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replica of the Agency's
official record copy.
They are CMS' program
issuances, day-to-day
operating instructions,
policies, and
procedures that are

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based on statutes, regulations, guidelines, models, and directives.

The CMS program components, providers, contractors, Medicare Advantage

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KB]

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please refer to the CMS
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Manual, Pub 100-4,

Chapter 1, §70. Note: 32

The 12-month timely filing period is the date of service or 'From' date on the claim.

Medicare uses the line item 'Through' date to determine the filing timeliness for claims that include span dates of service (a 'from' and ...

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current policy in

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changing. The Centers

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Medicaid Services (CMS) is revising the chapter to provide improved formatting and readability. CMS also added a glossary to assist you with common terminology within the chapter.

Article Detail - JF

Part A - Noridian

Claims for electromagnetic therapy services must be billed on Form CMS-1500 or the electronic

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equivalent following instructions in chapter 12 of this manual (www.cms.hhs.gov/manuals/104_claims/clm104index.asp). Payment information for HCPCS code G0329 will be added to the July 2004 update of the Medicare Physician Fee Schedule Database (MPFSD).

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