**Unit Test - User Story CPE001-113**

**ASC Freestanding Facility Prospective Payment Methodology**

Effective with services provided on or after November 1, 1994, the CHAMPVA reimbursement methodology

for facility charges associated with procedures performed in an ambulatory surgery setting

(includes both hospital based settings and freestanding surgical centers) was changed to a

prospective payment system. This methodology, modeled after Medicare, is based on the categorization

of certain ambulatory surgical procedures into eleven payment groups. Each payment group is

established on a cost-basis and adjusted for area labor costs based on the MEI (Medicare Economic Index).

NOTE: related services, aka ancillary charges are allowed as billed for hospital based facilities

and denied for freestanding facilities. We are unable to utilize our normal CMAC rates for

ancillary charges because claim is already paying under a special payment methodolgy = ASC

and our current system cannot pay two different payment methodologies under the same claim**.**

**PDI:** 201806303000024 **Page #:** 1 **Img #:** 1 **Assignment:**

**Vendor:** AMBULATORY SURG CTR OF SO NV **Beneficiary:** xxxxHY,MARY T

**[OUTPATIENT E/E SCREEN - BILL/INVOICE]**

**OHI TOC:** 1 - NO OHI **OHI Edit TOC:**

DOS POS ICD REV SVCS/NDC MODS UNT/QTY AMOUNT P/R BAL

1 03/10/18 ASC T81.4XXA

2 03/10/18 ASC B95.62

3 03/10/18 ASC 10180 1 5000.00

**TOTALS**  **5,000.00**  **0.00**

COMPLEX DRAINAGE WOUND

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**Select:** Next Scr//

**1)** Cont Edt **2)** Next Scr **3)** Prev Scr **4)** Kill **5)** Payments **6)** Ben Pymt

**7)** TPL Pymt **8)** Del Data **9)** OHI Edit **10)** Restore

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**[Edit Claim Data Screen]**

**PDI# 201806303000024 Related Claims:**

**No. Claim # RO Cl # Bene Typ Vendor D.O.S D/C**

**--- ------- ------- --------------- --- ---------- ---------- ---**

**1) RLT8247 xxxxHY,MARY T OUT AMBULATORY 3/10/2018**

**--------------------------------------------------------------------------------**

**Select: 1) Edit**

**2) Continue**

**3) Process New Page**

**Choose:**

DUZ: 588196 Health Administration Center Page: 1

Date: MAR 22, 2018 Post-Processing Claim Report

Time: 1541

PDI: 201806303000024- BATCH: Claim #: RLT8247

EIN: 861081788- -A1 Status: Payment Req.

Program: CHAMPVA

Vendor: AMBULATORY SURG CTR Type: Outpatient

Pay Prov?: Yes Ser/Admis Date: MAR 10,2018

Sponsor: xxxxY,GEORGE J Comp. Date:

Bene: xxxxY,MARY T POS: AMBULATORY SUR

Bene Sex: F Bene DOB: 01/02/54 PL ZIP: 89016

Press <RETURN> to continue, <^> to exit.

DX's/Px's/NDC's P/L Unt/Qty Total Chg TotalAA Mcaid OHI #1 PD OHI #1 PR Deduct Payments AI Reas

AlwUnt Chg/Unt AA/Unt Addl OHI OHI PR Bal Cst Share

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T81.4XXA 1 AC

B95.62 1 AC

10180 1 5,000.00 597.00 0.00 447.75 AC

1 5,000.00 597.00 149.25

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Totals: 5,000.00 597.00 0.00 447.75

149.25

Press <RETURN> to Continue, <^> to exit.

Total Charges Billed: 5,000.00 CITI Maximum Reimbursement Rate: N/A

Calculated Allowable Amount: 597.00 MEDICAID Amount: N/A

Amount Applied to Deductible: 0.00 Amount Paid by TPL: N/A

Cost Share Credited to Cat Cap: 149.25 Amount Reversed from Deductible: N/A

Amount Paid by Other Insurance(s): N/A Amount Reversed from Cat Cap: N/A

Patient Responsibility Amount: N/A Amount Reduced from Previous Payment: N/A

Amount Paid by Beneficiary to Vendor: 0.00 Last PDI Payment Difference: 0.00

Total Amount to be PAID on claim: 447.75 Total Payment for Current PDI# 201806303000024: +447.75

Amount PAID to Vendor: 447.75

Amount PAID to Beneficiary: 0.00

Press <RETURN> to Continue, <^> to exit.

CHAMPVA Beneficiary Deductible 2018: 0.00

CHAMPVA Family Deductible 2018: 0.00

CHAMPVA Family Catastrophic Cap 2018: 149.25

Press <RETURN> to Continue, <^> to exit.

Actions for Claim:

1) SNA CAPPS (Pending Batch Process) 2) ClaimCheck (Complete)

Claim Reasons: 319 - CFR 17.272(B)(3) REQUIRES PROVIDER TO ACCEPT CHAMPVA ALLOWABLE AS FULL PAYMENT.

322 - COST SHARE FOR CLAIM MAY NOT ALWAYS BE PATIENT LIABILITY; OHI / CAT CAP MAY IMPACT.

356 - REMINDER - MAIL CLAIMS TO: CHAMPVA, PO Box 469064, DENVER, CO 80246-9064

371 - WHEN RESUBMITTING CLAIMS YOU MUST ATTACH THE CHAMPVA EOB FOR PROPER PROCESSING.

Press <RETURN> to continue.

Select AMB Surg Menu <TEST ACCOUNT> Option: APG ASC Payment Group

Select CHAMPVA ASC PAYMENT GROUPS CPT-4 CODE: 10180

DEVICE: SSH VIRTUAL TERMINAL Right Margin: 80//

CHAMPVA ASC PAYMENT GROUPS List MAR 23, 2018@07:11 PAGE 1

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CPT-4 CODE: 10180

BEGIN EFFECTIVE DATE: NOV 01, 1994 PAYMENT GROUP: 4

DUZ: THOMPSON,DORTHEA P DATE CHANGED: NOV 16, 2017

Select CHAMPVA ASC PAYMENT GROUPS CPT-4 CODE:

Select AMB Surg Menu <TEST ACCOUNT> Option: AZ AMB ZIP Codes

Select CHAMPVA AMB ZIP CODES: 89016

DEVICE: SSH VIRTUAL TERMINAL Right Margin: 80//

CHAMPVA AMB ZIP CODES List MAR 23, 2018@07:13 PAGE 1

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ZIP CODE: 89016 STATE POSTAL ABBREV: NV

DATE: NOV 01, 1994 MSA CODE: 4120

Select CHAMPVA AMB ZIP CODES:

Correct payment for Group 4

BEGIN EFFECTIVE DATE: NOV 01, 2017 TERMINATION DATE: OCT 31, 2018

DUZ: THOMPSON,DORTHEA P LAST DATE CHANGED: OCT 23, 2017

DOLLAR RATE FOR GROUP: 000224

DOLLAR RATE FOR GROUP: 000393

DOLLAR RATE FOR GROUP: 000541

DOLLAR RATE FOR GROUP: 000597

DOLLAR RATE FOR GROUP: 000742

DOLLAR RATE FOR GROUP: 000888

DOLLAR RATE FOR GROUP: 001326

DOLLAR RATE FOR GROUP: 001686

DOLLAR RATE FOR GROUP: 008060