General Acronyms and Abbreviations

AARP	American Association of Retired Persons
ABN	Advance Beneficiary Notice. When the provider believes that Medicare will deny payment for a service as "not reasonable and necessary," an advance written notice to the beneficiary can protect the provider from liability.
ADMC	Advanced Determination of Medicare Coverage
AESOP	Analyze, Educate Suppliers on Policies (DME MAC Program)
ALF	Assisted Living Facility
ALJ	Administrative Law Judge. Hearing official assigned to the Office of Hearings and Appeals. Conducts evidentiary hearing on appeals from Medicare Part A and B determinations.
AMA	American Medical Association
ANSI	American National Standards Institute. A national voluntary organization of firms and private individuals who develop industry standards used in a wide variety of business applications.
AOB	Assignment of Benefits
AR	Accounts Receivable
ATP	Assistive Technology Professional
BBA	Balanced Budget Act
BC	Blue Cross
BCBS	Blue Cross Blue Shield
Bene	Beneficiary
BS	Blue Shield
CAN	Certified Nurses Aide
CBA	Competitive Bidding Area
CBIC	Competitive Bidding Implementation Contractor
CBO	Congressional Budget Office
CCI	Correct Coding Initiative. The national "rebundling" initiative that ensures comprehensive and component, and mutually exclusie procedures are not separately paid. The initiative for this coding is to promote national correct coding methodologies and to control improper coding that leads to inappropriate payment.
CCN	Correspondence Control Number. Number assigned to an inquiry or appeal (written or telephone), which is used for identification purposes.
CDC	CERT Documentation Contractor
CEDI	Common Electronic Data Interchange
CERT	Comprehensive Error Rate Testing
CEU	Continuing Education Units
CFR	Code of Federal Regulations

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General Acronyms and Abbreviations

CHAMPUS	Civilian Health and Medical Program of the Uniformed Services. A federal government program embracing dependents of active duty or retired status of the Armed Forces.
CMN	Certificate of Medical Necessity
CMR	Comprehensive Medical Review. A thorough analysis of a sample of processed claims and all pertinent data (such as medical records, benificiary payment history, etc.), for selected providers, for a specified time period.
CMS	Center for Medicare & Medicaid Services
CO	Central Office (CMS)
COB	Coordination of Benefits
COBRA	Consolidated Omnibus Budget Reconciliation Act
CPI	Consumer Price Index
CPT	Current Procedurural Terminology. Physicians' Current Procedural Terminology (in other words, procedure codes, used along with HCPCS codes).
CR	Change Request or Capped Rental (Pricing Category)
CRC	CERT Review Contractor
CRT	Complex Rehab Technology
CSI	Claim Status Inquiry
CWF	Common Working File (also known as HIMR). A query/reply system which determines a beneficiary's deductible and entitlement status.
DCN	Document Control Number
DHHS	Department of Health and Human Services (also referred to as HHS)
DHS	Department of Health Services
DIF	DME Information Form
DME	Durable Medical Equipment. Certain medical equipment that is ordered by a doctor for use in the home. Examples are walkers, wheelchairs, or hospital beds. DME is paid for under both Medicare Part B and Part A for home health services.
DME MAC	Durable Medical Equipment Medicare Administrative Contractor. The Medicare contractors that process claims for durale mendial equipment, prosthetics, orthotics and suppliers.
DMECS	Durable Medical Equipment Coding System
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, & Supplies
DMERC	Durable Medical Equipment Regional Carrier
DOB	Date of Birth
DOD	Date of Death or Date of Delivery
DOJ	Department of Justice
DOL	Department of Labor

General Acronyms and Abbreviations

DOS	Date of Service or Dates of Stay
DRA	Deficit Reduction Act of 2005
DRG	Diagnosis Related Group
DWO	Detailed Written Order
DX	Diagnosis
ECF	Extended Care Facility
EDI	Electronic Data Interchange. Refers to the exchange of routine business transactions from one computer to another in a standard format, using standard communications protocols.
EFT	Electronic Funds Transfer
EGHP	Employer Group Health Plan. Group health plan provided by a single employer of 20 or more employees or provided by an employee organization associated with that employer.
EHIP	Employer Health Insurance Plan
EMC	Electronic Media Claim. Transmitting claimes by computer rather than submitting them on paper.
EMR	Electronic Medical Record
EOB	Explanation of Benefits. The explanation generated by and insurance company that pays BEFORE Medicare pays, i.e. Employer Group Health Plan, Workers Compensation, etc.
EOMB	Explanation of Medicare Benefits
ERA	Electronic Remittance Advice. A provider who submits claims electronically can choose to receive their Mediare Remittances electronically. ERA allows providers to systemically maintain accounts receivable when used with appropriate accounting software.
ERN	Electronic Remittance Notice
et	And
ETA	Estimated Time of Arrival
F/U	Follow-Up
F2F	Face-to-Face (PMD Evaluation)
FBI	Federal Bureau of Investigation
FDA	Food & Drug Administration
FEP	Federal Employee Program. Medical program designed for federal employees and their families.
FI	Fiscal Intermediary
FOI	Freedom of Information

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General Acronyms and Abbreviations

FOIA	Freedom of Information of Act. Enacted in 1966 in order to establish the presumption that records in the possession of agencies and departments of the Executive Branch of the United States Government are acessible to the people; set standards for determining which records must be disclosed and which records can be withheld.
FR	Federal Register
FTF	Face-to-Face (PMD Evaluation)
GAO	General Accounting Office; or Government Accountability Office
GHP	Group Health Plan
GP	General Practice
HCPCS	Healthcare Common Procedure Coding System. HCPCS includes three levels of procedure codes as well as modifiers. Level I contains the AMA's CPT-4 codes. Level II contains alpha-numeric codes maintained by CMS. Level II contains carrier-assigned local codes.
Hemi	Hemiplegia
HHA	Home Health Agency or Home Health Aide
HHS	Health and Human Services
HIC	Health Insurance Claim (Number). Indentifation number assigned to Medicare beneficiaries by the Social Security Administration; usually consists of the individual's Social Security Number, preceded by an alpha prefix.
HICN	Health Insurance Claim Number
HIMR	Health Insurance Master Record (also known as CWF)
HIPPA	Health Insurance Portability and Accountability Act
HME	Home Medical Equipment
HMO	Health Maintenance Organization. A public or private organization providing, either directly or through arrangements with others, a comprehensive range of health services to enrolled members who live within a specified service area. Payment is based on a predetermined periodic rate, or periodic per capita rate, without regard to the frequency or extent of covered services furnished to any particular member. The HMO must also meet statutory requirements.
HPSA	Health Professional Shortage Area. An area defined by the Department of Health and Human Services, Public Health Service Division of Shortage Designation, as having a shortage of health professionals. A HPSA can be urban or rural.
ICD-9-CM	International Classification of Diseases Clinical Modification (in other words, diagnosis codes).
ICF	Intermediate Care Facility
ICN	Internal Control Number. A 13---digit number assigned to a claim, which is used for identification purposes and retrieval purposes, if necessary.

General Acronyms and Abbreviations

ICR	Intelligent Character Recognition. A system used to capture claim information directly from the CMS-1500 claim form; all information which is captured by the computer is transferred into an electronic file which is then passed to the Medicare claims processing system.
IDDM	Insulin Dependent Diabetes Mellitus
INF	Infusion
IOM	(CMS) Internet Only Manual
IP	Inpatient
IRP	Inexpensive or Other Routinely Purchased DME (Pricing Category)
IVR	Interactive Voice Response System
JKL	Joint Commission on Accreditation of Healthcare Organizations. An organization that accredits healthcare organizations. In the future, the JCAHO may play a role in certifying these organizations' compliance with the HIPAA A/S requirements.
LCA	Least Costly Alternative
LCD	Local Coverage Determination. An LCD, as established by Section 522 of the Benefits Improvement and Protection Act, is a decision by a fiscal intermediary or carrier whether to cover a particular service on an intermediary–-–wide or carrier–-–wide basis in accordance with Section 1862(a)(1)(A) of the Social Security Act (i.e., a determination as to whether the service is reasonable and necessary). The difference between LMRPs and LCDs is that LCDs consist only of "reasonable and necessary" information, while LMRPs may also contain category or statutory provisions.
LCMR	Limiting Charge Monitoring Report. A retrospective review and notice sent to those providers who fail to meet acceptable levels of limiting charge compliance; these non-compliance notices are mailed after completion of a monthly review of the Limiting Charge Exception Report files.
LGHP	Large Group Health Plan. A plan provided by an employer who employs 100 or more persons or a plan belonging to a multi-employer plan where at least one employer has 100 or more full or part time employees.
LIQ	Liquid
LMN	Letter of Medical Necessity
LOJ	Letter of Justification
LOS	Length of Stay
LPN	Licensed Practical Nurse
MA-PD	Medicare Advantage Drug Plan. Some Medicare Advantage Plans will include coverage for a prescription drug plan.

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General Acronyms and Abbreviations

MAC	Medicare Administrative Contractor or Medicare Appeals Council
MAE	Mobility Assistive Equipment or Moves all Extremities
MAO	Medicare Advantage Organization
MCD	Medicaid
MCM	Medicare Carrier's Manual
MCOB	Medicare Coordination of Benefits
MCR	Medicare
MD	Doctor of Medicine or Medical Doctor or Muscular Dystrophy
MDA	Muscular Dystrophy Association
MEDPAR	Medicare Part A Record
MFR	Manufacturer
MHO	Medicare Hearing Officer
MIM	Medicare Intermediary Manual
MIP	Medicare Integrity Program
MMA	Medicare Modernization Act. On December 8, 2003, President George W. Bush signed into law the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (Pub. L. 108-173). This landmark legislation provides seniors and individuals with disabilities with a prescription drug benefit, more choices, and better benefits under Medicare.
MPDIMA	Medicare Prescription Drug, Improvement, and Modernization Act of 2003
MR	Medical Review
MRA	Medicare Remittance Advice
MRC	Maximum Reimbursable Cost
MREP	Medicare Remit Easy Print (software)
MRN	Medicare Remittance Notice. A summarized statement for providers including payment information for one or more beneficiaries.
MSA	Metropolitan Statistical Area or Medical Service Area
MSN	Medicare Summary Notice
MSP	Medicare Secondary Payer. There is another insurance company that is primary to Medicare; the primary insurance company pays first and Medicare would be secondary payer for the service(s).
MSRP	Manufacturer's Suggested Retail Price
MUE	Medically Unlikely Edit
MVA	Motor Vehicle Accident
MWC	Manual Wheelchair
NCD	National Coverage Determination
NCPDP	National Council for Prescription Drug Programs Telecommunications Standard Format 3.2 or 4.0
NEC	Not Elsewhere classifiable (ICD-9 codes)
NF	Nursing Facility

General Acronyms and Abbreviations

NH	Nursing Home
NMB	No Medicare Benefits
NOC	Not Otherwise Classified (Code)
NOF	Not On File
NonPAR	Non-Participating Provider
NOS	Not Otherwise Specified
NP	Nurse Practioner
NPI	National Provider Identifier. A unique standardized identifier for a providers and suppliers of health care services, as required under the Administrative Simplification are of the Health Insurance Portability and Accountability Act (HIPAA). The NPI consists of an eight digit alphanumeric identifier plus a two digit alphanumeric location identifier to indicate the provider's practice location. NPIs are good for life and only the location identifier may change. NPI has not yet been implemented.
NSC	National Supplier Clearinghouse
NSF	National Standard Format
O&P	Orthotic & Prosthetic
Occ	Occasionally
OCIG	Office of Counsel to the Inspector General
OI	Office of Investigations
OIFO	Office of Investigations Field Office (OIG)
OIG	Office of the Inspector General. Government office that is responsible for monitoring and investigating abuse and fraud.
OMB	Office of Management and Budget
OP	Outpatient
ORF	Outpatient Rehabilitation Facility
ORU	Overpayment Recovery Unit
OT	Occupational Therapist or Occupational Therapy
OTR	On-The-Record Hearing
P&O	Prosthetic and Orthotic
PA	Physician Assistant or Prior Authorization or Policy Article
PAR	Participating Provider
PBRVS	Resource Based Relative Value Scale. A scale which assigns values to procedures in relation to one another; used to establish the Medicare Fee Schedule.
PCA	Progressive Correction Action
PDAC	Pricing, Data Analysis, and Coding (Contractor)
PDP	Prescription Drug Plan. Medicare prescription drug plan benefit, will provide insurance coverage for prescription drugs. Like other insurance, if you enroll you will pay a monthly premium.
PECOS	Provider Enrollment Chain & Ownership System

General Acronyms and Abbreviations

PHI	Protected Health Information. Individually identifiable health information transmitted or maintained in any form or medium, which is held by a covered entity or its business associate. Identifies the individual or offers a reasonable basis for identification. Is created or received by a covered entity or an employer. Relates to a past, present, or future physical or mental condition, provision of health care, or payment for health care.
PHS	Public Health Services
PIN	Provider Identification Number. An identification number assigned to providers by the carrier; required for any provider, regardless of participation status, who wishes to submit claims to Medicare for reimbursement.
PMD	Power Mobility Device
POA	Power of Attorney
POC	Plan of Care
POE	Provider Outreach & Education Advisory Group. A group within the DME MAC A to assist in the creation, implementation, and review of contractor provider/supplier education strategies and efforts. The POE Advisory Group provides input and feedback on training topics, provider/supplier education materials, and dates and locations of provider/supplier education workshops and events.
POS	Place of Service
POT	Plan of Treatment
POTR	Preliminary On-The-Record Hearing
POV	Power Operated Vehicle
PPO	Preferred Provider Organization
PPS	Prospective Payment System. A method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (for example, DRGs for inpatient hospital services).
PRM	Provider Reimbursement Manual (Medicare Publications 15-1/15-2)
PSC	Program Safeguard Contractor
PSRO	Professional Standards Review Organization
PT	Physical Therapist or Physical Therapy or Patient
PTAN	Provider Transaction Access Number
PWC	Power Wheelchair
PWR	Power
PX	Prognosis
QA	Quality Assurance
QIC	Qualified Independent Contractor. All second level appeals, also known as reconsiderations, are conducted by Qualified Independent Contractors (QICs).

General Acronyms and Abbreviations

QIO	Quality Improvement Organization
QMB	Qualified Medicare Beneficiary
RA	Remittance Advice
RAC	Recovery Audit Contractor
RC	Reason Code or Revenue Code
RDF	Renal Dialysis Facility
RESNA	Rehabilitation Engineering and Assistive Technology Society of North America
RFP	Request For Proposal
RHHI	Regional Home Health Intermediary
RN	Registered Nurse
RO	Regional Office (CMS)
RT	Respiratory Therapy or Respiratory Therapist
RUL	Reasonable Useful Lifetime
RW	Rolling Walker
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier.
SLP	Speech Language Pathologist or Speech Language Pathology
SMI	Supplemental Medical Insurance (Medicare Part B)
SN	Skilled Nursing
SNF	Skilled Nursing Facility
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number
ST	Speech Therapy or Speech Therapist
TAR	Treatment Authorization Request
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982.
TIN	Tax Identification Number
TMR	Targeted Medical Review
TOS	Type of Service
TPL	Third Party Liability. When a Beneficiary sues another party due to an accident, such as a fall on someone's property.
TRU	Telephone Reopening Unit
U&C	Usual & Customary (Charge)
UCC	Usual & Customary Charge
UCR	Usual, Customary & Reasonable (Charge)
UPIN	Unique Provider Identification Number. A six character identifier (one alpha, five numeric) assigned to physicians by the Centers for Medicare & Medicaid Services.
UR	Utilization Review

General Acronyms and Abbreviations

VA	Veterans Administration or Veterans Affairs
VMS	VIPS Medicare System. A comprehensive healthcare claims system used in the processing of the professional payment component of the Medicare Program.
VPIQ	VIPS Provider Inquiry System. A subsystem of the VIPS Medicare System (VMS) that allows suppliers to obtain information on claim status by health insurance claim number (HICN) and date of service, paid/denied claim information, information on completed claims awaiting payment floor clearance, estimated mail or electronic funds transfer (EFT) date on completed claims, and eligibility.
WIP	Work in Progress
WOPB	Written Order Prior to Delivery
ZPIC	Zone Program Integrity Contractor

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