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# **Program Memorandum Intermediaries/Carriers**

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**Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)**

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**Transmittal AB-01-28**

**Date: FEBRUARY 14, 2001**

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**CHANGE REQUEST N/A**

**SUBJECT: Current Status of Medicare Program Memoranda Issued Before Calendar Year (CY) 2001**

Periodically, HCFA reviews Program Memorandums (PMs) to determine whether they have served their purpose or warrant further retention as program operating guides.

From the most recent review, HCFA compiled the attached list of pre-CY 2001 Medicare issuances still in effect. These issuances contain currently relevant information or instructions not found elsewhere and are to be retained. All other pre-CY 2001 Medicare PMs not on the attached list may be discarded.

Attachment

**This Program Memorandum may be discarded December 31, 2001.**

**HCFA-Pub. 60A/B**

**PRE-2001 MEDICARE PMs TO BE RETAINED****ISSUANCE****SUBJECT**

A-00-11	Medicare Home Health Benefit – Section 4615 of the BBA
A-00-12	Revision of Final Date to Accept Abbreviated Version of the UB-92 for Encounter Data Collection
A-00-13	Procedures for Financial /Reporting of Medicare Letter of Credit
A-00-14	Hospital Outpatient Radiology Services
A-00-18	Fiscal Intermediary (FI) Community Mental Health Center
A-00-19	Implementation of Provider Enrollement and Chain Ownership
A-00-21	Revised Outpatient Code Editor (OCE) Specifications for the Outpatient Prospective Payment System (OPPS)
A-00-22	Instructions For Reporting Additional Detailed Information on Form HCFA-750 Contractor Financial Report (Fiscal Intermediaries Only)
A-00-23	Hospital Outpatient Services PPS Implementation Instruction
A-00-25	Provider Statistical and Reimbursement Report (PS&R)
A-00-27	Permitting Reclassification of Certain Urban Hospitals as Rural Application Procedures
A-00-28	Clarification of Provider Cost Report Filing Requirements
A-00-30	Announcement of Medicare FQHGC and RHC Payment Rate
A-00-31	Reporting a Patient's Reason for Visit on a Part A Outpatient Claim
A-00-33	Education and Outreach for Coordination of Benefits Trading Partners
A-00-34	Provider Statistical and Reimbursement Report (PS&R)
A-00-35	Revised Outpatient Code Editor (OCE) Specifications for the Outpatient Prospective Payment System (OPPS)
A-00-36	Hospital Outpatient Prospective Payment System (OPPS)
A-00-37	Line Item Denials and the Reporting of Savings Generated by Claim Expansion and Line Item Processing
A-00-38	Change in Hospice Payment Rates, Update to the Hospice Cap, Revised Hospice Wage Index and Hospice Pricer
A-00-39	Monitoring Process for Skilled Nursing Facility Exception Determinations
A-00-40	Modifier – 25
A-00-41	Transition to the Home Health Prospective Payment System
A-00-42	Coding Information for Hospital Outpatient Prospective Payment System

**PRE-2001 MEDICARE PMs TO BE RETAINED**

<b><u>ISSUANCE</u></b>	<b><u>SUBJECT</u></b>
A-00-43	Advance Beneficiary Notices for Services for Which Institutional Part B Claims Will be Processed by Fiscal Intermediaries
A-00-45	Interim Process for Certain "Inpatient Only" Code Changes
A-00-46	Skilled Nursing Facility Adjustment Billing: Adjustments to HI PPS Codes Resulting From MDS Corrections
A-00-47	SNF Annual Updates: PPS Pricer and HIPPS Coding Changes
A-00-48	Drugs, Biologicals, Devices and New Technology HCFA Common Procedure Coding System (HCPCS) Codes For Use Under the Hospital Outpatient Prospective Payment System (OPPS)
A-00-49	Payment of Skilled Nursing Facility (SNF) Claims for Beneficiaries Disenrolling From Terminating Medicare+Choice (M+C) Plans Who Have Not Met the 3-Day Hospital Stay Requirement
A-00-50	Department of Veterans Affairs Claims Adjustment Services
A-00-51	Q Codes for Use Under the Hospital Outpatient Prospective Payment System (OPPS)
A-00-54	The Supplemental Security Income (SSI) Medicare Beneficiaries Data for Fiscal Year 1999 for Prospective Payment System (PPS) Hospitals
A-00-57	Payment of SNF Claims for Beneficiaries Disenrolling From From Terminating Medicare+Choice (M+C) Plans Who Have Not Met the 3-day Stay Requirement
A-00-58	Destroy Outdated MSN and EOMB Stock
A-00-59	HHPPS Phase-In Plan, Contingency Plan, and Instructions
A-00-61	Update 1 – Coding Information for Hospital Outpatient Prospective Payment System
A-00-62	File Descriptions and Instructions for Retrieving the 2001 Physician, Clinical Lab, Durable Medical Equipment, Prosthetics/Orthotics and Supplies (DMEPOS) Fee Schedule Payment Amounts Through HCFA's Mainframe Telecommunications Systems
A-00-63	Cost-to-Charge Ratios for Calculating Certain Payment Under the Hospital Outpatient Prospective Payment System (OPD PPS)
A-00-64	Terminating State Access to CWF Eligibility Data
A-00-65	Release of IRS Data Elements on Eligibility Queries
A-00-66	FY 2001 Prospective Payment System (PPS) Hospital and Other Bill Processing Changes
A-00-67	Deactivation of Inactive CMH Center Medicare Numbers
A-00-68	Provider Statistical and Reimbursement Report (PS&R)

**PRE-2001 MEDICARE PMs TO BE RETAINED**

<b><u>ISSUANCE</u></b>	<b><u>SUBJECT</u></b>
A-00-69	Background and Documentation for Correct Coding Initiative
A-00-71	Medical Review (MR) of Home Health Services--For Regional Home Health Intermediaries (RHHIs) Only{tc \l1 "3 -- MR of Home Health Services}-Action
A-00-72	Technical Corrections to Update 1 – Codng Information for Hospital Outpatient Prospective Payment System (OPPS)
A-00-73	Clarification of Modifier Usage in Reporting Outpatient Hospital Services
A-00-74	October OCE
A-00-75	Corrections to Calculation of Inpatient Payment Amounts
A-00-76	Clarification of the Application of the Regulations at 42 CFR 413.134(l) to Mergers and Consolidations Involving Non-profit Providers
A-00-77	Change in Hospice Payment Rates, Update to the Hospice Cap, Revised Hospice Wage Index and Hospice Pricer
A-00-78	Provider Statistical and Reimbursement Report (PS&R)
A-00-79	Settlement Agreement Between the Health Care Administration (HCFA) and National Medical Care, Inc. d/b/a Fresenius Medical Care North America (FMC) for Payment of Medicare End Stage Renal Disease (ESRD) Bad Debts
A-00-81	Resolution of Outpatient Code Editor (OCE) Issues
A-00-83	Business Requirements for Processing Outpatient Encounter Data in the HCFA Data Center
A-00-84	Migration of Data Processing to the HCFA Data Center
A-00-85	Report of Benefit Savings
A-00-86	Medicare+Choice Nursing and Allied Health Education Program Payment Policies as Required by the Medicare, Medicaid, and State-Child Health Insurance Program Balanced Budget Refinement Act of 1999 (BBRA), P. L. 106-113
A-00-87	Off Label Use of Oral Chemotherapy Drugs Methotrexate and Cyclophosphamide
A-00-88	Fee Schedule And Consolidated Billing For Skilled Nursing Facility (SNF) Services
A-00-89	Implementation of HIPPA Transaction Standards
A-00-90	Policy Clarification Coding for Adequacy of Hemodialysis
A-00-91	PPS for IRF

**PRE-2001 MEDICARE PMs TO BE RETAINED (CONT.)**

<b><u>ISSUANCE</u></b>	<b><u>SUBJECT</u></b>
A-00-92	Corrections to Calculation of Federal Fiscal Year 2001 Inpatient Payment Amounts
A-00-93	“Do Not Forward” Initiative, Change Request 681, Transmittal No. AB-00-6, Dated February 2000
A-00-94	New ESRD Composite Payment Rates Effective January 1, 2001
A-00-95	Renewal of Program Memorandum (PM) A-97-8 -Instructions to Implement the New Medicare Summary Notice (MSN) Combined with Program Memorandum AB-98-31—ACTION
A-00-96	Clarification of C-codes Reportable Under the Hospital Outpatient Prospective Payment System (OPPS)
A-00-98	Reporting of Outpatient Prospective Payment System (OPPS) and Home Health Prospective Payment System (HH PPS) Data in Provider Remittance Advice Transactions
A-00-99	Medicare Contractor Use of the RHHI Outcomes and Assessment
A-00-100	Conversion of the UB-92-Version 6.0 and Continued Use of Version 5.0--ACTION
A-00-101	Medicare Outpatient Code Editor (OCE) Version 16.1
A-00-102	Hospital Outpatient Prospective Payment System Pass-Through
B-00-06	Matrix to Complete Provider/Supplier Enrollment Application (HCFA-855)
B-00-12	Notification Process for Changes to Health Professional Shortage Area (HPSA) Designations
B-00-14	Revisions to DMERC Information Form (DIF): Immunosuppressive Drugs DMERC Form 08.02 (latest revision 7/25/95).
B-00-15	Change to Health Insurance Claim Form HCFA-1500 Instructions for Processing Physician Claims in Global Payment Systems
B-00-17	Emergency Changes to the 2000 Medicare Physician Fee Schedule Database--ACTION
B-00-18	Emergency Changes to the 2000 Medicare Physician Fee Schedule Database--ACTION
B-00-19	DMERCs -- Report on Expansion of Immunosuppressive Drugs
B-00-21	2000 Jurisdiction List
B-00-22	Durable Medical Equipment Carriers (DMERCs) - New Oral Anti-Cancer Drugs Approved for Use by Medicare

**PRE-2001 MEDICARE PMs TO BE RETAINED (CONT.)**

<b><u>ISSUANCE</u></b>	<b><u>SUBJECT</u></b>
B-00-23	Business Requirements For Processing Physician Encounter Data In The HCFA Data Center
B-00-25	New Temporary K Codes for Hydrogel Impregnated Gauze
B-00-26	Carrier Adjustments to be Made for Payment for HCPCS Code 90669, Pneumococcal (PPV) Conjugate Vaccine, Polyvalent, for Intramuscular Use
B-00-27	Durable Medical Equipment Regional Carriers (DMERCs) - Common Working File (CWF) Changes for Codes J8999, E0784, E0781, A4230-4232, E0616, and E0749
B-00-28	Billing of Influenza (Flu) and Pneumococcal (PPV) Virus Claims for Authorized Centralized Billing Providers to be Processed Through One Designated Carrier
B-00-29	Correct Effective Date for Adjustment in Payment Amounts for New Technology Intraocular Lenses (NTIOLs) Furnished by Medicare Approved Ambulatory Surgical Centers (ASCs)
B-00-30	Clarification of Billing for G0170 and G0171
B-00-31	Use of CPT Code 33999 for Transmyocardial Revascularization (TMR)
B-00-33	Changes to Correct Coding Edits, Version 6.2, Effective July 1, 2000
B-00-35	Addition of Five "WW" Codes to Identify a New Source for Methotrexate
B-00-36	Returned Mail - Unique Physician Identification Number (UPIN)
B-00-37	Implementation of the HIPAA X12N 837 (4010) Transaction Standard for Electronic Health Care Claims and Coordination of Benefits Exchange
B-00-38	Addition of "WW" Codes to Identify a New Source for an Oral Anti-Cancer Drug in Dosages of 25mg and 100mg
B-00-39	Department of Veterans Affairs (VA) Claims Adjudication Services Project: Systems Changes Needed
B-00-40	Final Update to the 2000 Medicare Physician Fee Schedule Database (MPFSDB)
B-00-41	Changes to Correct Coding Edits, Version 6.3, Effective October 1, 2000
B-00-42	Analysis of Services Provided in Congregate Settings
B-00-43	New Temporary "K" Codes for Negative Pressure Wound Therapy Pumps
B-00-44	Site Visits And Enrollment Of Independent Diagnostic Testing Facilities (IDTFs)
B-00-45	Reporting of Carrier Pricing Methodology for Influenza (flu) and Pneumococcal (PPV) Vaccinations to HCFA
B-00-46	Changes to Correct Coding Edits, Version 6.2, Effective September 5, 2000

**PRE-2001 MEDICARE PMs TO BE RETAINED (CONT.)**

<b><u>ISSUANCE</u></b>	<b><u>SUBJECT</u></b>
B-00-47	Addition of Special Processing Number 39, (Centralized Billing of Flu and Pneumococcal (PPV) Claims), to the Common Working File (CWF)
B-00-49	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Transaction Standards
B-00-50	Home Health Prospective Payment System (PPS)
B-00-51	Changes to Correct Coding Edits, Version 7.0, Effective January 1, 2001
B-00-52	Schedule for Completing the Calendar Year (CY) 2001 Fee Schedule Updates and the Participating Physician Enrollment Procedures
B-00-53	Calendar Year (CY) 2001 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPARD) Procedures
B-00-54	Program Integrity Management Reporting (PIMR) System
B-00-55	DMERCs - Common Working File to Add ICD-9 Diagnosis Code for Oral Anti-Cancer Drugs
B-00-56	DMERCs - Common Working File (CWF) Edit #5211 - Services After the Date of Death (DOD) for Durable Medical Equipment (DME) Rental Items
B-00-57	Part B Outbound X12N 837 Coordination of Benefits (COB) Mapping
B-00-58	Durable Medical Equipment Regional Carriers – Change in Common Working File (CWF) for Code K0009
B-00-59	Durable Medical Equipment Regional Carrier – Common Working File (CWF) Revision for Oxygen Certificate of Medical Necessity
B-00-60	New Temporary “K” Codes for Augmentative and Alternative Communication (AAC) Devices
B-00-61	Comprehensive Error Rate Testing (CERT) Program -- Requirements for Medicare Contractor Operations
B-00-62	Promoting Influenza and Pneumococcal Vaccinations
B-00-65	2001 Physician Fee Schedule for Payment Policies
B-00-66	Durable Medical Equipment Regional Carrier (DMERC) Operating Instructions for Coverage of the Ultrasonic Osteogenic Stimulators for Fracture Healing. Effective for Services Performed on or After 1/1/2001.
B-00-67	Consolidated Billing for SNF Residents
B-00-69	Blood Glucose Test Strips - Marketing to Medicare Beneficiaries
B-00-70	Changes to Correct Coding Edits, Version 7.1, Effective April 1, 2001
B-00-71	Addition of a Miscellaneous “WW” Code and National Drug Code (NDC) for Oral Anti-Cancer Drugs

**PRE-2001 MEDICARE PMs TO BE RETAINED (CONT.)**

<b><u>ISSUANCE</u></b>	<b><u>SUBJECT</u></b>
B-00-72	Instructions to Implement the New Medicare Summary Notice (MSN)-- Program Memorandum (PM) B-98-4 and PM AB-98-31--ACTION
B-00-73	CCI Edits Correction: Influenza (G0008), Pneumococcal (G0009), and Hepatitis B (G0010) Vaccine Codes
B-00-74	Claims Processing Instructions for Carriers To Make Available Claims and Medical Records for a PSC Task Order Request for Medical Record Review
B-00-75	Emergency Changes to the 2001 Medicare Physician Fee Schedule Database
B-00-76	Revised 2001 Anesthesia Conversion Factors -- ACTION
AB-00-06 AB-00-08	“Do Not Forward (DNF)” Initiative Payment for All Comprehensive Outpatient Rehabilitation
AB-00-14	Questions and Answers Regarding the Prospective Payment System
AB-00-15	Delay of Hyperbaric Oxygen Therapy Coverage Policy
AB-00-17	Clarification of Liver Transplant Policy
AB-00-19	Access to Eligibility Data by Eligibility Verification Vendors
AB-00-20	PM On April Release Problems.
AB-00-22	“No Fee” Policy For Medicare Contractors’ Provider Education And Training Activities - Program Management And Medicare Integrity Program Funded Activities
AB-00-23	Medigap (Medicare supplemental insurance) Insurers Fraud Referrals
AB-00-27	Medicare Secondary Payer (MSP) Government Performance and Results Act (GPRA) Goal for Fiscal Year (FY) 2000
AB-00-29	Comprehensive Error Rate Testing (CERT) Program -- Medicare Contractor Change Requirements and Medicare Part B/DMERC Standard System Change Requirements
AB-00-32	New Waived Tests -- Effective Date of Receipt
AB-00-35	Further Guidance On April Release Implementation
AB-00-38	Hard Coding of Duplicate Edits in the Fiscal Intermediary Standard System (FISS) and the VIPS Medicare Systems (VMS) Standard Systems
AB-00-39	Consolidation of Program Memorandums for Outpatient Rehabilitation Therapy Services
AB-00-43	Program Memorandum on Written Statements of Intent (SOI) to Claim Medicare Benefits
AB-00-44	Medicare Coverage of Non-Invasive Vascular Studies When Used to Monitor the Access Site of End Stage Renal Disease (ESRD) Patients

**PRE-2001 MEDICARE PMs TO BE RETAINED (CONT.)**

<b><u>ISSUANCE</u></b>	<b><u>SUBJECT</u></b>
AB-00-45	Award of Medicare+Choice (M+C) Contract to Sterling Life Insurance Co., Inc. for M+C Private Fee-for-Service (PFFS) Plan -- INFORMATION ONLY
AB-00-46	HCFA Policy for Disclosure of Individually Identifiable Information
AB-00-47	Release To Be Implemented June 5, 2000
AB0-00-48	Model Acknowledgment Letters for Valid and Invalid Written Statements of Intent to Claim Medicare Benefits (As Referenced In PM Transmittal AB-99-88)
AB-00-49	Program Memorandum On Statements Of Intent To File Claims For Claims Filing Periods That End On December 31, 1999
AB-00-50	Medicare Fraud Information Specialist (MFIS) Position
AB-00-51	Claims Processing Instructions for Claims Submitted With a Written Statement of Intent
AB-00-53	Suspension of National Coverage Policy on Electrostimulation for Wound Healing
AB-00-54	Modified Procedures for Sharing HCFA Data with the Department of Justice (DOJ)
AB-00-55	Hemodialysis Flow Study
AB-00-56	Memorandum of Understanding (MOU) between the Office of Inspector General and the Department of Justice - Sharing Fraud Referrals
AB-00-57	Contractor Updating of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)
AB-00-58	Guidance On Implementation Of The Cy 2000 Third Quarter Release
AB-00-60	Future Software Releases
AB-00-61	New Waived Tests – Effective Date of Receipt
AB-00-62	Rescinding Change Requests Numbers 1001, 1108, 1116, and 1163
AB-00-63	Ocular Photodynamic Therapy (OPT)
AB-00-64	Medicare Summary Notice (MSN) Implementation at Seven Contractor Sites-- ACTION
AB-00-65	Business and System Requirements for the Home Health Prospective Payment System (HH PPS)
AB-00-66	Coverage of Diabetes Outpatient Self-Management Training Services, Effective: July 1, 1998.

**PRE-2001 MEDICARE PMs TO BE RETAINED (CONT.)**

<b><u>ISSUANCE</u></b>	<b><u>SUBJECT</u></b>
AB-00-67	Implementation of §4105 of the Balanced Budget Act Regarding Coverage of Diabetes Outpatient Self-Management Training Services--ACTION
AB-00-70	Program Safeguard Contractor for Corporate Integrity Agreements (PSC-CIA)
AB-00-71	Claims Processing Instructions for the Medicare Coordinated Care Demonstration
AB-00-72	Medical Review Progressive Corrective Action (PCA)--ACTION
AB-00-73	Proper Billing of Outpatient Pathology Services under the Outpatient Prospective Payment System (OPPS)
AB-00-74	Transfer of Initial Medicare Secondary Payer (MSP) Development Activities to the Coordination of Benefits (COB) Contractor
AB-00-75	The Internal Control Certification Statement Required by the Budget and Performance Requirements (BPR) for the Fiscal Year (FY) Ending September 30, 2000
AB-00-76	Modification of Medicare Policy for Erythropoietin (EPO)
AB-00-77	New State Code for Maryland Provider Numbers
AB-00-78	Reasonable Charge Update for 2001 for Items and Services, Other Than Ambulance Services, Still Subject to the Reasonable Charge Payment Methodology
AB-00-79	Establishment of Contractor Numbers for Program Safeguard Contractors (PSCs)
AB-00-80-	Instruction Implementation Reporting
AB-00-81	Self-Administered Injectable Drugs and Biologicals
AB-00-82	Update of Rates and Wage Index for Ambulatory Surgical Center (ASC) Payments Effective October 1, 2000
AB-00-83	Verteporfin (Visudyne)
AB-00-84	Provider Toll-Free Telephone Inquiry Service
AB-00-85	Guidance On Implementation Of The Cy 2000 Fourth Quarter Release
AB-00-86	An Additional Source of Average Wholesale Price Data in Pricing Drugs and Biologicals Covered by the Medicare Program
AB-00-87	2001 Payment Limit for Ambulance Services
AB-00-88	Implementation of the Ambulance Fee Schedule
AB-00-89	Claims Processing Instructions for Carriers, DMERCS, Intermediaries and Regional Home Health Intermediaries (RHHIs) for Claims Submitted for Medicare Beneficiaries Participating in Medicare Qualifying Clinical Trials

**PRE-2001 MEDICARE PMs TO BE RETAINED (CONT.)**

<b><u>ISSUANCE</u></b>	<b><u>SUBJECT</u></b>
AB-00-90	Year 2001 HCFA Common Procedure Coding System (HCPCS) Annual Update Reminder
AB-00-91	Mammography Screening Payment Limit for Calendar Year 2001
AB-00-92	Sending Common Working File (CWF) Referrals for Initial Enrollment Questionnaire (IEQ) and IRS/SSA/HCFA Data Match Records to the Coordination of Benefits (COB) Contractor
AB-00-93	Coordination with the Y2K Program Safeguard Contractor (PSC)
AB-00-94	Urokinase (Abbokinase®) Shortage
AB-00-95	Facility Requirements for Transplantation Centers -- INFORMATION ONLY
AB-00-96	Clarification of Fiscal Intermediary (FI) and Durable Medical Equipment Regional Carrier (DMERC) Responsibilities Concerning Home Dialysis Method Election and Claims Processing
AB-00-97	Notification to Providers and Suppliers of Transaction and Code Set Rule Promulgated In Accordance With the Health Insurance Portability and Accountability Act (HIPAA)
AB-00-98	Medicare Deductible and Premium Rates for Calendar Year 2001
AB-00-99	Glucose Monitoring Note
AB-00-100	Mandatory Training on Ambulance Fee Schedule
AB-00-102	Clarification to MCM Section 2130 and CIM Section 60-9
AB-00-103	Final Rule Revising and Updating Medicare Policies Concerning Ambulance Services
AB-00-104	Autologous Stem Cell Transplantation (AuSCT) for Patients
AB-00-105	New Waived Tests – Effective Date of Receipt
AB-00-106	Establishment of Provider/Supplier Information and Education
AB-00-108	Glucose Monitoring
AB-00-109	Implementation of 2001 Clinical Diagnostic Laboratory Fee Schedule
AB-00-110	Implementation of the New Payment Limit for Drugs and Biologicals
AB-00-111	Revised Claims Processing Instructions for Medicare Qualifying Clinical Trial Claims for Managed Care (M+C) Enrollees
AB-00-112	Consolidated Billing for HHA/PPA Part II
AB-00-113	Instructions for Implementing and Updating 2001 Payment
AB-00-114	Update of Codes and Payments for Ambulatory Surgical Centers

**PRE-2001 MEDICARE PMs TO BE RETAINED (CONT.)**

<b><u>ISSUANCE</u></b>	<b><u>SUBJECT</u></b>
AB-00-115	Source of Average Wholesale Price Data in Pricing Drugs and Biologicals Covered by the Medicare Program
AB-00-116	Local Medical Review Policy Development and Format
AB-00-117	Implementation of a New Drug Payment Methodology for Comprehensive Outpatient Rehabilitation Facility (CORF)
AB-00-118	Delay Implementation of the Ambulance Fee Schedule
AB-00-120	Operating Instructions for Coverage of Non-Implantable Pelvic Floor Electrical Stimulators
AB-00-121	Delayed January Release
AB-00-122	Appeals by Medicaid State Agencies of Medicare Claim Determination
AB-00-123	Use of Beneficiary Q & A's on <a href="http://www.hcfa.gov">www.hcfa.gov</a>
AB-00-124	Payment for Method II Home Dialysis Supplies
AB-00-125	Accelerated Referral Non-MSP Delinquent Debts to Debt Collection
AB-00-126	Use of AMA's CPT Codes (4 <sup>th</sup> Edition) Contractors' Web Site
AB-00-127	Reimbursement for Ambulance Services to Nonhospital-Based Dialysis Facilities
AB-00-128	Extension of the Limitation on Payment for Services to Individuals Entitled to Benefits on the Basis of End Stage Renal Disease (ESRD) Who Are Covered by Group Health Plans (GHPs)
AB-00-129	COB Contractor Fact Sheet for Providers
AB-00-130	Intestinal Transplantation
AB-00-131	Clarification to Program Memoranda AB-00-8 and AB-00-1
AB-00-132	Clarification Regarding Release of Medicare Eligibility Data
AB-00-133	Coordination With the Provider Education Program Safeguard
AB-00-134	Cervical or Vaginal Smear Test
IC95-01	Medigap Bulletin Series (Number Four)
IC94-03	Medigap Bulletin Series (Number Three)
IC94-02	Medigap Bulletin Series (Number Two)
IC94-01	Medigap Bulletin Series (Number One)
PM A/B90-12	Section 206(c), Effective January 2, 1991, Requires Changes in Adverse Notices to Claimants