

CMS Manual System

Pub. 100-04 Medicare Claims Processing

Transmittal 117

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)
Date: May 26, 2004

CHANGE REQUEST 117

I. SUMMARY OF CHANGES: A spreadsheet containing an updated list of the DR-PCN for durable medical equipment regional centers (DMEPOS) and Part B local carrier jurisdictions is updated annually to reflect codes that have been added or discontinued/deleted(s) during each year.

REMOVED/REMOVED MATERIAL - EFFECTIVE DATE: May 26, 2004

SUPPLEMENTATION DATE: May 26, 2004

Disclaimer for manual changes only: The revision date and transmittal number apply only to the red highlighted material. Any other material was previously published and remains unchanged. Moreover, if this revision contains a table of contents, you will only receive the new/revitalized implementation, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:

(R = REVISION, N = NEW, D = DELETION)

ROW ID	CHAPTER/SECTION/DELETION/TITLE
R	25-26.1.1(a) and Paragraphs of DR-PCN Codes and Modifiers

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
N	Manual Instructions
	Functional Requirements
	Other User Notifications
N	Reversing Update Notification

* Medicare contractors only

Cms Carrier Manual

**United States. Congress. House.
Committee on Ways and Means.
Subcommittee on Health**

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The How-to Manual for Rehab Documentation Rick Gawenda, 2004 **Risk Management Handbook for Health Care Organizations, 3 Volume Set**, 2011-01-06 Continuing its superiority in the health care risk management field this sixth edition of *The Risk Management Handbook for Health Care Organizations* is written by the key practitioners and consultant in the field It contains more practical chapters and health care examples and additional material on methods and techniques of risk reduction and management It also revises the structure of the previous edition and focuses on operational and organizational structure rather than risk areas and functions The three volumes are written using a practical and user friendly approach **Insurance Handbook for the Medical Office** Marilyn Fordney, 2013-01-01 A complete guide to insurance billing and coding *Insurance Handbook for the Medical Office 13th Edition* covers all the plans that are most commonly encountered in clinics and physicians offices Its emphasis on the role of the medical insurance specialist includes areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies Learning to fill in the claim form accurately is made easier by the use of icons for different types of payers lists of key abbreviations and numerous practice exercises This edition provides the latest on hot topics such as ICD 10 healthcare reform the new CMS 1500 form and electronic claims Trusted for more than 30 years this proven reference from Marilyn Fordney prepares you to succeed as a medical insurance professional in any outpatient setting Emphasis on the business of running a medical office highlights the importance of the medical insurance specialist in filing clean claims solving problems and collecting overdue payments Key terms and key abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Detailed tables boxes and illustrations call out key points and main ideas Unique Color coded icons clarify information rules and regulations for different payers An Evolve companion website enhances learning with performance checklists self assessment quizzes and the Student Software Challenge featuring cases for different payer types and an interactive CMS 1500 form to fill in A workbook contains learning tips practice exercises for key terms and abbreviations review questions study outlines performance objectives a chapter with practice tests and critical thinking activities for hands on experience with real world cases Available separately Updated coverage of key health insurance topics includes HIPAA compliance the HITECH Act health reform of 2010 electronic health records electronic claims ICD 10 NUCC standards Physician Quality Reporting System PQRS Incentive Program Meaningful Use and CPT 2013 Updated ICD 10 coding information prepares you for the October 2014 ICD 10 implementation date Updated content on claim forms includes block by block explanations and examples for the new CMS 1500 Claim Form Updated guidelines for the filing and submission of electronic claims include sample screenshots and prepare you for the future of the medical office *The How-To Manual for Rehab Documentation, Third Edition* Rick Gawenda, 2009-04-06 *The How To Manual for Rehab Documentation Third Edition* A Complete Guide to Increasing Reimbursement and Reducing Denials Rick Gawenda PT Up to speed with Medicare

documentation requirements for 2009 and beyond Increase cash flow and reduce Medicare claim denials by using strategies provided in the Third Edition of The How To Manual for Rehab Documentation Written by national consultant Rick Gawenda PT Since our last edition there have been significant changes to the rules and regulations surrounding documentation in therapy settings And now that the RACs are underway it is even more important to have accurate and thorough documentation Mistakes can lead to delayed payments and denials so how do ensure that you are in compliance with the current guidelines Make it easy Order your copy of The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials Written by author and national consultant Rick Gawenda PT of Gawenda Seminars this book and CD ROM set focuses on the clinical aspects of documentation and offers proven methods to strengthen documentation and decrease the frequency of denials Gawenda encourages b documentation methods that have worked for him and help you conquer potentially tough concepts such as maintenance therapy and CPT codes What s new in the third edition Clarification of certification and re certification requirements regarding how long they are valid for and how soon they need to be signed Explanation of delayed certification Tips to write function based short and long term goals Updated examples of well written goals Updated payer documentation guidelines for evaluations progress reports daily notes discharge reports and re evaluations The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials outlines proper documentation strategies starting from the moment a patient registers and receives treatment to billing for time and services Gawenda encourages b documentation methods that have worked for him and help you conquer potentially tough concepts such as maintenance therapy and CPT codes This comprehensive book and CD ROM helps you Improve therapy billing through better documentation Prevent denials as a result of better documentation practices Maintain quality assurance through proper documentation Optimize your reimbursement from both Medicare and third party payers Avoid audits and targeted medical reviews Document care in a more efficient way Take the critical steps to verify therapy benefit coverage prior to a patient s initial visit Support skilled therapy services with inclusion of required documentation Understand Medicare certification and recertification time frames and requirements for all therapy settings Understand and use the most commonly used CPT codes and modifiers in rehabilitation therapy Table of Contents Chapter 1 The Role of the Registration Staff Registration Basics Benefit Verification Preregistering Chapter 2 Initial Documentation Evaluation Format Documentation Components Evaluation Process Objective Criteria Assessment Documentation Goals POC Documentation Creating a Solid Foundation Chapter 3 Certification and Recertification Physician Referrals Physician Referral Denials Outpatient Therapy Settings Certification and Recertification SNF Part A Therapy Services Reimbursed Under the Prospective Payment System PPS Home Health Agency Part A Therapy Services Chapter 4 Daily Documentation Daily Documentation Documentation Requirements Home Exercise Programs HEPs Plan Documentation Chapter 5 Progress Reports Discharge Reports and Reevaluations Progress Reports Discharges

Reevaluations Chapter 6 Maintenance Therapy What is an FMP Coverage Criteria Documentation Requirements Billing Cover All Your Bases Chapter 7 Wound Care Under Medicare Discharge Criteria Additional Pointers Appendix A Navigating the CMS Web site Getting Started Final Word Make it easy to understand CMS documentation guidelines No need to download and interpret the guidance from the CMS Web site yourself Author Rick Gawenda PT has done the work for you His documentation practices are sure to help you receive optimal compensation for the services you perform as a therapist Nearly half of all rehab claim denials are STILL due to improper documentation Ensure proper documentation for services provided and decrease the frequency of denials Order The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials today *Medicare Regulatory and Contracting Reform* United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 2003 [Insurance Handbook for the Medical Office - E-Book](#) Marilyn Fordney, 2014-08-27 A complete guide to insurance billing and coding Insurance Handbook for the Medical Office 13th Edition covers all the plans that are most commonly encountered in clinics and physicians offices Its emphasis on the role of the medical insurance specialist includes areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies Learning to fill in the claim form accurately is made easier by the use of icons for different types of payers lists of key abbreviations and numerous practice exercises This edition provides the latest on hot topics such as ICD 10 healthcare reform the new CMS 1500 form and electronic claims Trusted for more than 30 years this proven reference from Marilyn Fordney prepares you to succeed as a medical insurance professional in any outpatient setting Emphasis on the business of running a medical office highlights the importance of the medical insurance specialist in filing clean claims solving problems and collecting overdue payments Key terms and key abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Detailed tables boxes and illustrations call out key points and main ideas Unique Color coded icons clarify information rules and regulations for different payers An Evolve companion website enhances learning with performance checklists self assessment quizzes and the Student Software Challenge featuring cases for different payer types and an interactive CMS 1500 form to fill in A workbook contains learning tips practice exercises for key terms and abbreviations review questions study outlines performance objectives a chapter with practice tests and critical thinking activities for hands on experience with real world cases Available separately Updated coverage of key health insurance topics includes HIPAA compliance the HITECH Act health reform of 2010 electronic health records electronic claims ICD 10 NUCC standards Physician Quality Reporting System PQRS Incentive Program Meaningful Use and CPT 2013 Updated ICD 10 coding information prepares you for the October 2014 ICD 10 implementation date Updated content on claim forms includes block by block explanations and examples for the new CMS 1500 Claim Form Updated guidelines for the filing and submission of electronic claims include sample screenshots and prepare you for the future of the medical office **Medicare, the Need for Reform** United States.

Congress. House. Committee on the Budget,2002 Geriatric Anesthesiology Jeffrey Silverstein,Alec Rooke,J. G. Reves,Charles H. McLeskey,2008-04-16 Geriatric anesthesia is a rapidly growing and evolving field and this is the major revision of a classic anesthesia reference The last few years have seen significant advancements and important new modalities for addressing the needs of an aging population The editors of this second edition are uniquely situated to put together a text highlighting both essential knowledge and recent breakthroughs of importance to all who work with the elderly This edition easily maintains the high standard for quality scholarship and useful material set by the first **Federal Register** ,2013-02 **Handbook of Home Health Standards E-Book** Tina M. Marrelli,2008-09-03 Handbook of Home Health Standards Quality Documentation and Reimbursement includes everything the home care nurse needs to provide quality care and effectively document care based on accepted professional standards This handbook offers detailed standards and documentation guidelines including ICD 9 CM diagnostic codes OASIS considerations service skills including the skills of the multidisciplinary health care team factors justifying homebound status interdisciplinary goals and outcomes reimbursement and resources for practice and education The fifth edition of this little red book has been updated to include new information from the most recently revised Federal Register Final Rule and up to date coding All information in this handbook has been thoroughly reviewed revised and updated Offers easy to access and easy to read format that guides users step by step through important home care standards and documentation guidelines Provides practical tips for effective documentation of diagnoses clinical conditions commonly treated in the home designed to positively influence reimbursement from third party payors Lists ICD 9 CM diagnostic codes needed for completing CMS billing forms in each body system section along with a complete alphabetical list of all codes included in the book in an appendix Incorporates hospice care and documentation standards so providers can create effective hospice documentation Emphasizes the provision of quality care by providing guidelines based on the most current approved standards of care Includes the most current NANDA approved nursing diagnoses so that providers have the most accurate and up to date information at their fingertips Identifies skilled services including services appropriate for the multidisciplinary team to perform Offers discharge planning solutions to address specific concerns so providers can easily identify the plan of discharge that most effectively meets the patient s needs Lists the crucial parts of all standards that specific members of the multidisciplinary team e g the nurse social worker must uphold to work effectively together to achieve optimum patient outcomes Resources for care and practice direct providers to useful sources to improve patient care and or enhance their professional practice Each set of guidelines includes patient family and caregiver education so that health care providers can supply clients with necessary information for specific problems or concerns Communication tips identify quantifiable data that assists in providing insurance case managers with information on which to make effective patient care decisions Several useful sections make the handbook thorough and complete medicare guidelines home care definitions roles and abbreviations NANDA approved nursing

diagnoses guidelines for home medical equipment and supplies Small size for convenient carrying in bag or pocket Provides the most up to date information about the newest and predominant reimbursement mechanisms in home care the Prospective Payment System PPS and Pay For Performance P4P Updated terminology definitions and language to reflect the federal agency change from Health Care Financing Administration HCFA to Centers for Medicare Medicaid Services CMS and other industry changes Includes the most recent NANDA diagnoses and OASIS form and documentation explanations New interdisciplinary roles have been added such as respiratory therapist and nutritionist LI

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