

Ambulatory Surgical Center Fee Schedule

The first hospital-affiliated surgical unit designed specifically for ambulatory surgery in the state of California began functioning as part of Santa Barbara Cottage Hospital in 1973. As this text is readied for publication, the unit is in its tenth year of operation. More than 20,000 patients have undergone surgery there. The enthusiasm generated by our experience in Santa Barbara, along with the widespread, growing interest in ambulatory surgery, prompted us to undertake this volume. The first three chapters cover principles and administrative aspects, anesthesiology, and nursing in the ambulatory surgical center. Subsequent chapters, the major portion of the text, provide detailed, meticulously illustrated descriptions of surgical procedures as they are done in the Santa Barbara Cottage Hospital Outpatient Surgical Center by the surgeons who work there. They reflect current practice and emphasize the techniques found most reliable by the surgeons who use them in the outpatient setting. This manual includes many of the operations most commonly performed in our facility and emphasizes the unique aspects of surgery and patient care in outpatient practice. The text is concise, practical, and based on our collective experience. The illustrations are, for the most part, drawn from the surgeon's perspective and faithfully render the actual appearance of the operative field during surgery. Supplementary cross-sectional and conceptual drawings are included to orient the reader.

Medicare and Medicaid Programs - Hospital Outpatient Prospective Payment - Ambulatory Surgical Center Payment - Hospital Value-Based Purchasing Program (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018

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Edition) The Law Library presents the complete text of the Medicare and Medicaid Programs - Hospital Outpatient Prospective Payment - Ambulatory Surgical Center Payment - Hospital Value-Based Purchasing Program (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 This final rule with comment period revises the Medicare hospital outpatient prospective payment system (OPPS) for CY 2012 to implement applicable statutory requirements and changes arising from our continuing experience with this system. In this final rule with comment period, we describe the changes to the amounts and factors used to determine the payment rates for Medicare hospital outpatient services paid under the OPPS. This book contains: - The complete text of the Medicare and Medicaid Programs - Hospital Outpatient Prospective Payment - Ambulatory Surgical Center Payment - Hospital Value-Based Purchasing Program (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) - A table of contents with the page number of each section

Understanding the Conditions for Coverage for an Ambulatory Surgery Center as well as how they are interpreted by CMS is critical for ASC leaders. This resource provides a convenient pocket guide to the Conditions for Coverage. Ambulatory Surgery Center administrators, nursing directors and business office managers are faced with a daunting task - assuring that their facility complies with a wide-range of rules and regulations. The regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) are of primary importance because they affect the eligibility for certification as an ASC and participation in the Medicare program. While no one volume can provide all of the up-to-date guidance needed for an ASC to understand the Medicare regulations to maintain certification and licensure, this guide provides a

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convenient, easy to read reference to the CMS regulations. This is the most comprehensive CPT coding resource published by the American Medical Association. This new Professional Edition provides all the features of the Standard Edition plus many extras. it contains: 100 anatomical and procedural illustrations; an overview of modifiers and abbreviations; Color-coded keys for easy identification of section headings; New procedural drawings for visual confirmation of procedures being coded.

Medicare Programs - Payment Policies Under the Physician Fee Schedule, Five-Year Review of Work Relative Value Units (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) The Law Library presents the complete text of the Medicare Programs - Payment Policies Under the Physician Fee Schedule, Five-Year Review of Work Relative Value Units (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 This final rule with comment period addresses changes to the physician fee schedule and other Medicare Part B payment policies to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services. It also addresses, implements or discusses certain statutory provisions including provisions of the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively known as the Affordable Care Act) and the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. In addition, this final rule with comment period discusses payments for Part B drugs; Clinical Laboratory Fee Schedule: Signature on Requisition; Physician Quality Reporting System; the Electronic Prescribing (eRx) Incentive Program; the Physician Resource-Use Feedback Program and the value modifier; productivity

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adjustment for ambulatory surgical center payment system and the ambulance, clinical laboratory, and durable medical equipment prosthetics orthotics and supplies (DMEPOS) fee schedules; and other Part B related issues. This book contains: - The complete text of the Medicare Programs - Payment Policies Under the Physician Fee Schedule, Five-Year Review of Work Relative Value Units (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) - A table of contents with the page number of each section

This manual contains the policy governing the billing and payment of hospitals and ambulatory surgery centers for services rendered under the Workers' Compensation Act. The payment rates listed herein are deemed by the Commission to be fair and reasonable.

The first comprehensive book on the development and ongoing management of ambulatory surgery centers (ASCs). Focuses on the four cornerstones of an ASC: patient and clinical care, risk management, business office systems, and managed care and payer contracting. Written by experts in the ASC industry.

Medicare Program - Revised Payment System Policies for Services Furnished in Ambulatory Surgical Centers (ASCs) Beginning in CY 2008 (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) The Law Library presents the complete text of the Medicare Program - Revised Payment System Policies for Services

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Furnished in Ambulatory Surgical Centers (ASCs) Beginning in CY 2008 (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 This final rule revises the Medicare ambulatory surgical center (ASC) payment system to implement certain related provisions of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). This final rule establishes the ASC list of covered surgical procedures, identifies covered ancillary services under the revised ASC payment system, and sets forth the amounts and factors that will be used to determine the ASC payment rates for calendar year (CY) 2008. The changes to the ASC payment system and ratesetting methodology in this final rule are applicable to services furnished on or after January 1, 2008. This book contains: - The complete text of the Medicare Program - Revised Payment System Policies for Services Furnished in Ambulatory Surgical Centers (ASCs) Beginning in CY 2008 (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) - A table of contents with the page number of each section Medicare Program - Hospital Outpatient Prospective Payment System and CY 2007 Payment Rates - CY 2007 Update to the Ambulatory Surgical Center Covered (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) The Law Library presents the complete text of the Medicare

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Program - Hospital Outpatient Prospective Payment System and CY 2007 Payment Rates - CY 2007 Update to the Ambulatory Surgical Center Covered (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 This final rule with comment period revises the Medicare hospital outpatient prospective payment system to implement applicable statutory requirements and changes arising from our continuing experience with this system, and to implement certain related provisions of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 and the Deficit Reduction Act (DRA) of 2005. In this final rule with comment period, we describe changes to the amounts and factors used to determine the payment rates for Medicare hospital outpatient services paid under the prospective payment system. These changes are applicable to services furnished on or after January 1, 2007. In addition, this final rule with comment period implements future CY 2009 required reporting on quality measures for hospital outpatient services paid under the prospective payment system. This book contains: - The complete text of the Medicare Program - Hospital Outpatient Prospective Payment System and CY 2007 Payment Rates - CY 2007 Update to the Ambulatory Surgical Center Covered (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) - A table of

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Ambulatory Surgery Center Safety Guidebook: Managing Code Requirements for Fire and Life Safety helps guide ASC administrative and security staff meet the requirements and standards of both federal and state authorities, including the Life Safety Code, a critical designation for facilities participating in Medicare (CMS) funding reimbursement. Designed for easy reference, the book assumes no code knowledge on the part of ASC staff, and provides guidance for the policies, emergency plans, drills, inspection, testing and maintenance of fire protection and building systems necessary for meeting Life Safety Code requirements. Through sample checklists and log sheets, and a systematic process for completing required documentation, the reader is directed through the crucial steps to achieving code compliance. The guide provides ASC staff the knowledge necessary to be in compliance with the Life Safety Code without the need for an outside security or safety consultant. Through this compliance, facilities remain licensed and qualified for Medicare reimbursement, ultimately improving the financial success of the ASC. Illuminates the requirements of the Life Safety Code for ASCs for medical and other administrative staff who possess no code knowledge in the ASC setting Includes compliance requirements for the code, as well as

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requirements placed upon facilities desiring to participate in Medicare (CMS) funding reimbursement Provides sample checklists and log sheets for each type of system Outlines a systematic process for completing the documentation required of ASCs for inspection, testing and maintenance of facility systems crucial to achieving code compliance Medicare Program - Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates - Changes to the Ambulatory Surgical Center (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) The Law Library presents the complete text of the Medicare Program - Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates - Changes to the Ambulatory Surgical Center (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 This final rule with comment period revises the Medicare hospital outpatient prospective payment system (OPPS) to implement applicable statutory requirements and changes arising from our continuing experience with this system. In this final rule with comment period, we describe the changes to the amounts and factors used to determine the payment rates for Medicare hospital outpatient services paid under the prospective payment system. These changes are applicable to services furnished on or after January 1, 2010. This book contains: - The complete text of the Medicare Program - Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates - Changes to the Ambulatory Surgical Center (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) - A table of contents with the page number of each section

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If you want to fix healthcare in the United States, read this book! Healthcare costs have soared out of control for the past several decades. Much has been written about what "someone" should do to fix the problems. However, there has been very little written to tell you, your business, your community, and your elected officials HOW to lead the movement for change and how to take control of the healthcare business. This book is written in simple terms and explains how the U.S. healthcare business evolved; it identifies the major contributors to problems plaguing healthcare in the United States; and it leads you through the steps you can take to create a healthcare system that focuses on you and your family. Unfortunately, healthcare in the United States has not been designed to focus on you and your family-it has evolved around payment systems. It's all about money, not you! This is like the tail wagging the dog. You can lead the movement for change in healthcare and we can have a system in which the dog wags the tail.

This reference tool is a one-source guide for both hospital outpatient departments (HOPD) and free-standing ambulatory surgical centers (ASC) billing outpatient claims. Outpatient Billing Expert provides detailed references with payment information and guidance to improve reimbursement and reduce claim denials. This all-in-one resource also provides APC and ASC groups, reimbursement amounts, coverage issues and information on what is not covered. Features and benefits * Comprehensive coverage of both ASC and APC payment systems. Establish the right payment and audit reimbursement processes for your facility. * Includes the most recent code sets and information from CMS and other industry sources. Keep all billing current and accurate using up-to-date rates and groups for the APC and ASC payment systems. * Contains information used on a daily basis by HOPD and ASC facilities. Resolve billing and denial issues

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and establish payment and audit reimbursement processes. * Easily determine fees and payments prior to submitting your claim. Includes fees, formulas, and tables to determine appropriate APC or ASC reimbursement. * Non-OPPS payment fee schedule. Provides the name of the fee schedule that applies to non-OPPS payments. * Web updates and quarterly print updates. Stay current with regulatory changes specific to your facility. * Outpatient Billing Expert website. Contains downloadable Excel interactive calculators that determine facility-specific reimbursement and detailed drug information. * Easy-to-use format organized by tabs. Easily locate the billing information needed to speed the submission of claims.

Medicare and Medicaid Programs - Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Program (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) The Law Library presents the complete text of the Medicare and Medicaid Programs - Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Program (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 This final rule with comment period revises the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2013 to implement applicable statutory requirements and changes arising from our continuing experience with these systems. In this final rule with comment period, we describe the changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS and those paid under the ASC payment system. In addition, this final rule with comment period updates and refines the requirements for the Hospital

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Outpatient Quality Reporting (OQR) Program, the ASC Quality Reporting (ASCQR) Program, and the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program. We are continuing the electronic reporting pilot for the Electronic Health Record (EHR) Incentive Program, and revising the various regulations governing Quality Improvement Organizations (QIOs), including the secure transmittal of electronic medical information, beneficiary complaint resolution and notification processes, and technical changes. The technical changes to the QIO regulations reflect CMS' commitment to the general principles of the President's Executive Order on Regulatory Reform, Executive Order 13563 (January 18, 2011). This book contains: - The complete text of the Medicare and Medicaid Programs - Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Program (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) - A table of contents with the page number of each section

Owners and governing body members of Ambulatory Surgery Centers assume a significant responsibility in their role, until now there has been no easy-to-read resource to assist in understanding those responsibilities. This book, written by one of the leaders in the ASC Industry provides a succinct summary of the duties of the governing body and the regulations that affect the Medicare certification of the ASC. This book is an essential resource for every ASC and a supplement to The Survey Guide for ASCs – A Guide to the CMS Conditions of Coverage & Interpretive Guidelines for Ambulatory Surgery Centers - the nation's leading resource for maintaining Medicare certification for Ambulatory Surgery Centers.

Medicare Program - Hospital Outpatient Prospective

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Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) The Law Library presents the complete text of the Medicare Program - Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 This final rule with comment period revises the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2017 to implement applicable statutory requirements and changes arising from our continuing experience with these systems. In this final rule with comment period, we describe the changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS and those paid under the ASC payment system. In addition, this final rule with comment period updates and refines the requirements for the Hospital Outpatient Quality Reporting (OQR) Program and the ASC Quality Reporting (ASCQR) Program. This book contains: - The complete text of the Medicare Program - Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (US Centers for

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Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) - A table of contents with the page number of each section

Health-care-associated infections (HAI) are a leading cause of death. Recent high-profile cases of HAIs in ambulatory surgical centers (ASC) due to lapses in recommended infection control practices may indicate a more widespread problem in ASCs, but the prevalence of such lapses is unknown. The Centers for Medicare and Medicaid Services (CMS) and other entities collect data on HAIs, including process data on the use of recommended practices and outcome data on HAI incidence. CMS conducts standard surveys on about half of ASCs every 3 to 4 years, assessing compliance with its standard on infection control. This report examines the availability of data on HAIs in ASCs nationwide. Charts and tables.

Gain the medical insurance skills you need to succeed in today's outpatient and inpatient settings! Fordney's Medical Insurance and Billing, 16th Edition helps you master the insurance billing specialist's role and responsibilities in areas such as diagnostic coding, procedural coding, billing, and collection. Using clear, easy-to-understand explanations, this book covers all types of insurance coverage commonly encountered in hospitals, physicians' offices, and clinics. Step-by-step guidelines lead you through medical documentation and administrative

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procedures. Written by coding specialist and educator Linda M. Smith, this market-leading text is a complete guide to becoming an efficient insurance billing specialist. Coverage of medical documentation, diagnostic coding, and procedural coding provides you with the foundation and skills needed to work in a physician's office as well as outpatient and inpatient settings. Coverage of the role and responsibilities of the insurance billing specialist emphasizes advanced job opportunities and certification. Step-by-step procedures detail common responsibilities of the insurance billing specialist and coder. Key terms and abbreviations are defined and emphasized, reinforcing your understanding of new concepts and terminology. Color-coded icons denote and clarify information, rules, and regulations for each type of payer. Privacy, Security, and HIPAA chapter and Compliance Alerts throughout the book highlight important HIPAA compliance issues and regulations. UNIQUE! Interactive UB-04 Form filler on the Evolve website gives you additional practice with inpatient electronic health records. NEW! Insights From The Field includes short interviews with insurance billing specialists who have experience in the field, providing a snapshot of their career paths and offering advice to the new student. NEW! Scenario boxes help you apply concepts to real-world situations. NEW! Quick Review sections summarize

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chapter content and also include review questions. NEW! Discussion Points provide the opportunity for students and instructors to participate in interesting and open dialogues related to the chapter's content. NEW! Expanded Health Care Facility Billing chapters are revised to provide the latest information impacting the insurance billing specialist working in a variety of healthcare facility settings.

Medical Fee Schedule Correction to the Ambulatory Surgical Center Payment System for CY 2010 as a Result of a Correction to the Medicare Physician Fee Schedule Correction of Final Rule with Comment Period (FR 45699-46168). Medicare Program - Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for Cy 2011 (US Centers for Medicare and Medicaid Services Regulation) (Cms) (2018 Edition) Createspace Independent Publishing Platform

Medicare Program - Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011 (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) The Law Library presents the complete text of the Medicare Program - Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011 (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 This final rule with comment period addresses changes to the physician

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fee schedule and other Medicare Part B payment policies to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services. It finalizes the calendar year (CY) 2010 interim relative value units (RVUs) and issues interim RVUs for new and revised procedure codes for CY 2011. It also addresses, implements, or discusses certain provisions of both the Affordable Care Act (ACA) and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). In addition, this final rule with comment period discusses payments under the Ambulance Fee Schedule (AFS), the Ambulatory Surgical Center (ASC) payment system, and the Clinical Laboratory Fee Schedule (CLFS), payments to end-stage renal disease (ESRD) facilities, and payments for Part B drugs. Finally, this final rule with comment period also includes a discussion regarding the Chiropractic Services Demonstration program, the Competitive Bidding Program for durable medical equipment, prosthetics, orthotics, and supplies (CBP DMEPOS), and provider and supplier enrollment issues associated with air ambulances. This book contains:

- The complete text of the Medicare Program - Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011 (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition)
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- The complete text of the Medicare Programs - Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition)
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INFORMATION MANAGEMENT, 4e. Updated for the fourth edition, this book explores a variety of professional settings where opportunities abound, including hospitals, ambulatory clinics and medical offices, veterinary practices, home health, long-term care, and correctional facilities, as well as emerging practice areas in consulting and cancer registry. Focused on the challenges of managing and protecting the flow of information across sites, chapters introduce the health care system today, and then delve into specifics of the many HIM roles available to you, enhancing discussions with key terms, self-test questions, web links, and more to add meaning to concepts. Additional features include realistic case studies to help you solve problems, and new “Professional Spotlight” vignettes for an inside view of actual professionals in their HIM careers. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Glean proven strategies to spot and avoid common pitfalls; sail through regulatory, licensure and accreditation issues; and formulate sound budgets and effective financial plans.

Medicare and Medicaid Programs - Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems, etc. (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) The Law Library presents the complete text of the Medicare and Medicaid Programs - Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems, etc. (US Centers for Medicare and

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Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 This final rule with comment period revises the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2014 to implement applicable statutory requirements and changes arising from our continuing experience with these systems. In this final rule with comment period, we describe the changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS and those paid under the ASC payment system. In addition, this final rule with comment period updates and refines the requirements for the Hospital Outpatient Quality Reporting (OQR) Program, the ASC Quality Reporting (ASCQR) Program, and the Hospital Value-Based Purchasing (VBP) Program. This book contains: - The complete text of the Medicare and Medicaid Programs - Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems, etc. (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) - A table of contents with the page number of each section This collection of articles features information on planning & development issues, financial issues, & managerial issues surrounding ambulatory surgery. Case studies provide an inside look at the actual experiences of four ambulatory surgery programs. Ambulatory care professionals, administrators, & students will find this resource invaluable. This book is attractively priced in soft cover.

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