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Questions concerning all other information may be addressed to Nancy Ranel, Office of Regulations, Bureau of Policy Development, Health Care Financing Administration, (before August 4, 1995) Room 132 East High Rise 6325 Security Blvd., Baltimore, MD 21207, Telephone (410) 966-8928 or (after August 4, 1995) C5-14-22, 7500 Security Boulevard, Baltimore, MD 21244-1850, Telephone (410) 786-8928.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance, Program No. 93.774, Medicare—Supplementary Medical Insurance Program,

and Program No. 93.714, Medical Assistance Program)

Dated: July 19, 1995.

Bruce C. Vladeck,
Administrator, Health Care Financing Administration.

Addendum I

This addendum lists the publication dates of the most recent quarterly listing of program issuances and coverage decision updates to the Coverage Issues Manual. For a complete listing of the quarterly updates to the Coverage Issues Manual published between March 20, 1990 through November 14, 1994, please refer to the January 3, 1995 update (60 FR 134).

January 3, 1995 (60 FR 132)

April 6, 1995 (60 FR 17538)

Addendum II—Description of Manuals, Memoranda, and HCFA Rulings

An extensive descriptive listing of Medicare manuals and memoranda was published on June 9, 1988, at 53 FR 21730 and supplemented on September 22, 1988, at 53 FR 36891 and December 16, 1988, at 53 FR 50577. Also, a complete description of the Medicare Coverage Issues Manual was published on August 21, 1989, at 54 FR 34555. A brief description of the various Medicaid manuals and memoranda that we maintain was published on October 16, 1992, at 57 FR 47468.

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS

[January Through March 1995]

Trans. No.

Manual/Subject/Publication Number

Medicare Intermediary Manual—Part 2 Audits, Reimbursement Program Administration (HCFA—Pub. 13-2) (Superintendent of Documents No. HE 22.8/6-1)

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|-----|---|--|
| 402 | • | Maximum Payment For Rural Health Clinics |
| | | Maximum Payment For Federally Qualified Health Centers |
| 403 | • | Contractor Performance Evaluation |
| | | Fiscal Intermediary Performance Criteria—General |
| | | The RHHI Performance Evaluation |
| | | RHHI Performance Criteria—General |
| 404 | • | Beneficiary Services |
| | | Provider Services |

Medicare Intermediary Manual—Part 3 Claims Process (HCFA—Pub. 13-3) (Superintendent of Documents No. HE 22.8/6)

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|------|---|---|
| 1642 | • | HCPCS for Hospital Outpatient Radiology Services and Other Diagnostic Procedures |
| | | Ambulatory Surgical Center Pricer Program |
| 1643 | • | Billing for Durable Medical Equipment, Orthotic/Prosthetic Devices and Surgical Dressings |
| 1644 | • | Frequency of Billing |
| | | Requirement That Bills Be Submitted In-Sequence for a Continuous Inpatient Stay |
| | | Need to Reprocess Inpatient Claims In-Sequence |
| 1645 | • | PRO Reporting on Medical Review |
| 1646 | • | All-Inclusive Rate Providers |
| | | Billing for Parenteral and Enteral Nutrition |
| | | Special Billing Instructions for Pneumococcal Pneumonia |
| 1647 | • | On-Site CMRs |
| | | Review Options |

Medicare Carriers Manual—Part 2 Program Administration (HCFA—Pub. 14-2) (Superintendent of Documents No. HE 22.8/7-3)

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|-----|---|---|
| 130 | • | The FY 1995 Contractor Performance Evaluation |
| 131 | • | Beneficiary Services |
| | | Provider Services |

Medicare Carriers Manual—Part 3 Claims Process (HCFA—Pub. 14-3) (Superintendent of Documents No. HE 22.8/7)

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|------|---|--------------------------------|
| 1508 | • | Medical Review |
| | | Local MR Policy |
| | | The Carrier Advisory Committee |