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 your dealings with 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 it covers. To watch the video, visit https://www.youtube.com/watch?v=PamlqQfL_3k on the Internet.
### Medicare Basics: Commonly Used Acronyms

**Want More Information?** Click the highlighted acronyms throughout this document to view more information.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABN</td>
<td>Advance Beneficiary Notice of Noncoverage</td>
</tr>
<tr>
<td>ACO</td>
<td>Accountable Care Organization</td>
</tr>
<tr>
<td>ACP</td>
<td>Advance Care Planning</td>
</tr>
<tr>
<td>ADA</td>
<td>American Dental Association</td>
</tr>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>ALJ</td>
<td>Administrative Law Judge</td>
</tr>
<tr>
<td>ANSI</td>
<td>American National Standards Institute</td>
</tr>
<tr>
<td>AO</td>
<td>Accreditation Organization</td>
</tr>
<tr>
<td>ASC</td>
<td>Accredited Standards Committee</td>
</tr>
<tr>
<td>ASC</td>
<td>Ambulatory Surgical Center</td>
</tr>
<tr>
<td>ASCA</td>
<td>Administrative Simplification Compliance Act</td>
</tr>
<tr>
<td>AWP</td>
<td>Average Wholesale Price</td>
</tr>
<tr>
<td>AWV</td>
<td>Annual Wellness Visit</td>
</tr>
</tbody>
</table>
Want More Information? Click the highlighted acronyms throughout this document to view more information.

**B**

BBA Balanced Budget Act of 1997

**C**

CAH Critical Access Hospital
CALs Coding Analysis for Labs
CARC Claims Adjustment Reason Code
CB Consolidated Billing
CCM Chronic Care Management
CCN Claim Control Number
CDC Centers for Disease Control and Prevention
CE Continuing Education
CERT Comprehensive Error Rate Testing
CEUs Continuing Education Units
CF Conversion Factor
CFC Conditions for Coverage

C acronyms continued on the next page
Want More Information? Click the highlighted acronyms throughout this document to view more information.

- **CFR** Code of Federal Regulations
- **CLIA** Clinical Laboratory Improvement Amendments
- **CME** Continuing Medical Education
- **CMHC** Community Mental Health Center
- **CMN** Certificate of Medical Necessity
- **CMP** Civil Monetary Penalty
- **CMS** Centers for Medicare & Medicaid Services
- **CMSCE** Centers for Medicare & Medicaid Services Continuing Education Program
- **COB** Coordination of Benefits
- **COBRA** Consolidated Omnibus Budget Reconciliation Act
- **COP** Conditions of Participation
- **CORF** Comprehensive Outpatient Rehabilitation Facility
- **CPT** Current Procedural Terminology
- **CQM** Clinical Quality Measure
- **CR** Change Request
DAB  Departmental Appeals Board
DCN  Document Control Number
DDE  Direct Data Entry
DME  Durable Medical Equipment
DME MAC  Durable Medical Equipment Medicare Administrative Contractor
DMEPOS  Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
DOB  Date of Birth
DOE  Date of Entitlement
DOS  Date of Service
DRG  Diagnostic-Related Group
DSH  Disproportionate Share Hospital
DUA  Data Use Agreement
DV  Data Validation
E/M | Evaluation and Management
---|---
ED | Emergency Department
EDB | Enrollment Database
EDI | Electronic Data Interchange
EFT | Electronic Funds Transfer
EGHP | Employer Group Health Plan
EHR | Electronic Health Record
EIN | Employer Identification Number
EMT | Emergency Medical Technician
EMTALA | Emergency Medical Treatment and Labor Act
EOB | Explanation of Benefits
EP | Eligible Professional
ER | Emergency Room
ERA | Electronic Remittance Advice
eRx | Electronic Prescribing
ESRD | End-Stage Renal Disease
ESRD PPS | End-Stage Renal Disease Prospective Payment System
FAQ  Frequently Asked Question
FAR  Federal Acquisition Regulations
FDA  U.S. Food and Drug Administration
FFS  Fee-For-Service
FISS  Fiscal Intermediary Standard (or Shared) System
FL  Form/Field Location
FQHC  Federally Qualified Health Center

GAO  U.S. Government Accountability Office
GHP  Group Health Plan
GPCI  Geographic Practice Cost Indexes
GPO  U.S. Government Publishing Office
GPRO  Group Practice Reporting Option
GSA  U.S. General Services Administration
H

Want More Information? Click the highlighted acronyms throughout this document to view more information.

- HAC: Hospital Acquired Condition
- HCPCS: Healthcare Common Procedure Coding System
- HETS: Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System
- HH PPS: Home Health Prospective Payment System
- HHA: Home Health Agency
- HHS: U.S. Department of Health & Human Services
- HICN: Health Insurance Claim Number (Medicare Number)
- HIPAA: Health Insurance Portability and Accountability Act
- HIPPS: Health Insurance Prospective Payment System
- HIV: Human Immunodeficiency Virus
- HMO: Health Maintenance Organization
- HPSA: Health Professional Shortage Area
- HUB Zone: Historically Underutilized Business Zone
- HVBP: Hospital Value-Based Purchasing

Click any letter below to jump to its corresponding acronyms, or click the HOME to return to page 1.
Want More Information? Click the highlighted acronyms throughout this document to view more information.

IACS  Individuals Authorized to Access CMS Computer Services
IBT  Intensive Behavioral Therapy
ICD-10  International Classification of Diseases, 10th Revision
IDE  Investigational Device Exemption
IHS  Indian Health Services
IME  Indirect Medical Education
IOM  Internet-Only Manual
IPF  Inpatient Psychiatric Facility
IPF PPS  Inpatient Psychiatric Facility Prospective Payment System
IPPE  Initial Preventive Physical Examination
IPPS  Inpatient Prospective Payment System
IRF  Inpatient Rehabilitation Facility
IRF PPS  Inpatient Rehabilitation Facility Prospective Payment System
IVR  Interactive Voice Response

For a list of Medicare-related acronyms that start with the letter J, visit [https://www.cms.gov/apps/acronyms](https://www.cms.gov/apps/acronyms) on the CMS website.

For a list of Medicare-related acronyms that start with the letter K, visit [https://www.cms.gov/apps/acronyms](https://www.cms.gov/apps/acronyms) on the CMS website.

Click any letter below to jump to its corresponding acronyms, or click the HOME to return to page 1
LCD     Local Coverage Determination
LIDOS   Line Item Date of Service
LOC     Level of Care
LOS     Length of Stay
LPN     Licensed Practical Nurse
LTC     Long-Term Care
LTCH    Long-Term Care Hospital
LTCH PPS Long-Term Care Hospital Prospective Payment System
LTR     Lifetime Reserve
Medicare Basics: Commonly Used Acronyms

MA Medicare Advantage
MAC Medicare Administrative Contractor
MACRA Medicare Access and CHIP Reauthorization Act
MCD Medicare Coverage Database
MCE Medicare Code Editor
MDH Medicare Dependent Hospital
MIPPA Medicare Improvements for Patients and Providers Act
MLN Medicare Learning Network®
MMA Medicare Modernization Act
MOC Maintenance of Certification
MQSA Mammography Quality Standards Act
MR Medical Review
MREP Medicare Remit Easy Print
MS-DRG Medicare Severity-Diagnosis Related Group
MSA Medical Savings Account
MSN Medicare Summary Notice
MSP Medicare Secondary Payer
MUE Medically Unlikely Edits

Click any letter below to jump to its corresponding acronyms, or click the HOME to return to page 1
Want More Information? Click the highlighted acronyms throughout this document to view more information.

**N**
- **NCCI** National Correct Coding Initiative
- **NCD** National Coverage Determination
- **NCPDP** National Council for Prescription Drug Programs
- **NP** Nurse Practitioner
- **NPI** National Provider Identifier
- **NPPES** National Plan and Provider Enumeration System
- **NQF** National Quality Forum
- **NUBC** National Uniform Billing Committee
- **NUCC** National Uniform Claim Committee

**O**
- **OCE** Outpatient Code Editor
- **OIG** Office of Inspector General
- **OPPS** Outpatient Prospective Payment System
- **OPT** Outpatient Physical Therapy
- **OT** Occupational Therapy
- **OTAF** Obligated to Accept as Payment in Full
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>PACE</td>
<td>Program of All Inclusive Care for the Elderly</td>
</tr>
<tr>
<td>PAP</td>
<td>Positive Airway Pressure</td>
</tr>
<tr>
<td>PECOS</td>
<td>Provider Enrollment Chain and Ownership System</td>
</tr>
<tr>
<td>PFFS</td>
<td>Private Fee-For-Service</td>
</tr>
<tr>
<td>PFS</td>
<td>Physician Fee Schedule</td>
</tr>
<tr>
<td>PHI</td>
<td>Protected Health Information</td>
</tr>
<tr>
<td>PIN</td>
<td>Personal/Provider Identification Number</td>
</tr>
<tr>
<td>PMD</td>
<td>Power Mobility Device</td>
</tr>
<tr>
<td>POA</td>
<td>Present on Admission</td>
</tr>
<tr>
<td>POC</td>
<td>Plan of Care</td>
</tr>
<tr>
<td>POS</td>
<td>Place of Service</td>
</tr>
<tr>
<td>PPO</td>
<td>Preferred Provider Organization</td>
</tr>
<tr>
<td>PPPS</td>
<td>Personalized Preventive Plan Services</td>
</tr>
<tr>
<td>PPS</td>
<td>Prospective Payment System</td>
</tr>
<tr>
<td>PQRI</td>
<td>Physician Quality Reporting Initiative</td>
</tr>
<tr>
<td>PQRS</td>
<td>Physician Quality Reporting System</td>
</tr>
<tr>
<td>PSC</td>
<td>Program Safeguard Contractor</td>
</tr>
<tr>
<td>PT</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>PTAN</td>
<td>Provider Transaction Access Number</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>QDC</td>
<td>Quality-Data Code</td>
</tr>
<tr>
<td>QDWI</td>
<td>Qualified Disabled and Working Individuals</td>
</tr>
<tr>
<td>QI</td>
<td>Qualifying Individual</td>
</tr>
<tr>
<td>QIO</td>
<td>Quality Improvement Organization</td>
</tr>
<tr>
<td>QMB</td>
<td>Qualified Medicare Beneficiaries</td>
</tr>
<tr>
<td>QRUR</td>
<td>Quality and Resource Use Reports</td>
</tr>
<tr>
<td>RA</td>
<td>Remittance Advice</td>
</tr>
<tr>
<td>RAP</td>
<td>Recovery Audit Program</td>
</tr>
<tr>
<td>RARC</td>
<td>Remittance Advice Remark Code</td>
</tr>
<tr>
<td>RHC</td>
<td>Rural Health Clinic</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>RNHCI</td>
<td>Religious Nonmedical Health Care Institution</td>
</tr>
<tr>
<td>RRB</td>
<td>Railroad Retirement Board</td>
</tr>
<tr>
<td>RRC</td>
<td>Rural Referral Center</td>
</tr>
<tr>
<td>RTP</td>
<td>Return to Provider</td>
</tr>
<tr>
<td>RVU</td>
<td>Relative Value Unit</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>SA</td>
<td>State Survey Agency</td>
</tr>
<tr>
<td>SBIRT</td>
<td>Screening, Brief Intervention, and Referral to Treatment</td>
</tr>
<tr>
<td>SCH</td>
<td>Sole Community Hospital</td>
</tr>
<tr>
<td>SCHIP</td>
<td>State Children’s Health Insurance Program</td>
</tr>
<tr>
<td>SLMB</td>
<td>Specified Low-Income Medicare Beneficiaries</td>
</tr>
<tr>
<td>SLP</td>
<td>Speech Language Pathologist/Pathology</td>
</tr>
<tr>
<td>SME</td>
<td>Subject Matter Expert</td>
</tr>
<tr>
<td>SNF</td>
<td>Skilled Nursing Facility</td>
</tr>
<tr>
<td>SNF PPS</td>
<td>Skilled Nursing Facility Prospective Payment System</td>
</tr>
<tr>
<td>SNP</td>
<td>Special Needs Plan</td>
</tr>
<tr>
<td>SOM</td>
<td>State Operations Manual</td>
</tr>
<tr>
<td>SSA</td>
<td>Social Security Act</td>
</tr>
<tr>
<td>SSO</td>
<td>Short-Stay Outlier</td>
</tr>
<tr>
<td>SSP</td>
<td>Shared Savings Program</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>TCM</td>
<td>Transitional Care Management</td>
</tr>
<tr>
<td>TOB</td>
<td>Type of Bill</td>
</tr>
</tbody>
</table>

For a list of Medicare-related acronyms that start with the letter U, visit [https://www.cms.gov/apps/acronyms](https://www.cms.gov/apps/acronyms) on the CMS website.

For a list of Medicare-related acronyms that start with the letter V, visit [https://www.cms.gov/apps/acronyms](https://www.cms.gov/apps/acronyms) on the CMS website.
WA  Working Aged
WBT  Web-Based Training
WC  Workers’ Compensation
WEDI  Workgroup for Electronic Data Interchange

For a list of Medicare-related acronyms that start with the letter X, visit [https://www.cms.gov/apps/acronyms](https://www.cms.gov/apps/acronyms) on the CMS website.

For a list of Medicare-related acronyms that start with the letter Y, visit [https://www.cms.gov/apps/acronyms](https://www.cms.gov/apps/acronyms) on the CMS website.

ZPIC  Zone Program Integrity Contractor

Click any letter below to jump to its corresponding acronyms, or click the HOME [home icon](#) to return to page 1.
Resources

For a complete list of Medicare-related acronyms, visit https://www.cms.gov/apps/acronyms on the CMS website.

For a glossary of terms, visit https://www.cms.gov/apps/glossary on the CMS website.
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 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1236637.html on the CMS website.
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 https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO on the CMS website.
ADA: American Dental Association

For more information, visit http://www.ada.org on the Internet.
ADA: Americans with Disabilities Act

For more information, visit http://www.ada.gov on the Internet.
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.
ASC: Ambulatory Surgical Center

An ASC is a place other than a hospital that does outpatient surgery. For more information on ASCs, visit https://www.cms.gov/Center/Provider-Type/Ambulatory-Surgical-Centers-ASC-Center.html or refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243656.html on the CMS website.
ASCA: Administrative Simplification Compliance Act

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 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246474.html on the CMS website.
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 https://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html or refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243364.html on the CMS website.
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 if the services are usually separately billable when provided outside that facility. For more information on SNF CB, visit https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling on the CMS website.
CCM: Chronic Care Management

Care coordination services furnished to Medicare beneficiaries with multiple chronic conditions. For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909188.html on the CMS website.
CDC: Centers for Disease Control and Prevention

For more information, visit http://www.cdc.gov on the Internet.
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 https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT on the CMS website.
CLIA: Clinical Laboratory Improvement Amendments

CLIA establishes quality standards for all non-research laboratory testing on humans. All U.S. laboratories that perform these tests must be certified by CMS. For more information, refer to [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243307.html](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243307.html) on the CMS website.
CMHC: Community Mental Health Center

A CMHC provides partial hospitalization services under Medicare Part B. For more information, visit https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CommunityHealthCenters.html on the CMS website.
CMS: Centers for Medicare & Medicaid Services

CMS is the Federal agency that administers the 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. For more information about CMS and its programs, visit https://www.cms.gov on the CMS website.
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).
CORF: Comprehensive Outpatient Rehabilitation Facility


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

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 https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html on the CMS website.
DAB: Departmental Appeals Board

For more information, visit http://www.hhs.gov/dab on the Internet.
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 https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html on the CMS website.
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 https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map on the CMS website.
DMEPOS: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

For more information, visit https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched on the CMS website.
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 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243366.html on the CMS website.
E/M: Evaluation and Management

EHR: Electronic Health Record

EMTALA: Emergency Medical Treatment and Labor Act

EMTALA ensures public access to emergency services regardless of ability to pay. For more information, visit [https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA](https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA) on the CMS website.
ERA: Electronic Remittance Advice

ERA is an electronic format for explaining the payments of health care claims. For more information, visit [https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html](https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html) on the CMS website.
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 [https://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html](https://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html) on the CMS website.
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. For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243661.html on the CMS website.
FDA: U.S. Food and Drug Administration

For more information, visit http://www.fda.gov on the Internet.
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 https://www.cms.gov/Center/Provider-Type/All-Fee-For-Service-Providers-Center.html on the CMS website.
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 https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html or refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243405.html on the CMS website.
The GAO works for Congress to investigate how the Federal government spends taxpayer dollars. For more information, visit http://www.gao.gov on the Internet.
GPO: U.S. Government Publishing Office

For more information, visit https://www.gpo.gov on the Internet.
GPRO: Group Practice Reporting Option

CMS created a GPRO for the Physician Quality Reporting System (PQRS) so group practices participating in the GPRO that satisfactorily report data on PQRS measures for a particular reporting period may earn a PQRS incentive payment. For more information, visit https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html on the CMS website.
GSA: U.S. General Services Administration

For more information, visit http://www.gsa.gov on the Internet.
HAC: Hospital Acquired Condition

HCPCS: Healthcare Common Procedure Coding System

The HCPCS is a set of procedure codes used to bill CMS for specific items and services not included in the Current Procedural Terminology (CPT) code set. For more information, visit https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo on the CMS website.
HH PPS: Home Health Prospective Payment System

HHA: Home Health Agency

An organization that provides home care services, like skilled nursing care, physical therapy, occupational therapy, speech therapy, and personal care by home health aides. For more information, visit https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html on the CMS website.
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. For more information, visit http://www.hhs.gov on the Internet.
HPSA: Health Professional Shortage Area

HPSAs are geographic areas that lack sufficient health care providers to meet the health care needs of the population. For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246598.html on the CMS website.
HVBP: Hospital Value-Based Purchasing

The HVBP Program is a CMS initiative that rewards acute care hospitals for the quality of care they provide to people with Medicare. For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1255514.html on the CMS website.
ICD-10: International Classification of Diseases, 10th Revision

For more information, visit https://www.cms.gov/Medicare/Coding/ICD10 on the CMS website.
IOM: Internet-Only Manual

The IOMs are CMS program issuances, day-to-day operating instructions, policies, and procedures based on statutes, regulations, guidelines, models, and directives. To access the IOMs, visit https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html on the CMS website.
IPF: Inpatient Psychiatric Facility

For more information, visit https://www.cms.gov/Center/Provider-Type/Hospital-Center.html on the CMS website.
IPF PPS: Inpatient Psychiatric Facility Prospective Payment System

IPPE: Initial Preventive Physical Examination

The IPPE is a one-time preventive physical exam. A beneficiary may receive an IPPE only within the first 12 months of the effective date of Medicare Part B coverage. For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243320.html on the CMS website.
IPPS: Inpatient Prospective Payment System

The IPPS is how CMS pays for most inpatient services under Medicare Part A. For more information, visit https://www.cms.gov/Center/Provider-Type/Hospital-Center.html or refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243657.html on the CMS website.
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 https://www.cms.gov/Center/Provider-Type/Hospital-Center.html on the CMS website.
IRF PPS: Inpatient Rehabilitation Facility Prospective Payment System

LCD: Local Coverage Determination

An LCD is a decision by a Medicare Administrative Contractor (MAC) about whether to cover a particular service or item on a contractor-wide basis in the absence of a National Coverage Determination (NCD).
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. Long-term supports and services can be provided 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 https://www.cms.gov/Center/Provider-Type/Hospital-Center.html on the CMS website.
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 https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS on the CMS website.
LTR: Lifetime Reserve

The LTR days are additional days that Original Medicare will pay for when a beneficiary is in a hospital for more than 90 days. A beneficiary has a total of 60 reserve days to use in his or her lifetime.
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 [https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map](https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map) on the CMS website.
MCD: Medicare Coverage Database

The MCD contains all National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), local articles, and proposed NCD decisions. Visit the MCD at https://www.cms.gov/medicare-coverage-database on the CMS website.
MLN: Medicare Learning Network®

The MLN is the home for education, information, and resources for the health care professional community. The MLN provides access to CMS Program information you need, when you need it, so you can focus more on providing care to your patients. For more information, visit the MLN at http://go.cms.gov/MLNGenInfo on the CMS website.
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 others to perform analysis of fee-for-service (FFS) claim data to identify atypical billing patterns and perform claims review. For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243290.html and for a list of review contractors, visit the Review Contractor Directory – Interactive Map at https://www.cms.gov/Research-Statistics-Data-and-Systems/monitoring-programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map on the CMS website.
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, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243300.html on the CMS website.
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.
MSP: Medicare Secondary Payer

MUE: Medically Unlikely Edits

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 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243290.html on the CMS website.
NCD: National Coverage Determination

NCDs describe whether specific medical items, services, treatment procedures, or technologies are paid for under the nationwide Medicare Program.
NCPDP: National Council for Prescription Drug Programs

For more information, visit http://www.ncpdp.org on the Internet.
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

The NPPES uniquely identifies a health care provider and assigns it a National Provider Identifier (NPI).
NUBC: National Uniform Billing Committee

For more information, visit the NUBC at http://www.nubc.org on the Internet.
OCE: Outpatient Code Editor

For more information, visit https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit on the CMS website.
OIG: Office of Inspector General

The 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. For more information, visit https://oig.hhs.gov on the OIG website.
OPPS: Outpatient Prospective Payment System

The OPPS is how CMS pays for most outpatient services at hospitals or community mental health centers. For more information, refer to [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243664.html](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243664.html) on the CMS website.
OT: Occupational Therapy

OT is treatment that helps patients return to usual activities (such as bathing, preparing meals, and housekeeping) after an illness.
PECOS: Provider Enrollment Chain and Ownership System

PECOS is an electronic Medicare enrollment system through which health care professionals complete Medicare enrollment activities. For more information, refer to [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/Medicare_P](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/Medicare_P) on the CMS website.
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 https://www.cms.gov/Center/Provider-Type/Physician-Center.html or refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243670.html on the CMS website.
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 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243510.html on the CMS website.
POA: Present on Admission

PPS: Prospective Payment System

A PPS is a method of reimbursement in which 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.
PQRI: Physician Quality Reporting Initiative

PQRI is the former name of the current Physician Quality Reporting System (PQRS).
PQRS: Physician Quality Reporting System

PQRS is a reporting program that uses a combination of incentive payments and payment adjustments to encourage eligible professionals to report quality of care information to Medicare. For more information, visit https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/pqrs on the CMS website.
QDWI: Qualified Disabled and Working Individuals

QI: Qualifying Individual

QMB: Qualified Medicare Beneficiaries

RAP: Recovery Audit Program

The Recovery Audit Program is a claim review program conducted by Recovery Auditors. For more information, visit [https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program](https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program) on the CMS website.
RHC: Rural Health Clinic

RHCs are outpatient facilities that primarily engage in furnishing physicians’ and other medical and health services to medically under-served areas. For more information, visit https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html or refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243500.html on the CMS website.
RRC: Rural Referral Center

The RRC program supports high-volume rural hospitals that treat a large number of complicated cases. For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243365.html on the CMS website.
SBIRT: Screening, Brief Intervention, and Referral to Treatment

SBIRT services is an evidence-based practice that identifies, reduces, and prevents problematic use, abuse, and dependence on alcohol and illicit drugs. For more information, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243489.html on the CMS website.
SCH: Sole Community Hospital

SLMB: Specified Low-Income Medicare Beneficiaries

SNF: Skilled Nursing Facility

For more information, visit https://www.cms.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center.html on the CMS website.
SNF PPS: Skilled Nursing Facility Prospective Payment System

SSO: Short-Stay Outlier

An SSO is an adjustment to the Federal payment rate for Long-Term Care Hospital (LTCH) stays that are generally much shorter than the Average Length of Stay (ALOS). For more information, visit https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS on the CMS website.
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 https://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/sharedsavingsprogram on the CMS website.
TCM: Transitional Care Management

WC: Workers’ Compensation

WC is an insurance plan that employers are required to have to cover employees who get sick or injured on the job.
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 [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1204.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1204.pdf) on the CMS website.