

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1714</b>	<b>Date: APRIL 24, 2009</b>
	<b>Change Request 6393</b>

**SUBJECT: Correction to Editing of Health Insurance Prospective Payment System (HIPPS) Codes on Home Health Prospective Payment System (HH PPS) Claims**

**I. SUMMARY OF CHANGES:** This transmittal creates new editing in Medicare systems to ensure that changes to non-routine supply severity levels on HH PPS claims are appropriate.

**New / Revised Material**

**Effective Date:** Episodes beginning on and after January 1, 2008

**Implementation Date:** October 5, 2009

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)  
R=REVISED, N=NEW, D=DELETED

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
<b>R</b>	10/40.2/HH PPS Claims

### **III. FUNDING:**

**SECTION A: For Fiscal Intermediaries and Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**SECTION B: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

### **IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

*\*Unless otherwise specified, the effective date is the date of service.*

# Cms Manual System Pub 100 04

**Wolfgang Guggemos**

A red circular graphic with a gradient, appearing as a partial circle or a thick curved line, located to the right of the author's name.

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*Acute and Chronic Wounds - E-Book* Ruth Bryant, Denise Nix, 2023-05-18 Acute Telehealth and Wound Management Quality Tracking Across the Continuum and Medications and Phytotherapy Impact on Wounds provide evidence based coverage of these important topics UPDATED Consolidated pressure injuries content puts everything you need to know into one chapter Expanded full color insert includes 50 new images for a total of 95 color plates with more than 160 images that visually reinforce key concepts New information presents the latest developments in biofilm assessment and management topical oxygen therapy skin manifestations related to COVID 19 and strategies to enhance engagement as well as updated product photos and more authors who are clinical experts and providers

*Long-Term Care Skilled Services* Elizabeth Malzahn, 2011-04-06 Long Term Care Skilled Services Applying Medicare s Rules to Clinical Practice Avoid common mistakes that compromise compliance and payment Take the mystery out of skilled services and know when to skill a resident based on government regulations Medicare updates the MDS 3 0 and proven strategies Long Term Care Skilled Services Applying Medicare s Rules to Clinical Practice illustrates the role played by nurses therapists and MDS coordinators in the application and documentation of resident care Don t miss out on the benefits and reimbursement you deserve as author Elizabeth Malzahn delivers clear easy to understand examples and explanations of the right way to manage the skilled services process This book will help you Increase your skilled census and improve your facility s reputation with the support of your entire staff Avoid under and overpayments from Medicare with easy to understand explanations of complex rules and regulations Provide necessary skilled services to each resident through a complete understanding of eligibility requirements Accurately document skilled services using proven time saving solutions Properly assess skilled services under the MDS 3 0 Improve communication to increase resident and family satisfaction Reduce audit risk and prove medical necessity through accurate documentation Table of Contents Rules and Regulations Original law Social Security and Medicare Act CMS publications Manuals Transmittals MLN matters National and local coverage determinations RAI User s Manual Hierarchy of oversight CMS MAC FI OIG GAO etc Technical Eligibility for Skilled Services in LTC Eligibility basics Verification of current benefits How enrollment in other programs impacts coverage under traditional Medicare Hospice HMO managed care Medicare Advantage Medicaid Medi Cal Hospital stay requirement 30 Day transfer rule for hospital or SNF Understanding benefit periods Care continuation related to hospitalization How does a denial of payment for new admissions impact Medicare SNF admissions Meeting the Regulatory Guidelines For Skilled Services Skilled services defined Regulatory citations and references Clinical skilled services Therapy skilled services Physician certifications and recertification Presumption of coverage Understanding practical matter criteria for nursing home placement Impact of a leave of absence on eligibility MDS 3 0 Assessments Sections and Selection Oh My Brief history of MDS 3 0 Types of MDS assessments The assessment schedule Items to consider Importance of timing Review of each care related section of the MDS 3 0 Proper Communication During

the Part A Stay Medicare meeting Timinng Agenda What to discuss for each resident Ending skilled services Notification requirements Discharging Other notification requirements and communication Other Important Things to Know Medicare myths Consolidated billing Medical review Audience Administrators CFO CEOs directors of nursing MDS coordinators directors of rehab therapy directors PT OT ST DONs      **Federal Register**, 2014      Observation Medicine Sharon E. Mace, 2017-03-16 This guide to successful practices in observation medicine covers both clinical and administrative aspects for a multinational audience      **PROP - Coding Systems Custom E-Book** Anthem, 2014-04-25 PROP Coding Systems Custom E Book      **The OTA's Guide to Documentation** Marie Morreale, 2024-06-01 The bestselling newly updated occupational therapy assistant OTA textbook The OTA s Guide to Documentation Writing SOAP Notes Fifth Edition explains the critical skill of documentation while offering multiple opportunities for OTA students to practice documentation through learning activities worksheets and bonus videos The Fifth Edition contains step by step instruction on occupational therapy documentation and the legal ethical and professional documentation standards required for clinical practice and reimbursement of services Students and professors alike can expect the same easy to read format from previous editions to aid OTAs in learning the purpose and standards of documentation throughout all stages of the occupational therapy process and different areas of clinical practice Essentials of documentation reimbursement and best practice are reflected in the many examples presented throughout the text Worksheets and learning activities provide the reader with multiple opportunities to practice observation skills and clinical reasoning learn documentation methods create occupation based goals and develop a repertoire of professional language Templates are provided to assist beginning OTA students in formatting occupation based SOAP notes and the task of documentation is broken down into smaller units to make learning easier Other formats and methods of recording client care are also explained such as the use of electronic health records and narrative notes This text also presents an overview of the initial evaluation process delineating the roles of the OT and OTA and guidelines for implementing appropriate interventions New in the Fifth Edition Incorporation of the Occupational Therapy Practice Framework Domain and Process Fourth Edition and other updated American Occupational Therapy Association documents Updated information to meet Medicare Part B and other third party payer requirements Revised clinical terminology on par with current trends Added examples from emerging practice areas Expanded tables along with new worksheets and learning activities Included with the text are online supplemental materials for faculty use in the classroom this includes access to supplemental website worksheets learning activities and scenario based videos to practice the documentation process      **CPT Expert 2004** Medicode, Ingenix, 2003-12 The CPT Expert offers physicians offices codes and icons denoting new changed and deleted language from the latest release CPT 2004 plus information that will help the coder find and use the CPT codes more easily An extensive index terms to know and other additions help clarify the codes and speed assigning accurate codes The product also provides valuable information about coding CPT for Medicare Part B

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