

Medicare Claims Processing Manual

Chapter 1 - General Billing Requirements

Crosswalk

Chap	Sect	Int. Pub. 13	Carrier Pub. 14	PMs	Other	Description
1	01					Foreword
1	10					Jurisdiction for Claims
1	10.1		B3-3100			Carrier Jurisdiction of Requests for Payment
1	10.1.1		B3-3100.1, B3-3101, B4-2010 partial, B3-4267, R1813B3			Area Carrier Physician's Services
1	10.1.2					Physician, Supplier, and Group Practice Billing for Multiple Locations
1	10.1.3		B3-3100.6, R1813B3			Exceptions to Provider Billing Local Carrier
1	10.1.4		B3-2312			Services Received by Medicare Beneficiaries Outside the United States
1	10.1.4.1		B3-2312- 2312.2			Physician and Ambulance Services Furnished in Connection With Covered Foreign Inpatient Hospital Services

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1	10.1.4.2		B3-2312.3			Carriers Designated to Process Foreign Claims
1	10.1.4.3		B3-2312.4			Source of Part B Claims
1	10.1.4.4		B3-2312.5			Medicare Approved Charges for Services Rendered in Canada or Mexico
1	10.1.4.5		B3-2312.6			Appeals of Denied Charges for Physicians and Ambulance Services in Connection With Foreign Hospitalization
1	10.1.4.6		B3-2312.7			Claims for Services Furnished in Canada and Mexico to Qualified Railroad Retirement Beneficiaries
1	10.1.4.7		B3-2020.1			Shipboard Services Billed to the Carrier
1	10.1.5		B3-3102, B3-3116			Domestic Claims Processing Jurisdictions
1	10.1.5.1		B3-3116			Suppliers of Durable Medical Equipment, Prosthetics, Orthotics, Supplies, Parental and Enteral Nutrition (PEN)
1	10.1.5.2					Supplier of Portable X-Ray, EKG or Similar Portable Services
1	10.1.5.3					Ambulance Services Submitted to Carriers
1	10.1.5.4					Independent Laboratories
1	10.1.5.4.1					Cases Involving Referral Laboratory Services
1	10.1.6		B3-3103			Railroad Retirement Beneficiary Carrier

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1	10.1.7		B3-3104, B3-3060 for buy-in definition			Welfare Carriers
1	10.1.8		B3-3105			United Mine Workers of America (UMWA)
1	10.1.9		B3-3110			Disposition of Misdirected Claims
1	10.1.9.1					Area Carrier to Another Area Carrier
1	10.1.9.2		B3-3110			Area Carrier to RRB-Named Carrier
1	10.1.9.3					RRB-Named Carrier to Area Carrier
1	10.1.9.4					Area Carrier or RRB-Named Carrier to Welfare Carrier
1	10.1.9.5					Protests Concerning Transfer of Requests for Payment to Carrier or Intermediary
1	10.1.9.6		B3-3110.1			Transfer of Claims Material Between Carrier and Intermediary
1	10.1.9.6.1		B3-3110.2			Signature Requirements for Carriers and Intermediaries
1	10.2					Intermediary Jurisdiction of Requests for Payment
1	10.2.1					Intermediary Payment for Emergency and Foreign Hospital Services
1	10.3		B3-3115			Payments Under Part B for Services Furnished by Suppliers of Services to Patients of a Provider
1	20	A2-2807.A, A2-2600.A			OPT-122	Provider Election of Intermediary

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		A3-3600.4				
1	20.1	A2-2807.B				Intermediary Service to HHAs and Hospices
1	20.2	A2-2807.C				Provider Change of Ownership (CHOW)
1	20.3	A2-2807.D				Multi-State Provider Chains Billing Intermediaries
1	20.4	A2.2808				The Process for a Provider to Change an Intermediary
1	20.5	A2.2809				Intermediary Relationships With Providers Serviced by Another Intermediary
1	20.5.1					Solicitation of a Provider to Secure a Change of Intermediary
1	20.5.2					Communications
1	30	A2-2810				Provider Participation
1	30.1	A2-2840,			RHC-320	Content and Terms of Provider Participation Agreements
1	30.1.1				RHC-321	Provider Charges to Beneficiaries
1	30.1.2				RHC-322	Provider Refunds to Beneficiaries
1	30.1.3				RHC-323	Provider Treatment of Beneficiaries
1	30.2	A3-3488, A3- 3703.1	B3-3060			Assignment of Provider's Right to Payment
1	30.2.1					Exceptions to Assignment of Provider's Right to Payment - Claims Submitted to FIs and Carriers
1	30.2.2		B3-3045.1			Background and Purpose of Reassignment Rules - Claims Submitted to Carriers

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1	30.2.3					Effect of Payment to Ineligible Recipient
1	30.2.4	A3-3488.1	B3-3060.10			Payment to Agent - Claims Submitted to Carriers
1	30.2.5	A3-3488.2	B3-3060.11			Payment to Bank
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1	30.2.7		B3-3060.2			Payment to Facility in Which Services Are Performed
1	30.2.8		B3-3060.3			Carrier Payment to Health Care Delivery System - Claims Submitted to Carriers
1	30.2.8.1		B3-3060.3C			Definition of Health Care Delivery System
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1	30.2.8.3		B3-3060.3E, B3-7065			Managed Care Organization, including HCPPs, Cost-Contracting HMOs, CMPs, and Medicare + Choice Organizations - Claims Submitted to Carriers
1	30.2.9		B3-3060.4, R1813B3			Payment to Physician for Purchased Diagnostic Tests - Claims Submitted to Carriers
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1	30.2.11		B3-3060.7			Payment Under Locum Tenens Arrangements - Claims Submitted to Carriers
1	30.2.12		B3-3060.8			Establishing That a Person or Entity Qualifies to Receive Payment on Basis of Reassignment - for Carrier Processed Claims
1	30.2.13		B3-3060.9			Billing Procedures for Entities Qualified to Receive Payment on Basis of Reassignment - for Carrier Processed Claims
1	30.2.14	A3-3488.3	B3-3060.6E. B3-3060.12			Correcting Unacceptable Payment Arrangements
1	30.2.14.1					Questionable Payment Arrangements
1	30.2.15	A3-3488.4	B3-3060.13, B3-3060.14			Sanctions for Prohibited Payment Arrangement
1	30.2.16	A3-3488.5	B3-3060.15, B3-7065 partial			Prohibition of Assignments by Beneficiaries
1	30.3	A3-3005	B3-17000			Physician/Practitioner/Supplier Participation Agreement and Assignment - Carrier Claims
1	30.3.1		B3-3040.4			Mandatory Assignment on Carrier Claims
1	30.3.1.1		B-3040.3			Processing Claims for Services of Participating Physicians or Suppliers by Carriers
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1	30.3.4		B3-3045.3			Effect of Assignment Upon Rental or Purchase of Durable Medical Equipment on Claims Submitted to Carriers
1	30.3.5		B3-3045.4			Effect of Assignment Upon Purchase of Cataract Glasses from Participating Physician or Supplier on Claims Submitted to Carriers
1	30.3.6		B3-3045.5			Mandatory Assignment Requirement for Physician Office Laboratories on Claims Submitted to Carriers
1	30.3.7		B3-3045.6			Physicians Billing for Purchased Diagnostic Tests (Other Than Clinical Diagnostic Laboratory Tests) on Claims Submitted to Carriers
1	30.3.8		B3-3045.7			Mandatory Assignment and Other Requirements for Home Dialysis Supplies and Equipment Paid Under Method II on Claims Submitted to Carriers
1	30.3.9		B3-3040			Filing Claims to a Carrier For Nonassigned Services
1	30.3.10		B3-3040.1			Carrier Submitted Bills by Beneficiary
1	30.3.11		B3-3040.2			Carrier Receipted Bill - Definition
1	30.3.12		B3-17001			Carrier Annual Participation Program
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1	30.3.12.2		B3-17001.1			Carrier Participation Agreement

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1	30.3.12.3		B3-17002			Carrier Rules for Limiting Charge
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1	40.1.1	A2-2800.2			RHC-330	Close of Business
1	40.1.2				HHA-145, HO-145; SNF-145; RHC-331, RHC-332	Change of Ownership
1	40.1.3	A3-3008.3				Expiration and Renewal-Nonrenewal of SNF Term Agreements
1	40.2	A3-3008.2			RHC-331	Involuntary Terminations
1	40.2.1	A2-2800.3				Processing Involuntary Terminations
1	40.2.2	A2-2801, A2-2801.1				Intermediary Report on Provider Deficiencies
1	40.2.2.1	A2-2801.2				Subsequent Communications With Provider
1	40.3	A2-2804				Readmission to Medicare Program After Involuntary Termination
1	40.3.1	A2-2804.1				Effective Date of Provider Agreement
1	40.3.2	A2-2805			RHC-334	Fiscal Considerations In Provider Readmission To Medicare Program After Involuntary Termination

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1	40.4.1	A3-3600.3				Reviewing Inpatient Bills for Services After Suspension, Termination, Expiration, or Cancellation of Provider Agreement, or After a SNF is Denied Payment for New Admissions
1	40.4.2	A3-3699.3.C				Status of Hospital or SNF After Termination, Expiration, or Cancellation of Its Agreement
1	40.5	A3-3600.7				Intermediary/Carrier/DMERC Responsibilities for Informing Providers of Changes
1	50	A3-3301				Filing a Request for Payment With the Carrier or Intermediary
1	50.1	A3-3302				Request for Payment from the Carrier or Intermediary
1	50.1.1	A3-3302.1, A3-3602.4				Billing Form as Request for Payment
1	50.1.2	A3-3302.2				Beneficiary Request for Payment on Provider Record - UB-92 and Electronic Billing (Part A and Part B)
1	50.1.3	A3-3302.5	B3-3008			Signature on the Request for Payment by Someone Other Than the Patient
1	50.1.4	A3-3302.6				Request for Payment as a Claim for HI Entitlement
1	50.1.5	A3-3302.7				Refusal by Patient to Request Payment Under the Program
1	50.1.6		B3-3057			When Beneficiary Statement is Not Required for Physician/Supplier Claim

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1	50.1.7	A3-3305.1, A3-3312.2,	B3-3004, B3-3000 partial			Definition of a Claim for Payment
1	50.1.8	A3-3305.2, A3-3305.3				Establishing Date of Filing - Postmark Date Carriers
1	50.2	A3-3603				Frequency of Billing for Providers
1	50.2.1					Inpatient Billing from Hospitals and SNFs
1	50.2.2					Frequency of Billing for Outpatient and Services to Intermediaries
1	50.2.3	A3-3603.1				Submitting Bills In Sequence Ffor a Continuous Inpatient Stay or Outpatient Course of Treatment
1		A3-3603.2, Definition of spell of illness from MIM-3035				Reprocess Inpatient or Hospice Claims in Sequence
1	60					No Pay Bills
1	70	A3-3600.2				Time Limitations for Filing Provider Claims
1	70.1	A3-3600.2A				Determining Start Date of Timely Filing Period--Service Date
1	70.2	A3-3600.2B				Definition of Claim
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1	70.2.2	A3-3600.2B2				Form Prescribed by CMS

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1	70.2.3	A3-3600.2B3				In Accordance with CMS Instructions
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1		A3-3600.2B3c				
1	70.3	A3-3600.2C				Determining End Date of Timely Filing Period—Receipt Date
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1	70.4	A3-3600.2D				Determination of Timely Filing and Resulting Actions
1	70.4.1					Part A Institutional Provider Services and Part A and Part B Home Health Services
1	70.5	A3-3600.2E				Application to Special Claim Types
1	70.6	A3-3600.2F				Filing Claim Where Usual Time Limit Has Expired
1	70.7	A3-3600.2G				Exceptions Allowing Extension of Time Limit
1	70.7.1	A3-3600.2G1				Administrative Error
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1	70.7.3	A3-3600.2G3				Reopening of Determinations

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1	80	A3-3600, A3-3600.1	B3-13306, B2-5240.11		HO-401, HO-401A, HH-462	Carrier and Intermediary Claims Processing Timeliness
1	80.1					Control and Counting Claims
1	80.2	A3-3600.1	B2-5240.11A		HO-401D	Definition of Clean Claim
1	80.2.1	A3-3600.1- Item 7				Receipt Date
1	80.2.1.1	A3- 3600.1A.1	B2-5240.11D			Payment Ceiling Standards
1	80.2.1.2	A3-3600.1			HO-401B	Payment Floor Standards
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1	80.2.2.1		B2-5240.11C			Determining and Paying Interest
1	80.2.2.2					Preparation of IRS Form 1099-INT
1	80.3	A3-3600.1- Item 4	B2-5240.11B		HO-401E	Other Claims (Other Than Clean)
1	80.3.1	A3-3605.1	B3-3005.1			Incomplete or Invalid Claims Processing Terminology
1	80.3.2	A3-3605.2	B3-3005.2B			Handling Incomplete or Invalid Claims
1	80.3.2.1	A3 3605.3	B3-3005.3,			Data Element Requirements Matrix

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1	80.3.2.1.1		B3-3005.4, R1813B3			Carrier Data Element Requirements
1	80.3.2.1.2		B3-3005.4, R1813B3			Conditional Data Element Requirements for Carriers and DMERCs
1	80.3.2.1.3					Carrier Specific Requirements for Certain Specialties/Services
1	80.3.2.2	A3-3606				Intermediary Consistency Edits
1	80.4	A3-3676				Enforcement of Provider Billing Timelines and Accuracy Standard to Continue PIP (Periodic Interim Payment)
1	80.5					Do Not Forward Initiative (DNF)
1	80.5.1		B3-4021,	B-02-023		Carrier DNF Requirements
1	80.5.1.1			B-02-11		Reporting Requirements - Carriers
1	80.5.2			A-02-12		Intermediary DNF Requirements
1	80.5.2.1					Reporting Requirements - Intermediaries
1	90				HO-408, HH-412	Patient Is a Member of an M+CO for Only a Portion of the Billing Period
1	100				HO-301, HO-469, 42 CFR 411.32	Medicare as a Secondary Payer
1	110				HO-413, HH-480, SNF 545	Provider Retention of Health Insurance Records

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1	110.1				HO-413, HH-480, SNF 545.1	Categories of Health Insurance Records to Be Retained
1	110.2				SNF 545.3, HO-413, HH-480	Microfilming Records
1	110.3					Retention Period
1	110.4				HO-413.1, HH-480.1, SNF 545.4	Destruction of Records
1	130	A3-3670		AB-00-38		Detection of Duplicate Claims
1			B3-3999			Exhibit 1 - Data Element Requirements Matrix (Carrier)