2003	2791
R40TN	09/22/2003	Revision to Attachment 2 in CR 2880.	01/01/2004	2922
R30TN	09/12/2003	This transmittal provides the payment allowances for the influenza virus vaccine (CPT 90658 and CPT 90659) when payment is based on 95 percent of the Average Wholesale Price.	10/01/2003	2918
R20TN	09/12/2003	The New Online CMS Manual System Announcement	10/01/2003	2886
R10TN	09/08/2003	This notification indicates the method by which tositumomab and Iodine I-131 tositumomab (Bexxar) are paid if covered by the Medicare program.	10/01/2003	2914