

Centers for Medicare & Medicaid Services, HHS

§ 419.1

payment rates, CMS offsets the estimated cost of services by an estimate of average coinsurance amounts hospices collect.

[56 FR 26919, June 12, 1991]

PART 419—PROSPECTIVE PAYMENT SYSTEMS FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES

Subpart A—General Provisions

Sec.

419.1 Basis and scope.

419.2 Basis of payment.

Subpart B—Categories of Hospitals and Services Subject to and Excluded From the Hospital Outpatient Prospective Payment System

419.20 Hospitals subject to the hospital outpatient prospective payment system.

419.21 Hospital services subject to the outpatient prospective payment system.

419.22 Hospital services excluded from payment under the hospital outpatient prospective payment system.

419.23 Removal of services and procedures from the Inpatient Only List.

Subpart C—Basic Methodology for Determining Prospective Payment Rates for Hospital Outpatient Services

419.30 Base expenditure target for calendar year 1999.

419.31 Ambulatory payment classification (APC) system and payment weights.

419.32 Calculation of prospective payment rates for hospital outpatient services.

Subpart D—Payments to Hospitals

419.40 Payment concepts.

419.41 Calculation of national beneficiary copayment amounts and national Medicare program payment amounts.

419.42 Hospital election to reduce copayment.

419.43 Adjustments to national program payment and beneficiary copayment amounts.

419.44 Payment reductions for procedures.

419.45 Payment and copayment reduction for devices replaced without cost or when full or partial credit is received.

419.46 Participation, data submission, and validation requirements under the Hospital Outpatient Quality Reporting (OQR) Program.

419.47 Coding and Payment for Category B Investigational Device Exemption (IDE) Studies.

419.48 Definition of excepted items and services.

Subpart E—Updates

419.50 Annual updates.

Subpart F—Limitations on Review

419.60 Limitations on administrative and judicial review.

Subpart G—Transitional Pass-through Payments

419.62 Transitional pass-through payments: General rules.

419.64 Transitional pass-through payments: Drugs and biologicals.

419.66 Transitional pass-through payments: Medical devices.

Subpart H—Transitional Corridors

419.70 Transitional adjustment to limit decline in payment.

419.71 Payment reduction for certain X-ray imaging services.

Subpart I—Prior Authorization for Outpatient Department Services

419.80 Basis and scope of this subpart.

419.81 Definitions.

419.82 Prior authorization for certain covered hospital outpatient department services.

419.83 List of hospital outpatient department services requiring prior authorization.

419.84–419.89 [Reserved]

Subpart J—Payments to Rural Emergency Hospitals (REHs)

419.90 Basis and scope of subpart.

419.91 Definitions.

419.92 Payment to rural emergency hospitals.

419.93 Payment for an off-campus provider-based department of a rural emergency hospital.

419.94 Preclusion of administrative and judicial review.

AUTHORITY: 42 U.S.C. 1302, 1395l(t), and 1395hh.

SOURCE: 65 FR 18542, Apr. 7, 2000, unless otherwise noted.

Subpart A—General Provisions

§ 419.1 Basis and scope.

(a) *Basis.* This part implements section 1833(t) of the Act by establishing a prospective payment system for services furnished on or after July 1, 2000