

MEDICAL REVIEW UNDER THE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS)

ISSUE DATE: July 27, 2005

AUTHORITY: 10 U.S.C. 1079(j)(2) and 10 U.S.C. 1079(h)

**Note: This reimbursement system is tentatively scheduled to become effective
60 days from publication of the OPPS Interim Final Rule (IFR).**

I. APPLICABILITY

This policy is mandatory for the reimbursement of services provided either by network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by TMA and specifically included in the network provider agreement.

II. ISSUE

To describe the medical review of hospital outpatient claims.

III. POLICY

Medical review under the hospital OPPS.

A. The methodology of review for outpatient claims does not change under the OPPS.

B. The goal of medical review is to identify inappropriate billing and to ensure that payment is not made for noncovered services. Contractors may review any claim at any time, including requesting medical records, to ensure that payment is appropriate.

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