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Claims  
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Manual Chapter  
6  
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Chapter 6

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The Paper Claim  
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~~SLP #MedicareBilling~~

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Expert Explains

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Request 12035.

NOTE: This

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Transmittal is no longer sensitive and is being re-communicated

December 03, 2020.

The

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Health Agency Billing  
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Claims  
crosswalks

information from  
previous versions and  
related regulations to  
its current location in  
the Medicare Claims  
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~~Chapter 10 – HHS.gov~~

Reminders from the  
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The following  
excerpts are from  
Chapter 4 of the  
Medicare Claims  
Processing Manual.  
Chapter 4 covers  
Inpatient Hospital Part  
B and the Outpatient  
Prospective Payment  
System (OPPS). The

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Information below was selected as it relates to facility reporting under the OPPS.

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~~Reminders from the Medicare Claims Processing Manual Chapter 6  
AHA ...~~

See Chapter 25, Completing and Processing the Form CMS-1450 Data Set, for instructions about

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Completing the claim.

Other diagnoses codes are required on inpatient claims and are used in determining the appropriate MS-DRG.

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EDI and EDI Support

Requirements,

Electronic Claims and

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~~100-04 | CMS~~

~~Centers for Medicare  
& Medicaid Services~~

The SNFs using the

PIP method of

payment follow the

regular billing

instructions in

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Chapter 25. See the

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Billing Requirements, □

§80.4, for requirements SNFs must meet and A/B

MACs (A) must monitor to continue PIP reimbursement.

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Section 50 of the  
Medicare Claims  
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establishes the  
standards for use by  
providers,  
practitioners,  
suppliers, and

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laboratories in implementing the revised Advance. Beneficiary Notice of Noncoverage (ABN) (Form CMS-R-131), formerly the Advance. Beneficiary Notice.

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Claims Processing Manual:

Chapter 9, Rural

Health Clinics and

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

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by the Secretary of  
DHHS as medically  
underserved.

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CMS IOM Pub.

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180 Annual Wellness

Visit (AWV) AWV is

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## Medicare

covered for all

Medicare

beneficiaries who: Are  
not within 12 months

after the effective date  
of their first Medicare  
Part B coverage  
period and

### ~~Preventive Services & Screenings~~

The FQHC services  
consist of services  
that are similar to

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## Medicare

those provided in rural health clinics (RHC) but also include preventive primary services, as described in Pub. 100-02, Medicare Benefit Policy Manual, chapter 13. An RHC cannot be concurrently approved for Medicare as both an FQHC and an RHC.

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