Routine Name: \_\_N/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developer Name(s): \_Dennis Bricker

Associated User Story/Stories: \_\_\_CPE001-113\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**.**

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Passed XINDEX? (Y / N): N/A