

Medicare Reimbursement Rates For Procedures

Medicare Reimbursement and the Quality of Hospital Care Michael J. McGinty.1993 Examines the relationship between hospital reimbursement per discharge & the clinical quality of care received by Medicare patients before & after the implementation of the PPS in 1993-1984. Objectives were to evaluate the link between program, payments & quality & to identify characteristics of higher & lower quality hospitals for the period 1981 to 1986.

Medicare Reimbursement for Physician Services United States. Congress. House. Committee on Ways and Means. Subcommittee on Health.1986

Physician Payment Review Commission Recommendations on Physician Payments United States. Congress. House. Committee on Ways and Means. Subcommittee on Health.1995

Physician Reimbursement Under Medicare .1986

Coders' Specialty Guide 2023: Pain Management AAPC.2023-01-31 As unique as pain management is among medical specialties, coding for pain management is uniquely difficult. But we have the perfect solution to boost your reporting accuracy and ensure your claims establish medical necessity. What's more, we'll also help you boost your productivity! It's all in the intelligently designed, easy-access layout of the Coders' Specialty Guide 2023: Pain Management. On one page—at one glance—you get all the code info you need for clean, audit-ready claims: CPT®-to-ICD-10-CM crosswalks, lay terms, procedural illustrations, CCI edits, global indicators, RVUs, and more. We've even included HCPCS and BETOS codes with lay terms and coding tips for faster, on-target pain management coding. Error-proof your claims with everything you need at your fingertips: CPT® codes for pain management, including 2023 new and revised codes Official descriptors for Category I-III codes for simpler code selection Lay term explanations to help you understand complex procedures Insider coding and billing tips for reporting specific CPT® codes Updated Medicare reimbursement rates for physicians and hospitals RVUs for facility and non-facility for more accurate payments Modifier crosswalks CCI edits for easier bundling decisions Helpful indicators (global days, diagnostic tests, and more) Pain Management terminology with easy-to-understand definitions HCPCS codes, lay terms, and surefire reporting tipsto boost payment for supplies, equipment, and drugs Quick-view ICD-10-CM crosswalksto check medical necessity Index of all specialty codes with page numbersfor simpler code look-up Dictionary-style headers with code ranges on each page Descriptive illustrations with related codes for each image Stay on top of CPT® changes and reap prompt and equitable reimbursement with the Coders' Specialty Guide 2023: Pain Management. *CPT® is a registered trademark of the American Medical Association

Payment for Physician Services .1986

Medicare Reimbursement Differentials by Physician Experience Richard J. Buddin,Joyce Mann.1992-01-01 Under current policy, Medicare reimburses for physician services according to a fee schedule that differentiates payment levels for physicians according to their experience. However, experience salaried physicians who have not previously billed for Medicare services are reimbursed as new physicians when they first begin treating those covered by Medicare. By examining experience differentials in physician fees and wages in other settings and the reimbursement practices of private insurers, this report provides evidence suggesting that the present Medicare fee schedule is likely to discourage new physicians from treating Medicare patients.

Reform of Medicare Payments to Physicians United States. Congress. Senate. Committee on Finance. Subcommittee on Health.1986

Medicare United States. General Accounting Office.2004

Additional Changes to the Medicare Reimbursement Rates for Major Joint Procedures Are Needed United States Accounting Office (GAO).2018-06-18 Additional Changes to the Medicare Reimbursement Rates for Major Joint Procedures Are Needed

Defense Health Care : Reimbursement Rates Appropriately Set; Other Problems Concern Physicians United States. General Accounting Office.1998

Medicare Laboratory Payment Policy Institute of Medicine,Division of Health Care Services,Committee on Medicare Payment Methodology for Clinical Laboratory Services.2000-12-04 Clinical laboratory tests play an integral role in helping physicians diagnose and treat patients. New developments in laboratory technology offer the prospect of improvements in diagnosis and care, but will place an increased burden on the payment system. Medicare, the federal program providing coverage of health-care services for the elderly and disabled, is the largest payer of clinical laboratory services. Originally designed in the early 1980s, Medicare's payment policy methodology for outpatient laboratory services has not evolved to take into account technology, market, and regulatory changes, and is now outdated. This report examines the current Medicare payment methodology for outpatient clinical laboratory services in the context of environmental and technological trends, evaluates payment policy alternatives, and makes recommendations to improve the system.

Adjustments to the Medicare Prospective Payment System .1988

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Medicare Physician Payment United States. Physician Payment Review Commission.1987

Report and Recommendations to the Congress United States. Prospective Payment Assessment Commission.1991

Report to the Congress, Medicare Payment Policy Medicare Payment Advisory Commission (U.S.).1998

Medicare Laboratory Payment Policy Institute of Medicine,Division of Health Care Services,Committee on Medicare Payment Methodology for Clinical Laboratory Services.2001-01-04 Clinical laboratory tests play an integral role in helping physicians diagnose and treat patients. New developments in laboratory technology offer the prospect of improvements in diagnosis and care, but will place an increased burden on the payment system. Medicare, the federal program providing coverage of health-care services for the elderly and disabled, is the largest payer of clinical laboratory services. Originally designed in the early 1980s, Medicare's payment policy methodology for outpatient laboratory services has not evolved to take into account technology, market, and regulatory changes, and is now outdated. This report examines the current Medicare payment methodology for outpatient clinical laboratory services in the context of environmental and technological trends, evaluates payment policy alternatives, and makes recommendations to improve the system.

Adopting Medicare Fee Schedules Barbara O. Wynn.2003 In response to rapidly increasing medical costs in the California workers' compensation program, the California Commission on Health and Safety and Workers' Compensation is recommending that the current fee schedule that determines the amount health care providers are paid be linked to Medicare fee schedules. This study examines issues arising from the differences between the two types of fee schedules, modifications that may be needed to tailor the Medicare fee schedules to California's injured workers, and the implications of automatic annual updates to the schedules.

Medicare Reimbursement Issues United States. Congress. House. Committee on Ways and Means. Subcommittee on Health.1976

Medicare, Alternatives for Computing Payments for Hospital Outpatient Surgery United States. General Accounting Office.1990

Medicare Physician Payments Robert F. Dee.2000-12 In 1992, Medicare began using a fee schedule to pay physicians for more than 7,000 procedures. A fee schedule amount for each procedure is computed by multiplying the sum of the procedure's three rankings, known as relative value units (RVU), by a conversion factor that translates RVUs into dollars. This report monitors the Health Care Financing Administration's. ongoing efforts to develop resource-based practice expense RVUs. It focuses on: evaluation of whether the new methodology is an acceptable approach for revising Medicare's fee schedule; questions raised about the data, assumptions, & adjustments underlying the new methodology that need to be addressed during the three-year phase-in.

Advancing Reform United States. Congress. Senate. Committee on Finance.2013

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Fiscal Year 1990 Budget Issues Relating to Payment for Outpatient Hospital Surgery Under Part B of the Medicare Program United States. Congress. House. Committee on Ways and Means. Subcommittee on Health.1989

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Recommendations Regarding Medicare Hospital and Physician Payment Policies United States. Congress. House. Committee on Ways and Means. Subcommittee on Health.1999

Extending Medicare Reimbursement in Clinical Trials Institute of Medicine,Committee on Routine Patient Care Costs in Clinical Trials for Medicare Beneficiaries.2000-03-17 Increasingly over the past five years, uncertainty about reimbursement for routine patient care has been suspected as contributing to problems enrolling people in clinical trials. Clinical trial investigators cannot guarantee that Medicare will pay for the care required, and they must disclose this uncertainty to potential participants during the informed consent process. Since Medicare does not routinely preauthorize care (as do many commercial insurers) the uncertainty cannot be dispelled in advance. Thus, patients considering whether to enter trials must assume that they may have to pay bills that Medicare rejects simply because they have enrolled in the trial. This report recommends an explicit policy for reimbursement of routine patient care costs in clinical trials. It further recommends that HCFA provide additional support for selected clinical trials, and that the government support the establishment of a national clinical trials registry. These policies (1) should assure that beneficiaries would not be denied coverage merely because they have volunteered to participate in a clinical trial; and (2) would not impose excessive administrative burdens on HCFA, its fiscal intermediaries and carriers, or investigators, providers, or participants in clinical trials. Explicit rules would have the added benefit of increasing the uniformity of reimbursement decisions made by Medicare fiscal intermediaries and carriers in different parts of the country. Greater uniformity would, in turn, decrease the uncertainty about reimbursement when providers and patients embark on a clinical trial.

Report and Recommendations to the Secretary, U.S. Department of Health and Human Services United States. Prospective Payment Assessment Commission.1989

Medicare Volume Performance Standard System, Physician Update for 1992, and Increases in the Volume of Medicare Physician Services United States. Congress. House. Committee on Ways and Means. Subcommittee on Health.1991

Hearing on Medicare's Reimbursement Cuts United States. Congress. House. Committee on Small Business. Subcommittee on Regulations, Health Care, and Trade.2007

The Medicare Handbook .

Legal Aspects of Health Care Reimbursement Robert J. Buchanan,Buchanan and Minor,James D. Minor.2001-02 Legal Aspects of Health Care Reimbursement, written in 1985, presents a historical perspective of reimbursement legislation and regulations with regard to several important aspects of Medicare and Medicaid claims, which have a great potential for fraud and abuse. Focus is on penalties and offenses. Part I deals with Medicare. Several well-documented chapters are dedicated to long-term care, inpatient hospital reimbursement, hospice care, and end-stage renal disease. Part II, deals with Medicaid. In addition to inpatient hospital reimbursement and long-term care, there is an informative expose of abortion and family planning services, to include U.S. Supreme Court cases, legislative restrictions, regulations, and litigation. Each chapter concludes with an Outlook section that suggests ways of containing inequities, limiting costs or improving flawed procedures. This impeccably researched study is valuable reading not only for lawyers and health care administrators, but for all health care professionals. Book jacket.

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