

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=REVISED, 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

Cms Claims Manual Chapter 4

Robert W. Strauss, Thom A. Mayer

A red circular graphic with a gradient, appearing as a partial circle or a thick arrow pointing to the right, located to the right of the authors' names.

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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 *The Stark Law* Ramy Fayed, Sonnenschein Nath & Rosenthal LLP., 2009 Stark Law Second Edition A User's Guide to Achieving Compliance Penalties for violations can include 15 000 per claim and you can be fined for even unintentional violations Further consequences involve potential exclusion from participation in Medicare Medicaid and other federal health care programs It's tough to simplify a complex rule Here's help You will be well equipped to protect your organization from the severe consequences of Stark Law violations with the practical analytical tools and explanations provided in Stark Law A User's Guide to Achieving Compliance Second Edition This updated version of HCPro's Stark Law best seller first published in 2005 and now co-authored by former CMS Stark Law regulator Lisa Ohrin helps health care providers practitioners suppliers and other affected members of the health care industry understand the many recent changes in the Stark Law It explains each provision of the rule and its practical effect for compliance professionals There are no compliance shortcuts Since issuing its long-awaited Stark II Phase III Regulations CMS proposed and finalized a host of additional regulations notices and clarifications including a major final rulemaking in August 2008 The number and speed of these changes add yet another layer to the already complex web of rules and regulations governing Stark Law compliance Your copy of Stark Law A User's Guide to Achieving Compliance Second Edition delivers A thorough explanation of how the 2007 and 2008 regulations impact the Law as a whole as well as your organization Access to a comprehensive outline of the entire Law in one location from the initial proposed regulations through the most recent updates Scores of easy to understand case studies which illustrate the application of the Law A searchable CD ROM to help you find specific citations Take a look at the Table of Contents Chapter 1 Background and Analytical Framework Chapter 2 Definitions Chapter 3 Designated Health Services Chapter 4 Referrals Chapter 5 Financial Relationships Chapter 6 All Purpose Exceptions Chapter 7 Ownership Interest Exceptions Chapter 8 Direct Compensation Exception Chapter 9 Indirect Compensation Arrangements Exception Chapter 10 Exceptions for Physician Recruitment and Retention Payments in Underserved Areas Chapter 11 Period of Disallowance Temporary Noncompliance and Technical Noncompliance Chapter 12 Sanctions Collateral Consequences and Reporting Requirements Chapter 13 Advisory Opinions With such high stakes your organization needs Stark Law A User's Guide to Achieving Compliance Second Edition to remain on top of the recent amendments to the Law *The How-to Manual for Rehab Documentation* Rick Gawenda, 2004

Medicare and Medicaid Guide, 2006 *The How-To Manual for Rehab Documentation, Third Edition* Rick Gawenda, 2009-04-06 The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials Rick Gawenda PT Up to speed with Medicare documentation requirements for 2009 and beyond Increase cash flow and reduce Medicare claim denials by using strategies provided in the Third Edition of The

How To Manual for Rehab Documentation Written by national consultant Rick Gawenda PT Since our last edition there have been significant changes to the rules and regulations surrounding documentation in therapy settings And now that the RACs are underway it is even more important to have accurate and thorough documentation Mistakes can lead to delayed payments and denials so how do ensure that you are in compliance with the current guidelines Make it easy Order your copy of The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials Written by author and national consultant Rick Gawenda PT of Gawenda Seminars this book and CD ROM set focuses on the clinical aspects of documentation and offers proven methods to strengthen documentation and decrease the frequency of denials Gawenda encourages b documentation methods that have worked for him and help you conquer potentially tough concepts such as maintenance therapy and CPT codes What s new in the third edition Clarification of certification and re certification requirements regarding how long they are valid for and how soon they need to be signed Explanation of delayed certification Tips to write function based short and long term goals Updated examples of well written goals Updated payer documentation guidelines for evaluations progress reports daily notes discharge reports and re evaluations The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials outlines proper documentation strategies starting from the moment a patient registers and receives treatment to billing for time and services Gawenda encourages b documentation methods that have worked for him and help you conquer potentially tough concepts such as maintenance therapy and CPT codes This comprehensive book and CD ROM helps you Improve therapy billing through better documentation Prevent denials as a result of better documentation practices Maintain quality assurance through proper documentation Optimize your reimbursement from both Medicare and third party payers Avoid audits and targeted medical reviews Document care in a more efficient way Take the critical steps to verify therapy benefit coverage prior to a patient s initial visit Support skilled therapy services with inclusion of required documentation Understand Medicare certification and recertification time frames and requirements for all therapy settings Understand and use the most commonly used CPT codes and modifiers in rehabilitation therapy Table of Contents Chapter 1 The Role of the Registration Staff Registration Basics Benefit Verification Preregistering Chapter 2 Initial Documentation Evaluation Format Documentation Components Evaluation Process Objective Criteria Assessment Documentation Goals POC Documentation Creating a Solid Foundation Chapter 3 Certification and Recertification Physician Referrals Physician Referral Denials Outpatient Therapy Settings Certification and Recertification SNF Part A Therapy Services Reimbursed Under the Prospective Payment System PPS Home Health Agency Part A Therapy Services Chapter 4 Daily Documentation Daily Documentation Documentation Requirements Home Exercise Programs HEPs Plan Documentation Chapter 5 Progress Reports Discharge Reports and Reevaluations Progress Reports Discharges Reevaluations Chapter 6 Maintenance Therapy What is an FMP Coverage Criteria Documentation Requirements Billing Cover All Your Bases Chapter 7 Wound Care Under

Medicare Discharge Criteria Additional Pointers Appendix A Navigating the CMS Web site Getting Started Final Word Make it easy to understand CMS documentation guidelines No need to download and interpret the guidance from the CMS Web site yourself Author Rick Gawenda PT has done the work for you His documentation practices are sure to help you receive optimal compensation for the services you perform as a therapist Nearly half of all rehab claim denials are STILL due to improper documentation Ensure proper documentation for services provided and decrease the frequency of denials Order The How To Manual for Rehab Documentation Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials today **Healthcare Financial Management** ,2008 **NTIS Alert** ,2004 Student Workbook to Accompany Insurance Handbook for the Medical Office Marilyn Fordney,2003-11 Realistic hands on exercises prepare students to work effectively in the managed care environment with all types of insurance claims Self study review questions and complete competency based tests are presented Easily removable sample practice forms are provided as well as case study information and practice exercises Available separately *Understanding Telehealth* Karen Schulder Rheuban,Elizabeth A. Krupinski,2017-12-22 The first complete guide to the rapidly expanding field of telehealth From email to videoconferencing telehealth puts real time healthcare solutions at patients and clinicians fingertips Every year the field continues to evolve enhancing access to healthcare supporting clinicians and improving the patient experience However since telehealth is in its infancy no text has offered a comprehensive definitive survey of this up and coming field until now Written by past presidents of the American Telemedicine Association *Understanding Telehealth* explains how clinical applications leveraging telehealth technology are optimizing healthcare delivery In addition this timely resource examines the bedrock principles of telehealth and highlights the safety standards involved in the diagnosis and treatment of patients through digital communications Logically organized and supported by high yield clinical vignettes the book begins with essential background information including a look at telehealth history definitions and roles and rural health It then provides an overview of clinical services for adults from telestroke to telepsychiatry The third section addresses pediatric clinical services encompassing pediatric emergency and critical care telecardiology and more A groundbreaking resource Chapters cover a broad spectrum of technologies evidence based guidelines and application of telehealth across the healthcare continuum Ideal for medical staff public healthcare executives hospitals clinics payors healthcare advocates and researchers alike Incisive coverage of the legal and regulatory environment underpinning telehealth practice **Physicians Fee & Coding Guide** ,2011

Insurance Handbook for the Medical Office Marilyn Takahashi Fordney,2006 This manual has been prepared for instructors using *Insurance Handbook for the Medical Office* 9th ed in medical insurance classes or as a supplement in administrative medical assisting classes *HCPCS Expert (compact)* Hcpcs,Ingenix,2007 Ingenix HCPCS Level II products enable customers to receive timely and appropriate reimbursement based upon accurate use of the most current codes for supplies and services not included in their CPT book needed for Medicare reimbursement or to bill under APCs

Procurement of Supplies & Services Manual Illinois. Department of Transportation,2008 Strauss and Mayer's Emergency Department Management Robert W. Strauss,Thom A. Mayer,2013-12-11 Offers a real world pragmatic guide designed to help emergency department managers efficiently which handle the many complex issues that arise in this challenging clinical environment This title delivers practical solutions to virtually any problem that may arise in running an emergency department or acute care center **Puppy Owner's Survival Manual** Julia Barnes,Matthew Brash,2002 Profiles of 50 popular breeds will help you choose the pup that fits your lifestyle Prepare your home by buying the right equipment choose the professionals especially a vet and introduce puppy to your family and housebreak it All aspects of care are discussed This unique ten part guide contains what you need to know to raise a happy healthy well behaved pet Pets Quarterly **Ticks and Tick-borne Disease Control** ,1984 **Understanding Health Insurance** Michelle a Green,Rowell,2003-07 Understanding Health Insurance A Guide to Professional Billing 7th edition utilizes a step by step approach to provide instruction about the completion of health insurance claims The objectives of this edition are to 1 introduce information about major third party payers 2 provide up to date information about federal health care regulations 3 clarify coding guidelines and provide application exercises for each coding system 4 introduce reimbursement issues 5 emphasize the importance of coding for medical necessity and 6 help users develop the skill to complete claims accurately Case studies and review exercises provide users with numerous opportunities to apply knowledge and develop skills in completing CMS 1500 claims accurately The textbook CD ROM and accompanying workbook provide additional exercises and practice in completing CMS 1500 claims electronically Current information is provided on CPT 5 and ICD 10 CM coding systems The appendices include information about processing the UB 92 CMS 1450 and dental claims Health Law Handbook ,2008 *Iml und Hlth Insurance* Rowell,2001-10 *The Criminal Justice Student Writer's Manual* William A. Johnson,2002 Smoking is a serious health risk and can be a difficult habit to quit This title focuses on problems associated with smoking that young people might encounter in their daily lives Each title acknowledges the pressure young people are under from their pee

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