### **Key:**

**ASCs-Ambulatory Surgical Centers** 

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HHA-Home Health Agency M+C-Medicare+Choice OPT-Outpatient Physical Therapy RHCs-Rural Health Clinics

SNF-Skilled Nursing Facility

Transmittal No.	Subject	Issue or Publication Date	Implementation Date	Change Request No.	Provider Type	Publication No.	Additional Information
R734OTN	Timely Claims Filing: Additional Instructions	07/30/2010	01/03/2011	7080	ALL Providers	100-20	
<u>R2048CP</u>	2011 Annual Update of Healthcare Common Procedure Code System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update	09/10/2010	01/03/2011	7159	ALL Providers	100-04	
R2064CP	Medicare Remit Easy Print (MREP) Enhancement	10/08/2010	01/03/2011	7178	ALL Providers	100-04	
R65GI	Update to the Medicare Deductible, Coinsurance, and Premium Rates for 2011	11/19/2010	01/03/2011	7224	ALL Providers	100-01	Mid-Quarter Release
R2096CP	Billing Clarification for Positron Emission Tomography (AnF-18) PET for Identify Bone Metastasis of Cancer in Context of a Clinical Trial	11/19/2010	02/22/2011	7125	ALL Providers	100-04	
R182FM	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 2nd Notification for FY 2011	01/14/2011	01/24/2011	7154	ALL Providers	100-06	Mid-Quarter Release
R2140CP	Changes to the Time Limits for Filing Medicare Fee For Service Claims	01/21/2011	02/22/2011	7270	ALL Providers	100-04	Clarification

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R130BP	Definition of Ambulance Services	07/30/2010	01/03/2011	7058	Ambulance	100-02	
R133BP	Air Ambulance Services	10/22/2010	01/03/2011	7161	Ambulance	100-02	Clarification
R2124CP	Updates to the Internet Only Manual Pub. 100-04, Chapter 1 -General Billing Requirements, Chapter 15 - Ambulance, and Chapter 26 - Completing and Processing Form CMS-1500 Data Set	12/23/2010	01/25/2011	7018	Ambulance	100-04	Clarification
R2128CP	January 2011 Update of the Ambulatory Surgical Center (ASC) Payment System	12/29/2010	01/03/2011	7275	ASC	100-04	Mid-Quarter Release
R2084CP	New Waived Tests	11/05/2010	01/03/2011	7184	CLIA	100-04	Mid-Quarter Release
R2106CP	Calendar Year (CY) 2011 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment.	11/24/2010	01/03/2011	6991	CLIA	100-04	Mid-Quarter Release
R2110CP	Clinical Laboratory Fee Schedule – Medicare Travel Allowance Fees for Collection of Specimens	12/03/2010	01/03/2011	7239	CLIA	100-04	Clarification
R2153CP	Clinical Laboratory Fee Schedule - Medicare Travel Allowance Fees for Collection of Specimens	02/11/2011	03/14/2011	7313	CLIA	100-04	Mid-Quarter Release

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<u>R2121CP</u>	Reporting of Service Units with HCPCS	12/17/2010	03/21/2011	7247	CORF	100-04	Clarification
<u>R346PI</u>	Guidance on Implementing Section 3109 (a) of the Patient Protection and Affordable Care Act (PPACA)	06/25/2010	01/03/2011	7021	DMEPOS	100-08	
R2030CP	New Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Specialty Code for Ocularists	08/20/2010	01/03/2011	6891	DMEPOS	100-04	
R2033CP	End Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Consolidated Billing for Limited Part B Services	08/20/2010	01/03/2011	7064	DMEPOS	100-04	
R2108CP	CY 2011 Fee Schedule Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule	11/24/2010	01/03/2011	7248	DMEPOS	100-04	Mid-Quarter Release
R2132CP	2011 Durable Medical Equipment Prosthetics, Orthotics, and Supply Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List	01/14/2011	01/03/2011	7257	DMEPOS	100-04	Mid-Quarter Release

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R2115CP	Pharmacy Billing for Drugs Provided "Incident to" a Physician's Service	12/10/2010	03/14/2011	7109	FQHC	100-04	Clarification
<u>R741OTN</u>	Home Health Agencies (HHAs) Providing Durable Medical Equipment (DME) in Competitive Bidding Areas	07/30/2010	01/03/2011	7014	ННА	100-20	
R782OTN	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	10/08/2010	02/21/2011	7135	ННА	100-20	
R2115CP	Pharmacy Billing for Drugs Provided "Incident to" a Physician's Service	12/10/2010	03/14/2011	7109	HHA	100-04	Clarification
<u>R362PI</u>	Implementation of Home Health Agency (HHA) Payment Safeguard Provisions	12/17/2010	01/01/2011	7256	HHA	100-08	Clarification
R2121CP	Reporting of Service Units with HCPCS	12/17/2010	03/21/2011	7247	HHA	100-04	Clarification
R2115CP	Pharmacy Billing for Drugs Provided "Incident to" a Physician's Service	12/10/2010	03/14/2011	7109	Hospice	100-04	Clarification

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R2114CP	January 2011 Integrated Outpatient Code Editor (I/OCE) Specifications Version 12.0	12/17/2010	01/03/2011	7252	Hospice	100-04	Mid-Quarter Release
R2009CP	Implementation of the Interrupted Stay Policy under the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS)	07/29/2010	01/03/2011	7044	Hospital	100-04	
R2011CP	Revised Instructions for Reporting Assessment Dates under the Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF), and Swing Bed (SB) Prospective Payment Systems (PPS)	07/30/2010	01/03/2011	7019	Hospital	100-04	
R2016CP	Classification of Diseases, 9th Revision-Clinical Modification (ICD-9-CM) Diagnosis and Procedure Codes in Pricer, Grouper, and the Medicare Code Editor	07/30/2010	01/03/2011	7004	Hospital	100-04	
<u>R756OTN</u>	5010 ImplementationChanges to Present on Admission (POA) Indicator "1" and the K3 Segment	08/13/2010	01/03/2011	7024	Hospital	100-20	

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R2033CP	End Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Consolidated Billing for Limited Part B Services	08/20/2010	01/03/2011	7064	Hospital	100-04	
<u>R767OTN</u>	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)	09/10/2010	01/03/2011	7046	Hospital	100-20	
R782OTN	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	10/08/2010	02/21/2011	7135	Hospital	100-20	
<u>R783OTN</u>	Revenue Codes Updates	10/15/2010	01/03/2011	7100	Hospital	100-20	Clarification

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R2066CP	Maryland Waiver Hospitals and Critical Access Hospitals (CAHs) must submit informational only claims to Medicare	10/15/2010	01/03/2011	7172	Hospital	100-04	Clarification
R2067CP	January 2011 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	10/15/2010	01/03/2011	7188	Hospital	100-04	Mid-Quarter Release
R2068CP	Annual Clotting Factor Furnishing Fee Update 2011	10/15/2010	01/03/2011	7168	Hospital	100-04	Mid-Quarter Release
<u>R2075CP</u>	Update to the Medicare Claims Processing Manual Publication 100-04, Chapter 19, Indian Health Services.	10/28/2010	01/28/2011	6908	Hospital	100-04	
R128NCD	Ventricular Assist Devices (VAD) as Destination Therapy	11/19/2010	01/06/2011	7220	Hospital	100-03	
R2115CP	Pharmacy Billing for Drugs Provided "Incident to" a Physician's Service	12/10/2010	03/14/2011	7109	Hospital	100-04	Clarification
<u>R2114CP</u>	January 2011 Integrated Outpatient Code Editor (I/OCE) Specifications Version 12.0	12/17/2010	01/03/2011	7252	Hospital	100-04	Mid-Quarter Release
R2121CP	Reporting of Service Units with HCPCS	12/17/2010	03/21/2011	7247	Hospital	100-04	Clarification

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<u>R2124CP</u>	Updates to the Internet Only Manual Pub. 100-04, Chapter 1 -General Billing Requirements, Chapter 15 - Ambulance, and Chapter 26 - Completing and Processing Form CMS-1500 Data Set	12/23/2010	01/25/2011	7018	Hospital	100-04	Clarification
R2161CP	Incentive Payment Program for Primary Care Services, Section 5501(a) of the ACA	02/25/2011	01/03/2011	7060	Non Physician Practitioners	100-04	Correction
<u>R740OTN</u>	Alternative Feedback Report Request Process for Quality Initiatives	07/30/2010	01/03/2011	7031	Non-Physician Practitioners	100-20	
R2015CP	Revisions to Claims Processing Instructions for Services Rendered in Place of Service Home	07/30/2010	01/03/2011	6947	Non-Physician Practitioners	100-04	
R2030CP	New Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Specialty Code for Ocularists	08/20/2010	01/03/2011	6891	Non-Physician Practitioners	100-04	

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R767OTN	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)	09/10/2010	01/03/2011	7046	Non-Physician Practitioners	100-20	
R2067CP	January 2011 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	10/15/2010	01/03/2011	7188	Non-Physician Practitioners	100-04	Mid-Quarter Release
R2068CP	Annual Clotting Factor Furnishing Fee Update 2011	10/15/2010	01/03/2011	7168	Non-Physician Practitioners	100-04	Mid-Quarter Release
R2115CP	Pharmacy Billing for Drugs Provided "Incident to" a Physician's Service	12/10/2010	03/14/2011	7109	Non-Physician Practitioners	100-04	Clarification
R828OTN	Emergency Update to the CY 2011 Medicare Physician Fee Schedule (MPFS) Database	12/29/2010	01/03/2011	7300	Non-Physician Practitioners	100-20	Clarification
R2129CP	Summary of Policies in the CY 2011 Medicare Physician Fee Schedule (MPFS) and the Telehealth Originating Site Facility Fee Payment Amount	12/29/2010	01/03/2011	7264	Non-Physician Practitioners	100-04	Mid-Quarter Release

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<u>R2121CP</u>	Reporting of Service Units with HCPCS	12/17/2010	03/21/2011	7247	OPT	100-04	Clarification
<u>R740OTN</u>	Alternative Feedback Report Request Process for Quality Initiatives	07/30/2010	01/03/2011	7031	Physician	100-20	
R2015CP	Revisions to Claims Processing Instructions for Services Rendered in Place of Service Home	07/30/2010	01/03/2011	6947	Physician	100-04	
R2033CP	End Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Consolidated Billing for Limited Part B Services	08/20/2010	01/03/2011	7064	Physician	100-04	
R2035CP	Change Physician Specialty Code 12 to Osteopathic Manipulative Medicine	08/27/2010	01/03/2011	6890	Physician	100-04	
R767OTN	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)	09/10/2010	01/03/2011	7046	Physician	100-20	

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R2067CP	January 2011 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	10/15/2010	01/03/2011	7188	Physician	100-04	Mid-Quarter Release
R2068CP	Annual Clotting Factor Furnishing Fee Update 2011	10/15/2010	01/03/2011	7168	Physician	100-04	Mid-Quarter Release
R128NCD	Ventricular Assist Devices (VAD) as Destination Therapy	11/19/2010	01/06/2011	7220	Physician	100-03	
<u>R2097CP</u>	Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 17.0, Effective January 1, 2011	11/19/2010	01/03/2011	7210	Physician	100-04	Mid-Quarter Release
<u>R2115CP</u>	Pharmacy Billing for Drugs Provided "Incident to" a Physician's Service	12/10/2010	03/14/2011	7109	Physician	100-04	Clarification
R828OTN	Emergency Update to the CY 2011 Medicare Physician Fee Schedule (MPFS) Database	12/29/2010	01/03/2011	7300	Physician	100-20	Clarification
R2129CP	Summary of Policies in the CY 2011 Medicare Physician Fee Schedule (MPFS) and the Telehealth Originating Site Facility Fee Payment Amount	12/29/2010	01/03/2011	7264	Physician	100-04	Mid-Quarter Release
R2161CP	Incentive Payment Program for Primary Care Services, Section 5501(a) of the ACA	02/25/2011	01/03/2011	7060	Physician	100-04	Correction

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R2033CP	End Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Consolidated Billing for Limited Part B Services	08/20/2010	01/03/2011	7064	RDF	100-04	
R2115CP	Pharmacy Billing for Drugs Provided "Incident to" a Physician's Service	12/10/2010	03/14/2011	7109	RHC	100-04	Clarification
<u>R743OTN</u>	Analysis Change Request - The inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) Claims to the VA Medicare Remittance Advice (eMRA) Process	07/30/2010	01/03/2011	7047	SNF	100-20	
R2011CP	Revised Instructions for Reporting Assessment Dates under the Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF), and Swing Bed (SB) Prospective Payment Systems (PPS)	07/30/2010	01/03/2011	7019	SNF	100-04	
R2016CP	Classification of Diseases, 9th Revision-Clinical Modification (ICD-9-CM) Diagnosis and Procedure Codes in Pricer, Grouper, and the Medicare Code Editor	07/30/2010	01/03/2011	7004	SNF	100-04	

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R443PR1	Regional Medicare Swing-Bed Rates	10/01/2010	01/04/2011	N/A	SNF	15-1-1	
R782OTN	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	10/08/2010	02/21/2011	7135	SNF	100-20	
<u>R824OTN</u>	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	12/17/2010	01/03/2011	7182	SNF	100-20	Clarification
<u>R2121CP</u>	Reporting of Service Units with HCPCS	12/17/2010	03/21/2011	7247	SNF	100-04	Clarification
R2124CP	Updates to the Internet Only Manual Pub. 100-04, Chapter 1 -General Billing Requirements, Chapter 15 - Ambulance, and Chapter 26 - Completing and Processing Form CMS-1500 Data Set	12/23/2010	01/25/2011	7018	SNF	100-04	Clarification