

Medicare Claims Processing Manual

Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS)

Crosswalk

New Chap	New Sect	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	Program Memo	Other	Description
4	10				A-01-93		Hospital Outpatient Prospective Payment System (OPPS)
4	10.1				A-01-15, A-01-93		Background
4	10.2				A-01-93		APC Payment Groups
4	10.3				A-01-93		Calculation of APC Payment Rates
4	10.4				A-01-93, A-01-133		Packaging
4	10.5				A-01-93		Discounting
4	10.6				A-01-93		Payment Adjustments
4	10.7				A-02-026		Outlier Adjustments
4	10.8				A-01-93		Geographic Adjustments
4	10.8.1						http://www.cms.hhs.gov/medicare/hopsmain.htm Wage Index Changes
4	10.9				A-01-93, A-03-051		Updates

New Chap	New Sect	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	Program Memo	Other	Description
4	10.10				A-01-32		Biweekly Interim Payments for Certain Hospital Outpatient Items and Services That Are Paid on a Cost Basis, and Direct Medical Education Payments, Not Included in the Hospital Outpatient Prospective Payment System (OPPS)
4	10.11				A-02-026		Process and Information Required to Determine Eligibility of Drugs and Biologicals for Transitional Pass-Through Payment Under the Hospital Outpatient Prospective Payment System (OPPS)
4	10.11.1				A-02-026		Background
4	10.11.2				A-02-026		Required Information
4	10.11.3				A-02-026		Where to Send Applications
4	10.12						http://cms.hhs.gov/regulations/hopps/newcatapp11602final1.pdf Process and Information Required to Apply for Additional Device Categories For Transitional Pass-Through Payment Status Under the Hospital Outpatient Prospective Payment System
4	10.12.1						http://cms.hhs.gov/regulations/hopps/newcatapp11602final1.pdf The criteria that CMS uses to establish a new category
4	10.12.2						http://cms.hhs.gov/regulations/hopps/newcatapp11602final1.pdf Contents of Application for Additional Transitional Pass-Through Category for New Medical Devices
4	20	A3-3626.4				HO-442.6	Reporting Hospital Outpatient Services Using Healthcare Common Procedure Coding System (HCPCS)
4	20.1					HO-442.6	General

New Chap	New Sect	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	Program Memo	Other	Description
4	20.3	A3 3627					Line Item Dates of Service
4	20.2						Applicability of OPPS to Specific HCPCS Codes
4	20.4	A3 3627					Reporting of Service Units
4	20.5	A3 3627			A-01-50, A-01-93, A-03-066		HCPCS/Revenue Code Chart
4	20.5.1	A3 3627			A-03-035		Appropriate Revenue Codes to Report Medical Devices That Have Been Granted Pass-Through Status
4	20.5.1.1	A3 3627			A-01-50, A-03-035		HCPCS Clarification
4	20.5.1.2	A3 3627			A-03-035		Clarification Regarding Revenue Codes 0274 and 0290
4	20.5.1.3	A3 3627			A-03-035		Clarification of HCPCS Code to Revenue Code Reporting
4	20.5.2	A3 3627					HCPCS/Revenue Code Edits
4	20.5.3	A3 3627			A-01-50		Appropriate Revenue Codes to Report Medical Devices That Have Been Granted Pass-Through Status
4	20.6	A3 3627			A-01-80, A-02-026		Use of Modifiers
4	20.6.1	A3 3627					Where to Report Modifiers on the UB-92 (CMS-1450) and X12 Formats

New Chap	New Sect	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	Program Memo	Other	Description
4	20.6.2	A3 3627					Use of Modifiers -50, -LT, and -RT
4	20.6.3	A3 3627					Modifiers -LT and -RT
4	20.6.4	A3 3627					Use of Modifiers for Discontinued Services
4	20.6.5	A3 3627					Modifiers for Repeat Procedures
4	20.6.6	A3 3627					Modifiers for Radiology Services
4	20.6.7	A3 3627					HCPCS Level II Modifiers
4	30				A-01-15		OPPS Coinsurance
4	30.1				A-02-026, A-03-066		Coinsurance Election
4	30.2				A-02-026		Calculating the Medicare Payment Amount and Coinsurance

New Chap	New Sect	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	Program Memo	Other	Description
4	40			HO-440.1	A-01-21, A-01-01, A-01-36, A-01-66, A-02-025, A-02-052, A-02-082, A-03-003, A-03-026, A-03-028, A-03-048, A-03-050, A-03-069		Outpatient Code Editor (OCE)
4	40.1						Rejected Items and Processing Requirements
4	50				A-02-026		Outpatient PRICER
4	50.1				A-02-026		Outpatient Provider Specific File
4	50.2				A-02-026, A-03-066		Deductible Application
4	50.3				A-02-026, A-03-066		Transitional Pass-Throughs for Designated Drugs or Biologicals
4	50.4				A-02-026		Transitional Pass-Throughs for Designated Devices
4	50.5				A-02-026		Changes to Pricer Logic Effective April 1, 2002

New Chap	New Sect	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	Program Memo	Other	Description
4	60				A-02-026		Billing for Devices Eligible for Transitional Pass - Through Payments and Items Classified in "New Technology" APCs
4	60.1				A-02-026		Categories for Use in Coding Devices Eligible for Transitional Pass-Through Payments Under the Hospital OPPS
4	60.2				A-02-026		Roles of Hospitals, Manufacturers, and CMS for Billing for Transitional Pass-through Items
4	60.3				A-02-026		Devices Eligible for Transitional Pass-through Payments
4	60.4				A-01-73		General Coding and Billing Instructions and Explanations
4	60.5				A-00-82		Devices Eligible for New Technology Payments Effective January 1, 2001
4	60.6				A-01-50, A-03-035		Appropriate Revenue Codes to Report Medical Devices That Have Been Granted Pass-Through Status
4	70				A-02-026, A-01-15		Transitional Corridor Payments
4	70.1				A-02-026		Revised Transitional Outpatient Payment (TOP) Calculation for Calendar Year 2002
4	80				A-01-44		Shared System Requirements to Incorporate Provider-Specific Payment-to-Cost Ratios into the Calculation of Interim Transitional Corridor Payments Under OPPS

New Chap	New Sect	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	Program Memo	Other	Description
4	80.1				A-01-44		Background - Payment-to-Cost Ratios
4	80.2				A-01-44		Using the Newly Calculated PCR for Determining Final TOP Amounts
4	80.3				A-01-44		Using the Newly Calculated PCR for Determining Interim TOPs
4	90				A-01-026		Discontinuation of Value Code 05 Reporting
4	100				A-02-026		Medicare Summary Notice
4	110				A-01-93		Procedures for Submitting Late Charges Under OPSS
4	120	A3-3626.2			A-02-026		General Rules for Reporting Outpatient Hospital Services
4	120.1				A-02-926, A-01-93, A-03-066		Bill Types Subject to OPSS
4	120.2				A-02-026		Routing of Claims
4	130				A-02-026		Coding and Billing for Services Furnished On or After January 1, 2002 Through March 31, 2002 That Are Payable Under the OPSS
4	140				A-01-93, A-03-066		All-Inclusive Rate Hospitals
4	150			440.1	A-00-21, A-02-064		Hospitals That Do Not Provide Outpatient Services

New Chap	New Sect	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	Program Memo	Other	Description
4	160				A-01-93		Coding for Clinic and Emergency Visits
4	170				A-01-91		Hospital and CMHC Reporting Requirements for Services Performed on the Same Day
4	180	A3-3626.4B3			A-01-93, A-02-074		Accurate Reporting of Surgical Procedures
4	180.1	A3-3626.4B3					General Rules
4	180.2	A3-3626.4B3			A-01-50		Selecting and Reporting Procedure Codes
4	180.3	A3-3626.4					Unlisted Service or Procedure
4	180.4	A3-3626.4					Proper Reporting of Condition Code G0 (Zero)
4	180.5	A3-3626.4					Proper Reporting of Condition Codes 20 and 21
4	190	A3-3629					Implanted DME, Prosthetic Devices and Diagnostic Devices
4	200						Billing for Corneal Tissue
4	210				A-01-93, A-03-066		Billing for Hospital-Based End Stage Renal Dialysis (ESRD) Facility Billing
4	220				A-00-42		Billing Codes for Intensity Modulated Radiation Therapy (IMRT) and Stereotactic Radiosurgery
4	220.1				A-02-026		Billing for IMRT Planning and Delivery

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4	220.2				A-02-026		Billing for Multi-source Photon Stereotactic Radiosurgery (SR) Planning and Delivery
4	220.3				A-02-026		Billing for Linear Accelerator (gantry or image directed) SR Planning and Delivery
4	220.4				A-02-026		Additional Billing Instructions for IMRT and SR Planning
4	230				A-03-066		Billing for Drugs and Biologicals
4	240	A3-3626					Inpatient Part B Services
4	250	A3-3610.19					Special Rules for Critical Access Hospital Outpatient Billing
4	250.1	A3-3610.23, 3610.24		415.23, 415.24			Payment for Outpatient Services Furnished by a CAH
4	250.1	A3-3610.23, 3610.24		415.23, 415.24			Payment for Outpatient Services Furnished by a CAH
4	250.1.1	A3-3610.22					Standard method - Cost-based Facility Services, with Billing of Carrier for Professional Services
4	250.1.1	A3-3610.22					Optional Method for Outpatient Services: Cost-Based Facility Services Plus 115 percent Fee Schedule Payment for Professional Services
4	250.2	A3-3610.22C					CAH Outpatient Services Deductible and Coinsurance

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4	250.3				A-01-52		Medicare Payment for Ambulance Services Furnished by Certain CAHs
4	250.4				A-01-31, A-01-68		Clinical Diagnostic Laboratory Tests Furnished by CAHs
4	260						Hospital Outpatient Partial Hospitalization Services
4	260.1	A3-3661					Special Partial Hospitalization Billing Requirements
4	260.2	A3-3661					Professional Services Related to Partial Hospitalization
4	260.3				A-01-93		Outpatient Mental Health Treatment Limitation for Partial Hospitalization Services
4	260.4	A3-3661					Reporting Service Units for Partial Hospitalization
4	260.5	A3-3661					Line Item Date of Service Reporting for Partial Hospitalization
4	260.6	A3-3661					Payment for Partial Hospitalization Services
4	260.7	A3-3651					Bill Review For Partial Hospitalization Services Provided In Community Mental Health Centers (CMHC)
4	270	A3-3662					Billing for Hospital Outpatient Services Furnished By Clinical Social Workers (CSWs)
4	270.1	A3-3662					Fee Schedule to be Used for Payment for CSW Services

New Chap	New Sect	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	Program Memo	Other	Description
4	270.2	A3-3662					Outpatient Mental Health Payment Limitation for CSW Services
4	270.3	A3-3662					Coinsurance and Deductible for CSW Services
4	280				A-01-93, A-03-066		Hospital-Based Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Billing for Non RHC/FQHC Services
4	290	A3-3663, A3-3112.8D			A-01-91		Outpatient Observation Services
4	290.1	A3 3663					Observation Services
4	290.2	A3 3663			A-01-91		Billing Entries for Observation Services
4	290.3	A3-3112.8E					Services Not Covered as Observation Services
4	290.4				A-02-026, A-03-051		Payment for Observation Services Furnished On or After April 1, 2002
4	290.4.1				A-02-026		Required Diagnoses for Separate Observation APC Payment
4	290.4.2				A-02-026		Additional Requirements for Separate Observation APC Payment
4	300				A-02-026		Medical Nutrition Therapy Services