Stereotactic Radiosurgery Claims Reprocessed Due to Copayment Miscalculation

The Centers for Medicare and Medicaid Services (CMS) has instructed Medicare Administrative Contractors (MACs) to reprocess claims and providers to reimburse beneficiaries due to a miscalculated copayment for stereotactic radiosurgery, according to the October update to the Hospital Outpatient Prospective Payment System (HOPPS).

Usually, when CMS makes payment changes, providers can reprocess claims if it’s important to them. In this case, MACs will be reprocessing the claims, and hospitals will have to reimburse patients.

CMS originally miscalculated the national unadjusted copayment for APC 0066 (Level I Stereotactic Radiosurgery) in the 2014 HOPPS final rule. The amount was set to an explicit value instead of the minimum unadjusted copayment equivalent to a coinsurance of 20%. CMS corrected the copay amount in July in the HOPPS update, but didn’t make it retroactive.

The corrected amount has now been made retroactive to January 1, 2014, and MACs will be reprocessing claims from that date through June 30, 2014. MACs were scheduled to complete mass reprocessing these claims by September 1st, according to CMS.