



## Medicare Hospital Version

### KEY CONCEPTS OUTLINE

#### Module 2: Medicare Research and Resources

##### I. Web-Based Resources

A. There are two main websites with Medicare source authority (i.e., Medicare “rules”):

1. The U.S. Government Printing Office (GPO) Federal Digital System (FDsys) website hosts statutes and regulations. The FDsys generally has prior versions of statutes and regulations going back several years.
2. The CMS website hosts CMS sub-regulatory guidance, including manuals, transmittals, and other guidance on the Medicare program.

**Caution:** The CMS website does not maintain an archive of prior versions of manuals and often removes transmittals or other guidance without notice. If you rely on guidance from the CMS website, you should retain a printed or electronic copy to ensure you have it for future reference.

B. HCPro maintains a website with extensive links to Medicare resources, including the FDsys and CMS websites at:

<https://www.revenuecycleadvisor.com/helpful-links>

1. Handout 3 is a copy of HCPro’s links page for your reference or to note links you find useful during class.

##### II. Key Sources of Authority

A. For your reference, Handout 4 is a table with key sources of authority, or Medicare “rules”, as well as where they are published, where to find them on the internet, and example citations.

1. Handout 4 is organized in the order audit contractors should apply guidance in making medical review decisions. <Medicare Program Integrity Manual, Chapter 3 § 3.3 A>

## B. Statutes

### 1. Public Laws

- a. Congress adopts new statutes as Public Laws. Public Laws are found on Congress.gov, maintained by the Library of Congress.

Link: Congress.gov under Regulations and Statutes

- b. Each public law has a home page that provides information on the adoption of the bill and the final text.

Tip: Under the “Text” tab, use the “Enrolled Bill” for an easy-to-use version of the text of a bill, with embedded links to related provisions.

### 2. United States Code (U.S.C.)

- a. The *U.S.C.* is a compilation of the statutes of the United States.
  - i. Title 42 of the *U.S.C.*, which contains the Medicare laws, has not been enacted as positive law. Its text is *prima facie* evidence of the law, but the text of the Public Law, as enacted, takes precedence in the event of a conflict.

Link: Unites States Code (Federal Statutes) under Regulations and Statutes

### 3. Social Security Act

- a. Frequently, Medicare laws are cited by their Social Security Act section number, rather than their *U.S.C.* section number. The Social Security Administration maintains an updated version of the Social Security Act.

Link: Social Security Act, Title 18 (Medicare) under Regulations and Statues

## C. Regulations

### 1. *Federal Register*

- a. CMS publishes proposed and final regulations in the *Federal Register*.

Regulations are first published as proposed rules with request for comment. After gathering comments, a final rule is published, which contains the final regulation and a preamble with significant commentary and responses to submitted comments.

- b. On the Federal Register site, you can browse by date or use the “Search” function at the top of the page to search for a particular volume and page number.

Link: Federal Register under Regulations and Statutes

- c. CMS also makes display copies of important hospital related proposed and final rules, along with accompanying data files and tables, available on their website.

Link: IPPS – FY2024 Final Rule Home Page under Medicare-Related Sites - Hospital  
Use links on the left navigation to find prior year home pages.

Link: OPPS – Regulations and Notices under Medicare-Related Sites - Hospital

- d. Proposed and final rules can be very large and difficult to navigate.

- i. The “Summary of the Major Provisions” section in the “Executive Summary” at the beginning of the rule can be a helpful place to start.

Tip: Use the Table of Contents to find sections of interest and the “find” feature of the software to navigate to pertinent sections.

- ii. Follow-up questions can be directed to the individuals in the “For Further Information Contact:” section.

Link: HHS Employee Directory under Medicare-Related Sites - General

## 2. Code of Federal Regulations (C.F.R.)

- a. The *C.F.R.* is a compilation of the regulations of the United States. Title 42 contains the Medicare regulations.
  - i. The *C.F.R.* is published in an official annual edition and a regularly updated electronic version referred to as the *eCFR*, an unofficial compilation of the *C.F.R.* and recent *Federal Register* amendments.

**Caution:** The annual edition of Title 42 is updated October 1 of each year, but the OPPS regulations are adopted around November 1. Use the *eCFR* for the most up-to-date version of federal regulations.

Link: [CFR Title 42 – Electronic Version under Regulations and Statutes](#)

Tip: Use the *Federal Register* citations noted at the end of each regulation to find important preamble discussion published when the regulation or amendment was adopted.

## D. Sub-Regulatory Guidance

1. Sub-regulatory guidance, such as manuals and transmittals, is binding on Medicare contractors. Regulations require Administrative Law Judges (ALJs) give “substantial deference” to the guidance applicable to a case and if they do not follow it, explain why in their decision letter. <42 C.F.R. 405.1062>
2. “Paper-based” Manuals
  - a. The *Provider Reimbursement Manual* contains charging and cost reporting guidelines and is available in a “paper-based” version that can be downloaded from the CMS website.

Link: [Manuals – Paper Based Manuals under Medicare-Related Sites - General](#)

- b. The *Provider Reimbursement Manual* has two parts
  - i. Part I provides cost report information such as Medicare’s policies on “Bad Debts, Charity, and Courtesy Allowances” or the “Determination of Costs of Services”, which provides information on the structure of charges.

- ii. Part II primarily provides cost report formats and completion instructions.
3. “Internet-only” Manuals (IOMs)
- a. CMS provides significant sub-regulatory guidance in “internet-only” manuals published directly on their website.

**Caution:** CMS often removes or revises manual sections without providing an archive of prior versions. As noted above, you should retain a printed or electronic copy of manual sections you rely on to ensure you have them for future reference.

Link: Manuals – Internet Only Manuals under Medicare-Related Sites - General

- b. The following IOMs may be particularly helpful:
  - i. *Pub. 100-02 – Medicare Benefit Policy Manual* provides coverage requirements for various inpatient and outpatient services.
  - ii. *Pub. 100-04 – Medicare Claims Processing Manual* provides coding, billing and claims guidance.
  - iii. *Pub. 100-05 – Medicare Secondary Payer Manual* provides information related to Medicare as a primary or secondary payer.
  - iv. *Pub. 100-07 – State Operations Manual* provides guidance on the Conditions of Participation.

**Tip:** To access detailed information, such as Tag numbers, Interpretive Guidelines, and Survey Procedures, open the “Appendices Table of Contents” and click on the “Appendix Letter” for the provider or survey type (e.g., “A” for “Hospitals” or “V” for “Responsibilities of Medicare Participating Hospitals in Emergency Cases”, i.e., EMTALA).

- v. *Pub. 100-08 – Medicare Program Integrity Manual* provides guidance to Medicare auditors, including MACs, SMRCs, CERT, Recovery Auditors, and UPICs.

#### 4. Transmittals and Program Memoranda

- a. Transmittals communicate new or revised policies or procedures, as well as new, deleted or revised manual language.

Link: Transmittals and Program Memoranda under Medicare-Related Sites – General

Use links on the left navigation to access transmittals or program memoranda from prior years.

Note: One Time Notification (OTN) transmittals are global in nature and not tied to a particular substantive manual

- b. Transmittal Numbers:

Format of transmittal numbers:

R (Number – in the order of publishing) (Initials for manual)

R10224CP: 224<sup>th</sup> published transmittal, related to the Claims Processing Manual

Note: the numbering system for transmittals changed on approximately March 20, 2020. Previously, the transmittals were numbered separately for each manual, rather than by date across all manuals.

- c. Change Request Numbers:

- i. Transmittals are linked to a change request (CR) number, CMS' internal tracking number, tying together documents associated with a particular policy change.

Change Request (CR) numbers:

- May be associated with multiple transmittals, e.g., one CR may have an associated Medicare Claims Processing Manual Transmittal and a Medicare Benefit Policy Manual Transmittal.
- Are used in the numbering of associated MLN Matters Articles, discussed later in this outline.
- Are often used by CMS representatives to refer to policy changes, rather than transmittal numbers.

d. Components of a Transmittal

- i. “Date” (in the header) represents the date the transmittal was published.
- ii. “Effective Date” represents the date of service the policy in the transmittal will begin to apply, unless noted otherwise.

**Caution:** The effective date of a transmittal may be prior to the date the transmittal was published, which may affect coverage, coding, billing, or payment of services already rendered.

- iii. “Implementation Date” represents the date processing systems will be able to process claims correctly according to the policies in the transmittal, unless noted otherwise.

**Caution:** The implementation date of a transmittal is generally the first business day of the quarter or year after the transmittal is effective but may be substantially after the effective date. A provider may need to hold claims affected by the transmittal until system changes are implemented.

- iv. If there are new, deleted, or revised manual sections associated with the transmittal, they will be listed in the “Changes in Manual Instructions” table at the beginning of the transmittal.
  - a) The text of new or revised manual sections will appear after the attachments at the end of the transmittal.

**Caution:** New or revised text will appear in red italics, however, deleted text will not be noted. Important guidance may be removed without any indication in the transmittal. Revisions should be reviewed carefully.

- v. “Background” and “Policy” sections provide important information about the policy changes in the transmittal.
- vi. The “Business Requirements Table” contains specific instructions to CMS contractors for implementation of changes in the transmittal, including instructions related to reprocessing claims or adjusting claims brought to their attention by providers.

**Tip:** This section may be particularly helpful to providers to determine the effect of the transmittal on their claims.

vii. The “Contacts” section contains the names and email addresses of CMS staff, which may be used for follow-up questions.

viii. Transmittals may also have attachments with important tables or other important information.

## 5. MLN Matters Publications

- a. MLN Fact Sheets, Articles and other educational documents are published on the CMS website and explain Medicare policy in an easy to understand format, often written for specific provider types.

Link: [MLN Publications under Medicare-Related Sites – General](#)

i. Many of the Fact Sheets appear to replace the former Special Edition MLN Articles, last published in March of 2022.

- b. Some MLN Matters Articles are linked to a particular transmittal intended to provide practical and operational information about the transmittal to providers.

Link: [MLN Matters Articles – Special Edition and Transmittal Related – All Years under Medicare-Related Sites – General](#)

## 6. Other Guidance

- a. CMS frequently posts other guidance on their website in the form of documents, FAQs, algorithms, or other information.
- b. Some helpful sites:

Link: [Inpatient Hospital Reviews under Medicare-Related Sites – Hospital](#)

Link: [Hospital Center under Medicare-Related Sites – Hospital](#)

Link: [OPPS Home Page under Medicare-Related Sites – Hospital](#)

## III. Ways to Stay Current (All Free)

- A. Subscribe to HCPro’s resources to receive information and updates applicable to your facility.

1. Revenue Cycle Daily Advisor is a free daily email publication with informative articles gathered from a variety of HCPro and HealthLeaders sources.
2. Revenue Integrity Insider is a free email publication with information from the National Association of Healthcare Revenue Integrity (NAHRI), a new association dedicated to providing revenue integrity professionals with the resources, networking, and education needed to foster this growing field and profession.

Link: HCPro Free Email Newsletters under Listserv Subscriptions

B. Subscribe to CMS email updates.

Link: CMS Email Update Lists – Subscriber’s Main Page under Listserv Subscriptions

1. Suggested CMS mailing lists include:
  - a. CMS Coverage Email Updates
  - b. MLN Connects™ Provider eNews
  - c. Hospital Open Door Forum

Tip: CMS conducts periodic “Hospital Open Door Forum” calls which provide valuable information to hospitals. You can receive dial in information by signing up to this list or checking the Hospital Open Door Forum website.

Link: Open Door Forum – Overview page under Medicare-Related Sites - General

- d. CMS News Releases (including proposed and final rule fact sheets)

C. Subscribe to your MAC’s email list.

D. Subscribe to The Livanta Claims Review Advisor

Link: Livanta Claims Review Advisors under Listserv Subscriptions