



MEDICARE BASICS: COMMONLY USED ACRONYMS



If you interact with Medicare, you probably come across **acronyms** on a regular basis. It can be difficult to keep track of them all!

This resource lists Medicare-related acronyms. While the list is not all-inclusive, it contains those acronyms you may encounter in Medicare and Medicare Learning Network® (MLN) products.

Want more information about Medicare? Watch this 5-minute Centers for Medicare & Medicaid Services (CMS) [What Is Medicare?](#) video for a high-level overview of the Medicare Program, including basic information about Medicare's various parts and who they cover.

WHAT IS AN ACRONYM?

An acronym is a word formed from the initial letters or parts of a name or title.

Target Audience: Medicare Fee-For-Service Providers

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A

AAPM Advanced Alternative Payment Model

In the [Advanced APM](#) track of the Quality Payment Program, you may earn a 5 percent incentive for achieving threshold levels of payments or patients through Advanced APMs. If you achieve these thresholds, you are excluded from the MIPS reporting requirements and payment adjustment.

ABD Aged, Blind, and Disabled**ABN Advance Beneficiary Notice of Noncoverage**

An ABN is a written notice a health care professional issues to a Medicare beneficiary before furnishing an item or service for which he or she expects Medicare to deny coverage. Medicare requires health care professionals to issue ABNs in specific instances. For more information, refer to the [Medicare Advance Written Notices of Noncoverage](#) booklet.

ACH Automated Clearing House**ACI Advancing Care Information (Please see Promoting Interoperability)**

A performance category of the Merit-Based Incentive Payment System (MIPS). For more information, refer to the [2018 MIPS Advancing Care Information Performance Category Fact Sheet](#).

ACO Accountable Care Organization

ACOs are groups of doctors, hospitals, and other health care providers who come together to give coordinated high-quality care to their Medicare patients. For more information, visit the [ACOs](#) webpage.

ACP Advance Care Planning**ADA American Dental Association**

For more information, visit the [American Dental Association](#) website.

ADA Americans with Disabilities Act

For more information, visit the [Americans with Disabilities Act](#) website.

ADL Activities of Daily Living

ADLs are activities you usually do during a normal day, such as getting in and out of bed, dressing, bathing, eating, and using the bathroom.

AHA American Hospital Association

For more information, visit the [AHA](#) website.

AHRQ Agency for Healthcare Research and Quality**ALJ Administrative Law Judge****ALOS Average Length of Stay****AMA American Medical Association**

For more information, visit the [AMA](#) website.

ANSI American National Standards Institute**AO Accreditation Organization****APA American Pharmaceutical Association****APA American Psychiatric Association****APM Alternative Payment Model**

An [APM](#) is a payment approach, developed in partnership with the clinician community, that provides added incentives to clinicians to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population. Also see [AAPM](#).

ASC Accredited Standards Committee**ASC Ambulatory Surgical Center**

An ASC is a place other than a hospital where outpatient surgery is done. For more information on ASCs, visit the [ASC Center](#) webpage or refer to the [Ambulatory Surgical Center Payment System](#) fact sheet.

ASCA Administrative Simplification Compliance Act

The Act prohibits service or item payments not billed to Medicare electronically. For more information, visit the [Administrative Simplification Compliance Act Self Assessment](#) webpage.

AWP Average Wholesale Price**AWV Annual Wellness Visit**

Medicare covers the AWV, a preventive wellness visit that provides Personalized Prevention Plan Services (PPPS) at no cost to the beneficiary. For more information, refer to the [Annual Wellness Visit](#) educational tool.

AUC **Appropriate Use Criteria for Advanced Diagnostic Imaging**

Criteria developed or endorsed by national professional medical specialty societies or other provider-led entities (PLEs), so ordering and furnishing providers can make the most patient-appropriate treatment decision for their specific clinical condition. Medicare requires evidence-based criteria to the extent possible.

B

BBA **Balanced Budget Act of 1997****BHI** **Behavioral Health Integration**

For more information, refer to the [Behavioral Health Integration Services](#) fact sheet.

BHO **Behavioral Health Organization****C**

CAH **Critical Access Hospital**

Generally, a CAH is a small facility that provides limited outpatient and inpatient hospital services to people in rural areas. For more information, visit the [CAH Center](#) webpage or the [Critical Access Hospital](#) booklet.

CAL **Coding Analysis for Labs****CARC** **Claims Adjustment Reason Code****CAT** **Computerized Axial Tomography****CB** **Consolidated Billing**

Medicare's CB rules require specific facilities (for example, Skilled Nursing Facilities [SNFs]) to submit all Medicare claims for bundled services beneficiaries receive, regardless of whether the services are usually separately billable when provided outside that facility. For more information on SNF CB, visit the [SNF Consolidated Billing](#) webpage or take the SNF CB web-based training course on the [Medicare Learning Network® \(MLN\) Learning Management System \(LMS\)](#).

CBP **Competitive Bidding Program**

The DMEPOS Competitive Bidding Program mandates Medicare to implement a competitive bid process for selected Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). For more information, refer to the [DMEPOS Competitive Bidding - Home](#) webpage.

CCM **Chronic Care Management**

CCM includes care coordination services furnished to Medicare beneficiaries with multiple chronic conditions. For more information, refer to the [Chronic Care Management Services](#) fact sheet.

CCN **Claim Control Number****CDC** **Centers for Disease Control and Prevention**

For more information, visit the [CDC](#) website.

CDSM **Clinical Decision Support Mechanism**

Interactive electronic portals practitioners use to access appropriate use criteria (AUC). The provider uses the information to make the most patient-appropriate treatment decision for the specific clinical condition.

CE **Continuing Education****CEHRT** **Certified EHR Technology**

CEHRT certifies to purchasers and other users an EHR system or module offers the necessary technological capability, functionality, and security to meet meaningful use criteria. For more information, visit [The Office of the National Coordinator for Health Information Technology \(ONC\)](#) webpage.

CERT **Comprehensive Error Rate Testing**

CMS calculates the Medicare Fee-For-Service (FFS) improper payment rate through the CERT program by determining if claims were paid properly under Medicare coverage, coding, and billing rules. For more information, visit the [Comprehensive Error Rate Testing \(CERT\)](#) webpage.

CEUs **Continuing Education Units****CF** **Conversion Factor****CFC** **Conditions for Coverage****CFR** **Code of Federal Regulations****CLIA** **Clinical Laboratory Improvement Amendments**

CLIA establishes quality standards for all non-research laboratory testing on humans. CMS certifies all U.S. laboratories that perform these tests. For more information, refer to the [CLIA Program and Medicare Laboratory Services](#) fact sheet.

CME **Continuing Medical Education**

CMHC **Community Mental Health Center**

A CMHC provides partial hospitalization services under Medicare Part B. For more information, visit the [Community Mental Health Centers](#) webpage.

CMN **Certificate of Medical Necessity**

CMP **Civil Monetary Penalty**

CMS **Centers for Medicare & Medicaid Services**

[CMS](#) is the Federal agency within the U.S. Department of Health & Human Services (HHS) that administers Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), Health Insurance Portability and Accountability Act of 1996 (HIPAA), Clinical Laboratory Improvement Amendments (CLIA), and several other health-related programs. Watch this [short video about CMS' work, mission, and vision](#).

CMSCE **Centers for Medicare & Medicaid Services Continuing Education Program**

COB **Coordination of Benefits**

COB allows plans that provide health and/or prescription coverage for a person with Medicare to determine their respective payment responsibilities (that is, determine which insurance plan has the primary payment responsibility and the extent to which the other plans will contribute when an individual is covered by more than one plan).

COBRA **Consolidated Omnibus Budget Reconciliation Act**

COP **Conditions of Participation**

COPD **Chronic Obstructive Pulmonary Disease**

CORF **Comprehensive Outpatient Rehabilitation Facility**

A CORF provides multidisciplinary rehabilitation services at a single location in a coordinated fashion. For more information, refer to the [Medicare Benefit Policy Manual, Chapter 12](#).

CPAP **Continuous Positive Airway Pressure**

CPI **Consumer Price Index**

CPT **Current Procedural Terminology**

[CPT](#) is a medical code set for physician and other services, maintained and copyrighted by the American Medical Association (AMA), and adopted by the Secretary of the U.S. Department of Health & Human Services (HHS) as the standard for reporting physician and other service claims.

CQM Clinical Quality Measure (also see eCQM)

CQMs are tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals, and critical access hospitals (CAHs) within our health care system. For more information, visit the [Clinical Quality Measures Basics](#) webpage.

CR Change Request**CWF Common Working File****D****DAB Departmental Appeals Board**

[DAB](#) is the entity within the U.S. Department of Health & Human Services (HHS) that makes the final administrative decision on issues arising under the programs administered by the Department, including claims for reimbursement under Medicare and Medicaid.

DBA Doing Business As**DCN Document Control Number****DDE Direct Data Entry****DEA Drug Enforcement Administration****DME Durable Medical Equipment**

DME is medical equipment ordered by a health care professional for use in the home. For more information on DME in Medicare Part A and Part B, visit the [DME Center](#) webpage.

DME MAC Durable Medical Equipment Medicare Administrative Contractor

DME MACs are specialty MACs responsible for processing Medicare claims for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) in a specific jurisdiction. To find your local DME MAC contact information, visit the [MAC Website List](#) webpage and select your state.

DMEPOS Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

For more information, visit the [DMEPOS Fee Schedule](#) webpage.

DOB Date of Birth**DOD Date of Death****DOE Date of Entitlement**

DOJ **U.S. Department of Justice**

DOS **Date of Service**

DRG **Diagnostic-Related Group**

The DRG is a classification system that groups patients according to diagnosis, type of treatment, age, and other relevant criteria. Under the prospective payment system, Medicare pays a set fee for treating patients in a single DRG category, regardless of the actual cost of care for the individual.

DSH **Disproportionate Share Hospital**

DSHs have a disproportionately large share of low-income patients and receive payment adjustments to help meet DSH needs. For more information, refer to the [Medicare Disproportionate Share Hospital](#) fact sheet.

DUA **Data Use Agreement**

DUR **Drug Utilization Review**

DV **Data Validation**

DX **Diagnosis**

E

E/M **Evaluation and Management**

For more information, refer to the [Evaluation and Management Services](#) guide.

eCQM **Electronic Clinical Quality Measures (eCQMs)**

eCQMs use data electronically extracted from electronic health records (EHRs) and/or health information technology systems to measure the quality of health care provided. For more information, visit [eCQMs](#) webpage.

ED **Emergency Department**

EDB **Enrollment Database**

This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare-managed care enrollment.

EDI **Electronic Data Interchange**

EFT **Electronic Funds Transfer**

EGHP **Employer Group Health Plan**

EHR **Electronic Health Record (also see PI)**

For more information about Promoting Interoperability (PI) programs (formerly known as the EHR Incentive Program), visit the [Promoting Interoperability](#) webpage.

EIN **Employer Identification Number**

EMT **Emergency Medical Technician**

EMTALA **Emergency Medical Treatment & Labor Act**

EMTALA ensures public access to emergency services regardless of ability to pay. For more information, visit the [EMTALA](#) webpage.

EOB **Explanation of Benefits**

EOC **Episode of Care**

EP **Eligible Professional**

ER **Emergency Room**

ERA **Electronic Remittance Advice**

ERA is an electronic format for explaining the payments of health care claims. For more information, visit the [Health Care Payment and Remittance Advice](#) webpage.

eRx **Electronic Prescribing**

ESRD **End-Stage Renal Disease**

ESRD is permanent kidney failure that requires a regular course of dialysis or a kidney transplant. For more information, visit the [ESRD Center](#).

ESRD PPS **End-Stage Renal Disease Prospective Payment System**

[ESRD PPS](#) is the Medicare payment system for ESRD facilities for outpatient maintenance dialysis services furnished to Medicare beneficiaries with ESRD.

F

FAQ **Frequently Asked Question**

FAR **Federal Acquisition Regulations**

FCBC **Fingerprint-Based Criminal Background Check**

FDA U.S. Food and Drug Administration

For more information, visit the [FDA](#) website.

FFS Fee-For-Service

FFS is a payment method where health care items and services are paid for individually. Medicare Part A and Part B services are paid by Medicare using the FFS method. For more information, visit the [All Fee-For-Service Providers](#) webpage.

FID Fraud Investigation Database**FISS Fiscal Intermediary Standard (or Shared) System****FL Form/Field Location****FOIA Freedom of Information Act****FPS Fraud Prevention System****FQHC Federally Qualified Health Center**

An FQHC is a health center approved by the Federal government to give low-cost health care. For more information, visit the [FQHC Center](#) webpage or refer to the [Federally Qualified Health Center](#) fact sheet.

FWA Fraud, Waste, and Abuse**FY Fiscal Year****G**

GAO U.S. Government Accountability Office

The [GAO](#) works for Congress to investigate how the Federal government spends taxpayer dollars.

GHP Group Health Plan**GPCI Geographic Practice Cost Index****GPO U.S. Government Publishing Office**

The [GPO](#) is the Federal government's resource for producing, indexing, and disseminating official information about the government.

GSA U.S. General Services Administration

For more information, visit the [GSA](#) website.

H

HAC Hospital-Acquired Condition

For more information, refer to the [Hospital-Acquired Conditions and Present on Admission Indicator Reporting Provision](#) fact sheet.

HCPCS Healthcare Common Procedure Coding System

The HCPCS is a set of procedure codes used to bill CMS for specific items and services. For more information, visit the CMS [HCPCS](#) webpage.

HETS Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System**HH Home Health****HH PPS Home Health Prospective Payment System**

For more information, refer to the [Home Health Prospective Payment System](#) booklet.

HHA Home Health Agency

An HHA is an organization that provides home care services, like skilled nursing care, physical therapy, occupational therapy, speech therapy, and personal care. For more information, visit the [HHA Center](#) webpage.

HHS U.S. Department of Health & Human Services

[HHS](#) is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

HHS OIG U.S. Department of Health & Human Services, Office of Inspector General

The [HHS OIG](#) mission protects the integrity of U.S. Department of Health & Human Services (HHS) programs as well as the health and welfare of program beneficiaries.

HICN Health Insurance Claim Number (Medicare Number)

CMS is replacing the HICN with the new Medicare Beneficiary Identifier (MBI). This process began in April 2018. CMS expects to complete it by 2019. Providers should already be preparing to switch from the HICN to the MBI in their systems. For more information, visit the [New Medicare Cards](#) webpage.

HIPAA Health Insurance Portability and Accountability Act of 1996**HIPPS Health Insurance Prospective Payment System**

HIV **Human Immunodeficiency Virus**

HMO **Health Maintenance Organization**

HPSA **Health Professional Shortage Area**

HPSAs are geographic areas that lack sufficient health care providers to meet the population's health care needs. For more information, refer to the [Health Professional Shortage Area Physician Bonus Program](#) fact sheet.

HSA **Health Savings Account**

HUB Zone **Historically Underutilized Business Zone**

HVBP **Hospital Value-Based Purchasing**

The HVBP Program is a CMS initiative that rewards acute care hospitals for providing quality care to Medicare beneficiaries. For more information, refer to the [Hospital Value-Based Purchasing](#) booklet.

I&A **Identity & Access Management System**

IACS **Individuals Authorized to Access CMS Computer Services**

IADL **Instrumental Activities of Daily Living**

IBT **Intensive Behavioral Therapy**

ICD-10 **International Classification of Diseases, 10th Revision**

For more information, visit the CMS [ICD-10](#) webpage.

IDE **Investigational Device Exemption**

IDTF **Independent Diagnostic Testing Facility**

IHS **Indian Health Services**

IME **Indirect Medical Education**

IOMs **Internet-Only Manuals**

The [IOMs](#) are CMS program issuances containing day-to-day operating instructions, policies and procedures based on statutes, regulations, guidelines, models, and directives.

IPF Inpatient Psychiatric Facility

For more information, visit the [IPF Prospective Payment System \(PPS\)](#) webpage.

IPF PPS Inpatient Psychiatric Facility Prospective Payment System

The IPF PPS provides payment for inpatient psychiatric treatment for patients in psychiatric hospitals, distinct part psychiatric units of acute care hospitals, and Critical Access Hospitals (CAHs). For more information, refer to the [Inpatient Psychiatric Facility Prospective Payment System](#) booklet.

IPPE Initial Preventive Physical Examination

The IPPE is a one-time preventive physical exam. A Medicare beneficiary may receive an IPPE only within the first 12 months of the effective date of Part B coverage. For more information, refer to the [Initial Preventive Physical Examination](#) educational tool.

IPPS Inpatient Prospective Payment System

The IPPS is how CMS pays for most inpatient services under Medicare Part A. For more information, visit the [Acute Inpatient PPS](#) webpage or refer to the [Acute Care Hospital Inpatient Prospective Payment System](#) booklet.

IRF Inpatient Rehabilitation Facility

An IRF provides intensive rehabilitation therapy in an inpatient hospital environment for patients who require, and can benefit from, an inpatient stay and an interdisciplinary team approach to rehabilitation care. For more information, visit the [IRF Prospective Payment System \(PPS\)](#) webpage.

IRF PPS Inpatient Rehabilitation Facility Prospective Payment System

For more information, refer to the [Inpatient Rehabilitation Facility Prospective Payment System](#) booklet.

IVR Interactive Voice Response

IVR gives providers access to Medicare claims information through a toll-free telephone number. [Contact your MAC](#) for information on the Provider Contact Center and IVR user guide.

J

For a list of Medicare-related acronyms that start with the letter J, visit the [CMS Acronyms](#) webpage.

K

For a list of Medicare-related acronyms that start with the letter K, visit the [CMS Acronyms](#) webpage.

L

LCD Local Coverage Determination

An [LCD](#) is a Medicare Administrative Contractor (MAC) decision about whether to cover a service or item on a contractor-wide basis in the absence of a National Coverage Determination (NCD).

LIDOS Line Item Date of Service

LMS Learning Management System

LOC Level of Care

LOS Length of Stay

LPN Licensed Practical Nurse

LTC Long-Term Care

LTC services include medical and non-medical care for people unable to perform basic activities of daily living (ADLs), like dressing or bathing. You may provide long-term supports and services at home, in the community, in assisted living, or in nursing homes.

LTCH Long-Term Care Hospital

LTCHs are generally defined as having an average inpatient length of stay of greater than 25 days and certified as an LTCH by CMS. For more information, visit the [Long-Term Care Hospital PPS](#) webpage.

LTCH PPS Long-Term Care Hospital Prospective Payment System

The LTCH PPS is how CMS pays for LTCH stays. For more information on the LTCH PPS, visit the [Long-Term Care Hospital PPS](#) webpage.

LTR Lifetime Reserve

The LTR days are additional days Original Medicare pays when a beneficiary is in a hospital for more than 90 days. A beneficiary may use a total of 60 reserve days in his or her lifetime.

M

MA Medicare Advantage

An MA Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide Part A and Part B, and in some cases, Part D benefits.

MAC Medicare Administrative Contractor

MACs are companies that process claims for Medicare. To find your local MAC contact information, visit the [MAC Website List](#) and select your state.

MACRA Medicare Access and CHIP Reauthorization Act of 2015**MAO Medicare Advantage Organization****MBI Medicare Beneficiary Identifier**

The MBI began replacing the Medicare Health Insurance Claim Number (HICN) in April 2018. Beneficiaries should have their new MBI cards by 2019. For more information, visit the [New Medicare Cards](#) webpage.

MCD Medicare Coverage Database

The [MCD](#) contains all National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), local articles, and proposed NCD decisions.

MCE Medicare Code Editor**MCP Managed Care Plan****MDH Medicare Dependent Hospital****MEDIGAP Medicare Gap (Medicare supplement insurance)****MEDPAC Medicare Payment Advisory Commission****MIPPA Medicare Improvements for Patients and Providers Act****MIPS Merit-Based Incentive Payment System****MLN Medicare Learning Network®**

The MLN offers free educational materials for health care professionals on CMS programs, policies, and initiatives. Get quick access to the information you need. For more information, visit the [MLN](#) webpage.

MLN LMS Medicare Learning Network® Learning Management System

MMA Medicare Modernization Act

MOC Maintenance of Certification

MOON Medicare Outpatient Observation Notice

MQSA Mammography Quality Standards Act

MR Medical Review

CMS protects the Medicare Trust Fund against inappropriate payments that pose the greatest risk to the Trust Fund and takes corrective actions. CMS contracts with Review Contractors to analyze Fee-For-Service (FFS) claim data to identify atypical billing patterns and review claims.

MREP Medicare Remit Easy Print

CMS provides MREP software to view and print Remittance Advice (RA) information from an imported file in the Health Insurance Portability and Accountability Act (HIPAA) 835 format for professional providers and suppliers. For more information, visit the [MREP](#) webpage.

MS-DRG Medicare Severity-Diagnosis Related Group

The MS-DRGs are payment groups designed for the Medicare population. Patients with similar clinical characteristics and similar costs are assigned to an MS-DRG, which is linked to a fixed payment amount based on the average cost of patients in the group.

MSA Medical Savings Account

MSN Medicare Summary Notice

MSP Medicare Secondary Payer

For more information, refer to the [Medicare Secondary Payer](#) booklet.

MUE Medically Unlikely Edit

CMS developed MUEs to reduce the paid claims error rate for Part B claims.

N

NABP **National Association of Boards of Pharmacy**

NCCI **National Correct Coding Initiative**

CMS developed the NCCI to promote national correct coding methods and to control improper coding leading to inappropriate payment in Medicare Part B claims. For more information, refer to the [How to Use the Medicare National Correct Coding Initiative \(NCCI\) Tools](#) booklet.

NCD **National Coverage Determination**

[NCDs](#) describe whether specific medical items, services, treatment procedures, or technologies are paid under the nationwide Medicare Program.

NCPDP **National Council for Prescription Drug Programs**

For more information, visit the [NCPDP](#) webpage.

NP **Nurse Practitioner**

NPI **National Provider Identifier**

The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under the Health Insurance Portability and Accountability Act (HIPAA).

NPPES **National Plan and Provider Enumeration System**

Health care providers must register with [NPPES](#) to receive a National Provider Identifier (NPI) to submit claims to Medicare.

NQF **National Quality Forum**

NUBC **National Uniform Billing Committee**

For more information, visit the [NUBC](#) website.

NUCC **National Uniform Claim Committee**

O

OCE **Outpatient Code Editor**

For more information, visit the [OCE](#) webpage.

OCR Office for Civil Rights

Through the Federal civil rights laws and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, OCR protects your fundamental nondiscrimination and health information privacy rights. For more information, visit the [OCR](#) webpage.

OIG Office of Inspector General (also see HHS OIG)**OPPS Outpatient Prospective Payment System**

The OPSS is how CMS pays for most outpatient services at hospitals or community mental health centers. For more information, refer to the [Hospital Outpatient Prospective Payment System](#) booklet.

OPT Outpatient Physical Therapy**OT Occupational Therapy**

OT is treatment that helps patients return to usual activities (such as bathing, preparing meals, and housekeeping) after an illness.

OTAF Obligated to Accept as Payment in Full**P****PA Physician Assistant****PACE Program of All-Inclusive Care for the Elderly****PAP Positive Airway Pressure****PECOS Provider Enrollment, Chain, and Ownership System**

[PECOS](#) is an online Medicare enrollment system where health care professionals complete Medicare enrollment activities.

PFFS Private Fee-For-Service**PFS Physician Fee Schedule**

Medicare Part B pays for physician services based on the Medicare PFS, which lists the more than 7,400 unique covered services and their payment rates. For more information, visit the [Physician Center](#) webpage or refer to the [Medicare Physician Fee Schedule](#) fact sheet.

PHI Protected Health Information**PI Program Integrity**

PI Promoting Interoperability

New name for the EHR Incentive Program. For more information, visit the [Promoting Interoperability](#) webpage.

PIN Personal/Provider Identification Number**PMD Power Mobility Device**

PMDs include Power Operated Vehicles (POVs) and Power Wheelchairs (PWCs) and are covered under Medicare Part B. For more information, refer to the [Power Mobility Devices: Documentation & Coverage Requirements](#) booklet.

POA Present on Admission

For more information, refer to the [Hospital-Acquired Conditions and Present on Admission Indicator Reporting Provision](#) fact sheet.

POC Plan of Care**POS Place of Service****POV Power Operated Vehicle****PPO Preferred Provider Organization****PPPS Personalized Prevention Plan Services****PPS Prospective Payment System**

A PPS is a method of reimbursement when Medicare payment is based on a predetermined, fixed amount. CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospices, hospital outpatient services, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities.

PQRS Physician Quality Reporting System

See **MIPS** acronym.

PT Physical Therapy**PTAN Provider Transaction Access Number****PWC Power Wheelchair**

Q

QDC **Quality-Data Code**

QDWI **Qualified Disabled and Working Individuals**

For more information, refer to the [Dual Eligible Beneficiaries Under Medicare and Medicaid](#) booklet.

QI **Qualifying Individual**

For more information, refer to the [Dual Eligible Beneficiaries Under Medicare and Medicaid](#) booklet.

QIO **Quality Improvement Organization**

QMB **Qualified Medicare Beneficiaries**

For more information, refer to the [Dual Eligible Beneficiaries Under Medicare and Medicaid](#) booklet.

QPP **Quality Payment Program**

The [QPP](#) replaces the Sustainable Growth Rate (SGR) formula for payment to clinicians on Part B claims. For more information, refer to the “Quality Payment Program” web-based training courses on the [CMS LMS](#).

QRUR **Quality and Resource Use Reports**

R

RA **Remittance Advice**

RAC **Recovery Audit Contractor**

CMS contracts with [RACs](#) to detect and correct past improper payments to Medicare providers and suppliers.

RAP **Request for Anticipated Payment**

RARC **Remittance Advice Remark Code**

RHC **Rural Health Clinic**

[RHCs](#) are outpatient facilities that primarily engage in furnishing physicians’ services and other medical and health services to medically underserved rural areas. For more information, refer to the [Rural Health Clinic](#) fact sheet.

RN **Registered Nurse**

RNHCI **Religious Nonmedical Health Care Institution**

RRB **Railroad Retirement Board**

RRC **Rural Referral Center**

The RRC program supports high-volume rural hospitals that treat a large number of complicated cases. For more information, visit the [Health Resources & Services Administration \(HRSA\) RRC](#) webpage.

RTP **Return to Provider**

RVU **Relative Value Unit**

S

SA **State Survey Agency**

SAMHSA **Substance Abuse and Mental Health Services Administration**

SBIRT **Screening, Brief Intervention, and Referral to Treatment**

SBIRT services are evidence-based practices that identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. For more information, refer to the [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Services](#) booklet.

SCH **Sole Community Hospital**

SCHIP **State Children's Health Insurance Program**

SGR **Sustainable Growth Rate**

The SGR formula for payment to clinicians on Part B claims no longer exists. It was replaced by the [Quality Payment Program \(QPP\)](#).

SLMB **Specified Low-Income Medicare Beneficiaries**

For more information, refer to the [Dual Eligible Beneficiaries Under Medicare and Medicaid](#) booklet.

SLP **Speech Language Pathologist/Pathology**

SMAC **Specialty Medicare Administrative Contractor**

SME **Subject Matter Expert**

SNF Skilled Nursing Facility

For more information, visit the [SNF Center](#) webpage.

SNFABN SNF Advance Beneficiary Notice of Noncoverage

CMS recently revised this form and discontinued the five SNF Denial Letters and the Notice of Exclusion from Medicare Benefits—Skilled Nursing Facility (NEMB-SNF). For more information, visit the [FFS SNFABN](#) webpage.

SNF PPS Skilled Nursing Facility Prospective Payment System

For more information, refer to the [Skilled Nursing Facility Prospective Payment System](#) booklet.

SNF VBP Skilled Nursing Facility Value-Based Purchasing Program**SNP Special Needs Plan****SOM State Operations Manual****SSA Social Security Act (also called “the Act”)****SSN Social Security Number****SSO Short-Stay Outlier**

An SSO is an adjustment to the Federal payment rate for Long-Term Care Hospital (LTCH) stays generally much shorter than the Average Length of Stay (ALOS). For more information, refer to the [Long-Term Care Hospital Prospective Payment System](#) booklet.

SSP Shared Savings Program

The SSP aids coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service (FFS) beneficiaries and reduce unnecessary costs. Eligible providers, hospitals, and suppliers may participate in the SSP by creating or participating in an Accountable Care Organization (ACO). For more information, visit the [Shared Savings Program](#) webpage.

T**TCM Transitional Care Management**

For more information, refer to the [Transitional Care Management Services](#) fact sheet.

TOB Type of Bill**TPL Third Party Liability**

U

UPIC **Unified Program Integrity Contractor**

V

For a list of Medicare-related acronyms that start with the letter V, visit the [CMS Acronyms](#) webpage.

W

WA **Working Aged**

WBT **Web-Based Training**

WC **Workers' Compensation**

WC is an employer-required insurance plan to cover employees who get sick or injured on the job.

WEDI **Workgroup for Electronic Data Interchange**

X

For a list of Medicare-related acronyms that start with the letter X, visit the [CMS Acronyms](#) webpage.

Y

YTD **Year to Date**

Z

ZPIC **Zone Program Integrity Contractor**

ZPICs perform program integrity activities for Medicare Parts A and B, hospice care, home health, and Durable Medical Equipment (DME) and are responsible for identifying fraud. For more information, refer to the MLN Matters® article, [The Role of the Zone Program Integrity Contractors \(ZPICs\), Formerly the Program Safeguard Contractors \(PSCs\)](#).

RESOURCES

For a complete list of Medicare-related acronyms, visit the [CMS Acronyms](#) webpage.

For a glossary of terms, visit the [CMS Glossary](#) webpage.

Hyperlink Table

Embedded Hyperlink	Complete URL
2018 MIPS Advancing Care Information Performance Category Fact Sheet	https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Advancing-Care-information-Fact-Sheet.pdf
AAPM	https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Comprehensive-List-of-APMs.pdf
ACOs	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO
Acute Care Hospital Inpatient Prospective Payment System	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243657.html
Acute Inpatient PPS	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS
Administrative Simplification Compliance Act Self Assessment	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/ASCASelfAssessment.html
Advanced APM	https://qpp.cms.gov/apms/overview
AHA	https://www.aha.org/front
All Fee-For-Service Providers	https://www.cms.gov/Center/Provider-Type/All-Fee-For-Service-Providers-Center.html
Ambulatory Surgical Center Payment System	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243656.html
American Dental Association	https://www.ada.org
Americans with Disabilities Act	https://www.ada.gov
AMA	https://www.ama-assn.org

Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Annual Wellness Visit	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246474.html
APM	https://qpp.cms.gov/apms/overview
ASC Center	https://www.cms.gov/Center/Provider-Type/Ambulatory-Surgical-Centers-ASC-Center.html
Behavioral Health Integration Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf
CAH Center	https://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html
CDC	https://www.cdc.gov
Chronic Care Management Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909188.html
CLIA Program and Medicare Laboratory Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243307.html
Clinical Quality Measures Basics	https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html
CMS	https://www.cms.gov
CMS Acronyms	https://www.cms.gov/apps/acronyms
CMS Glossary	https://www.cms.gov/apps/glossary
CMS LMS	https://learner.mlnlms.com
Community Mental Health Centers	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CommunityHealthCenters.html
Comprehensive Error Rate Testing (CERT)	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT
Contact Your MAC	http://go.cms.gov/MAC-website-list
CPT	https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology

Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Critical Access Hospital	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243364.html
DAB	https://www.hhs.gov/about/agencies/dab
DME Center	https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html
DMEPOS Competitive Bidding - Home	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid
DMEPOS Fee Schedule	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched
Dual Eligible Beneficiaries Under Medicare and Medicaid	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1244469.html
eCQMs	https://ecqi.healthit.gov/ecqms
EMTALA	https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA
ESRD Center	https://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html
ESRD PPS	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment
Evaluation and Management Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html
FDA	https://www.fda.gov
Federally Qualified Health Center	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243405.html
FFS SNFABN	https://www.cms.gov/Medicare/Medicare-General-Information/BN/FFS-SNFABN-.html
FQHC Center	https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html

Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
GAO	https://www.gao.gov
GPO	https://www.gpo.gov
GSA	https://www.gsa.gov
HCPCS	https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo
Health Care Payment and Remittance Advice	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html
Health Professional Shortage Area Physician Bonus Program	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246598.html
Health Resources & Services Administration (HRSA) RRC	https://www.hrsa.gov/opa/eligibility-and-registration/hospitals/rural-referral-centers
HHA Center	https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html
HHS	https://www.hhs.gov
HHS OIG	https://oig.hhs.gov
Home Health Prospective Payment System	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243662.html
Hospital Outpatient Prospective Payment System	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243664.html
Hospital Value-Based Purchasing	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1255514.html
Hospital-Acquired Conditions and Present on Admission Indicator Reporting Provision	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243355.html
How to Use the Medicare National Correct Coding Initiative (NCCI) Tools	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243274.html
ICD-10	https://www.cms.gov/Medicare/Coding/ICD10

Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Initial Preventive Physical Examination	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243320.html
Inpatient Psychiatric Facility Prospective Payment System	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243666.html
Inpatient Rehabilitation Facility Prospective Payment System	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243668.html
IOMs	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html
IPF Prospective Payment System (PPS)	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacilPPS
IRF Prospective Payment System (PPS)	https://www.cms.gov/medicare/medicare-fee-for-service-payment/inpatientrehabfacpps
LCD	https://www.cms.gov/Medicare/Coverage/DeterminationProcess/LCDs.html
Long-Term Care Hospital PPS	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS
Long-Term Care Hospital Prospective Payment System	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243395.html
MAC Website List	http://go.cms.gov/MAC-website-list
MCD	https://www.cms.gov/medicare-coverage-database
Medicare Advance Written Notices of Noncoverage	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1236637.html
Medicare Benefit Policy Manual, Chapter 12	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c12.pdf
Medicare Disproportionate Share Hospital	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243366.html

Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Medicare Learning Network® (MLN) Learning Management System (LMS)	https://learner.mlnlms.com
Medicare Physician Fee Schedule	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243670.html
Medicare Secondary Payer	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243357.html
MLN	http://go.cms.gov/MLNGenInfo
MREP	https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/AccessToDataApplication/MedicareRemitEasyPrint.html
NCDs	https://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx
NCPDP	http://www.ncdp.org
New Medicare Cards	https://www.cms.gov/Medicare/New-Medicare-Card
NPPES	https://nppes.cms.hhs.gov/NPPES
NUBC	http://www.nubc.org
OCE	https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit
OCR	https://www.hhs.gov/ocr
The Office of the National Coordinator for Health Information Technology (ONC)	https://www.healthit.gov
PECOS	https://pecos.cms.hhs.gov/pecos/login.do
Physician Center	https://www.cms.gov/Center/Provider-Type/Physician-Center.html
Power Mobility Devices: Documentation & Coverage Requirements	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243510.html
Promoting Interoperability	https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms

Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
QPP Quality Payment Program (QPP)	https://qpp.cms.gov
RACs	https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-ffs-compliance-programs/recovery-audit-program
RHCs	https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html
The Role of the Zone Program Integrity Contractors (ZPICs), Formerly the Program Safeguard Contractors (PSCs)	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1204.pdf
Rural Health Clinic	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243500.html
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243489.html
Shared Savings Program	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram
Short Video About CMS' Work, Mission, and Vision	https://www.youtube.com/watch?v=Kahh9MO8IYE
Skilled Nursing Facility Prospective Payment System	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243671.html
SNF Center	https://www.cms.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center.html
SNF Consolidated Billing	https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling
Transitional Care Management Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN908628.html
What Is Medicare?	https://www.youtube.com/watch?v=PamIqQfL_3k

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