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Payment Requirement for A/B MACs (A)

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Medicare General Information, Eligibility, and Entitlement

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Security Act (the Act), requires that all claims for outpatient rehabilitation services and  
comprehensive outpatient rehabilitation facility (CORF) services, be reported using a uniform coding  
system.

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CMS.gov. Jul 2, 2018 ... CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, .... 1/1/ 2019.  
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Guidance - CMS.gov. Jul 31, 2018 ...

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See Pub. 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, Section 30.3 ("Hospital Providers of Extended Care Services") for a description of general rules applicable to SNF-level services furnished in hospital swing beds; also, see Pub. 100-04, Medicare Claims Processing Manual, chapter 6, sections 100ff regarding SNF PPS billing procedures for SNF-level services furnished in rural (non-CAH) swing-bed hospitals.

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### 5.2.3 - Detailed Written Orders 5.2.3.1

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5 HIGHMARK PROVIDER MANUAL | Chapter 5.5 | Page. Care & Quality Management: Denials, Grievances, & Appeals . 5.5 PEER-TO-PEER CONVERSATION. Purpose . The purpose of the peer-to-peer conversation is to allow the ordering or treating provider an opportunity to discuss a medical necessity denial determination. This

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