

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 1815

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: December 27, 2013

Change Request 8572

SUBJECT: January 2014 Update of the Hospital Outpatient Prospective Payment System (OPPS)

B. SUMMARY OF CHANGES: This Recurring Update Notification describes changes to codi billing instructions for various payment policies implemented in the January 2014 OPPS update. Most of these policies are also outlined in CY 2014 OPPS/ASC Final rule. The January 2014 Integrated Outpatient Code Editor (IOCE) and OPPS Pricer will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this Change Request (CR).

The January 2014 revisions to IOCE data files, instructions, and specifications are provided in the forthcoming January IOCE CR.

This Recurring Update Notification applies to Chapter 04, section 08.

EFFECTIVE DATE: January 1, 2014

IMPLEMENTATION DATE: January 8, 2014

Disclosure for manual changes only: The revision date and transmittal number apply only to codi manual material; any other material not previously published and remains unchanged. Moreover, if this revision contains a table of contents, you will receive the supplemental information only, and not the entire table of contents.

ALL CHANGES IN MANUAL INSTRUCTIONS: (N/A, if manual is not updated)

R=REVIEWED, N=NEW, D=DELETED-Only One Per Row

ROWID	CHAPTER / SECTION / SUBSECTION / TITLE
R	4-Table of Contents
N	4-18.8.3-Payment Adjustment for Certain Cancer Hospitals for CY 2014
R	4-200.3.3 - Billing for Stereotactic Radiosurgery (SRS) Planning and Delivery
D	4-200.3.4 - Billing for Linear Accelerator (Robotic Image-Guided and Non-Robotic Image-Guided) SRS Planning and Delivery
R	4-200.9 - Billing for "Noninvasive Therapy" Services that May be Paid as Non-Therapy Services for Hospital Outpatients

BIL FUNDING:

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 consider this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically

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Joacim Rocklöv



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The How-to Manual for Rehab Documentation Rick Gawenda,2004 **Observation Medicine** Sharon E. Mace,2017-03-16 This guide to successful practices in observation medicine covers both clinical and administrative aspects for a multinational audience **Chargemasters** Duane C. Abbey,2005 **Unmanageable Care** Jessica M. Mulligan,2014-08-08 In *Unmanageable Care* anthropologist Jessica M Mulligan goes to work at an HMO and records what it is really like to manage care Set at a health insurance company dubbed Acme this book chronicles how the privatization of the health care system in Puerto Rico transformed the experience of accessing and providing care on the island Through interviews and participant observation the book explores the everyday contexts in which market reforms were enacted It follows privatization into the compliance department of a managed care organization through the visits of federal auditors to a health plan and into the homes of health plan members who recount their experiences navigating the new managed care system In the 1990s and early 2000s policymakers in Puerto Rico sold off most of the island's public health facilities and enrolled the poor elderly and disabled into for profit managed care plans These reforms were supposed to promote efficiency cost effectiveness and high quality care Despite the optimistic promises of market based reforms the system became more expensive not more efficient patients rarely behaved as the expected health maximizing information processing consumers and care became more chaotic and difficult to access Citizens continued to look to the state to provide health services for the poor disabled and elderly This book argues that pro market reforms failed to deliver on many of their promises The health care system in Puerto Rico was dramatically transformed just not according to plan *Health Care Finance and the Mechanics of Insurance and Reimbursement* Michael K. Harrington,2023-11-06 *Health Care Finance and the Mechanics of Insurance and Reimbursement* combines financial principles unique to the health care setting with the methods and process for reimbursement including coding reimbursement strategies compliance financial reporting case mix index and external auditing It explains the revenue cycle correlating it with regular management functions and covers reimbursement from the initial point of care through claim submission and reconciliation Updated throughout the Third Edition offers expanded material on financial statements new and expanded Skilled Nursing Facility examples and enhanced sections on PDPM Practice Management for Primary Care and other Specialties Clearinghouse Processes Predictive Modeling data mining and more **Federal Register** ,2014 **Observation Services, Third Edition** Deborah K. Hale,2011-04-21 *Observation Services* insight from the industry's top expert Here is the essential guide for understanding observation services and the most recent regulatory guidance for inpatient admission Author Deborah K Hale CCS CCDS uses case studies and real life examples to examine regulatory guidelines and fiscal management and also explains how to manage multiple payers and find an easier way to achieve reimbursement for observation services You will also learn about the roles of nurses and physicians in observation services and how to foster an effective team approach for compliance and appropriate reimbursement With

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