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sports team, wedding
albums and more.

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Medicare Program Integrity Manual - CMS

CMS Pub. 100-08, Program Integrity Manual (PIM), reflects the principles, values, and priorities of the Medicare Integrity Program (MIP). The primary principle of

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program integrity (PI)
is to pay claims
correctly.

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Chapter 14 - Reserved

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for Future Use. Chapter
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SuperCoder.com**

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**Medicare Program
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AAPC**

100-08, Medicare Program Integrity Manual sections, including but not limited to, Medicare contractor standard operating procedures for soliciting additional documentation, time limitations for receipt of the solicited documentation, claim adjudication, and recoupment of

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overpayment.

Minimum requirements
of a valid SNF PPS

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Medicare Program
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Chapter 5 When
reviewing claims and
orders, or auditing
CMNs or DIFs for
DMEPOS, DME MACs
and UPICs may
encounter faxed,
copied, or electronic

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orders, CMNs, and DIFs in supplier files. The DME MACs and UPICs will accept these documents as fulfilling the documentation requirements.

**Supplier Manual -
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Chapter 6 – CMS.
www.cms.gov. Section
3.4.9 – Medicare
Integrity Program-
Provider Education and
Training. (. MIPPET) —
has “Confined to
Home” — has been
moved to Chapter 6,

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Section 2. Medicare
Program Integrity
Manual, Chapter 3 –
CMS. www.cms.gov.

**Medicare Integrity
Manual Chapter 6 -
Medicarecode.com**

Please refer to the CMS
Pub. 100-08, Medicare
Program Integrity
Manual, Chapter Three
– Section 3.3.2.4 for
additional information
concerning signature
requirements. Medical
Record Signature

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Attestation Statement

NOTE: This form provides a suggested format for a signature attestation statement.

**CMS Signature
Requirements - CGS
Medicare**

EXCLUSIONS FROM
COVERAGE AND
MEDICARE AS
SECONDARY PAYER.
Sec. 1862.[42 U.S.C.
1395y]

Notwithstanding any
other provision of this

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Chapter 1

title, no payment may be made under part A or part B for any expenses incurred for items or services—which, except for items and services described in a succeeding subparagraph, are not reasonable and necessary for the diagnosis or treatment of illness or injury ...

Social Security Act
§1862

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Chapter 13

“The CMS Manual System, Pub.100-08, Program Integrity Manual, Chapter 13, section 13.5.1 outlines that reasonable and necessary services are “ordered and furnished by qualified personnel”; IMRT services will be considered reasonable and necessary only when performed by appropriately trained providers.

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Provider Type

Restriction for LCD

L36711 - Intensity ...

REFER TO IOM, PUB
100-02, MEDICARE
BENEFIT POLICY
MANUAL CHAPTER 5
AND IOM, PUB 100-08,
MEDICARE PROGRAM
INTEGRITY MANUAL,
CHAPTER 3, SECTION
3.6.2.5 A. N429.

SERVICE WAS
PERFORMED FOR
ROUTINE/SCREENING
BUT IS NOT A
COVERED MEDICARE

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SCREENING BENEFIT.
96. Chapter 4

**Appeal Denial
Crosswalk - CGS
Medicare**

Provider reviews typically consist of up to three rounds of a prepayment or post-payment TPE probe review. First Coast will select the topics for review and providers, based on existing data analysis procedures outlined in CMS

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Internet Only Manual
(IOM), Publication
100-08, Medicare
Program Integrity
Manual, Chapter 2.

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