
Medicare

Intermediary Manual

Part 3 – Claims Process

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 VII 3-3600 – 3-3699.7	1 - 15 (15 pp.) None	6-1 – 6-8 (15 pp.) 6-11 – 6-684 (857 pp.)

NEW/REVISED MATERIAL--EFFECTIVE DATE: Not Applicable

IMPLEMENTATION DATE: Not Applicable

Chapter VII, Bill Review. This chapter is being deleted and the related instructions are issued in the CMS Internet-only manual (IOM). The table of contents is replaced with a crosswalk from the old Part 3 to the related instruction in the IOM. If the material from MIM, Part 3, is no longer applicable, we indicate that it was not moved to the IOM by entering “deleted” in the crosswalk..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 (e.g., a3), the IOM number (e.g., 100-4 for Claims Processing), and the IOM chapter and section (§) numbers.

The Internet-only manual can be found at <http://www.cms.hhs.gov/manuals>

These instructions should be implemented within your current operating budget.

CHAPTER VII - BILL REVIEW

NOTE: Chapter VII has been moved to the new CMS Manual System, mainly in the Medicare Claims Processing Manual (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.

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Ambulatory Surgical Center (ASC) Pricer Program	A3-3656.4	To Be Added to 100-4, 13
Outpatient Code Editor (OCE)	A3-3656.5	100-4, 4-§170
Radiology Pricer Program	A3-3656.6	Deleted - Obsolete
Home Health Prospective Payment System (HH PPS) Pricer Program	A3-3656.7	100-4, 10-§70
Special Billing Situations	A3-3660	Deleted – only a heading in MIM
Ambulance Services	A3-3660.1	100-4, 15-§30.2
Diagnostic and Screening Mammograms Performed with New Technologies	A303660.2	100-4, 7-§80.2.1, 18-§20.7
All-Inclusive Rate Providers	A3-3660.4	100-4, 3-§§70, 70.1
Hospitals That Do Not Charge	A3-3660.5	100-4, 3-§§80, 80.1
Billing for Parenteral and Enteral Nutrition (PEN)	A3-3660.6	100-4, 20-§160.3
Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines	A3-3660.7	100-4, 18-§§10-10.1.3, 10.2-10.2.4, 10.3, 10.3.2-10.3.2.3
Immunosuppressive Drugs Furnished to Transplant Patients	A3-3660.8	100-4, 17-§§80.3.1-80.3.1.2
Payment for CRNA or AA Services	A3-3660.9	100-4, 3-§100.2
Mammography Screening	A3-3660.10	100-4, 18-§§20, 20.2.1-20.3.2, 20.3.2.3, 20.4, 20.4.1.1-20.4.2.1, 20.6, 20.8-20.8.2

	Old §	Pub., Chapter, & §
Self-Administered Drugs and Biologicals	A3-3660.11	100-4, 17-§80.5
Self-Administered Drug Administered in an Emergency Situation	A3-3660.12	100-4, 17-§80.5
Oral Cancer Drugs	A3-3660.13	100-4, 17-§§80.1-80.1.4
Self-Administered Anti-emetic Drugs	A3-3660.14	100-4, 17-§80.2
Oral Anti-Nausea Drugs as Full Therapeutic Replacements for Intravenous Dosage Forms as Part of a Cancer Chemotherapeutic Regimen	A3-3660.15	100-4, 17-§§80.2-80.2.3
Mammography Quality Standards Act (MQSA)	A3-3660.16	100-4, 18-§§20.1, 20.2
Colorectal Screening	A3-3660.17	100-4, 7-§80.6, 18-§§60-60.7
Extracorporeal Immunoabsorption (ECI) Using Protein A Columns	A3-3660.18	To be included in 100-4, Chapter 4
Diagnostic Mammography	A3-3660.19	100-4, 18-§§20, 20.3.2.2
Diagnostic and Screening Mammograms Performed with New Technologies	A3-3660.20	100-4, 18-§20.7
Hospital Outpatient Partial Hospitalization Services	A3-3661	100-4, 4-§§200.1-200.6
Billing for Hospital Outpatient Services Furnished by Clinical Social Workers (CSWs)	A3-3662	100-4, 18-§20.3.2.2
Outpatient Observation Services	A3-3663	100-4, 4-§290
Adjustment Bills	A3-3664	100-4, 3-§50, 25-§§80, 80.1, 80.1.1, 80.2
Tolerance Guides for Submitting Adjustment Bills	A3-3664.1	100-4, 3-§50.1, 25-§80.2.1
Physician Services	A3-3668	Deleted – Only a Heading in MIM
Billing for Physicians Services	A3-3668.1	Deleted - Obsolete
Combined Billing by All-Inclusive Rate and Teaching Hospitals	A3-3668.2	Deleted - Obsolete
Cost Reimbursement Providers		
Residents and Interns Not Under Approved Teaching Programs	A3-3669	100-4, 3-§100.3
Detection of Duplicate Claims	A3-3670	100-4, 1-§130
Coordination with Carriers	A3-3672	100-4, 3-§10.4
Part A Denials	A3-3672.1	Deleted - Obsolete
Nonphysician Services Furnished to Hospital Inpatients Are Billed to Carrier	A3-3672.2	100-4, 3-§10.4
Corrective Action When Nonphysician Services Are Furnished to Hospital Inpatients	A3-3672.3	100-8, 3

	Old §	Pub., Chapter, & §
Recovery of Overpayment When Nonphysician Services Furnished to Hospital Inpatient Paid by Carrier	A3-3672.4	100-8, 3
Format and Content of A/B Data Match Record Furnished by Carrier	A3-3672.5	Deleted - Obsolete
Format for Fee Schedule, Prevailing Charge and Conversion Factor Data	A3-3672.6	100-4, 23-§30 - §80
Coordination with the PRO	A3-3674	100-4, 3-§130
Limitation of Liability Provision	A3-3674.1	100-4, 3-§130.1
General Responsibilities of Hospitals, PROs, and Intermediaries	A3-3674.2	100-4, 3-§130.2
PRO Preadmission/Preprocedure Review	A3-3674.3	100-10, 4-§4110
PRO Prepayment Review System (PRS)	A3-3674.4	100-10, 4-§4570
PRO Reporting on Medical Review	A3-3674.5	100-10, 4-§4590
Enforcement of Provider Billing Timeliness and Accuracy Standard to Continue PIP	A3-3676	100-4, 1-§80.4
Establishing Pacemaker Register Records - Pacemaker Related ICD-9-CM Procedure Codes	A3-3678	Deleted - Obsolete
Medicare Standard Systems		
Release Software	A3-3680	A3 Rev. 1852 dated 3/02 not included – add in new chapter in Pub 100-1
Contractor Testing Requirements	A3-3681	A3 Rev. 1852 dated 3/02 not included – add in new chapter in Pub 100-1
Billing in Medicare Secondary Payer Situations		
Billing Procedures When Medicare is Secondary Payer	A3-3682	100-5, 3-§102, 10.3, 40, 40.1.2, 5-§40.6.1, 40.8.1, 40.8.8, 40.8.12
Inpatient Hospital Bills (Other Than PPS)	A3-3682.1	100-5, 3-§40.1, 40.2, 40.2.1, 40.2.2, 5-§40.8.3, 40.8.5, 40.8.8, 40.8.11, 40.8.12,
Outpatient Bills	A3-3682.2	100-5, 3-§40.2.2, 5-§40.8.4, 40.8.5, 40.8.12
Christian Science Sanatorium Bills	A3-3682.3	100-5, 3-§10.3, 40.1, 40.2.2, 5-§40.8.2, 40.8.11

	Old §	Pub., Chapter, & §
HHA Bills	A3-3682.4	100-5, 3-§40.1.2, 40.2.2, 5-§40.8.2, 40.8.12
Denials and Conditional Payments in MSP Situations	A3-3682.5	100-5, 3-§30.2.1.1, 40.40.2.2, 40.3, 40.3.1, 5-§40.6, 40.6.2
How to Determine Current Medicare Interim Payment Amount	A3-3683	100-5, 3-§10.3, 5- §30.7, 40.8.2, 40.8.3
Benefits Exhausted Situations When Medicare is Secondary Payer For Reasonable Cost Providers	A3-3684	100-5, 5-§40.8.9
Billing Procedures for Hospitals on Prospective Payment When Medicare is Secondary Payer	A3-3685	100-5, 3-§40.2.2, 5- §40.8, 40.8.1, 40.8.2, 40.8.3,
Development of Claims Where There May be Other Payer Involvement	A3-3686	100-5, 5-§30, 30.3
Further Development is Not Necessary	A3-3686.1	100-5, 5-§30.1
Further Development is Required	A3-3686.2	100-5, 5-§30.2
Deductible and/or Coinsurance Rates Applicable on Medicare Secondary Claims When an Inpatient Stay Spans Two Calendar Years	A3-3688	100-5, 5-§40.8.10
Coordination With Providers	A3-3690	100-9
Returning Bills to Providers	A3-3690.1	100-5, 6-§30.3
Review Protocol for Medicare Secondary Payer	A3-3693	100-5, 5-§70
Reviewing Hospital Files	A3-3693.1	100-5, 5-§70.1
Frequency of Reviews and Hospital Selection Criteria	A3-3693.2	100-5, 5-§70.1.1
Methodology for Review of Admission and Bill Processing Procedures	A3-3693.3	100-5, 5-§70.1.2
Selection of Bill Sample	A3-3693.4	100-5, 5-§70.3
Methodology for Review of Hospital Billing Data	A3-3693.5	100-5, 5-§70.3 thru 70.3.2
Review of Hospitals With On-Line Admissions Query	A3-3693.6	100-5, 5-§70.3.3
Assessment of Hospital Review	A3-3693.7	100-5, 5-§70.4
Exhibits	A3-3693.8	100-5, 5-§70.5
Request for Information from the Public		
Request for Information Required in the Development of Medicare Secondary Payer Claims	A3-3694	100-4, 2-§20
Model Development Letter Questions	A3-3694.1	100-5, 4-§30.2, 30.2.2 thru 30.2.6

	Old §	Pub., Chapter, & §
MSP Outpatient Claims Involving Lab Charges		
MSP Outpatient Claims Involving Lab Charges Paid by Fee Schedule	A3-3695	100-5, 5-§40.8.6, 40.8.6.1, 40.8.6.2
Medicare Secondary Payer (MSP) Claims Processing Under Common Working File (CWF)	A3-3696	100-5, 6-§10
Definition of MSP/CWF Terms	A3-3696.1	100-5, 6-§10.2
MSP Maintenance Transaction Record Processing	A3-3696.2	100-5, 6-§20
MSP Claim Processing	A3-3696.3	100-5, 6-§40
MSP Cost Avoided Claims	A3-3696.4	100-5, 6-§40.5
First Claim Development	A3-3696.5	100-5, 6-§10.2
First Claim Development Audit Trails for CPEP Purposes	A3-3696.6	Deleted - Obsolete
CWF MSP On-Line Inquiry	A3-3696.7	100-5, 6-§40.6
MSP Purge Process	A3-3696.8	100-5, 6-§40.7
Medicare Secondary Payment (MSP) Modules (MSPPAY)	A3-3697	100-5, 5-§50.1.1, 50.2, 50.2.1
Payment Calculation for Inpatient Bills (MSPPYAI Module)	A3-3697.1	100-5, 5-§50.2.7
Payment Calculation for Outpatient Claims (MSPPAYAOL)	A3-3697.2	100-5, 5-§50.2.8
Payment Calculation for Outpatient Bills (MSPPAYAO Module)	A3-3697.3	100-5, 5-§50.2.9

Emergency and Foreign Hospital Services

Services Rendered in Nonparticipating Providers	A3-3698	100-4, 3-§§110, 110.1, 16-§50.4.1.1
Establishing an Emergency	A3-3698.1	100-4, 3-§110.2
Qualifications of an Emergency Services Hospital	A3-3698.2	100-4, 3-§110.3
Claims From Hospital-Leased Laboratories Not Meeting Conditions of Participation	A3-3698.3	100-4, 3-§110.4, 16-50.4.1.1
Coverage Requirements for Emergency Hospital Service Furnished in Canada or Mexico	A3-3698.4	100-4, 3-§110.5
Services Furnished in a Foreign Hospital Nearest to Beneficiary's U.S. Residence	A3-3698.5	100-4, 3-§110.6
Coverage of Physician and Ambulance Services Furnished Outside U.S.	A3-3698.6	100-4, 3-§110.7
Claims for Services Furnished in Canada and Mexico to Qualified Railroad Retirement Beneficiaries	A3-3698.7	100-4, 3-§110.8
Non-emergency Part B Medical and Other Health Services	A3-3698.8	100-4, 3-§110.9

	Old §	Pub., Chapter, & §
Canadian or Mexican Christian Science Services Claims	A3-3698.9	100-4, 3-§110.10
Elections to Bill for Services Rendered in Nonparticipating Hospitals	A3-3698.10	100-4, 3-§110.11
Submitting Claims	A3-3698.11	100-4, 3-§110.11
Processing Claims	A3-3698.12	100-4, 3-§110.12
Accessibility Criteria	A3-3698.13	100-4, 3-§110.12.1
Medical Necessity	A3-3698.14	100-4, 3-§110.12.2
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Time Limitation on Claims	A3-3698.16	100-4, 3-§110.12.3
Appeals	A3-3698.17	100-4, 3-§110.13
Payment for Services Received in Nonparticipating Hospitals	A3-3699	100-4, 3-§120
Payment for Services of Nonparticipating Domestic Hospitals	A3-3699.1	100-4, 3-§120
Payment for Services of Canadian/Mexican Hospitals	A3-3699.2	100-4, 3-§120.1
Designated Intermediaries	A3-3699.3	100-4, 3-§120.2
Designated Carriers	A3-3699.4	100-4, 3-§120.2
CMS-1771	A3-3699.5	100-4, 3-§§110.12.1, 120.1.1
CMS-2628	A3-3699.6	100-4, 3-§§110.12.1, 120.1.1
Exhibits	A3-3699.7	100-4, 3-§120.3