

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1079	Date: April 27, 2012
	Change Request 7792

SUBJECT: New Occurrence Code to Report Date of Death

I. SUMMARY OF CHANGES: The National Uniform Billing Committee (NUBC) approved a new occurrence code to report date of death with an effective/implementation date of October 1, 2012. Medicare systems shall accept and process new occurrence code 55 used to report date of death.

EFFECTIVE DATE: October 1, 2012

IMPLEMENTATION DATE: October 1, 2012

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-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

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

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.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

National Uniform Billing Committee Manual

RD Boyd



National Uniform Billing Committee Manual:

Compliance for Coding, Billing & Reimbursement, 2nd Edition Duane C. Abbey, 2008-04-02 While the vast majority of providers never intend to commit fraud or file false claims complex procedures changing regulations and evolving technology make it nearly impossible to avoid billing errors For example if you play by HIPAA s rules a physician is a provider however Medicare requires that the same physician must be referred to as a supplier Even more troubling is the need to alter claims to meet specific requirements that may conflict with national standards Far from being a benign issue differing guidelines can lead to false claims with financial and even criminal implications Compliance for Coding Billing Reimbursement Second Edition A Systematic Approach to Developing a Comprehensive Program provides an organized way to deal with the complex coding billing and reimbursement CBR processes that seem to force providers to choose between being paid and being compliant Fully revised to account for recent changes and evolving terminology this unique and accessible resource covers statutorily based programs and contract based relationships as well as ways to efficiently handle those situations that do not involve formal relationships Based on 25 years of direct client consultation and drawing on teaching techniques developed in highly successful workshops Duane Abbey offers a logical approach to CBR compliance Designed to facilitate efficient reimbursements that don t run afoul of laws and regulations this resource Addresses the seven key elements promulgated by the OIG for any compliance program Discusses numerous types of compliance issues for all type of healthcare providers Offers access to online resources that provide continually updated information Cuts through the morass of terminology and acronyms with a comprehensive glossary Includes a CD ROM packed with regulations and information In addition to offering salient information illustrated by case studies Dr Abbey provides healthcare providers and administrators as well as consultants and attorneys with the mindset and attitude required to meet this very real challenge with savvy humor and perseverance [HIPAA Certification Training Official Guide: CHPSE, CHSE, CHPE](#) Supremus Group LLC, 2014-05-26 *Fordney's Medical Insurance Dictionary for Billers and Coders* Marilyn Fordney, 2009-07-23 Over 7 500 terms definitions and acronyms for medical insurance billing and coding MIBC make this the perfect pocket dictionary for both students and practitioners in the MIBC professions With its small size and concise definitions this dictionary is ideal for use in class and in the medical office Practical consistent alphabetical organization with no subentries and screened thumb tabs make it easy to find the information you need Etymologies for most entries help you understand the origins of the terminology and build your professional vocabulary A list of commonly used abbreviations printed in the front and back covers make this your go to reference for everyday practice *Beik's Health Insurance Today - E-Book* Julie Pepper, 2023-09-14 Selected for Doody s Core Titles 2024 in Managed Care Master the complexities of health insurance with this easy to understand guide Beik s Health Insurance Today 8th Edition provides a solid foundation in basics such as the types and sources of health insurance the submission of claims and the ethical and legal issues surrounding insurance It

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