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CMS**

CMS Pub. 100-08,  
Program Integrity  
Manual (PIM), reflects  
the principles, values,  
and priorities of the  
Medicare Integrity  
Program (MIP). The  
primary principle of  
program integrity (PI)  
is to pay claims  
correctly.

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and Supplier Business  
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## **Chapter 100-08 | CMS**

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Prosthetics, Orthotics,

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Rules Concerning  
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SuperCoder.com**

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- Verbal and  
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Program Integrity  
Manual sections,  
including but not  
limited to, Medicare  
contractor standard  
operating procedures  
for soliciting additional  
documentation, time  
limitations for receipt  
of the solicited  
documentation, claim  
adjudication, and  
recoupment of  
overpayment.  
Minimum requirements  
of a valid SNF PPS

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02-25-11) Transmittals  
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System (PTS) 3.1.2 -  
Evaluating  
Effectiveness of

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Corrective Actions 3.2 -  
Verifying Potential  
Error and Setting  
Priorities

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Chapter 5 When  
reviewing claims and  
orders, or auditing  
CMNs or DIFs for  
DMEPOS, DME MACs  
and UPICs may  
encounter faxed,  
copied, or electronic



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orders, CMNs, and DIFs in supplier files. The DME MACs and UPICs will accept these documents as fulfilling the documentation requirements.

## **Supplier Manual - Chapter 3 Supplier Documentation**

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Chapter 10 - Medicare  
Provider/Supplier  
Enrollment . Table of  
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10-02-09) Transmittals  
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Coverage

Determinations (NCDs)

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Provisions in

Interpretive Manuals .

13.1.3 - Local Coverage  
Determinations (LCDs)

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CMS Manual System,  
Pub. 100-08, Medicare  
Program Integrity  
Manual, Chapter 4,  
§4.2.1 Fraud is  
intentional deception  
or misrepresentation  
that an individual  
makes, knowing it to  
be false and that it  
could result in some  
unauthorized benefit to  
them.

**Fraud and Abuse**

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**Chapter 14 - CGS**

**Medicare 4**

"The CMS Manual System, Pub.100-08, Program Integrity Manual, Chapter 13, section 13.5.1 outlines that reasonable and necessary services are "ordered and furnished by qualified personnel"; IMRT services will be considered reasonable and necessary only when performed by appropriately trained

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providers.  
Chapter 4

**Provider Type  
Restriction for LCD  
L36711 - Intensity ...**

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Chapter 6 – CMS.  
www.cms.gov. Section  
3.4.9 – Medicare  
Integrity Program-  
Provider Education and  
Training. (. MIPPET) —  
has .... “Confined to  
Home” — has been  
moved to Chapter 6,  
Section 2, Medicare

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Program Integrity  
Manual, Chapter 3 -  
CMS. [www.cms.gov](http://www.cms.gov).

**Medicare Integrity  
Manual Chapter 6 -  
Medicarecode.com**

Please refer to the CMS  
Pub. 100-08, Medicare  
Program Integrity  
Manual, Chapter Three  
- Section 3.3.2.4 for  
additional information  
concerning signature  
requirements. Medical  
Record Signature  
Attestation Statement.

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NOTE: This form provides a suggested format for a signature attestation statement.

## **CMS Signature Requirements - CGS Medicare**

REFER TO IOM, PUB 100-02, MEDICARE BENEFIT POLICY MANUAL CHAPTER 5 AND IOM, PUB 100-08, MEDICARE PROGRAM INTEGRITY MANUAL, CHAPTER 3, SECTION 3.6.2.5 A. N429.



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SERVICE WAS PERFORMED FOR ROUTINE/SCREENING BUT IS NOT A COVERED MEDICARE SCREENING BENEFIT.  
96.

## **Appeal Denial Crosswalk - CGS Medicare**

Provider reviews typically consist of up to three rounds of a prepayment or post-payment TPE probe review. First Coast will

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select the topics for review and providers, based on existing data analysis procedures outlined in CMS Internet Only Manual (IOM), Publication 100-08, Medicare Program Integrity Manual, Chapter 2.

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ecf8427e.

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