



**News Flash** – The revised Medicare Fraud & Abuse fact sheet (February 2010), directs you to a number of sources of information pertaining to Medicare fraud and abuse, and helps you understand what to do if you suspect or become aware of incidents of potential Medicare fraud or abuse. It can be downloaded at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Fraud\\_and\\_Abuse.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Fraud_and_Abuse.pdf) from the Centers for Medicare & Medicaid Services' (CMS) Medicare Learning Network.

MLN Matters® Number: MM6907

Related Change Request (CR) #: 6907

Related CR Release Date: May 21, 2010

Effective Date: September 1, 2010

Related CR Transmittal #: R1973CP

Implementation Date: September 1, 2010

**Note:** This article was updated on November 30, 2012, to reflect current Web addresses. All other information remains unchanged.

## Internet Only Manual (IOM) Chapter 25 Revisions (Medicare Claims Processing Manual, Chapter 25 - Completing and Processing the Form CMS-1450 Data Set)

### Provider Types Affected

Hospitals, Home Health Agencies (HHA), hospices, Skilled Nursing Facilities (SNF), and other providers submitting UB-04 claims to Medicare contractors (fiscal intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries are affected.

### What You Need to Know

The Medicare Claims Processing Manual, Chapter 25- Completing and Processing the Form CMS-1450 Data Set, is being revised to reference external code sources as is currently done in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Health Care Claim: Institutional (837) Implementation Guide. Providers submitting UB-04s to Medicare may obtain billing codes from the external code sources, the National Uniform Billing Committee (NUBC), or from their Medicare Contractor. The Centers for Medicare & Medicaid Services (CMS)

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will continue to communicate specific code implementation direction via Change Requests (CRs) as it does today. Specifically, the manual changes are made to include the following language:

- Codes used for Medicare claims are available from Medicare contractors. Codes are also available from the NUBC in their official UB-04 Data Specifications Manual available at <http://www.nubc.org> on the Internet.
- Health Insurance Prospective Payment System (HIPPS) Rate Codes/ Modifiers/Assessment Type Indicators and Healthcare Common Procedure Coding System (HCPCS) modifiers used for Medicare claims are available from Medicare contractors.

### Additional Information

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If you have questions, please contact your Medicare contractor (FI, RHHI or A/B MAC) at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

The official instruction issued to your Medicare contractor regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1973CP.pdf> on the CMS website.

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