



Provider Inquiry Assistance

Update of the Intern-to-Bed Ratio for Method II Teaching Critical Access Hospitals (CAHs) – JA6176

Related CR Release Date : August 29, 2008

Date Job Aid Revised: September 15, 2008

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

Key Words	MM6176, CR6176, R372OTN, Intern-to-Bed, Ratio, Method II, Teaching, CAH
Contractors Affected	<ul style="list-style-type: none"> • Part A/B Medicare Administrative Contractors (A/B MACs) • Fiscal Intermediaries (FIs)
Provider Types Affected	Method II teaching CAHs submitting claims to Medicare FIs and/or A/B MACs for services provided to Medicare beneficiaries



Change Request (CR) 6176 advises Medicare contractors to contact Method II teaching CAHs to obtain their intern-to-bed ratio and update the intern-to-bed ratio on their Provider Specific File for Method II teaching CAHs when it contains zeroes, so that teaching CAHs are properly identified for claims processing purposes.

Provider Needs to Know...	<ul style="list-style-type: none"> • CR6176 instructs Medicare contractors to update the intern-to-bed ratio on the Provider Specific File for Method II teaching CAHs when the field contains zeroes. • The Medicare contractor will contact the provider to obtain their intern-to-bed ratio. • An intern-to-bed ratio greater than zero is used to determine if the Method II CAH is a teaching hospital. • The Centers for Medicare & Medicaid Services (CMS) identifies teaching hospitals by an intern-to-bed ratio greater than zero.
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Background

- Physicians and non-physician practitioners billing on type of bill 85X for professional services rendered in a Method II CAH have the option of reassigning their billing rights to the CAH.
- When the billing rights are reassigned to the Method II CAH, payment is then made to the CAH for professional services (revenue codes 96X, 97X, or 98X).
- Medicare makes payment for an assistant-at-surgery when:
 - The procedure is authorized for an assistant; and
 - The person performing the service is a:
 - Physician,
 - Physician assistant,
 - Nurse practitioner, or
 - Clinical nurse specialist.
- The Social Security Act (Section 1842(b)(7)(D); see http://www.ssa.gov/OP_Home/ssact/title18/1842.htm on the Internet) stipulates that no payment will be made for the services of assistant-at-surgery with respect to a surgical procedure if a hospital has a training program relating to the medical specialty required for the surgical procedure, and a qualified individual on the staff of the hospital is available to provide such services. It further states that payment may be made for assistant-at-surgery services that are required due to exceptional medical circumstances.
- Payment may be made for the services of assistants-at-surgery in teaching hospitals not withstanding the availability of a qualified resident to furnish the services.
- There may be exceptional medical circumstances (emergency, life threatening situations such as multiple traumatic injuries, etc.), which require immediate treatment, or there may be situations in which the medical staff may find that exceptional medical circumstances justify the services of a physician assistant-at-surgery even though a qualified resident is available.
- Payment may also be made for the services of assistants-at-surgery in teaching hospitals if the primary surgeon has an across-the-board policy of never involving residents in the preoperative, operative, or postoperative care of his or her patients.
- It has been brought to the attention of the CMS that the intern-to-bed ratio located on the Provider Specific File is not being updated for Method II teaching CAHs.

Operational
Impact

CAHS are not required to report intern-to-bed ratios on their cost reports.

**Reference
Materials**

The related MLN Matters article can be found at
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6176.pdf> on the CMS
website.

The official instruction (CR6176) issued regarding this change may be viewed at
<http://www.cms.hhs.gov/Transmittals/downloads/R372OTN.pdf> on the CMS website.
