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**How Do Medicare
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*Medicare Claims
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following
excerpts are
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selected as it

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relates to
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See Chapter 25,
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Data Set, for instructions about completing the claim. Other diagnoses codes are required on inpatient claims and are used in determining the appropriate MS-DRG.

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The SNFs using
the PIP method
of payment

follow the
regular billing
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§80.4, for
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and A/B MACs (A)
must monitor to
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8 establishes the
standards for
use by.

providers,
practitioners,
suppliers, and
laboratories in
implementing the
revised Advance.

Beneficiary

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Notice of
Noncoverage
(ABN) (Form CMS-
R-131), formerly
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9, Rural Health
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Centers.

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Centers. Author:

Centers for
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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

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DHHS as
medically
underserved.

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18, Section 180

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Annual Wellness

Visit (AWV) AWV

is covered for

all Medicare

beneficiaries

who: Are not

within 12 months

after the

effective date

of their first

Medicare Part B

coverage period

and

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The FQHC Chapter

8 services consist

of services that

are similar to

those provided

in rural health

clinics (RHC)

but also include

preventive

primary

services, as

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described in
Pub. 100-02,
Medicare Benefit
Policy Manual,
chapter 13. An
RHC cannot be
concurrently
approved for
Medicare as both
an FQHC and an
RHC.

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