

# **Medicare Secondary Payer (MSP) Manual**

## **Chapter 3 - MSP Provider, Physician, and Other Supplier Billing Requirements**

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*(Rev. 87, 08-03-12)*

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# Medicare Supplier Manual Chapter 3

**SB Merriam**



### **Medicare Supplier Manual Chapter 3:**

**2004 Medicare Explained** ,2004-03-01      **Reference Guide for Medicare Physician & Supplier Billers** ,2004

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**Idaho Administrative Code** ,2006      **Medicare Waste, Fraud, and Abuse, a Regional Perspective** United States. Congress. House. Committee on Commerce. Subcommittee on Oversight and Investigations,1998      **Federal Register** ,2014      **Medicare and Medicaid Guide** ,2006      **Prosthetics and Orthotics** Ron Seymour,2002 Focusing on the lower extremities and spine this extensively illustrated text presents a problem solving approach to the evaluation and prescription of prosthetics and orthotics in physical therapy interventions Prosthetics and Orthotics presents the latest developments in materials and fabrications an in depth analysis of gait deviations and interventions conditions psychosocial issues biomechanics and more This invaluable resource also includes pediatric and geriatric perspectives scientific literature supporting evidence based practice exercise and functional activities for the patient case studies following the APTA's Guide

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change in the future Kinney also explores the potential of Medicare to become a single payer system Comparisons are made with national health systems in Canada and the United Kingdom from which the United States can draw valuable lessons An approachable yet comprehensive account of Medicare and the ACA this book will be invaluable for health care professionals and informed citizens

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     **Hospice and Palliative Care Handbook, Fourth Edition: Quality, Compliance, and Reimbursement** Tina M. Marrelli, 2023-06-23 This book is a perfect blend of compassion and competence that addresses the core values of care the interdisciplinary team self care of staff and the needs of an aging society Betty Ferrell PhD FAAN FPCN CHPN Professor and Director Nursing Research City of Hope Medical Center Principal Investigator End of Life Nursing Education Consortium A must read for all hospice providers It is a comprehensive overview of the core elements required to practice effectively compliantly safely and compassionately An indispensable addition to all hospice libraries Kim Corral MA Ed BSN RN COS C Director of Corporate Compliance Quality and Education Bridge Home Health and Hospice I have utilized Tina Marrelli s home health and hospice handbooks to support training new clinical staff and students for decades and consider these resources to be the gold standard Kimberly Skehan MSN RN HCS D COS C Vice President of Accreditation Community Health Accreditation Partner Hospice Palliative Care Handbook Fourth Edition offers updated coverage of all aspects of hospice and palliative care for the entire healthcare team who provide important care while meeting difficult multilevel regulations This edition includes examples and strategies covering key topics related to standards guidelines goals and effective care planning TABLE OF CONTENTS Prologue Hospice and Covid 19 A Pandemic Part 1 Hospice Care An Overview of Quality and Compassionate Care Part 2 Documentation An Important Driver for Care and Coverage Part 3 Planning Managing and Coordinating Hospice Care Part 4 Hospice Diagnoses and Guidelines for Care Alzheimer s Disease and Other Dementias Care Bedbound Coma and Skin Care Cancer Care Cardiac and Cerebrovascular Accident Stroke Care Frailty and Geriatric Care Liver Disease Care Neurological Disease Care Pediatric Care A Very Special Patient Population Pulmonary

Care Renal Disease Care Skin and Wound Care Resources ABOUT THE AUTHORS TINA M MARRELLI MSN MA RN FAAN is the author of over 10 award winning books She is an international consultant specializing in home care and hospice and is the President of Marrelli Associates Inc a publishing and consulting firm working in healthcare and technology for over 25 years JENNIFER KENNEDY EdD BSN RN CHC is the Vice President for Quality Standards and Compliance at Community Health Accreditation Partner CHAP and is a nationally recognized hospice expert She has more than 35 years of experience as a leader and nurse in diverse healthcare settings and has worked in hospice and palliative care for more than 25 years

**Medicare Vulnerabilities** United States. Congress. Senate. Committee on Homeland Security and Governmental Affairs. Permanent Subcommittee on Investigations,2008      **The Code of Federal Regulations of the United States of America** ,1993 The Code of Federal Regulations is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government      **Code of Federal Regulations** ,2010 Special edition of the Federal register containing a codification of documents of general applicability and future effect as of with ancillaries      Master Medicare Guide Wolters Kluwer Law & Business,2015-02-25 The 2015 Master Medicare Guide is packed with timely and useful information to help you stay on top of one of the most complex programs administered by the federal government The 2015 Edition includes Over 500 explanation summaries for all aspects of the Medicare program coverage eligibility reimbursement fraud and abuse and administration Highlights of the Protecting Access to Medicare Act of 2014 P L 113 93 and the Improving Medicare Post Acute Care Transformation Act of 2014 P L 113 185 the most recent physician fee schedule reimbursement fix A focus on the continuing implementation of the Affordable Care Act as it relates to Medicare including accountable care organizations and a tighter link between the quality of health care and Medicare reimbursement All discussions include cross references to relevant laws regulations CMS manual sections administrative and judicial decisions and more

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