

<b>CMS Manual System</b>	Department of Health & Human Services (DHHS)
<b>Pub 100-08 Medicare Program Integrity</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Transmittal 261</b>	<b>Date: June 27, 2008</b>
	<b>Change Request 6078</b>

**SUBJECT:** Update to Section 12 of Chapter 10 of the Program Integrity Manual

**I. SUMMARY OF CHANGES:** This change request adds ambulances to the list of providers and suppliers that are discussed in Pub. 100-08, chapter 10, section 12. It also furnishes clarification on the question of changes of ownership for suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS).

**New / Revised Material**

**Effective Date:** July 1, 2008

**Implementation Date:** July 28, 2008

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	10/Table of Contents
N	10/12.2.8/Suppliers of Ambulance Services
N	10/21.3/Special Situations Concerning Accreditation and Enrollment

**III. FUNDING:**

**SECTION A:** For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**SECTION B:** For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

# Medicare Program Integrity Manual Chapter 10

**Ingenix**

## **Medicare Program Integrity Manual Chapter 10:**

The How-to Manual for Rehab Documentation Rick Gawenda,2004      *Medicare and Medicaid Guide* ,1969

**Nominations of Dr. Tevi Troy, David H. McCormick, Peter B. McCarthy, Kerry N. Weems, and Charles E.F.**

**Millard** United States. Congress. Senate. Committee on Finance,2007      **Hospital Joint Ventures Legal Handbook** Max Reynolds,2004 This new book summarizes the pertinent federal laws identifies risks and presents strategies by which hospital executives can structure and operate joint venture      **Wake up America!** Ginny Bache aka VK Lynn,2016-08-09 If you have not been a patient in a hospital or nursing home recently you may not be aware of what is really happening as to the care and costs of healthcare No one bothers until they are presented with a bill they dont understand or receive care that is atrocious It will only get worse unless we take a stand and learn how the government is usurping our rights for quality care when we are the most vulnerable      *Physician Practice Management* Lawrence F. Wolper,2012-05-24 Published in association with the MGMA and written for physician leaders and senior healthcare managers as well as those involved in smaller practices Physician Practice Management Essential Operational and Financial Knowledge Second Edition provides a comprehensive overview of the breadth of knowledge required to effectively manage a medical group practice today Distinguished experts cover a range of topics while taking into special consideration the need for a broader and more detailed knowledge base amongst physicians practice managers and healthcare managers Topics covered in this must have resource include physician leadership financial management health care information technology regulatory issues compliance programs legal implications of business arrangements medical malpractice facility design and capital financing for physician group practices Instructor Resources Lecture Slides in PowerPoint format Test Bank 2013 648 pages

*HCPCS Level II Expert 2006 (Compact Edition)* Ingenix,2005-12 Ingenix HCPCS Level II products enable customers to receive timely and appropriate reimbursement based upon accurate use of the most current codes for supplies and services not included in their CPT book needed for Medicare reimbursement or to bill under APCs      **HCPCS Expert (compact)**

Hcpcs,Ingenix,2007 Ingenix HCPCS Level II products enable customers to receive timely and appropriate reimbursement based upon accurate use of the most current codes for supplies and services not included in their CPT book needed for Medicare reimbursement or to bill under APCs      *Federal Register* ,2007-03      *Full Committee Hearing on Health Care Reform* United States. Congress. House. Committee on Small Business,2009      *HCPCS Level II 2006 Coders' Desk Reference* Ingenix,2005-12

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coding references essential for medical billing in an easy to use format HCPCS Level II of the national codes for durable goods crutches prosthetics drugs etc to remind students to code for these often overlooked items The CIM and MCM section has been updated with information about carrier specific or Medicare specific regulations that affect HCPCS coding Two distinctive symbols clearly identify all new and revised codes from the previous year At a glance listing of all new and revised codes for that year located in front matter is helpful to professional coders who may not be aware of certain updates to codes they use frequently     *Government reports annual index ,199?*

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