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10413 Date: October

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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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Health Agency Billing
Crosswalk. Guidance
for this document
crosswalks

information from
previous versions and
related regulations to
its current location in
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Reminders from the
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The following
excerpts are from
Chapter 4 of the
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Chapter 4 covers
Inpatient Hospital

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Part B and the
Outpatient
Prospective Payment
System (OPPS). The
information below
was selected 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. Other diagnoses codes are required on inpatient claims and are used in determining the appropriate MS-DRG.

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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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Claims 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 monitor to continue PIP reimbursement.

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Section 50 of the Medicare Claims Processing Manual Chapter 26 Drop-Down establishes the standards for use by providers, practitioners, suppliers, and laboratories in implementing the revised Advance Beneficiary Notice of Noncoverage (ABN) (Form CMS-R-131),

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formerly the

“ Advance.
Beneficiary Notice ” .
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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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~~Processing Manual:
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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 effective

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date of their first
Medicare Part B
coverage period and
Manual Chapter
~~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

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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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