



Hospital and Chargemaster Version

2023 LifePoint Custom Agenda

Module 1: Medicare Overview and Contractors

- Overview of Medicare Part A, B, C, and D
- Overview Medicare contractors, including the MAC, RAC and QIO

Module 2: Medicare Research, Resources, and Medical Necessity

- Finding Medicare source laws, including statutes, regulations and final rules
- Finding Medicare sub-regulatory guidance, including manuals and transmittals
- Links to Medicare resources and resources for staying current
- Medicare Coverage Center, including LCDs, NCDs, CED and Lab Coverage Manual

Module 3: Medicare Claims and Edit Fundamentals

- Claim fields with special instructions
- Medicare claims flow
- Outpatient Code Editor (OCE) and Medicare Code Editor (MCE)
- National Correct Coding Initiative (NCCI)
- Procedure to Procedure (PTP) edits and modifiers
- Medically Unlikely Edits (MUE) and Add-on code edits

Module 4: Medicare Billing Issues

- Outpatient repetitive, non-repetitive, and recurring services
- Three-day payment window; outpatient services billed on inpatient claims
- Billing of non-covered outpatient services

Module 5: Medicare Outpatient Payment Systems

- Outpatient Prospective Payment System (OPPS)
- Addendum B and D to determine the payment status of a HCPCS code
- Addendum A and Ambulatory Payment Classifications (APCs)
- Comprehensive APC (C-APC) basic rules
- Surgical C-APCs, including complexity adjustment
- Payment under the OPPS, including outlier
- Part B deductible and coinsurance

Module 6: Outpatient Surgical Services, including Implantable Devices

- Overview of Inpatient-only procedures
- Multiple procedure discount for minor surgical services
- Modifiers for terminated, discontinued and bilateral procedures
- Device intensive procedures and procedure-to-device edits
- Pass-through devices
- Free and reduced-cost device reporting

Module 7: Outpatient Visits and Provider Based Departments

- Overview of Incident-to coverage of outpatient therapeutic services
- Defining on- and off-campus departments, proper use of modifiers -PO and -PN
- Payment for off-campus department services
- Coding for clinics, emergency departments, critical care and trauma activation
- Remote mental health services in the patient's home
- Proper use of modifier 25
- Billing of observation services
- Observation Comprehensive APC Payment
- Therapy coding, including "sometimes" and "always" therapy codes
- Payment for therapy under the Physician Fee Schedule, including therapy caps

Module 8: Outpatient Drugs

- Coverage of drugs, including self-administered drugs
- Packaged, pass-through and non-pass-through drugs and biologicals
- Payment of 340B purchased drugs, including proper use of modifier JG and TB
- Discarded Drugs
- Biological skin substitutes

Module 9: Outpatient Radiology and Laboratory Services

- Overview of Coverage requirements for outpatient diagnostic services
- Appropriate Use Criteria for Advanced Imaging Services
- Imaging Family Composite APCs
- Special Radiology Modifiers
- Radiation Therapy
- Laboratory billing and coding issues, including date of service
- Payment for labs under the Laboratory Fee Schedule, including reference lab
- Blood and blood products

Module 10: Coverage of Hospital Inpatient Services

- Overview of Inpatient order and certification requirements
- Overview of Inpatient Admission Requirements
- Utilization review determinations and short stay audits
- Inpatient Part B billing and payment

Module 11: Inpatient Payment and Patient Responsibility

- Inpatient Part A payment and the Inpatient Prospective Payment System (IPPS)
- Medicare-severity diagnosis related groups (MS-DRG)
- Complications and co-morbidities and the effect of a hospital-acquired condition (HAC)
- Overview of payment adjustments
- Medicare inpatient pricer
- Payment add-on for New Technology
- Inpatient deductible, coinsurance, and lifetime reserve days

Module 12: Revenue Integrity, Charge Description Master Structure and Charge Capture Principles

- Revenue integrity functions and key principles including how the chargemaster fits into overall revenue integrity functions
- Definition, purpose, and key fields of the chargemaster
- Concepts for code set up in the CDM and relationship to HIM coding
- Strategies to address payer differences in the chargemaster
- The relationship of chargemaster to overall AR System, general ledger and cost reporting
- Concepts for pricing services
- Requirements for charges
- Charges for routine and ancillary Services
- Concepts of bundling and packaging, and appropriate charging
- Principles of charge capture

Module 13: Strategies and Key Issues by Revenue Code: Routine Services and Observation

- Key concept for accommodation codes and routine services, including outpatients in beds, specialty care units and observation services
- Coding and edit issues for revenue codes associated with routine services and observation
- Major factors of coverage for these services
- Applicable inpatient and outpatient payment concepts
- General ledger and finance considerations, including pricing and charge capture

Module 14: Strategies and Key Issues by Revenue Code: Ancillary Services

- Key concepts for major ancillary service departments, including peri-operative services, emergency, cardiology, diagnostic imaging, pharmacy, and supplies
- Coding and edit issues for revenue codes associated with ancillary services
- Major factors of coverage for these services
- Applicable inpatient and outpatient payment concepts
- General ledger and finance considerations, including pricing and charge capture

Module 15: Strategies and Key Issues by Revenue Code: Other Departments

- Key concepts for other common ancillary service departments, including respiratory therapy, clinics, behavioral health, and preventative services
- Coding and edit issues for revenue codes associated with other departments
- Major factors of coverage for these services
- Applicable inpatient and outpatient payment concepts
- General ledger and finance considerations, including pricing and charge capture

Module 16: Charge Description Master Management and Maintenance Strategies

- Issues surrounding the annual chargemaster updates, including pricing, HCPCS codes, charge items with no volume
- Strategies to work collaboratively with departments
- Importance of patient account and charge reconciliation
- Tracking CDM changes for compliance
- Charge integrity monitoring and reducing unexplained variation in claims