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Transmittal 10413 Date:

October 29, 2020

Change Request 12035.

NOTE: This Transmittal

is no longer sensitive

and is being re-

communicated

December 03, 2020. The

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Chapter 10 - Home

Health Agency Billing

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Crosswalk. Guidance
for this document
crosswalks information
from previous versions
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Reminders from the
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Processing Manual. The
following excerpts are
from Chapter 4 of the
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Chapter 4 covers
Inpatient Hospital Part
B and the Outpatient
Prospective Payment
System (OPPS). The
information below was

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Claims as it relates to
facility reporting under
the OPPS.
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See Chapter 25,
Completing and
Processing the Form
CMS-1450 Data Set, for
instructions about
completing the claim.

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

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The SNFs using the PIP method of payment follow the regular billing instructions in Medicare Claim Processing Manual, Chapter 25. See the Medicare Claims Processing Manual, Chapter 1, "General Billing Requirements," §80.4, for requirements SNFs must meet and A/B MACs (A) must

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monitor to continue PIP
reimbursement.

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Section 50 of the
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establishes the standards

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Claims by providers,
practitioners, suppliers,
and laboratories in
implementing the
revised Advance.

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

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When the Beneficiary is
Deceased

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Clinics and Federally
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Centers. Downloads &
Links. Medicare Claims
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Chapter 9, Rural Health

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Claims 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 by
the Secretary of DHHS
as medically
underserved.

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CMS IOM Pub. 100-04,
Claims 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

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~~Preventive Services &
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.

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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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