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## Chapter

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Chapter 1 - General Billing Requirements .

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This chapter provides claims processing instructions for physician and nonphysician practitioner services. Most physician services are paid according to

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CMS Manual System Department of  
Health & Human Services (DHHS) Pub  
100-04 Medicare Claims Processing  
Centers for Medicare & Medicaid Services  
(CMS) Transmittal 10407 Date: October  
30, 2020 Change Request 12026.

SUBJECT: Internet Only Manual Update,



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Pub. 100-04, Chapter 11 - This CR Rescinds and Fully Replaces CR 11807.

## ~~CMS Manual System~~

Medicare Benefit Policy Manual, chapter 13. An RHC cannot be concurrently approved for Medicare as both an FQHC and an RHC. 10.3 - Claims Processing

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**12** Jurisdiction for RHCs and FQ HCs (Rev. 1707; Issued: 03-27-09; Effective: 04-027-09; Implementation: 04-27-09)  
During the period of time while CMS is in the process of transitioning workload from

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The SNFs using the PIP method of

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12 payment follow the regular billing instructions in Medicare Claim Processing Manual, Chapter 25. See the Medicare Claims Processing Manual, Chapter 1, [General Billing Requirements,] §80.4, for requirements SNFs must meet and A/B MACs (A) must monitor to continue PIP reimbursement.

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Chapter 24 - General EDI and EDI

Support Requirements, Electronic Claims  
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12  
Completing and Processing the Form  
CMS-1450 Data Set (PDF)

~~100-041-CMS~~

The Internet-only Manuals (IOMs) are a replica of the Agency's official record copy. They are CMS' program issuances, day-to-day operating instructions, policies,

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**12** and procedures that are based on statutes, regulations, guidelines, models, and directives. The CMS program components, providers, contractors, Medicare Advantage organizations and state survey agencies use the IOMs to administer CMS ...

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Medicare Claims Processing Manual:  
Chapter 9, Rural Health Clinics and  
Federally Qualified Health Centers.  
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Processing Manual: Chapter 9, Rural  
Health Clinics and Federally Qualified  
Health Centers. Author: Centers for

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12 Medicare and Medicaid (CMS) Rural health clinics (RHCs) are clinics that are located in areas that are designated both by the Bureau of the Census as rural and by the Secretary of DHHS as medically underserved.

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Billing and Coding Guidelines for  
Radiopharmaceutical Agents. Medicare  
Regulation Excerpts: Italicized font  
represents CMS national

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12 language/wording copied directly from  
CMS Manuals or CMS transmittals.

Contractors are prohibited from changing  
national language. PUB 100-4 Medicare  
Claims Processing Manual- Chapter 12 -  
Physicians/Nonphysician Practitioners  
20.4.4 - Supplies (Rev. 1, 10-01-03)  
B3-15900.2.

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Chapter 16 - Laboratory Services.

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12 Guidance for this chapter provides definitions and a general explanation of payment for laboratory services, including the calculation of payment rates for clinical laboratory fee schedule (CLFS).  
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Chapter 11 ...~~

CMS IOM Pub. 100-04, Claims  
Processing Manual, Chapter 18, Section



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## 60 Counseling to Prevent Tobacco Use

Medicare covers counseling to prevent tobacco use for outpatient and hospitalized Medicare beneficiaries for whom all of the following are true: Use tobacco, regardless of whether they exhibit signs or symptoms of tobacco-related disease

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## ~~12 Preventive Services & Screenings~~

CMS IOM, Publication 100-4, Medicare Claims Processing Manual, Chapter 4, Section 231.2: BL- Special acquisition of blood and blood products Do not use when blood is received free (e.g., from a blood bank) OPPS Hospital. BL modifier is appended HCPC on line item for blood

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**12** and blood product and line item for  
processing and storage

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