**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**.**

OUTPATIENT DATA SCREEN

DOS: MAR 09, 2018 Total Charges:$ 5000.00 TOTAL PR BAL:$ 0.00

DXS PXS/NDC MODIFIERS UNT/QTY DESCRIPTION AMOUNT P/R BAL

1 T81.4XXA INFECTION FO

2 B95.62 METHICILLIN

3 10180 1 COMPLEX DRAI 5000.00

1) Exit 2) Change 3) Delete 4) Add 5) Scroll 6) Payments

Select: Exit//

**[Edit Claim Data Screen]**

**PDI# 201806403000020 Related Claims:**

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

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

**1) RLT8248 MURPHY,MARY T OUT AMBULATORY 3/9/2018**

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**Select: 1) Edit**

**2) Continue**

**3) Process New Page**

**Choose:**

VENDOR DATA SCREEN

**1** Vendor: AMBULATORY SURG CTR OF SO NV

**2** Tax ID: 861081788

**3** Address Line 1: 3820 S HUALAPAI WAY

**4** Address Line 2: STE 100

**5** City: LAS VEGAS

**6** State: NEVADA

**7** Zip: 891475733

**8** CMAC Code: 1

**9** Vendor Page:

**10** Assignment: Yes

**11** PCN:

**12** TOB: 111

**13** Phone Number:

**14** PL ZIP: 89047

DUZ: 588196 Health Administration Center Page: 1

Date: MAR 23, 2018 Post-Processing Claim Report

Time: 858

PDI: 201806403000020- BATCH: Claim #: RLT8248

EIN: 861081788- -A1 Status: Payment Req.

Program: CHAMPVA

Vendor: AMBULATORY SURG CTR Type: Outpatient

Pay Prov?: Yes Ser/Admis Date: MAR 9,2018

Sponsor: MURPHY,GEORGE J Comp. Date:

Bene: MURPHY,MARY T POS: AMBULATORY SUR

Bene Sex: F Bene DOB: 01/02/54 PL ZIP: 89047

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 5,000.00 563.00 0.00 422.25 AC

1 5,000.00 563.00 140.75

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Totals: 5,000.00 563.00 0.00 422.25

140.75

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

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

Calculated Allowable Amount: 563.00 MEDICAID Amount: N/A

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

Cost Share Credited to Cat Cap: 140.75 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: 422.25 Total Payment for Current PDI# 201806403000020: +422.25

Amount PAID to Vendor: 422.25

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: 290.00

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@09:00 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:

DEVICE: SSH VIRTUAL TERMINAL Right Margin: 80//

CHAMPVA AMB ZIP CODES List MAR 23, 2018@09:11 PAGE 1

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ZIP CODE: 89047 STATE POSTAL ABBREV: NV

DATE: NOV 01, 1994 MSA CODE: 9932

Select CHAMPVA AMB ZIP CODES:

Correct payment for Group 4

Select CHAMPVA ASC PAYMENT RATES MSA CODE: 9932

DEVICE: SSH VIRTUAL TERMINAL Right Margin: 80//

CHAMPVA ASC PAYMENT RATES List MAR 23, 2018@09:13 PAGE 1

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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: 000212

DOLLAR RATE FOR GROUP: 000371

DOLLAR RATE FOR GROUP: 000511

DOLLAR RATE FOR GROUP: 000563

DOLLAR RATE FOR GROUP: 000700

DOLLAR RATE FOR GROUP: 000838

DOLLAR RATE FOR GROUP: 000928

DOLLAR RATE FOR GROUP: 001055

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