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Chapter 4

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## **Medicare Program Integrity Manual Chapter**

Medicare Program Integrity Manual  
Chapter 3 - Verifying Potential Errors and  
Taking Corrective Actions . Table of  
Contents (Rev. 10171, 06-12-20)  
Transmittals for Chapter 3. 3.1 -  
Introduction. 3.2 - Overview of  
Prepayment and Postpayment Reviews.  
3.2.1 - Setting Priorities and Targeting  
Reviews. 3.2.2 - Provider Notice

## **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 program integrity (PI) is to pay claims correctly.

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## **Medicare Program Integrity Manual - CMS**

Chapter 1 - Overview of Medical Review (MR) and Benefit Integrity (BI) Programs (PDF)  
Chapter 2 - Data Analysis (PDF)  
Chapter 3 - Verifying Potential Errors and Taking Corrective Actions (PDF)  
Chapter 4 - Program Integrity (PDF)

## **100-08 | CMS**

Medicare Program Integrity Manual  
Chapter 5 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items and Services Having Special DME Review Considerations.  
Table of Contents (Rev. 834, 10-12-18)  
Transmittals for Chapter 5. 5.1 – Home Use of DME, Prosthetics, Orthotics, and Supplies. 5.2 – Rules Concerning DMEPOS Orders

## **Medicare Program Integrity Manual - CMS**

Chapter 1 - Medicare Improper Payments: Measuring, Correcting, and

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Preventing Overpayments and Underpayments. Chapter 11 - Fiscal Administration. Chapter 14 - Reserved for Future Use. Chapter 4 - Program Integrity. Chapter 3 - Verifying Potential Errors and Taking Corrective Actions.

### **Medicare Program Integrity Manual - SuperCoder.com**

Medicare Program Integrity Manual  
Chapter 13 - Local Coverage  
Determinations Table of Contents (Rev. 863, 02-12-19) Transmittals for Chapter 13. 13.1 - Glossary of Acronyms. 13.1. 1 - LCD Definition & Statutory Authority for LCDs . 13.2 - LCD Process 13.2.1 - General LCD Process Overview. 13.2.2 - Requests. 13.2.2.1 - Informal Meetings

### **Medicare Program Integrity Manual - CMS**

Medicare Program Integrity Manual .  
Chapter 15 - Medicare Enrollment . Table  
of Contents (Rev. 10138, 05-15-20)  
Transmittals for Chapter 15 . 15.1 -  
Introduction to Provider Enrollment .

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15.1.2 – Medicare Enrollment Application (Form CMS-855) 15.1.3 – Medicare Contractor Duties . 15.2 – Provider and Supplier Business Structures

### **Medicare Program Integrity Manual - CMS**

Medicare Program Integrity Manual.  
Chapter 5 – Items and Services Having Special DME Review Considerations.  
Table of Contents. (Rev. 281, 12-31-08)  
Transmittals for Chapter 5. 5.1 – Home Use of DME 5.2 – Rules Concerning Orders. 5.2.1 – Physician Orders 5.2.2. – Verbal and Preliminary Written Orders 5.2.3.

### **Medicare Program Integrity Manual - 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

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recoupment of overpayment. Minimum requirements of a valid SNF PPS

### **Medicare Program Integrity Manual - CMS**

Medicare Program Integrity Manual, Chapter 5 When reviewing claims and orders, or auditing CMNs or DIFs for DMEPOS, DME MACs and UPICs may encounter faxed, copied, or electronic orders, CMNs, and DIFs in supplier files. The DME MACs and UPICs will accept these documents as fulfilling the documentation requirements.

### **Supplier Manual - Chapter 3 Supplier Documentation**

Medicare Program Integrity Manual  
Chapter 10 - Medicare Provider/Supplier Enrollment . Table of Contents (Rev. 306, 10-02-09) Transmittals for Chapter 10. 1 - Introduction to Provider Enrollment . 1.1 - Definitions . 1.2 - CMS-855 Medicare Enrollment Applications . 1.3 - Medicare Contractor Duties . 2 - Timeliness and Accuracy

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## Chapter 4 Standards . 2.1 -

### **Medicare Program Integrity Manual - Health Law**

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Chapter 13 - Local Coverage  
Determinations . Table of Contents (Rev.  
608, 08-14-15) Transmittals for Chapter  
13. 13.1 - Medicare Policy . 13.1.1 -  
National Coverage Determinations  
(NCDs) 13.1.2 - Coverage Provisions in  
Interpretive Manuals . 13.1.3 - Local  
Coverage Determinations (LCDs)

### **Medicare Program Integrity Manual**

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Contents (Rev. 367, 02-25-11)  
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System (PTS) 3.1.2 - Evaluating  
Effectiveness of Corrective Actions 3.2 -  
Verifying Potential Error and Setting  
Priorities

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### **Medicare Program Integrity Manual**

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Chapter 6 – CMS. [www.cms.gov](http://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, Section

2. Medicare Program Integrity Manual,

Chapter 3 – CMS. [www.cms.gov](http://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 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



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any other provision of this 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**

“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.

### **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

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3, SECTION 3.6.2.5 A. N429. SERVICE WAS PERFORMED FOR ROUTINE/SCREENING BUT IS NOT A COVERED MEDICARE SCREENING BENEFIT. 96.

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

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