Medicare

Provider Reimbursement Manual Part 1, Chapter 25, Limitation on Coverage of Medicaid Services (CMS) Costs Under Medicare and Notice of Schedule of Limits on Provider Costs

Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS)

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All of the policies set forth in this chapter are obsolete because payments to hospitals, skilled nursing facilities, and home health agencies on a reasonable cost basis that are subject to cost limits have been replaced by payments based on prospective payment systems (PPS). PPS for hospitals was implemented for cost reporting periods beginning on and after October 1, 1983, for skilled nursing facilities for cost reporting periods beginning on and after July 1, 1998 and for home health agencies for cost reporting periods beginning on and after October 1, 2000. Chapter 25 will be reserved for future use.

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DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

CHAPTER 25

Chapter 25 is Reserved for Future Use

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