

Medicare Secondary Payer (MSP) Manual

Chapter 7 - Contractor MSP Recovery Rules

Table of Contents
(Rev. 09/02-22-08)

[Transmittals for Chapter 7](#)

[Crosswalk to Old Manuals](#)

10 - General

10.1 - IRSSSA/CMS Data Match (Data Match) GHP Identified Cases

10.2 - Other Than Data Match GHP Identified Cases

10.3 - Other Sources of Recovery Actions

10.3.1 - GHP Acknowledges Specific Debt (42 CFR 411.25)

10.3.2 - Recovery from the Provider, Physician or Other Supplier

10.3.3 - Recovery from the Beneficiary Who Received Payment from Both Medicare and a GHP

10.3.4 - Recovery When a State Medicaid Agency Has Also Requested a Refund from the GHP

10.3.5 - Identification of GHP Mistaken Primary Payments via the Recovery Management System (ReMAS)

10.3.5.1 - Progression of ReMAS GHP Lead Identification

10.3.5.2 - Progression of ReMAS GHP History Search

10.4 - Contractor Recovery Case Files (Audit Trails)

10.5 - GHP Letters (Used for ReMAS/HIGLAS When the Only Debtor Interfaced to HIGLAS is the Employer)

10.5.1 - Employer GHP Letter (Used for ReMAS/HIGLAS Users When the Only Debtor Interfaced to HIGLAS is the Employer)

10.5.1.1 - Important Information for Employers

10.5.2 - Insurer GHP Letter (Used for ReMAS/HIGLAS Users When the Only Debtor Interfaced to HIGLAS is the Employer)

10.5.3 - Provider, Physician or other Supplier GHP Demand Letter (DPP Scenario)

10.5.4 - Beneficiary GHP Demand Letter (DPP Scenario)

10.6 - Accountability Worksheet (Not Applicable to ReMAS/HIGLAS Users)

Medicare Msp Manual Chapter 7

Roy A. Franco, Jeffrey J. Signor



Medicare Msp Manual Chapter 7:

The How-to Manual for Rehab Documentation Rick Gawenda, 2004 *The How-To Manual for Rehab Documentation, Third Edition* Rick Gawenda, 2009-04-06

The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials Rick Gawenda PT Up to speed with Medicare documentation requirements for 2009 and beyond Increase cash flow and reduce Medicare claim denials by using strategies provided in the Third Edition of The How To Manual for Rehab Documentation Written by national consultant Rick Gawenda PT Since our last edition there have been significant changes to the rules and regulations surrounding documentation in therapy settings And now that the RACs are underway it is even more important to have accurate and thorough documentation Mistakes can lead to delayed payments and denials so how do ensure that you are in compliance with the current guidelines Make it easy Order your copy of The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials Written by author and national consultant Rick Gawenda PT of Gawenda Seminars this book and CD ROM set focuses on the clinical aspects of documentation and offers proven methods to strengthen documentation and decrease the frequency of denials Gawenda encourages b documentation methods that have worked for him and help you conquer potentially tough concepts such as maintenance therapy and CPT codes What s new in the third edition Clarification of certification and re certification requirements regarding how long they are valid for and how soon they need to be signed Explanation of delayed certification Tips to write function based short and long term goals Updated examples of well written goals Updated payer documentation guidelines for evaluations progress reports daily notes discharge reports and re evaluations The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials outlines proper documentation strategies starting from the moment a patient registers and receives treatment to billing for time and services Gawenda encourages b documentation methods that have worked for him and help you conquer potentially tough concepts such as maintenance therapy and CPT codes This comprehensive book and CD ROM helps you Improve therapy billing through better documentation Prevent denials as a result of better documentation practices Maintain quality assurance through proper documentation Optimize your reimbursement from both Medicare and third party payers Avoid audits and targeted medical reviews Document care in a more efficient way Take the critical steps to verify therapy benefit coverage prior to a patient s initial visit Support skilled therapy services with inclusion of required documentation Understand Medicare certification and recertification time frames and requirements for all therapy settings Understand and use the most commonly used CPT codes and modifiers in rehabilitation therapy Table of Contents Chapter 1 The Role of the Registration Staff Registration Basics Benefit Verification Preregistering Chapter 2 Initial Documentation Evaluation Format Documentation Components Evaluation Process Objective Criteria Assessment Documentation Goals POC Documentation Creating a Solid Foundation Chapter 3 Certification and

Recertification Physician Referrals Physician Referral Denials Outpatient Therapy Settings Certification and Recertification SNF Part A Therapy Services Reimbursed Under the Prospective Payment System PPS Home Health Agency Part A Therapy Services Chapter 4 Daily Documentation Daily Documentation Documentation Requirements Home Exercise Programs HEPs Plan Documentation Chapter 5 Progress Reports Discharge Reports and Reevaluations Progress Reports Discharges Reevaluations Chapter 6 Maintenance Therapy What is an FMP Coverage Criteria Documentation Requirements Billing Cover All Your Bases Chapter 7 Wound Care Under Medicare Discharge Criteria Additional Pointers Appendix A Navigating the CMS Web site Getting Started Final Word Make it easy to understand CMS documentation guidelines No need to download and interpret the guidance from the CMS Web site yourself Author Rick Gawenda PT has done the work for you His documentation practices are sure to help you receive optimal compensation for the services you perform as a therapist Nearly half of all rehab claim denials are STILL due to improper documentation Ensure proper documentation for services provided and decrease the frequency of denials Order The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials today **Third-Party Interests Handbook (3rd Ed. 2024)** Geoffrey Trachtenberg, Justin Henry, 2024-09-06 Updated through 2024 the TPI Handbook is a comprehensive treatise on Arizona state and federal third party recovery rights The Handbook is written by experienced and knowledgeable attorneys to assist others in handling personal injury and wrongful death claims covering significant areas of state and federal law implicating liens subrogation rights reimbursement rights and other third party interests The Handbook provides a detailed analysis of these types of claims examining the proper scope limitations and opportunities to eliminate or reduce third party interests The Handbook also addresses various legal and ethical obligations of attorneys handling these matters <https://tpihandbook.com> **Medicare Handbook** Judith A. Stein, Jr. Chiplin Alfred J., 2012-11-27 To provide effective service in helping clients understand how they are going to be affected by health care reform and how to obtain coverage pursue an appeal or plan for long term care or retirement you need the latest Medicare guidelines from a source you can trust the 2013 Edition of Medicare Handbook Prepared by experts from the Center for Medicare Advocacy Inc Medicare Handbook covers the issues you need to provide effective planning advice or advocacy services including Medicare eligibility and enrollment Medicare covered services deductibles and co payments Co insurance premiums and penalties Federal coordinated care issues Grievance and appeals procedures Face to face encounter requirements for home health and hospice care Medicare Handbook also provides you with coverage rules for Obtaining Medicare covered services Prescription drug benefit and the Low Income Subsidy LIS The Medicare Advantage Program Durable Medical Equipment DME Preventive services Appealing coverage denials and an understanding of The Medicare Secondary Payer Program MSP The Durable Medical Equipment Prosthetics Orthotics and Supplies DMEPOS Competitive Acquisition Program Income related premiums for Parts B and D The 2013 Edition has been updated to include information and strategies necessary to incorporate ACA

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Medicare Handbook, 2016 Edition Judith A. Stein, Jr. Alfred J. Chiplin, 2015-12-21 To provide effective service in helping clients understand how they are going to be affected by health care reform and how to obtain coverage pursue an appeal or plan for long term care or retirement you need the most current information from a source you can trust Medicare Handbook This is the indispensable resource for clarifying Medicare's confusing rules and regulations Prepared by an outstanding team of experts from the Center for Medicare Advocacy Inc it addresses issues you need to master to provide effective planning advice or advocacy services including Medicare eligibility rules and enrollment requirements Medicare covered services deductibles and co payments coinsurance premiums penalties coverage criteria for each of the programs problem areas of concern for the advocate grievance and appeals procedures The 2016 Edition of Medicare Handbook offers expert guidance on Health Care Reform Prescription Drug Coverage Enrollment and Eligibility Medigap Coverage Medicare Secondary Payer Issues Grievance and Appeals Home Health Care Managed Care Plans Hospice Care And more In addition Medicare Handbook will help resolve the kinds of questions that arise on a regular basis such as How do I appeal a denial of services What steps do I need to take in order to receive Medicare covered home health care What are the elements of Medicare's appeal process for the denial of coverage of an item service or procedure Does my state have to help me enroll in Medicare so that I can get assistance through a Medicare Savings Program When should I sign up for a Medigap plan If I am on Medicare do I have to buy health insurance in the insurance marketplace created by the Affordable Care Act Is it true that I have to show medical improvement in order to get nursing and therapy services for my chronic condition And more The 2016 Medicare Handbook is the indispensable resource that provides Extensive discussion and examples of how Medicare

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Medicare and Medicaid Guide ,1969 Insurance Handbook for the Medical Office Marilyn Fordney,2013-01-01 A complete guide to insurance billing and coding Insurance Handbook for the Medical Office 13th Edition covers all the plans that are most commonly encountered in clinics and physicians offices Its emphasis on the role of the medical insurance specialist includes areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies Learning to fill in the claim form accurately is made easier by the use of icons for different types of payers lists of key abbreviations and numerous practice exercises This edition provides the latest on hot topics such as ICD 10 healthcare reform the new CMS 1500 form and electronic claims Trusted for more than 30 years this proven reference from Marilyn Fordney prepares you to succeed as a medical insurance professional in any outpatient setting Emphasis on the business of running a medical office highlights the importance of the medical insurance specialist in filing clean claims solving problems and collecting overdue payments Key terms and key abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Detailed tables boxes and illustrations call out key points and main ideas Unique Color coded icons clarify information rules and regulations for different payers An Evolve companion website enhances learning with performance checklists self assessment quizzes and the Student Software Challenge featuring cases for different payer types and an interactive CMS 1500 form to fill in A workbook contains learning tips practice exercises for key terms and abbreviations review questions study outlines performance objectives a chapter with practice tests and critical thinking activities for hands on experience with real world cases Available separately Updated coverage of key health insurance topics includes HIPAA compliance the HITECH Act health reform of 2010 electronic health records electronic claims ICD 10 NUCC standards Physician Quality Reporting System PQRS Incentive Program Meaningful Use and CPT 2013 Updated ICD 10 coding information prepares you for the October 2014 ICD 10 implementation date Updated content on claim forms includes block by block explanations and examples for the new CMS 1500 Claim Form Updated guidelines for the filing and submission of electronic claims include sample screenshots and prepare you for the future of the medical office Insurance Handbook for the Medical Office - E-Book Marilyn Fordney,2014-08-27 A complete guide to insurance billing and coding Insurance Handbook for the Medical Office 13th Edition covers all the plans that are most commonly encountered in clinics and physicians offices Its emphasis on the role of the medical insurance specialist includes areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies Learning to fill in the claim form accurately is made easier by the use of icons for different types of payers lists of key abbreviations and numerous practice exercises This edition provides the latest on hot topics such as ICD 10 healthcare reform the new CMS 1500 form and electronic claims Trusted for

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and Coding Debra P. Ferenc,2013-02-26 Updated Claim Forms chapter covers the UB 04 claim form Updated information covers diagnosis and procedural coding with guidelines and applications Updated claim forms and names are used throughout **Special Needs Trusts Handbook** Begley, Canellos, Fordney's Medical Insurance and Billing - E-Book Linda M. Smith,2024-08-07 Gain the skills you need to succeed in insurance coding and billing Fordney s Medical Insurance and Billing 17th Edition helps you master the insurance billing specialist s role and responsibilities in areas such as diagnostic coding procedural coding HCPCs coding medical documentation billing and collection Using clear explanations this book covers all types of insurance coverage commonly encountered in hospitals physicians offices and clinics Step by step guidelines lead you through the submission of electronic claims and paper claims as well as the job search and professional advancement Written by coding specialist and educator Linda M Smith this market leading text is a complete guide to becoming an efficient insurance billing specialist NEW HCPCs Coding chapter covers ambulance billing supply billing and certificates of medical necessity NEW Content on professionalism includes customer service conflict management diversity awareness leadership and other competencies to help you become an effective engaged and highly functioning employee NEW Additional content on medical decision making helps you select the appropriate evaluation and management codes under the current documentation guidelines NEW Additional examples of CMS claims include those from Blue Shield and Automobile Insurance NEW Updates to credentialing include those specific to Medicare Medicaid and Workers Compensation Coverage of medical documentation diagnostic coding and procedural coding provides you with the foundation and skills needed to work in a physician s office as well as ambulatory and inpatient settings Coverage of the role and responsibilities of the insurance billing specialist emphasizes advanced job opportunities and certification Chapter on HIPAA compliance as well as Compliance Alerts highlight important HIPAA compliance issues and the latest regulations Step by step procedures detail common responsibilities of the insurance billing specialist and coder Key terms and abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Color coded icons denote and clarify information rules and regulations for each type of payer Insights From The Field includes more interviews with experienced insurance billing specialists providing a snapshot of their career paths and offering advice to the new student Scenario boxes help you apply concepts to real world situations Quick Review sections summarize chapter content and also include review questions Student Software Challenge on the Evolve website allows you to practice filling out interactive CMS 1500 forms PROP - Coding Systems Custom E-Book Anthem,2014-04-25 PROP Coding Systems Custom E Book *Federal Register* ,2013-11 Health Insurance Today - E-Book Janet I. Beik,2017-08-05 Learn to comprehend the complexities of health insurance Using a reader friendly approach Health Insurance Today A Practical Approach 6th Edition gives you a solid understanding of health insurance its types and sources and the ethical and legal issues surrounding it This new edition incorporates the latest information surrounding ICD 10 the Patient Protection and Affordable Care Act and other

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Table of Contents Medicare Msp Manual Chapter 7

1. Understanding the eBook Medicare Msp Manual Chapter 7
 - The Rise of Digital Reading Medicare Msp Manual Chapter 7
 - Advantages of eBooks Over Traditional Books
2. Identifying Medicare Msp Manual Chapter 7
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Medicare Msp Manual Chapter 7
 - User-Friendly Interface
4. Exploring eBook Recommendations from Medicare Msp Manual Chapter 7
 - Personalized Recommendations
 - Medicare Msp Manual Chapter 7 User Reviews and Ratings

- Medicare Msp Manual Chapter 7 and Bestseller Lists
- 5. Accessing Medicare Msp Manual Chapter 7 Free and Paid eBooks
 - Medicare Msp Manual Chapter 7 Public Domain eBooks
 - Medicare Msp Manual Chapter 7 eBook Subscription Services
 - Medicare Msp Manual Chapter 7 Budget-Friendly Options
- 6. Navigating Medicare Msp Manual Chapter 7 eBook Formats
 - ePub, PDF, MOBI, and More
 - Medicare Msp Manual Chapter 7 Compatibility with Devices
 - Medicare Msp Manual Chapter 7 Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Medicare Msp Manual Chapter 7
 - Highlighting and Note-Taking Medicare Msp Manual Chapter 7
 - Interactive Elements Medicare Msp Manual Chapter 7
- 8. Staying Engaged with Medicare Msp Manual Chapter 7
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Medicare Msp Manual Chapter 7
- 9. Balancing eBooks and Physical Books Medicare Msp Manual Chapter 7
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Medicare Msp Manual Chapter 7
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Medicare Msp Manual Chapter 7
 - Setting Reading Goals Medicare Msp Manual Chapter 7
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Medicare Msp Manual Chapter 7
 - Fact-Checking eBook Content of Medicare Msp Manual Chapter 7
 - Distinguishing Credible Sources

13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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