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Nota di contenuto	Intro -- MEDICARE PAYMENTPOLICIES TO PHYSICIANS -- CONTENTS -- PREFACE -- OPTIONS TO IMPROVE MEDICARE'SPAYMENTS TO PHYSICIANS, MAY 10, 2007 -- ENSURING ACCURATE PRICES -- MEASURING RESOURCE USE AND PROVIDING FEEDBACK -- ENCOURAGING COORDINATION OF CAREAND THE USE OF CARE MANAGEMENT PROCESSES -- PROMOTING THE USE OF PRIMARY CARE -- BUNDLING TO REDUCE OVERUSE -- LINKING PAYMENT TO QUALITY -- RATIVE-EFFECTIVENESS INFORMATION -- USING STANDARDS TO ENSURE QUALITY -- MEDICARE PAYMENT POLICIES* -- ABSTRACT -- INTRODUCTION -- MEDICARE PAYMENT PRINCIPLES -- Medicare Payment Rules -- Beneficiary out-of-Pocket Payments -- RECENT CONGRESSIONAL ACTIONSWITH RESPECT TO PROGRAM PAYMENTS -- MEDICARE PAYMENT POLICIES. PART A -- 1. Inpatient Prospective Payment System (IPPS) for Short-term, General Hospitals -- 2. Hospitals Receiving Special Consideration under Medicare's IPPS -- 3. IPPS-Exempt Hospitals and Distinct Part Units -- 4. Skilled Nursing Facility (SNF) Care -- 5. Hospice Care -- PART B -- 1. Physicians -- 2. Nonphysician Practitioners -- 3. Clinical Diagnostic Laboratory Services -- 4. Preventive Services -- 5. Telehealth -- 6. Durable Medical Equipment (DME) -- 7. Prosthetics and Orthotics -- 8. Surgical Dressings -- 9. Parenteral and Enteral Nutrition (PEN) -- 10. Miscellaneous Items and Services -- 11. Ambulatory Surgical Centers (ASCs) -- 12. Hospital Outpatient Services -- 13. Rural Health Clinics and Federally Qualified Health Center (FQHCs) Services -- 14.

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