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

Introduction to Medicare -
Claims Data: Source and
Processing

Patient Driven Payment
Model/Clinical Categories/

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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 Medicare~~*

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~~Chapter 3 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~~

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HIT241 – Chapter 8 Part 2
CPT Medicine Chapter (2017)

**What software do I need to
submit claims to Medicare?
PT, OT, SLP under Medicare
Part B How Health Insurance
Works What Are The
Differences Between HMO,**

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Chapter 3 PPO, And EPO Health Plans

NEW

~~WEEK 5 DISCUSSION Overview of~~

~~the HCPCS book~~ **Medical**

**Billing Modifiers: What are
they? Why are they used?**

~~Back to Basics Physician~~

~~Billing — The Very First~~

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~~Step Medicare Provider
Enrollment Through PECOS
HCPCS Level II Modifiers
Medical Coding What Factors
Drive Fraudulent Medical
Billing?~~ Medical Claims
Processing with Artsyl
ClaimAction ~~Electronic~~

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~~Healthcare 3 Claims Life Cycle~~

~~Trainer Paul~~ **Critical**

Access Hospital Modifiers -

Part A Outpatient

Rehabilitation Modifiers

Claim Process Automation -

an Enterprise Insurance

Story *Medicaid Batch Claims*

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*Chapter 3 / CMS Pricer Tool /
SaaS-Based Medical Claim
Processing NCD/LCD video for
RM*

How to Correctly Fill Out
Form CMS1500 For Electronic
Billing - Professional
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~~Manual Chapter~~

Medicare Claims Processing
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01.1 - Remittance Advice

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Electronic Submission
Requirements 02.1.1 - HIPAA
Standards for Claims

~~Medicare Claims Processing~~

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This chapter provides claims processing instructions for physician and nonphysician practitioner services. Most physician services are paid according to the Medicare Physician Fee Schedule.

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~~Medicare Claims Processing
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Medicare Claims Processing
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Inpatient Hospital Part B
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(Rev. 4513, 02-04-20)

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Chapter 32 Electrical Stimulation

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of Health & Human Services~~

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(DHHS) Pub 100-04 Medicare
Claims Processing Centers
for Medicare & Medicaid
Services (CMS) Transmittal
10407 Date: October 30, 2020
Change Request 12026.
SUBJECT: Internet Only
Manual Update, Pub. 100-04,

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Rescinds and Fully Replaces
CR 11807.

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cannot be concurrently

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Approved for Medicare as
both an FQHC and an RHC.
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Jurisdiction for RHCs and FQ
HCs (Rev. 1707; Issued:
03-27-09; Effective:
04-027-09; Implementation:
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Chapter 3
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

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Chapter 3
regular billing instructions
in Medicare Claim Processing
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Manual, Chapter 1, “General
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§80.4, for requirements SNFs
must meet and A/B MACs (A)

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must monitor to continue PIP
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Chapter 25 - Completing and
Processing the Form CMS-1450
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~~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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Chapter 3 policies, and procedures that are based on statutes, regulations, guidelines, models, and directives. The CMS program components, providers, contractors, Medicare Advantage organizations and state

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Chapter 3
survey agencies use the IOMs
to administer CMS ...

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+ CMS~~

Medicare Claims Processing
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Chapter 3
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Downloads & Links. Medicare
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Chapter 9, Rural Health
Clinics and Federally
Qualified Health Centers.
Author: Centers for Medicare
and Medicaid (CMS) Rural

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Chapter 3
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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Billing and Coding

Guidelines for

Radiopharmaceutical Agents.

Medicare Regulation

Excerpts: *Italicized font*

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B3-15900.2.

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Manual Chapter 16 -
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Guidance for this chapter provides definitions and a general explanation of payment for laboratory services, including the calculation of payment rates

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~~Chapter 3~~ for clinical laboratory fee schedule (CLFS). Download the Guidance Document. Final.

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CMS IOM Pub. 100-04, Claims
Processing Manual, Chapter
18, Section 60 Counseling to
Prevent Tobacco Use Medicare
covers counseling to prevent
tobacco use for outpatient

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Chapter 3
and hospitalized Medicare
beneficiaries for whom all
of the following are true:
Use tobacco, regardless of
whether they exhibit signs
or symptoms of tobacco-
related disease

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~~Chapter 3 Preventive Services & Screenings~~

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

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Chapter 3
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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