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# Medicare Program Integrity Manual

HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)  
Department of Health and Human  
Services (DHHS)

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Transmittal 1

Date: JUNE 2000

**CHANGE REQUEST 931**

## **Initial Issuance of the Program Integrity Manual (PIM)**

Chapter 1 - Medical Review and Benefit Integrity Programs  
Chapter 2 - Sources to Identify Aberrancies, and Developing Fraud or Abuse Cases  
Chapter 3 - Corrective Actions  
Chapter 4 - Examples of Fraudulent Activities  
Chapter 5 - Items and Services Having Special Durable Medical Equipment Regional Carrier Review Considerations  
Chapter 6 - Intermediary Medical Review Guidelines for Specific Services  
Chapter 7 - Medical Review Reports  
Chapter 8 - Program Memoranda  
Chapter 9 - Medical Review Information Reported Electronically  
Exhibits  
Crosswalk to Other Manuals

The PIM is a consolidation of Medicare medical review and fraud and abuse procedures from the Medicare Intermediary and Carriers Manuals, provider manuals, and the most recent Program Memoranda relating to program integrity. The PIM does NOT contain new instructions or procedures but consolidates existing procedures, eliminating duplication in the aforementioned publications.

The PIM is an Internet document and may be accessed from the HCFA Web site: <http://www.hcfa.gov/pubforms/progman.htm>.

Effective immediately, the test period for the PIM is concluded, and the test manual is now the official PIM which is HCFA primary vehicle for program integrity instructions. Simultaneously with this issuance, we are releasing transmittals for various contractor and provider manuals, retiring the instructions replaced by the PIM.

**These instructions should be implemented within your current operating budget.**

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