One-Time Notification

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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.0 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 if 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-0n 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 Compeittive 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 Filling Jurisdication 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 (HIPPA) 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 (HIPPA) Verision 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 fot Implementation of the Next Version of the HIPPA 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
R433OTN	01/30/09	FISS, CWF and NCH System Requirements for All Outpatient 837 I Claims Related to Rendering Physicians/Practitioners	07/06/09	6335
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 Acquiition 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, Mulit-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	nvalid 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 Mulit-Carrier 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	02/13/06	4282

		of 3.6 Minus 0.8 Percentage Point) to that of a Zero Percent Update		
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 Pneumoccocal 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 Oximetery 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 Oximetery 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	01/17/2005	3631

		Revisions		
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. 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
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	04/04/2005	3311

		(CWF) Edit for Observation Services Exceeding 48 Hours		
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 Pneumoccocal 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	01/03/2004	3320

		2-byte Modifiers Added in CR 3190.		
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 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 "*Medlearn Matters…Information for Medicare Providers"* 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	***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.*** 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.		
R10OTN	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
R9OTN	10/17/2003	This instruction provides updated information regarding the hours reserved to correct problems in the April 2004 release.	04/01/2004	2920
R8OTN	10/17/2003	This instruction provides a revised X12N 4010A1 837 professional flat file for carriers. R	04/01/2004	2840
R7OTN	10/17/2003	This instruction adds two HCPCS codes to existing CWF edit for inserts for therapeutic shoe.	04/01/2004	2746
R6OTN	10/01/2003	This notification provides the Table of Contents for One-Time Notification instructions.	N/A	N/A
R5OTN	10/01/03	New Waived Tests - October 2003	10/01/2003	2791
R4OTN	09/22/2003	Revision to Attachment 2 in CR 2880.	01/01/2004	2922
R3OTN	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
R2OTN	09/12/2003	The New Online CMS Manual System Announcement	10/01/2003	2886
R1OTN	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