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~~Navigating the
CMS.gov website - Did
You Know CCO~~

Introduction to
Medicare - Claims
Data: Source and
Processing

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Patient Driven
Payment
Model/Clinical
Categories/ ICD10
Mapping Tool
What's
New in Medical
Claims Processing?

Chapter 8 - UB 04
Hospice Item Set
(HIS) Submission
Requirements
Medical Billing
Payment Process and
Claim Cycle Small

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~~Processing Providers
Submitting Paper
Claims for PT, OT,
SLP #MedicareBilling
The Paper Claim
CMS 1500~~

Claims processing
~~Medicare Billing
Guidelines | Medicare
Parts A, B, C and D~~

HIT241 - Chapter 8
Part 2 CPT Medicine
Chapter (2017)What
software do I need to

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submit claims to
Medicare? PT, OT,
SLP under Medicare
Part B How Health
Insurance Works
What Are The
Differences Between
HMO, PPO, And EPO
Health Plans NEW

WEEK 5

DISCUSSION

~~Overview of the~~

~~HCPGS book Medical~~

Billing Modifiers: What

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are they? Why are
they used? ~~Back to~~
~~Basics Physician~~
~~Billing~~ □ ~~The Very First~~
~~Step Medicare~~
Provider Enrollment
Through PECOS
~~HCPCS Level II~~
~~Modifiers Medical~~
~~Coding What Factors~~
~~Drive Fraudulent~~
~~Medical Billing?~~
Medical Claims
Processing with Artsyl

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Claim Action

~~Electronic Healthcare~~

~~Claims Life Cycle~~

~~Trainer Paul~~ Critical

Access Hospital

Modifiers □ Part A

Outpatient

Rehabilitation

Modifiers

Claim Process

Automation □ an

Enterprise Insurance

Story Medicaid Batch

Claims Processing|

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CMS Pricer Tool |
SaaS-Based Medical
Claim Processing
NCD/LCD video for
RM

How to Correctly Fill
Out Form CMS1500
For Electronic Billing -
Professional Claims
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07-31-20)
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to Medicare 02.1 -
Electronic Submission

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HIPAA Standards for
Claims

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This chapter provides
claims processing
instructions for
physician and
nonphysician
practitioner services.
Most physician
services are paid

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According to the
Medicare Physician
Fee Schedule.

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1

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Department of Health
& Human Services
(DHHS) Pub 100-04
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for Medicare &
Medicaid Services
(CMS) Transmittal

10407 Date: October
30, 2020 Change
Request 12026.

SUBJECT: Internet
Only Manual Update,
Pub. 100-04, Chapter
11 - This CR

Rescinds and Fully
Replaces CR 11807.

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Processing Benefit
Policy Manual,
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1 chapter 13. An RHC
cannot be
concurrently approved
for Medicare as both
an FQHC and an
RHC. 10.3 - Claims
Processing
Jurisdiction for RHCs
and FQ HCs (Rev.
1707; Issued:
03-27-09; Effective:
04-027-09;

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Implementation:

04-27-09) During the period of time while CMS is in the process of transitioning workload from

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The SNFs using the PIP method of payment follow the regular billing instructions in

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§80.4, for
requirements SNFs
must meet and A/B
MACs (A) must
monitor to continue
PIP reimbursement.

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Completing and
Processing the Form
CMS-1450 Data Set
(PDF)

~~100-04 | CMS~~

The Internet-only
Manuals (IOMs) are a
replica of the
Agency's official
record copy. They are
CMS' program
issuances, day-to-day
operating instructions,

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policies, and procedures that are based on statutes, regulations, guidelines, models, and directives. The CMS program components, providers, contractors, Medicare Advantage organizations and state survey agencies use the IOMs to administer CMS ...

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Medicare Claims

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Chapter 9, Rural

Health Clinics and

Federally Qualified

Health Centers.

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Processing Manual:

Chapter 9, Rural

Health Clinics and

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Federally Qualified Health Centers.
Author: Centers for Medicare and Medicaid (CMS) Rural health clinics (RHCs) are clinics that are located in areas that are designated both by the Bureau of the Census as rural and by the Secretary of DHHS as medically underserved.

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Radiopharmaceutical
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Regulation Excerpts:
Italicized font
represents CMS
national
language/wording
copied directly from
CMS Manuals or
CMS transmittals.
Contractors are
prohibited from
changing national

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language. PUB 100-4
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10-01-03)
B3-15900.2.

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Laboratory Services.
Guidance for this
chapter provides
definitions and a
general explanation of

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payment for
laboratory services,
including the
calculation of
payment rates for
clinical laboratory fee
schedule (CLFS).
Download the
Guidance Document.
Final.

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Prevent Tobacco Use
Medicare covers
counseling to prevent
tobacco use for
outpatient and
hospitalized Medicare
beneficiaries for
whom all of the
following are true:
Use tobacco,
regardless of whether

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they exhibit signs or
symptoms of tobacco-
related disease

~~Preventive Services & Screenings~~

CMS IOM, Publication
100-4, Medicare
Claims Processing
Manual, Chapter 4,
Section 231.2: BL-
Special acquisition of
blood and blood
products Do not use

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when blood is received free (e.g., from a blood bank)
OPPS Hospital. BL modifier is appended HCPC on line item for blood and blood product and line item for processing and storage

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341a912d50