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Navigating the

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CMS.gov website-

Did You Know CCO

Medical Billing

Payment Process and

Claim Cycle

The Paper Claim CMS

1500

Behavioral Health

Treatments /u0026

Services in an FQHC

Introduction to

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Data: Source and

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Access Hospital

Modifiers – Part A

Healthcare Claims

Process | BA with

Healthcare Tutorial

for Beginners

Chapter 6 - HCPCS

Level II Healthcare

Claims Management

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Claims processing

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Medicare Basics:

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Parts A /u0026 B

Claims Overview US

Healthcare System

Explained

Reimbursement 101:

What You Must Know

Healthcare Business

Analyst How Health

Insurance Works

What is an ERA

(Electronic

Remittance Advice)? -

Electronic EOB In

Medical Billing What

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Are The Differences
Between HMO, PPO,
And EPO Health Plans
NEW Medical Coding

Basics: How to Tab
Your Code Books!

What is Medicare? |
How Does Medicare
Work? Does Medicare
Advantage Offer
Much Advantage Hair
Loss - Causes,
Symptoms and
Treatment Options

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Outpatient

Rehabilitation

Modifiers Small

Medicare Providers

Submitting Paper

Claims for PT, OT, SLP

#MedicareBilling

Medicare Opt Out

and Mandatory Claim

Submission Rules

#MedicareBilling

How Do Medicare

Claims Work? GA

Medicare Expert

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Explains NCD/LCD

video for RM How

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Work Ambulance

Modifiers CMS 1500

Claim Form

Demonstration

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Billing Requirements .

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(Rev. 10236,
07-31-20)

Processing Manual Chapter

2050

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Coding Used in this

Manual 02 - Formats

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ns/Nonphysician
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100-04 Medicare

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Centers for Medicare

& Medicaid Services

(CMS) Transmittal

10413 Date: October

29, 2020 Change

Request 12035.

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NOTE: This

Transmittal is no longer sensitive and is being re-communicated

December 03, 2020.

The

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Medicare Claims

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Chapter 10 - Home

Health Agency Billing

Crosswalk. Guidance

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for this document
crosswalks
information from
previous versions and
related regulations to
its current location in
the Medicare Claims
Processing Manual
Chapter 10.

Download the
Guidance Document.
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~~Chapter 10 – HHS.gov~~

Reminders from the
Medicare Claims

Processing Manual.

The following
excerpts are from
Chapter 4 of the
Medicare Claims
Processing Manual.

Chapter 4 covers
Inpatient Hospital
Part B and the
Outpatient

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Claims Processing Manual Chapter 25
Prospective Payment System (OPPS). The information below was selected as it relates to facility reporting under the OPPS.

~~Reminders from the Medicare Claims Processing Manual—AHA ...~~

See Chapter 25,
Completing and

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Processing the Form
CMS-1450 Data Set,
for instructions about
completing the claim.
Other diagnoses
codes are required on
inpatient claims and
are used in
determining the
appropriate MS-DRG.

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~~Chapter 24 - General~~

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EDI and EDI Support
Requirements,
Electronic Claims and
Coordination of
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Crosswalk (PDF)

~~100-04 | CMS~~

~~Centers for Medicare
& Medicaid Services~~

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

Processing Manual,
Chapter 25. See the

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Medicare Claims

Processing Manual, Chapter 1, " General 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

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Processing Manual

establishes the

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standards for use by.

providers,
practitioners,
suppliers, and
laboratories in

implementing the
revised Advance.

Beneficiary Notice of
Noncoverage (ABN)
(Form CMS-R-131),
formerly the
“ Advance.

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Federally Qualified
Health Centers.

Downloads & Links.

Medicare 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

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Claims Processing Manual Chapter 9, Rural Health
located in areas that are designated both by the Bureau of the Census as rural and by the Secretary of DHHS as medically underserved.

~~Medicare Claims Processing Manual: Chapter 9, Rural Health ...~~

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Processing Manual,
Chapter 18, Section
180 Annual Wellness
Visit (AWV) AWV is
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 &~~

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Screenings

The FQHC services consist of services that are similar to 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

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Claims
currently

approved for

Medicare as both an

FQHC and an RHC.

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