

Medicare Hospital Manual

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Table of Contents – Chapter II	-----	15 – 18.4 (10 pp.)
00 – 299.1	-----	19 – 51 (270 pp.)
A292	-----	No Page # (2 pp.)
Table of Contents, Ch II ESRD Appendix	-----	No Page # (2 pp.)
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Table of Contents – Chapter II, Interim Manual Instructions	-----	No Page # (1 p.)
IM-259 – IM-299.1	-----	No Page # (3 pp.)
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400 – 497	-----	4-11 – 4-821 (545 pp.)
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Table of Contents - Chapter IV, Interim Manual Instructions, Coverage of Hospital	-----	No Page # (1 p.)
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Services, Billing Procedures		
Chapter IV, Addendum A	-----	A-1 – A-58 (58 pp.)
Chapter IV, Addendum B	-----	B-1 – B-32 (32 pp.)
Chapter IV, Addendum H	-----	H-1 – H-28 (28 pp.)
Chapter IV, Addendum I	-----	I-1 – I-14 (14 pp.)

NEW/REVISED MATERIAL--EFFECTIVE DATE: Not Applicable

Chapter II, Coverage of Services; Chapter III, Admission Procedures; and Chapter IV, Billing Procedures; are being deleted and the related instructions are issued in the CMS Manual System. The tables of contents are replaced with a crosswalk from the old Hospital Manual to the related instruction in the Internet-only manual (IOM). If the material from the old Hospital Manual is no longer applicable, we indicate that it was not moved to the IOM by entering “deleted” in the crosswalk. For each included cross-reference, we provide the old manual number and the IOM number (e.g., Pub. 100-2 for Benefit Policy Manual), and the IOM chapter and section (§) numbers.

The CMS Manual System can be found at <http://www.cms.hhs.gov/manuals>

These instructions should be implemented within your current operating budget.

CMS-Pub. 10

CHAPTER II -COVERAGE OF SERVICES

NOTE: Chapter II has been moved to the new CMS Manual System, mainly in the Medicare Benefit Policy Manual (CMS Pub. 100-2). The new manual can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

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	Old §	Pub, Chapter, & §
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	Old §	Pub, Chapter, & §
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	Old §	Pub, Chapter, & §
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	Old §	Pub, Chapter, & §
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Limitations on Payment for Services to the Employed Aged and Aged Spouses of Employed Individuals of Any Age Who Are Covered by Employer Group Health Plans	HO-IM-263	100-5, 2-§10

CHAPTER III - ADMISSION PROCEDURES

NOTE: Chapter III has been moved to the new CMS Manual System, in the Medicare Claims Processing Manual (CMS Pub. 100-4). The new manual can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
General Admission Procedures	HO-300	100-4, 2-§10, 100-5, 3-§20
Identifying Other Primary Payers During the Admission Process	HO-301	100-4, 2-§20.1, 100-5, 3-§20
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Types of Admission Questions to Ask Medicare Beneficiaries	HO-301.2	100-4, 2-§20.1.2
Policy for Provider Records Retention of MSP Information	HO-301.3	100-4, 2-§20.1.3
Waiver of Health Insurance Benefits as a Condition of Admission	HO-302	100-4, 2-§10.2
Hospital Prepayment Requests and Requirements	HO-303	100-4, 2-§10.3
Requiring Prepayment as a Condition of Admission Is Prohibited	HO-303.1	100-4, 2-§10.3
When Prepayment May be Requested	HO-303.2	100-4, 2-§10.4
Hospital May Require Prepayment for Noncovered Services	HO-303.3	100-4, 2-§10.4, 100-4, 2-§10.6
Compliance With Agreement	HO-303.4	100-4, 2-§10.7
Obtaining the Health Insurance Claim Number (HICN)	HO-304	100-4, 2-§30
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Identifying Health Insurance Claim Numbers	HO-304.4	100-4, 2-§10.1
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Contacts with the Social Security Office to Obtain Health Insurance Claim Numbers	HO-306	100-4, 2-§60
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Initiating Bills Where No Payment Will be Made	HO-311	100-4, 2-§30

	Old §	Pub, Chapter, & §
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PRO Monitoring of Hospital Admission Notice to Beneficiaries	HO-312.1	100-4, 2-§80.3
Medicare Participating Physicians/Suppliers Directory (MEDPARD)	HO-315	100-4, 23-§30.1.1
Outpatient Registration Procedures	HO-350	100-4, 2-§90
Exhibit 1 - Certificate of Social Insurance Award	HO-399	Deleted – Obsolete
Exhibit 2 - Temporary Notice of Medicare Eligibility	HO-399	100-1, 2-§50.1
Exhibit 4. Notice to Beneficiary of PRO Review of Need for Continued Hospitalization	HO-399	Deleted - Obsolete
Exhibit 5. Important Message from Medicare (CMS-R-193)	HO-399	To be placed in 100-4, 3
Exhibit 6. Spanish Important Message from Medicare (CMS-R-193)	HO-399	To be placed in 100-4, 3

CHAPTER IV - BILLING PROCEDURES

NOTE: Chapter IV has been moved to the new CMS Manual System, mainly in the Medicare Claims Processing Manual (CMS Pub. 100-4). The new manual can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
General Requirements	HO-400	100-4, 3-§§10, 40.2.5, 40.2.6, 40.3, 40.3.1, 40.4, 100.6
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Frequency of Billing	HO-402	100-4, 1-§50.2
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Billing Procedures for a Provider Assigned Multiple Provider Numbers or a Change in Provider Number	HO-404.1	100-4, 3-§100.4.1
Waiver of Liability Provision	HO-406	100-4, 3-§§40.5, 90.1.1
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Pacemaker Registry	HO-410	Deleted - Obsolete
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Adjustment Bills	HO-411.1	100-4, 3-§50, 25-§80, 80.2
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Transfer of Patient Information	HO-412	100-4, 3-§10
Retention of Health Insurance Records	HO-413	100-4, 1-§§110, 110.1, 110.2
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Collection of Peer Review Organization (PRO) Data from Hospital and Swing Bed Bills	HO-414	material still in effect is in 100-4, 25

	Old §	Pub, Chapter, & §
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PRO Prepayment Review System (PRS)	HO-414.2	Deleted-obsolete
PRO Monitoring of Hospital Notices for Denial of Continued Stay of Inpatient Care Under PPS	HO-414.3	100-4, 3-§§130.3 and 130.4
Issuance of Hospital Notices of Noncoverage	HO-414.4	100-4, 3-§130.5
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PRO Monitoring of HINNs	HO-414.6	100-4, 3-§130.5.2
Notices in Investigational/Experimental Procedures Situations	HO-414.7	100-4, 3-§130.5.3
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Provider Liability	HO-414.9	100-4, 3-§130.7, 30-§20.1
Right to a Reconsideration	HO-414.10	100-4, 3-§130.8
Model Letters	HO-414.11	100-4, 3-§130.9
Exhibit 1 - Model Hospital-Issued Notice of Noncoverage Admission or Preadmission	-	100-4, 3-§130.9, exh 1, Letter 1
Exhibit 2 - Model Hospital-Issued Notice of Noncoverage Continued Stay (Attending Physician Concurs)	-	100-4, 3-§130.9, exh 1, Letter 2
Exhibit 3 - Model Hospital-Issued Notice of Noncoverage Continued Stay—Swing Bed Only (Attending Physician Concurs) (Patient Changes from Acute to NF Level of Care)	-	100-4, 3-§130.9, exh 1, Letter 3
Exhibit 4 - Model Hospital-Issued Notice of Noncoverage Continued Stay—Swing Bed Only (Attending Physician Concurs) (Patient Changes from Acute to NF Level of Care)	-	100-4, 3-§130.9, exh 1, Letter 4
Exhibit 5 - Model Hospital-Issued Notice of Noncoverage Continued Stay (PRO Concurs)	-	100-4, 3-§130.9, exh 1, Letter 5
Exhibit 6 - Model Hospital-Issued Notice of Noncoverage Continued Stay—Swing Bed Only (PRO Concurs) (Patient Changes from Acute to NF Level of Care)	-	100-4, 3-§130.9, exh 1, Letter 6
Exhibit 7 - Model Hospital-Issued Notice of Noncoverage Continued Stay—Swing Bed Only (PRO Concurs) (Patient Changes from Acute to SNF Level of Care)	-	100-4, 3-§130.9, exh 1, Letter 7
Exhibit 8 - Model Hospital-Issued Notice of Noncoverage Continued Stay—Swing Bed Only (Patient Changes from SNF to NF or Custodial Care)	-	100-4, 3-§130.9, exh 1, Letter 8

	Old §	Pub, Chapter, & §
Exhibit 9 - Model Hospital-Issued Notice of Noncoverage Direct Preadmission/Admission to NF Swing Bed	-	100-4, 3-§130.9, exh 1, Letter 9
Exhibit 10 - Model Hospital Notice to Beneficiary of PRO Review of Need for Continued Hospitalization	-	100-4, 3-§130.9, exh 1, Letter 10

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Remittance Advice to the Hospital	HO-415.13	100-4, 3-§40.1
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	Old §	Pub, Chapter, & §
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	Old §	Pub, Chapter, & §
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	Old §	Pub, Chapter, & §
Services		
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Billing for Mammography Screening	HO-451	100-4, 18-§§20, 20.1, 20.2, 20.3, 20.4
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Uniform Billing

Completion of Form HCFA-1450 for Inpatient and/or Outpatient Billing	HO-460	100-4, 2-§100.1.2, 9-§30.2, 16-§50.4.2, 25-§50.1, 28-§30.2
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Completion of Form HCFA-1450 by Provider RHCs	HO-461	100-4, 25-§60
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Electronic Media Claims Data

Submission of Electronic Media Claims Data (EMC)	HO-463	100-4, 24-§10ff
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Form HCFA-1450

Completion of Form HCFA-1450 for Inpatient and Outpatient Bills for Rural Primary Care Hospital (RPCH)	HO-465	100-4, 25-§60
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Billing in Situations Where Medicare Is Secondary Payer

	Old §	Pub, Chapter, & §
Services Are Reimbursable Under Workers' Compensation	HO-469	100-4, 1-§100, 100-5, 3-§10.3, 40, 40.1.2
Services Are Reimbursable Under Automobile Medical or No-Fault Insurance, or Any Liability Insurance	HO-470	100-4, 3-§40.4.1, 100-5, 3-§40
Medicare Benefits Are Secondary to Employer Group Health Plans When Individuals Are Entitled to Benefits Solely on the Basis of ESRD	HO-471	100-4, 3-§20.2.1, 100-5, 3-§40

Billing in Medicare Secondary Payer Situations

Bill Preparation When Medicare Is Secondary Payer	HO-472	100-5, 3-§10.3, 40, 40.1.2, 40.2.2
Inpatient Hospital Bills (Other Than PPS)	HO-472.1	100-5, 3-§40.1
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Denials and Conditional Payments in MSP Situations	HO-472.3	100-5, 3-§40.2.1, 40.2.2, 40.8.3, 40.8.12
How to Determine Current Medicare Interim Payment Amount	HO-473	100-5, 3-§40.8.3
Benefits Exhausted Situations When Medicare is Secondary Payer for Reasonable Cost Hospitals	HO-474	100-5, 3-§40.8.9
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Review Protocol for Medicare Secondary Payer Hospital Review

Review Protocol	HO-480	100-5, 5-§70
Reviewing Hospital Files	HO-480.1	100-5, 5-§70.1
Frequency of Reviews and Hospital Selection	HO-480.2	100-5, 5-§70.1
Methodology for Review of Admission Procedures	HO-480.3	100-5, 5-§70.1.1
Selection of Bill Sample	HO-480.4	100-5, 5-§70.1
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Review of Hospitals with On-Line Admissions	HO-480.6	100-5, 5-§70.1.1, 70.1.3
Intermediary Assessment of Hospital Review	HO-480.7	100-5, 5-§70.2, 70.4
Exhibits	HO-480.8	100-5, 5-§70.3

	Old §	Pub, Chapter, & §
Credit Balance Reporting		
Completing the HCFA-838	HO-484.2	To be added after adjustments in 100-4, c1 §140
Payment of Amount Owed Medicare	HO-484.3	To be added after adjustments in 100-4, c1 §140
Records Supporting HCFA-838 Data	HO-484.4	To be added after adjustments in 100-4, c1 §140
Provider-Based Home Health Agencies (HHAs)	HO-484.5	To be added after adjustments in 100-4, c1 §140
Exception for Low Utilization Providers	HO-484.6	To be added after adjustments in 100-4, c1 §140
Compliance with MSP Regulations	HO-484.7	To be added after adjustments in 100-4, c1 §140
Exhibit I-Medicare Credit Balance Report Certification	-	To be added after adjustments in 100-4, c1 §140
Exhibit II-Medicare Credit Balance Report (Form HCFA-838)	-	To be added after adjustments in 100-4, c1 §140
Overpayments		
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When a Hospital Is Not Liable	HO-486	100-1, 3-§110.1
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	Old §	Pub, Chapter, & §
Meeting Conditions of Participation		
Coverage Requirements for Emergency Hospital Services in Canada or Mexico	HO-490.4	100-4, 3-§110.3
Services Furnished in a Foreign Hospital Nearest to Beneficiary's U.S. Residence	HO-490.5	100-4, 3-§110.4
Coverage of Physician and Ambulance Services Furnished Outside U.S.	HO-490.6	100-4, 3-§110.5
Claims for Services Furnished in Canada and Mexico to QRRBs	HO-490.7	100-4, 3-§110.6
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Submitting Claims	HO-490.11	100-4, 3-§110.11
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Designated Carriers	HO-491.3	100-4, 3-§120.5
Form HCFA-1771	HO-491.4	100-4, 3-§120.1.1
Exhibits	HO-491.5	100-4, 3-§§120.3 thru 120.3.8
Billing for Physician Services		
Elimination of Combined Billing and HCFA-1554 - October 1, 1983	HO-495	Deleted Obsolete
Combined Billing for All-Inclusive Rate Hospitals and Teaching Hospitals	HO-496	100-4, 3-§70.1
Billing for the Professional Component of Hospital-Based Physicians' Services	HO-496.1	100-4, 3-§10.1
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Completion of the HCFA-1490 and HCFA-1500	HO-496.3	100-4, 25 & 26

	Old §	Pub, Chapter, & §
Limitations on Reassignment	HO-496.4	100-4, 1-§30.2.14
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ESRD Appendix - Billing Procedures

Inpatient Renal Services

Payment for Dialysis Treatments Provided During a Hospital Inpatient Stay	E400	100-4, 3-§100.6
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Inpatient Billing

General Billing Information	E402	Heading only
Bill Review and Payment Responsibility	E402.1	Deleted - Obsolete
Completion and Processing of the HCFA-1453 Inpatient Billing Form	E402.2	Deleted - Obsolete
Billing for Services When a Transplant Occurs	E404	100-2, 11-§140
Billing for Intravenous Iron Therapy	E405	100-2, 11-§30.4.2.1
Billing for Blood and Tissue Typing of the Transplant Recipient Whether or not Medicare Entitlement is Established	E406	100-2, 11-§140
Billing for Blood and Tissue Typing and Other Pre-Transplant Evaluation of Live Donors	E408	100-4, 3-§90.1.1
Billing Donor and Recipient Pre-Transplant Services (Performed by Transplant Hospitals or Other Providers) to the Kidney Acquisition Cost Center	E410	100-4, 3-§90.1.1
Billing for Cadaveric Donor Services	E412	100-4, 3-§90.1.1
Billing for Organ Procurement	E414	100-4, 3-§§90, 90.1
Billing for Physicians' Services Before Transplantation	E416	100-4, 3-§90.1.1
The Standard Kidney Acquisition Charge	E417	100-4, 3-§90.1.1
Billing for Physicians' Services After Transplantation	E418	100-4, 3-§90.1.1
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Billing for Dialysis Services

General Billing Instructions	E422	100-4, 8-§10
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Beneficiary Selection Form HCFA-382, For Home Dialysis Patients	E422.2	

	Old §	Pub, Chapter, & §
Special Instructions on Completion of the HCFA-1450 Billed by Hospital-Based Renal Dialysis Facilities Under Method I	E422.3	100-4, 25-§60
Special Instructions on Completion of the HCFA-1450 by Hospital-Based Renal Dialysis Facilities Billed Under Direct Dealing (Method II)	E422.4	100-4, 25-§60
Payment of Epoetin (EPO)	E422.5	100-4, 8-§60.4
Drugs Furnished in Dialysis Facilities	E422.6	100-4, 8-§60.2
Blood and Blood Services Furnished in Hospital-Based Dialysis Facilities	E422.7	100-4, 8-§60.3
Coding for Adequacy of Hemodialysis	E422.8	100-4, 8-§50.9
Chapter 4 Interim Manual Instructions		
Adjustment Bills	HO-IM411.1	100-4, 3-§50, 25-§80, 80.2
Claim Change Reasons	HO-IM411.2	100-4, 3-§50.2, 25-§80.1.2, 80.1.3
Late Charges	HO-IM411.3	100-4, 3-§50.3
Implementation of Omnibus Budget Reconciliation Act (OBRA) of 1990	HO-IM415	Deleted-obsolete
Planning for Implementation of HCPCS for Hospital Outpatient Radiology Services	HO-IM423.1	Deleted-obsolete
Addendum A – Provider Electronic Billing File and Record Formats	HO-ADD A	100-4, 25-§90
Addendum B – Alphabetic Listing of Data Elements	HO-ADD B	100-4, 25-§130