



MEDICARE BASICS: COMMONLY USED ACRONYMS

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Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

What Is an Acronym?

An acronym is a word formed from the initial letters or parts of a name or title.

If you interact with Medicare, you probably come across **acronyms** on a regular basis. It can be difficult to keep track of them all!

This resource lists Medicare-related acronyms. While the list is not all-inclusive, it contains those acronyms you may encounter in your dealings with Medicare and Medicare Learning Network® (MLN) products.

Want more information about Medicare? Watch this 5-minute Centers for Medicare & Medicaid Services (CMS) “What Is Medicare?” video for a high-level overview of the Medicare Program, including basic information about Medicare’s various parts and who it covers. To watch the video, visit https://www.youtube.com/watch?v=PamlqQfL_3k on the Internet.

A

ABN Advance Beneficiary Notice of Noncoverage

An ABN is a written notice a health care professional issues to a Medicare beneficiary before furnishing an item or service for which he or she expects Medicare to deny coverage. Medicare requires health care professionals to issue ABNs in specific instances. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1236637.html> on the CMS website.

ACO **Accountable Care Organization**

ACOs are groups of doctors, hospitals, and other health care providers who come together to give coordinated high quality care to their Medicare patients. For more information, visit <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO> on the CMS website.

ACP **Advance Care Planning**

ADA **American Dental Association**

For more information, visit <http://www.ada.org> on the Internet.

ADA **Americans with Disabilities Act**

For more information, visit <http://www.ada.gov> on the Internet.

ADL **Activities of Daily Living**

ADLs are activities you usually do during a normal day, such as getting in and out of bed, dressing, bathing, eating, and using the bathroom.

ALJ **Administrative Law Judge**

ANSI **American National Standards Institute**

AO **Accreditation Organization**

ASC **Accredited Standards Committee**

ASC **Ambulatory Surgical Center**

An ASC is a place other than a hospital that does outpatient surgery. For more information on ASCs, visit <https://www.cms.gov/Center/Provider-Type/Ambulatory-Surgical-Centers-ASC-Center.html> or refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243656.html> on the CMS website.

ASCA **Administrative Simplification Compliance Act**

Read the ASCA at <https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/Downloads/ASCALaw.pdf> on the CMS website.

AWP **Average Wholesale Price**

AWV **Annual Wellness Visit**

Medicare covers the AWV, a preventive wellness visit that provides Personalized Prevention Plan Services (PPPS) at no cost to the beneficiary. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246474.html> on the CMS website.

B

BBA **Balanced Budget Act of 1997**

C

CAH **Critical Access Hospital**

Generally, a CAH is a small facility that provides limited outpatient and inpatient hospital services to people in rural areas. For more information, visit <https://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html> or refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243364.html> on the CMS website.

CALs **Coding Analysis for Labs**

CARC **Claims Adjustment Reason Code**

CB **Consolidated Billing**

Medicare's CB rules require specific facilities (for example, Skilled Nursing Facilities [SNFs]) to submit all Medicare claims for bundled services beneficiaries receive, regardless if the services are usually separately billable when provided outside that facility. For more information on SNF CB, visit <https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling> on the CMS website.

CCM **Chronic Care Management**

Care coordination services furnished to Medicare beneficiaries with multiple chronic conditions. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909188.html> on the CMS website.

CCN **Claim Control Number**

CDC **Centers for Disease Control and Prevention**

For more information, visit <http://www.cdc.gov> on the Internet.

CE **Continuing Education**

CERT **Comprehensive Error Rate Testing**

CMS calculates the Medicare Fee-For-Service (FFS) improper payment rate through the CERT program by determining if claims were paid properly under Medicare coverage, coding, and billing rules. For more information, visit <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT> on the CMS website.

CEUs	Continuing Education Units
CF	Conversion Factor
CFC	Conditions for Coverage
CFR	Code of Federal Regulations
CLIA	Clinical Laboratory Improvement Amendments
	CLIA establishes quality standards for all non-research laboratory testing on humans. All U.S. laboratories that perform these tests must be certified by CMS. For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243307.html on the CMS website.
CME	Continuing Medical Education
CMHC	Community Mental Health Center
	A CMHC provides partial hospitalization services under Medicare Part B. For more information, visit https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CommunityHealthCenters.html on the CMS website.
CMN	Certificate of Medical Necessity
CMP	Civil Monetary Penalty
CMS	Centers for Medicare & Medicaid Services
	CMS is the Federal agency that administers the Medicare, Medicaid, the State Children’s Health Insurance Program (SCHIP), Health Insurance Portability and Accountability Act of 1996 (HIPAA), Clinical Laboratory Improvement Amendments (CLIA), and several other health-related programs. For more information about CMS and its programs, visit https://www.cms.gov on the CMS website.
CMSCE	Centers for Medicare & Medicaid Services Continuing Education Program
COB	Coordination of Benefits
	COB allows plans that provide health and/or prescription coverage for a person with Medicare to determine their respective payment responsibilities (that is, determine which insurance plan has the primary payment responsibility and the extent to which the other plans will contribute when an individual is covered by more than one plan).
COBRA	Consolidated Omnibus Budget Reconciliation Act
COP	Conditions of Participation

CORF Comprehensive Outpatient Rehabilitation Facility

A CORF provides multidisciplinary rehabilitation services at a single location in a coordinated fashion. For more information, refer to <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c12.pdf> on the CMS website.

CPT Current Procedural Terminology

A medical code set for physician and other services, maintained and copyrighted by the American Medical Association (AMA), and adopted by the Secretary of the U.S. Department of Health & Human Services (HHS) as the standard for reporting physician and other service claims.

CQM Clinical Quality Measure

CQMs are tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals, and critical access hospitals (CAHs) within our health care system. For more information, visit <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html> on the CMS website.

CR Change Request

D

DAB Departmental Appeals Board

For more information, visit <http://www.hhs.gov/dab> on the Internet.

DCN Document Control Number

DDE Direct Data Entry

DME Durable Medical Equipment

DME is medical equipment ordered by a health care professional for use in the home. For more information on DME in Medicare Part A and Part B, visit <https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html> on the CMS website.

DME MAC Durable Medical Equipment Medicare Administrative Contractor

DME MACs are specialty MACs responsible for processing Medicare claims for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) in a specific jurisdiction. To find your local DME MAC contact information, visit <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map> on the CMS website.

DMEPOS **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies**

For more information, visit <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched> on the CMS website.

DOB **Date of Birth**

DOE **Date of Entitlement**

DOS **Date of Service**

DRG **Diagnostic-Related Group**

The DRG is a classification system that groups patients according to diagnosis, type of treatment, age, and other relevant criteria. Under the prospective payment system, Medicare pays a set fee for treating patients in a single DRG category, regardless of the actual cost of care for the individual.

DSH **Disproportionate Share Hospital**

DSHs have a disproportionately large share of low-income patients and receive payment adjustments to help meet DSH needs. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243366.html> on the CMS website.

DUA **Data Use Agreement**

DV **Data Validation**

E

E/M **Evaluation and Management**

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html> on the CMS website.

ED **Emergency Department**

EDB **Enrollment Database**

EDI **Electronic Data Interchange**

EFT **Electronic Funds Transfer**

EGHP **Employer Group Health Plan**

EHR **Electronic Health Record**

For more information about the EHR Incentive Program, visit <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms> on the CMS website.

EIN **Employer Identification Number**

EMT **Emergency Medical Technician**

EMTALA **Emergency Medical Treatment and Labor Act**

EMTALA ensures public access to emergency services regardless of ability to pay. For more information, visit <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA> on the CMS website.

EOB **Explanation of Benefits**

EP **Eligible Professional**

ER **Emergency Room**

ERA **Electronic Remittance Advice**

ERA is an electronic format for explaining the payments of health care claims. For more information, visit <https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html> on the CMS website.

eRx **Electronic Prescribing**

ESRD **End-Stage Renal Disease**

ESRD is permanent kidney failure that requires a regular course of dialysis or a kidney transplant. For more information, visit <https://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html> on the CMS website.

ESRD PPS **End-Stage Renal Disease Prospective Payment System**

ESRD PPS is the Medicare payment system for ESRD facilities for outpatient maintenance dialysis services furnished to Medicare beneficiaries with ESRD. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243661.html> on the CMS website.

F

FAQ **Frequently Asked Question**

FAR **Federal Acquisition Regulations**

FDA **U.S. Food and Drug Administration**

For more information, visit <http://www.fda.gov> on the Internet.

FFS Fee-For-Service

FFS is a payment method where health care items and services are paid for individually. Medicare Part A and Part B services are paid by Medicare using the FFS method. For more information, visit <https://www.cms.gov/Center/Provider-Type/All-Fee-For-Service-Providers-Center.html> on the CMS website.

FISS Fiscal Intermediary Standard (or Shared) System

FL Form/Field Location

FQHC Federally Qualified Health Center

An FQHC is a health center approved by the Federal government to give low-cost health care. For more information, visit <https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html> or refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243405.html> on the CMS website.

G

GAO U.S. Government Accountability Office

The GAO works for Congress to investigate how the Federal government spends taxpayer dollars. For more information, visit <http://www.gao.gov> on the Internet.

GHP Group Health Plan

GPCI Geographic Practice Cost Indexes

GPO U.S. Government Publishing Office

For more information, visit <https://www.gpo.gov> on the Internet.

GPRO Group Practice Reporting Option

CMS created a GPRO for the Physician Quality Reporting System (PQRS) so group practices participating in the GPRO that satisfactorily report data on PQRS measures for a particular reporting period may earn a PQRS incentive payment. For more information, visit https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html on the CMS website.

GSA U.S. General Services Administration

For more information, visit <http://www.gsa.gov> on the Internet.

H

HAC	<p>Hospital Acquired Condition</p> <p>For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243355.html on the CMS website.</p>
HCPCS	<p>Healthcare Common Procedure Coding System</p> <p>The HCPCS is a set of procedure codes used to bill CMS for specific items and services not included in the Current Procedural Terminology (CPT) code set. For more information, visit https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo on the CMS website.</p>
HETS	<p>Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System</p>
HH PPS	<p>Home Health Prospective Payment System</p> <p>For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243662.html on the CMS website.</p>
HHA	<p>Home Health Agency</p> <p>An organization that provides home care services, like skilled nursing care, physical therapy, occupational therapy, speech therapy, and personal care by home health aides. For more information, visit https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html on the CMS website.</p>
HHS	<p>U.S. Department of Health & Human Services</p> <p>HHS is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. For more information, visit http://www.hhs.gov on the Internet.</p>
HICN	<p>Health Insurance Claim Number (Medicare Number)</p>
HIPAA	<p>Health Insurance Portability and Accountability Act</p>
HIPPS	<p>Health Insurance Prospective Payment System</p>
HIV	<p>Human Immunodeficiency Virus</p>
HMO	<p>Health Maintenance Organization</p>

HPSA Health Professional Shortage Area

HPSAs are geographic areas that lack sufficient health care providers to meet the health care needs of the population. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246598.html> on the CMS website.

HUB Zone Historically Underutilized Business Zone

HVBP Hospital Value-Based Purchasing

The HVBP Program is a CMS initiative that rewards acute care hospitals for the quality of care they provide to people with Medicare. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1255514.html> on the CMS website.

I

IACS Individuals Authorized to Access CMS Computer Services

IBT Intensive Behavioral Therapy

ICD-10 International Classification of Diseases, 10th Revision

For more information, visit <https://www.cms.gov/Medicare/Coding/ICD10> on the CMS website.

IDE Investigational Device Exemption

IHS Indian Health Services

IME Indirect Medical Education

IOMs Internet-Only Manuals

The IOMs are CMS program issuances, day-to-day operating instructions, policies, and procedures based on statutes, regulations, guidelines, models, and directives. To access the IOMs, visit <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html> on the CMS website.

IPF Inpatient Psychiatric Facility

For more information, visit <https://www.cms.gov/Center/Provider-Type/Hospital-Center.html> on the CMS website.

IPF PPS Inpatient Psychiatric Facility Prospective Payment System

IPF PPS provides payment for inpatient psychiatric treatment for patients in psychiatric hospitals, distinct part psychiatric units of acute care

hospitals, and Critical Access Hospitals (CAHs). For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243666.html> on the CMS website.

IPPE Initial Preventive Physical Examination

The IPPE is a one-time preventive physical exam. A beneficiary may receive an IPPE only within the first 12 months of the effective date of Medicare Part B coverage. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243320.html> on the CMS website.

IPPS Inpatient Prospective Payment System

The IPPS is how CMS pays for most inpatient services under Medicare Part A. For more information, visit <https://www.cms.gov/Center/Provider-Type/Hospital-Center.html> or refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243657.html> on the CMS website.

IRF Inpatient Rehabilitation Facility

An IRF provides intensive rehabilitation therapy in an inpatient hospital environment for patients who require, and can benefit from, an inpatient stay and an interdisciplinary team approach to rehabilitation care. For more information, visit <https://www.cms.gov/Center/Provider-Type/Hospital-Center.html> on the CMS website.

IRF PPS Inpatient Rehabilitation Facility Prospective Payment System

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243668.html> on the CMS website.

IVR Interactive Voice Response

J

For a list of Medicare-related acronyms that start with the letter J, visit <https://www.cms.gov/apps/acronyms> on the CMS website.

K

For a list of Medicare-related acronyms that start with the letter K, visit <https://www.cms.gov/apps/acronyms> on the CMS website.

L**LCD Local Coverage Determination**

An LCD is a decision by a Medicare Administrative Contractor (MAC) about whether to cover a particular service or item on a contractor-wide basis in the absence of a National Coverage Determination (NCD).

LIDOS Line Item Date of Service**LOC Level of Care****LOS Length of Stay****LPN Licensed Practical Nurse****LTC Long-Term Care**

LTC services include medical and non-medical care for people unable to perform basic activities of daily living (ADLs), like dressing or bathing. Long-term supports and services can be provided at home, in the community, in assisted living, or in nursing homes.

LTCH Long-Term Care Hospital

LTCHs are generally defined as having an average inpatient length of stay of greater than 25 days and certified as an LTCH by CMS. For more information, visit <https://www.cms.gov/Center/Provider-Type/Hospital-Center.html> on the CMS website.

LTCH PPS Long-Term Care Hospital Prospective Payment System

The LTCH PPS is how CMS pays for LTCH stays. For more information on the LTCH PPS, visit <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS> on the CMS website.

LTR Lifetime Reserve

The LTR days are additional days that Original Medicare will pay for when a beneficiary is in a hospital for more than 90 days. A beneficiary has a total of 60 reserve days to use in his or her lifetime.

M**MA Medicare Advantage**

An MA Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide Part A and Part B, and in some cases, Part D benefits.

MAC Medicare Administrative Contractor

MACs are companies that process claims for Medicare. To find your local MAC contact information, visit <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map> on the CMS website.

MACRA Medicare Access and CHIP Reauthorization Act

MCD Medicare Coverage Database

The MCD contains all National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), local articles, and proposed NCD decisions. Visit the MCD at <https://www.cms.gov/medicare-coverage-database> on the CMS website.

MCE Medicare Code Editor

MDH Medicare Dependent Hospital

MIPPA Medicare Improvements for Patients and Providers Act

MLN Medicare Learning Network®

The MLN is the home for education, information, and resources for the health care professional community. The MLN provides access to CMS Program information you need, when you need it, so you can focus more on providing care to your patients. For more information, visit the MLN at <http://go.cms.gov/MLNGenInfo> on the CMS website.

MMA Medicare Modernization Act

MOC Maintenance of Certification

MQSA Mammography Quality Standards Act

MR Medical Review

CMS protects the Medicare Trust Fund against inappropriate payments that pose the greatest risk to the Trust Fund and takes corrective actions. CMS contracts with others to perform analysis of fee-for-service (FFS) claim data to identify atypical billing patterns and perform claims review. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243290.html> and for a list of review contractors, visit the Review Contractor Directory – Interactive Map at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map> on the CMS website.

MREP Medicare Remit Easy Print

CMS provides MREP software to view and print Remittance Advice (RA) information from an imported file in the Health Insurance Portability and Accountability Act (HIPAA) 835 format for professional providers and suppliers. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243300.html> on the CMS website.

MS-DRG Medicare Severity-Diagnosis Related Group

The MS-DRGs are payment groups designed for the Medicare population. Patients with similar clinical characteristics and similar costs are assigned to an MS-DRG, which is linked to a fixed payment amount based on the average cost of patients in the group.

MSA Medical Savings Account

MSN Medicare Summary Notice

MSP Medicare Secondary Payer

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243357.html> on the CMS website.

MUE Medically Unlikely Edits

CMS developed MUEs to reduce the paid claims error rate for Part B claims. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243290.html> on the CMS website.

N

NCCI National Correct Coding Initiative

CMS developed the NCCI to promote national correct coding methods and to control improper coding leading to inappropriate payment in Medicare Part B claims. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243290.html> on the CMS website.

NCD National Coverage Determination

NCDs describe whether specific medical items, services, treatment procedures, or technologies are paid for under the nationwide Medicare Program.

NCPDP National Council for Prescription Drug Programs

For more information, visit <http://www.ncpdp.org> on the Internet.

NP **Nurse Practitioner**

NPI **National Provider Identifier**

The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under the Health Insurance Portability and Accountability Act (HIPAA).

NPPES **National Plan and Provider Enumeration System**

The NPPES uniquely identifies a health care provider and assigns it a National Provider Identifier (NPI).

NQF **National Quality Forum**

NUBC **National Uniform Billing Committee**

For more information, visit the NUBC at <http://www.nubc.org> on the Internet.

NUCC **National Uniform Claim Committee**

O

OCE **Outpatient Code Editor**

For more information, visit <https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit> on the CMS website.

OIG **Office of Inspector General**

The OIG mission protects the integrity of U.S. Department of Health & Human Services (HHS) programs as well as the health and welfare of program beneficiaries. For more information, visit <https://oig.hhs.gov> on the OIG website.

OPPS **Outpatient Prospective Payment System**

The OPSS is how CMS pays for most outpatient services at hospitals or community mental health centers. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243664.html> on the CMS website.

OPT **Outpatient Physical Therapy**

OT **Occupational Therapy**

OT is treatment that helps patients return to usual activities (such as bathing, preparing meals, and housekeeping) after an illness.

OTAF **Obligated to Accept as Payment in Full**

P

PA **Physician Assistant**

PACE **Program of All Inclusive Care for the Elderly**

PAP **Positive Airway Pressure**

PECOS **Provider Enrollment Chain and Ownership System**

PECOS is an electronic Medicare enrollment system through which health care professionals complete Medicare enrollment activities. For more information, refer to https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/Medicare_Provider-Supplier_Enrollment_National_Education_Products.pdf on the CMS website.

PFFS **Private Fee-For-Service**

PFS **Physician Fee Schedule**

Medicare Part B pays for physician services based on the Medicare PFS, which lists the more than 7,400 unique covered services and their payment rates. For more information, visit <https://www.cms.gov/Center/Provider-Type/Physician-Center.html> or refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243670.html> on the CMS website.

PHI **Protected Health Information**

PIN **Personal/Provider Identification Number**

PMD **Power Mobility Device**

PMDs include Power Operated Vehicles (POVs) and Power Wheelchairs (PWCs) and are covered under Medicare Part B. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243510.html> on the CMS website.

POA **Present on Admission**

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243355.html> on the CMS website.

POC **Plan of Care**

POS **Place of Service**

PPO **Preferred Provider Organization**

PPPS Personalized Preventive Plan Services

PPS Prospective Payment System

A PPS is a method of reimbursement in which Medicare payment is based on a predetermined, fixed amount. CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospices, hospital outpatient services, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities.

PQRI Physician Quality Reporting Initiative

PQRI is the former name of the current Physician Quality Reporting System (PQRS).

PQRS Physician Quality Reporting System

PQRS is a reporting program that uses a combination of incentive payments and payment adjustments to encourage eligible professionals to report quality of care information to Medicare. For more information, visit <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/pqrs> on the CMS website.

PSC Program Safeguard Contractor

PT Physical Therapy

PTAN Provider Transaction Access Number

Q

QDC Quality-Data Code

QDWI Qualified Disabled and Working Individuals

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1244469.html> on the CMS website.

QI Qualifying Individual

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1244469.html> on the CMS website.

QIO Quality Improvement Organization

QMB Qualified Medicare Beneficiaries

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1244469.html> on the CMS website.

QRUR Quality and Resource Use Reports

R

RA Remittance Advice

RAP Recovery Audit Program

The Recovery Audit Program is a claim review program conducted by Recovery Auditors. For more information, visit <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program> on the CMS website.

RARC Remittance Advice Remark Code

RHC Rural Health Clinic

RHCs are outpatient facilities that primarily engage in furnishing physicians' and other medical and health services to medically underserved areas. For more information, visit <https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html> or refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243500.html> on the CMS website.

RN Registered Nurse

RNHCI Religious Nonmedical Health Care Institution

RRB Railroad Retirement Board

RRC Rural Referral Center

The RRC program supports high-volume rural hospitals that treat a large number of complicated cases. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243365.html> on the CMS website.

RTP Return to Provider

RVU Relative Value Unit

S

SA **State Survey Agency**

SBIRT **Screening, Brief Intervention, and Referral to Treatment**

SBIRT services is an evidence-based practice that identifies, reduces, and prevents problematic use, abuse, and dependence on alcohol and illicit drugs. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243489.html> on the CMS website.

SCH **Sole Community Hospital**

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243508.html> on the CMS website.

SCHIP **State Children’s Health Insurance Program**

SLMB **Specified Low-Income Medicare Beneficiaries**

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1244469.html> on the CMS website.

SLP **Speech Language Pathologist/Pathology**

SME **Subject Matter Expert**

SNF **Skilled Nursing Facility**

For more information, visit <https://www.cms.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center.html> on the CMS website.

SNF PPS **Skilled Nursing Facility Prospective Payment System**

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243671.html> on the CMS website.

SNP **Special Needs Plan**

SOM **State Operations Manual**

SSA **Social Security Act**

SSO **Short-Stay Outlier**

An SSO is an adjustment to the Federal payment rate for Long-Term Care Hospital (LTCH) stays that are generally much shorter than the Average Length of Stay (ALOS). For more information, visit <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS> on the CMS website.

SSP Shared Savings Program

The SSP aids coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service (FFS) beneficiaries and reduce unnecessary costs. Eligible providers, hospitals, and suppliers may participate in the SSP by creating or participating in an Accountable Care Organization (ACO). For more information, visit <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram> on the CMS website.

T

TCM Transitional Care Management

For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN908628.html> on the CMS website.

TOB Type of Bill

U

For a list of Medicare-related acronyms that start with the letter U, visit <https://www.cms.gov/apps/acronyms> on the CMS website.

V

For a list of Medicare-related acronyms that start with the letter V, visit <https://www.cms.gov/apps/acronyms> on the CMS website.

W

WA Working Aged

WBT Web-Based Training

WC Workers' Compensation

WC is an insurance plan that employers are required to have to cover employees who get sick or injured on the job.

WEDI Workgroup for Electronic Data Interchange

X

For a list of Medicare-related acronyms that start with the letter X, visit <https://www.cms.gov/apps/acronyms> on the CMS website.

Y

For a list of Medicare-related acronyms that start with the letter Y, visit <https://www.cms.gov/apps/acronyms> on the CMS website.

Z

ZPIC Zone Program Integrity Contractor

ZPICs perform program integrity activities for Medicare Parts A and B, hospice care, home health, and Durable Medical Equipment (DME) and are responsible for identifying fraud. For more information, refer to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1204.pdf> on the CMS website.

Resources

For a complete list of Medicare-related acronyms, visit <https://www.cms.gov/apps/acronyms> on the CMS website.

For a glossary of terms, visit <https://www.cms.gov/apps/glossary> on the CMS website.

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