

## Medicare Program Integrity Manual Chapter 6

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Overview of Prepayment and Postpayment Reviews. 3.2.1 - Setting Priorities and Targeting Reviews.  
3.2.2 - Provider Notice

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Chapter 3 of Pub. 100-08, the Medicare Program Integrity Manual, when conducting medical review. B.  
Demand Bills . MACs must conduct MR of all patient-generated demand bills with the following  
exception: Demand bills for services to beneficiaries who are not entitled to Medicare or do

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06-15-20) Transmittals for Chapter 10. 10.1 □ Introduction to Medicare Provider Enrollment . 10.1.1 □ Definitions . 10.2 □ Provider and Supplier Types/Services . 10.2.1 □ Certified Providers and Certified Suppliers That Enroll Via the Form

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Medicare Program Integrity Manual Chapter 5 □ Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items and Services Having Special DME Review Considerations. Table of Contents (Rev. 10190, 06-19-20) Transmittals for Chapter 5. 5.1 □ Home Use of DME, Prosthetics, Orthotics, and Supplies. 5.2 □ Rules Concerning DMEPOS Orders

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Chapter 6 - Medicare Contractor Medical Review Guidelines for Specific Services Chapter 5□ Durable Medical Equipment, Prosthetics,Orthotics, and Supplies (DMEPOS) Items and Services Having Special DME Review Considerations Chapter 4 - Program Integrity Chapter 3 - Verifying Potential Errors and Taking Corrective Actions

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Medicare Program Integrity Manual Chapter 15 - Medicare Enrollment. Guidance for this chapter specifies the resources and procedures Medicare fee-for-service contractors must use to establish and maintain provider and supplier enrollment in the Medicare program. These procedures apply to A/B MACs (A & B) and the National Supplier Clearinghouse (NSC).

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Medicare Program Integrity Manual

Guidance for the Medicare Program Integrity Manual (PIM), available on the Internet, includes CMS' day-to-day operating instructions, policies, and procedures that are based on statutes, regulations, guidelines, models, and directives to CMS program integrity contractors. the Manual addresses the detection and prevention of fraud, waste and abuse, as well as the prevention of improper payments in the Medicare fee-for-service (FFS) program.

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Data Analysis (PDF) Chapter 3 - Verifying Potential Errors and Taking Corrective Actions (PDF)

100-08 | CMS - Centers for Medicare & Medicaid Services

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(Rev. 863, 02-12-19) Transmittals for Chapter 13. 13.1 - Glossary of Acronyms. 13.1. 1 □ LCD  
Definition & Statutory Authority for LCDs . 13.2 □ LCD Process 13.2.1 □ General LCD Process  
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Medicare Program Integrity Manual Chapter 10 - Medicare Provider/Supplier Enrollment . Table of Contents (Rev. 306, 10-02-09) Transmittals for Chapter 10. 1 □ Introduction to Provider Enrollment . 1.1 - Definitions . 1.2 □ CMS-855 Medicare Enrollment Applications . 1.3 □ Medicare Contractor Duties . 2 □ Timeliness and Accuracy Standards . 2.1 □

Medicare Program Integrity Manual - Health Law

Medicare Program Integrity Manual, Chapter 5 When reviewing claims and orders, or auditing CMNs or DIFs for DMEPOS, DME MACs and UPICs may encounter faxed, copied, or electronic orders, CMNs, and DIFs in supplier files. The DME MACs and UPICs will accept these documents as fulfilling the documentation requirements.

Supplier Manual - Chapter 3 Supplier Documentation

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