Effective Date…….. **January 1, 2022**
Last Updated Date…… **May 1, 2022**

CMS Glossary and Acronym List Job Aid

Summary

The below is from CMS.gov 10.1.24; Effective 01/01/2022.

Acronym	Definition
ABN	Advanced Beneficiary Notice of Non-Coverage
Admission Date	For HH PPS, the date of the first service delivered by the HHA in a period of care or a series of continuous periods. It is placed in the Admission/Start of Care Date field on the institutional claim.
Admission Period	The period between the From date of a Notice of Admission and the discharge date. An admission period may contain several 30-day periods of care and their corresponding claims.
A/B MAC (A)	A/B MACs processing hospital claims.
A/B MAC (HHH)	A/B MACs processing all Home Health and Hospice claims.
CBSA	Core Based Statistical Area
CCN	CMS certification number
Claim	The transaction submitted to receive payment for an HH PPS 30 – day period of care.
CLIA	Clinical Laboratory Improvement Amendments
CMS	The Center for Medicare & Medicaid Services, the Federal Agency administering the Medicare program.
CWF	Common Working File
DCN	Document Control Number
DME	Durable Medical Equipment
DME MAC	DME Medicare Administrative Contractor – 4 Medicare contractors nationally processing DME on professional claim formats.
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics and Supplies.
DOEBA	Date of Earliest Billing Activity
DOLBA	Date of Latest Billing Activity
Grouper	A software module that uses claim and assessment information for payment classification. • For HH PPS, this data is grouped to determine HHRGs and corresponding HIPPS codes.

HCPCS Code(s)	Healthcare Common Procedure Coding System. Coding for services or items used in the HCPCS/Accommodation Rates/HIPPS Rate Codes field on institutional claim formats.
HH	Home Health
HHA(s)	Home Health Agency or Agencies
HH PPS	Home Health Prospective Payment System
HHRG	Home Health Resource Group • One of the case-mix groups that determine HH PPS payment rates.
HIPAA	Health Insurance Portability and Accountability Act
HIPPS	Health Insurance Prospective Payment System. Coding used in the HCPCS/ Accommodation Rates/HIPPS Rate Codes field on institutional claim formats to represent case-mix groups in certain prospective payment systems.
ICD	International Classification of Diseases
LUPA	Low Utilization Payment Adjustment
MAC	Medicare Administrative Contractor • One of the contractors processing Medicare claims
National Standard Per Visit Rates	National rates for each of the 6 home health disciplines based on historical claims data. These rates are used in payment of LUPAs.
NOA	Notice of Admission
NUBC	National Uniform Billing Committee
OASIS	Outcome and Assessment Information Set • The Home Health patient assessment instrument
Outlier	An addition to payment in cases where costs of services delivered are estimated to exceed a fixed loss threshold.
PPS	Prospective Payment System • Medicare payment for medical care based on pre-determined payment rates or periods, linked to the anticipated intensity of services delivered and/or beneficiary condition.
Pricer	Software modules in Medicare claims processing systems used to calculate payments under prospective payment systems.
RA	Remittance Advice
Revenue Code	Four position payment codes for services or items placed in the Revenue Codes field on institutional claim formats • An “x” in the last digit of Revenue Codes means that value can vary from 0-9
TOB	Type of Bill • Coding representing the nature of each institutional claim • An “x” in the last digit of the TOB means that value can vary from 0-9

Related Documents

Medicare Claims Processing Manual (cms.gov)

Control History

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Departmental Owner:		Claims		Not Applicable
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