

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1379	Date: May 2, 2014
	Change Request 8708

SUBJECT: Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) Related Services in a Method II Critical Access Hospital (CAH)

I. SUMMARY OF CHANGES: This instruction clarifies the payment for reasonable and necessary medical or surgical services performed by an anesthesiologist or CRNA in a method II CAH.

EFFECTIVE DATE: January 1, 2014

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 6, 2014

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1379	Date: May 2, 2014	Change Request: 8708
-------------	-------------------	-------------------	----------------------

SUBJECT: Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) Related Services in a Method II Critical Access Hospital (CAH)

EFFECTIVE DATE: January 1, 2014

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 6, 2014

I. GENERAL INFORMATION

A. Background: Anesthesiologists and CRNAs rendering services in a Method II CAH (also referred to as CAHs that have elected the optional method) have the option of reassigning their billing rights to the CAH. When billing rights are reassigned, the Method II CAH submits an 85x bill type with revenue code 0963 (professional fees for Anesthesiologist (MD)) or revenue code 0964 (CRNA Professional Services) for payment for anesthesia or related services.

Method II CAHs are eligible to receive reimbursement for any services that the CRNA is legally authorized to perform in the state in which the services are furnished. Method II CAHs are eligible to receive reimbursement for services that are reasonable, medically necessary or surgical when performed by an anesthesiologist. Currently, the only procedures performed by a CRNA or an anesthesiologist that are eligible for Method II reimbursement are Healthcare Common Procedure Coding System (HCPCS) codes 00100-01999 billed with revenue code 0963 and/or 0964 on bill type of 85X.

The purpose of this change request is to expand the HCPCS codes allowable for payment for eligible CRNA and anesthesiologist services in a Method II CAH.

B. Policy: Section 1834 (g)(2)(B) of the Social Security Act (the Act) states that professional services included within outpatient CAH services shall be paid 115 percent of such amounts as would otherwise be paid under this part if such services were not included in the outpatient CAH services.

Section 1861(bb)(1) of the Social Security Act defines the term “services of a certified registered nurse anesthetist” to mean “anesthesia services and related care furnished by a certified registered nurse anesthetist (as defined in paragraph (2)) which the nurse anesthetist is legally authorized to perform as such by the State in which the services are furnished.” In the calendar year 2013 Physician Fee Schedule Final Rule, CMS amended the regulations at 42 CFR 410.69(b) by adding a definition of “Anesthesia and related care,” which reads “*Anesthesia and related care* means those services that a certified registered nurse anesthetist is legally authorized to perform in the state in which the services are furnished.” With this instruction CMS is clarifying that effective January 1, 2013, Method II CAHs are eligible to receive reimbursement for services that a CRNA is legally authorized to perform in the state in which the services are furnished.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility			
		A/B MAC	D M E	Shared- System Maintainers	Other

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	attention.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
8708.3	MLN Article : A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cindy Pitts, 410-786-2222 or Cindy.Pitts@cms.hhs.gov , Jason Kerr, 410-786-2123 or Jason.Kerr@cms.hhs.gov.

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0