

Medicare Benefit Policy Manual

Chapter 15 - Medical and Other Health Services

Crosswalk

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|---------------------|------------------------------------|------------|--------------|---|
| 15 | 10 | | B3-2000 | | HO-245 | Supplementary Medical Insurance (Part B) Provisions |
| 15 | 20 | | B3-2005 | | | When Part B Expenses Are Incurred |
| 15 | 20.1 | | B3-2005.1 | | | Physicians' Expense for Surgery, Childbirth, and Treatment for Infertility |
| 15 | 20.2 | | B3-2005.2, B3-4145 | | | Physicians' Expense for Allergy Treatment |
| 15 | 20.3 | | B3-2005.3 | | | Artificial Limbs, Braces, and Other Custom Made Items Ordered But Not Furnished |
| 15 | 30 | | B3-2020, B3-4142, B3-15513 | | | Physicians' Services |
| 15 | 30.1 | A3-3145 | B3-2020.6, B3-8000-8099 | | | Provider-Based Physician Services |
| 15 | 30.2 | | B3-2020.7, B3-8210, B3-15016 | | | Teaching Physician Services |
| 15 | 30.3 | A3-3115 | B3-2020.8 | | | Interns and Residents |
| 15 | 30.4 | | B3-2020.25 | | | Optometrist's Services |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|---------------------|------------------------|------------|--------------|--|
| 15 | 30.5 | | B3-2020.26 | | | Chiropractor's Services |
| 15 | 30.6 | | | AB-02-150 | | Indian Health Service (IHS) Physician and Nonphysician Services |
| 15 | 40 | | B3-3044 | B-97-17 | | Effect of Beneficiary Agreements Not To Use Medicare Coverage |
| 15 | 40.1 | | B3-3044.1 | | | Private Contracts Between Beneficiaries and Physicians/Practitioners |
| 15 | 40.2 | | B3-3044.2 | | | General Rules of Private Contracts |
| 15 | 40.3 | | B3-3044.3 | | | Effective Date of the Opt-Out Provision |
| 15 | 40.4 | | B3-3044.4 | | | Definition of Physician/Practitioner |
| 15 | 40.5 | | B3-3044.5 | | | When a Physician or Practitioner Opts Out of Medicare |
| 15 | 40.6 | | B3-3044.6 | | | When Payment May be Made to a Beneficiary for Service of an Opt-Out Physician/Practitioner |
| 15 | 40.7 | | B3-3044.7 | | | Definition of a Private Contract |
| 15 | 40.8 | | B3-3044.8 | | | Requirements of a Private Contract |
| 15 | 40.9 | | B3-3044.9 | | | Requirements of the Opt-Out Affidavit |
| 15 | 40.10 | | B3-3044.10 | | | Failure to Properly Opt Out |
| 15 | 40.11 | | B3-3044.11 | | | Failure to Maintain Opt-Out |
| 15 | 40.12 | | B3-3044.12 | | | Actions to Take in Cases of Failure to Maintain Opt-Out |
| 15 | 40.13 | | B3-3044.13 | | | Physician/Practitioner Who Has Never Enrolled in Medicare |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|---------------------|------------------------|------------|--------------|--|
| 15 | 40.14 | | B3-3044.14 | | | Non-Participating Physicians or Practitioners Who Opt Out of Medicare |
| 15 | 40.15 | | B3-3044.15 | | | Excluded Physicians and Practitioners |
| 15 | 40.16 | | B3-3044.16 | | | Relationship Between Opt-Out and Medicare Participation Agreements |
| 15 | 40.17 | | B3-3044.17 | | | Participating Physicians and Practitioners |
| 15 | 40.18 | | B3-3044.18 | | | Physicians or Practitioners Who Choose to Opt Out of Medicare |
| 15 | 40.19 | | B3-3044.19 | | | Relationship to Noncovered Services |
| 15 | 40.20 | | B3-3044.20 | | | Maintaining Information on Opt-Out Physicians |
| 15 | 40.21 | | B3-3044.21 | | | Informing Managed Care Plans of the Identity of the Opt-Out Physicians or Practitioners |
| 15 | 40.22 | | B3-3044.22 | | | Informing the National Supplier Clearinghouse (NSC) of the Identity of the Opt-Out Physicians or Practitioners |
| 15 | 40.23 | | B3-3044.23 | | | Organizations That Furnish Physician or Practitioner Services |
| 15 | 40.24 | | B3-3044.24 | | | The Difference Between Advance Beneficiary Notices (ABN) and Private Contracts |
| 15 | 40.25 | | B3-3044.25 | | | Private Contracting Rules When Medicare is the Secondary Payer |
| 15 | 40.26 | | B3-3044.26 | | | Registration and Identification of Physicians or Practitioners Who Opt Out |
| 15 | 40.27 | | B3-3044.27 | | | System Identification |
| 15 | 40.28 | | B3-3044.28 | | | Emergency and Urgent Care Situations |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|---------------------|------------------------|-------------------------|--------------|--|
| 15 | 40.29 | | B3-3044.29 | | | Definition of Emergency and Urgent Care Situations |
| 15 | 40.30 | | B3-3044.30 | | | Denial of Payment to Employers of Opt-Out Physicians and Practitioners |
| 15 | 40.31 | | B3-3044.31 | | | Denial of Payment to Beneficiaries and Others |
| 15 | 40.32 | | B3-3044.32 | | | Payment for Medically Necessary Services Ordered or Prescribed by an Opt-Out Physician or Practitioner |
| 15 | 40.33 | | B3-3044.33 | | | Mandatory Claims Submission |
| 15 | 40.34 | | B3-3044.34 | | | Renewal of Opt-Out |
| 15 | 40.35 | | B3-3044.35 | | | Early Termination of Opt-Out |
| 15 | 40.36 | | B3-3044.36 | | | Appeals |
| 15 | 40.37 | | B3-3044.37 | | | Application to Medicare+Choice Contracts |
| 15 | 40.38 | | B3-3044.38 | | | Claims Denial Notices to Opt-Out Physicians and Practitioners |
| 15 | 40.39 | | B3-3044.39 | | | Claims Denial Notices to Beneficiaries |
| 15 | 40.40 | | B3-3044.40 | | | Reporting |
| 15 | 50 | A3-3112.4B | B3-2049 | | HO-230.4B | Drugs and Biologicals |
| 15 | 50.1 | | B3-2049.1 | | | Definition of Drug or Biological |
| 15 | 50.2 | | | AB-02-072, AB-02-139 | | Determining Self-Administration of Drug or Biological |
| 15 | 50.3 | | B3-2049.3 | | | Incident-to Requirements |
| 15 | 50.4 | | B3-2049.4 | | | Reasonableness and Necessity |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|------------------------|------------------------|------------|--------------------------|---|
| 15 | 50.4.1 | | B3-2049.4 | | | Approved Use of Drug |
| 15 | 50.4.2 | | B3-2049.3 | | | Unlabeled Use of Drug |
| 15 | 50.4.3 | | B3-2049.4 | | | Examples of Not Reasonable and Necessary |
| 15 | 50.4.4 | | B3-2049.4 | | | Payment for Antigens and Immunizations |
| 15 | 50.4.4.1 | | B3-2049.4 | | | Antigens |
| 15 | 50.4.4.2 | A3-3157A, A3-3157A1 | B3-2049.4 | | HO-230.4C HO-230.4C.1 | Immunizations |
| 15 | 50.4.5 | | B3-2049.4C | | | Unlabeled Use For Anti-Cancer Drugs |
| 15 | 50.4.6 | | B3-2049.4C5 | | | Less Than Effective Drug |
| 15 | 50.4.7 | | B3-2049.4C6 | | | Denial of Medicare Payment for Compounded Drugs Produced in Violation of Federal Food, Drug, and Cosmetic Act |
| 15 | 50.5 | | B3-2049.5 | | | Self-Administered Drugs and Biologicals |
| 15 | 50.5.1 | A3-3112.4B3 | | AB-01-10 | HO-230.4B3 | Immunosuppressive Drugs |
| 15 | 50.5.2 | A3-3112.4B4 | | | HO-230.4B.4 | Erythropoietin |
| 15 | 50.5.2.1 | | B3-2049.5 | | HO-230.4B.4.c | Requirements for Medicare Coverage for EPO |
| 15 | 50.5.2.2 | | | AB-99-59 | | Medicare Coverage of Epoetin Alfa (Procrit) for Preoperative Use |
| 15 | 50.5.3 | A3-3112.4B5 | | | HO-230.4B.5 | Oral Anti-Cancer Drugs |
| 15 | 50.5.4 | | | AB-97-26 | | Oral Anti-Nausea (Anti-Emetic) Drugs |
| 15 | 50.5.5 | A3-3112.4B2 | | | HO-230.4B.2 | Hemophilia Clotting Factors |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|---------------------|------------------------|--|--------------|--|
| 15 | 60 | | B3-2050 | | | Services and Supplies |
| 15 | 60.1 | | B3-2050.1 | | | Incident to Physician's Professional Services |
| 15 | 60.2 | | B3-2050.2 | | | Services of Nonphysician Personnel Furnished Incident to Physician's Services |
| 15 | 60.3 | | B3-2050.3 | | | Incident to Physician's Service in Clinic |
| 15 | 60.4 | | B3-2051 | | | Services Incident to a Physician's Service to Homebound Patients Under General Physician Supervision |
| 15 | 60.4.1 | | B3-2051.1 | | | Definition of Homebound Patient Under the Medicare Home Health (HH) Benefit |
| 15 | 70 | | B3-2055 | | | Sleep Disorder Clinics |
| 15 | 80 | | B3-2070 | | | Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests |
| 15 | 80.1 | | B3-2070.1 | | | Clinical Laboratory Services |
| 15 | 80.1.1 | | B3-2070.1E | | | Certification Changes |
| 15 | 80.1.2 | | B3-2070.1F | | | Carrier Contacts With Independent Clinical Laboratories |
| 15 | 80.1.3 | | B3-2070.1G | | | Independent Laboratory Service to a Patient in the Patient's Home or an Institution |
| 15 | 80.2 | | B3-2070.2 | | | Psychological Tests |
| 15 | 80.3 | | B3-2070.3 | PM-B-01-34, B-02-004, pm AB-02-080 | | Otologic Evaluations |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|---------------------------------------|---------------------------------------|------------|--|---|
| 15 | 80.3.1 | | B3-2070.3 | | | Definition of Qualified Audiologist |
| 15 | 80.4 | | B3-2070.4 | | | Coverage of Portable X-Ray Services Not Under the Direct Supervision of a Physician |
| 15 | 80.4.1 | | B3-2070.4A | | | Diagnostic X-Ray Tests |
| 15 | 80.4.2 | | B3-2070.4B | | | Applicability of Health and Safety Standards |
| 15 | 80.4.3 | | B3-2070.4C | | | Scope of Portable X-Ray Benefit |
| 15 | 80.4.4 | | B3-2070.4D | | | Exclusions From Coverage as Portable X-Ray Ser |
| 15 | 80.4.5 | | B3-2070.4F | | | Electrocardiograms |
| 15 | 90 | | B3-2075 | | | X-Ray, Radium, and Radioactive Isotope Therapy |
| 15 | 100 | A3-3110.3 | B3-2079 | | HO-228.3 | Surgical Dressings, Splints, Casts, and Other Devices Used for Reductions of Fractures and Dislocations |
| 15 | 110 | A3-3113 | B3-2100 | | HO-235, HHA-220 | Durable Medical Equipment - General |
| 15 | 110.1 | A3-3113.1, A3-3113.2, A3-3113.6 | B3-2100.1, B3-2100.2, B3-2100.3 | | HO-235.1, HHA-220.1, HO-235.2, HHA-220.2, HO-235.6, HHA-220.3 | Definition of Durable Medical Equipment |
| 15 | 110.2 | A3-3113.3 - A3-3113.3D | B3-2100.4 | | HO-235.3 - 235D HHA-220.4 | Repairs, Maintenance, Replacement, and Delivery |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|-----------------------|------------------------|------------|------------------------|---|
| 15 | 110.3 | A3-3113.4 | B3-2100.5 | | HO-235.4, HHA-220.5 | Coverage of Supplies and Accessories |
| 15 | 110.4 | A3-3113.5 | B3-2100.6 | | HO-235.5, HHA-220.6 | Miscellaneous Issues Included in the Coverage of Equipment |
| 15 | 110.5 | A3-3113.7B | B3-3011 | | HO-235.7B | Incurred Expense Dates for Durable Medical Equipment |
| 15 | 110.6 | A3-3113.7D | | | HO-235.7C | Determining Months for Which Periodic Payments May be Made for Equipment Used in an Institution |
| 15 | 110.7 | A3-3113.7C | | | | No Payment for Purchased Equipment Delivered Outside the United States or Before Beneficiary's Coverage Began |
| 15 | 120 | A3-3110.4, A3-3111 | B3-2130 | | HO-228.4, HO-229 | Prosthetic Devices |
| 15 | 130 | A3-3110.5 | B3-2133 | AB-01-06 | HO-228.5 | Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes |
| 15 | 140 | | B3-2134 | | | Therapeutic Shoes for Individuals with Diabetes |
| 15 | 150 | | B3-2136 | | | Dental Services |
| 15 | 150.1 | | | | PASS memo Read.014 | Dental Splints Used for the Treatment of Temporomandibular Joint (TMJ) Syndrome |
| 15 | 160 | | B3-2150 | | | Clinical Psychologist Services |
| 15 | 170 | | B3-2152 | | | Clinical Social Worker Services |
| 15 | 180 | | B3-2154 | | | Nurse-midwife Services |
| 15 | 190 | | B3-2156 | | | Physician Assistant (PA) Services |
| 15 | 200 | | B3-2158 | | | Nurse Practitioner (NP) Services |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|-----------------------------------|------------------------|------------|--------------|---|
| 15 | 210 | | B3-2160 | | | Clinical Nurse Specialist (CNS) Services |
| 15 | 220 | A3-3147 | B3-2200 | | HO-241.1 | Coverage of Provider Outpatient Physical Therapy, Occupational Therapy, and Speech Pathology Services under Medical Insurance |
| 15 | 220.1 | A3-3147.1 | B3-2203 | | HO-241.1 | Therapy Services Furnished Under Arrangements with Providers and Clinics |
| 15 | 220.2 | | B3-2218 | | | Physical Therapy and Occupational Therapy Provided by Physicians and Physician Employees |
| 15 | 220.3 | A3-3148 | B3-2206 | | HO-242 | Conditions for Coverage of Outpatient Physical Therapy, Occupational Therapy, or Speech Pathology Services |
| 15 | 220.3.1 | A3-3148.1. A3-3322, A3-3350 | B3-2206.1 | | HO-242.1 | Physician's Certification and Recertification |
| 15 | 220.3.2 | A3-3148.2 | B3-2206.2 | | HO-242.2 | Outpatient Must be Under Care of Physician |
| 15 | 220.3.3 | A3-3148.3 | B3-2206.3 | | HO-242.3 | Outpatient Physical Therapy, Occupational Therapy, or Speech Pathology Services Furnished Under Plan |
| 15 | 220.3.4 | A3-3148.4 | B3-2206.4 | | HO-242.4 | Requirement That Services Be Furnished on an Outpatient Basis |
| 15 | 230 | | B3-2210 - 2210.3 | | | Payable Physical Therapy |
| 15 | 230.1 | | B3-2215 | | | Services Furnished by a Physical or Occupational Therapist in Private Practice |
| 15 | 230.2 | A3-3149 | | | HO-242.5 | Physical Therapy in Private Practice |
| 15 | 230.3 | | B3-2216 | | | Covered Speech-Language Pathology Services |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|---------------------|------------------------|------------|--------------|---|
| 15 | 230.4 | | B3-2217 | | | Covered Occupational Therapy |
| 15 | 230.5 | | | AB-02-156 | | Coverage for Neuromuscular Electrical Stimulation (NMES) |
| 15 | 240 | | B3-2250, B3-4118 | | | Chiropractic Services - General |
| 15 | 240.1 | | B3-2251 | | | Coverage of Chiropractic Services |
| 15 | 240.1.1 | | B3-2251.1 | | | Manual Manipulation |
| 15 | 240.1.2 | | B3-2251.2 | | | Subluxation May be Demonstrated by X-Ray or Physician's Exam |
| 15 | 240.1.3 | | B3-2251.3 | | | Necessity for Treatment |
| 15 | 240.1.4 | | B3-2251.4 | | | Diagnosis |
| 15 | 240.1.5 | | B3-2251.5 | | | Treatment Parameters |
| 15 | 250 | | B3-2255 | | | Medical and Other Health Services Furnished to Inpatients of Hospitals and Skilled Nursing Facilities |
| 15 | 260 | | B3-2265 | | | Ambulatory Surgical Center Services |
| 15 | 260.1 | | B3-2265.1 | | | Definition of Ambulatory Surgical Center |
| 15 | 260.2 | | B3-2265.2 | | | Ambulatory Surgical Center Services |
| 15 | 260.3 | | B3-2265.3 | | | Services Furnished in ASCs Which are Not ASC Facility Services |
| 15 | 260.4 | | B3-2265.4 | | | Coverage of Services in ASCs Which are Not ASC Services |
| 15 | 260.5 | | B3-2266 | | | List of Covered Ambulatory Surgical Center Procedures |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|----------------------|------------------------|--------------------------------------|--------------|--|
| 15 | 260.5.1 | | B3-2266.1 | | | Nature and Applicability of ASC List |
| 15 | 260.5.2 | | B3-2266.2 | | | Nomenclature and Organization of the List |
| 15 | 260.5.3 | | B3-2266.3 | | | Rebundling of CPT Codes |
| 15 | 270 | | B3-15516C | AB-01-69, AB-02-052, AB 02-053 | | Telehealth Services |
| 15 | 270.1 | | | | CMS | Eligibility Criteria |
| 15 | 270.2 | | | | CMS | List of Medicare Telehealth Services |
| 15 | 270.3 | | | | CMS | Conditions of Payment |
| 15 | 270.4 | | | | CMS | Payment – Physician/Practitioner at a Distant Site |
| 15 | 270.5 | | | | CMS | Originating Site Facility Fee Payment Methodology |
| 15 | 280 | | | | | Preventive and Screening Services (Section heading only with references to other CMS manuals) |
| 15 | 280.1 | A-01-13, A-01-105 | B3 4184- 4184.9 | B-01-46 | | Glaucoma Screening |
| 15 | 280.2 | | | | | Colorectal Cancer Screening (Section heading only) |
| 15 | 280.2.1 | | B3-4180.1 | | | Covered Services and HCPCS Codes |
| 15 | 280.2.2 | | B3-4180.2 | | | Coverage Criteria |

| New Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 14 | PMs | Other | Description |
|------------------|------------------|---------------------|------------------------|-----------------------|--------------|---|
| 15 | 280.2.3 | | B3-4180.3 | | | Determining Whether or Not the Beneficiary is at High Risk for Developing Colorectal Cancer |
| 15 | 280.2.4 | | B3-4180.4 | | | Determining Frequency Standards |
| 15 | 280.2.5 | | B3-4180.5 | | | Noncovered Services |
| 15 | 280.3 | A3-3660.10 | B3-4601.1 | | | Screening Mammography |
| 15 | 280.4 | A3-3628.1 | B3-4603.1 | | | Screening Pap Smears |
| 15 | 290 | A3-3158 | B3-2323, B3-4120.1 | | HO-260.9 | Foot Care |
| 15 | 300 | | | AB 02-151, B-01-40 | | Diabetes Outpatient Self-Management Training Services |
| 15 | 300.1 | | | AB 02-151, B-01-40 | | Coverage Requirements |
| 15 | 300.2 | | | AB 02-151, B-01-40 | | Certified Providers |
| 15 | 300.3 | | | AB 02-151, B-01-40 | | Frequency of Training |
| 15 | 300.4 | | | AB 02-151, B-01-40 | | Outpatient Diabetes Self-Management Training |
| 15 | 300.5 | | | AB 02-151, B-01-40 | | Bill Processing Requirements |