



Processing and Payment of Physician and Non-Physician Practitioner Services Reassigned to Ambulatory Surgical Centers (ASCs) – JA6358

Related CR Release Date: May 1, 2009

Date Job Aid Revised: May 14, 2009

Effective Date: January 1, 2008

Implementation Date: October 5, 2009

Key Words MM6358, CR6358, R488OTN, Payment, Physician, Non-Physician, Practitioner, ASC

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers

Provider Types Affected Physicians and Non-Physician Practitioners submitting claims to Medicare Carriers or A/B MACs for services provided to Medicare beneficiaries



Change Request (CR) 6358, instructs Medicare contractors to modify their systems to correctly accept, process, and provide payment for physician and non-physician practitioner services reassigned to ASCs.

Provider Needs to Know...

- ASCs that have entered into reassignment agreements with physician or non-physician practitioners, and whose reassignment has been approved by the Centers for Medicare & Medicaid Services (CMS) through the form CMS-855R, may bill for and receive payment for reassigned physician and non-physician practitioner professional services.
- Medicare contractors are to modify their systems to correctly accept and process reassignment claims from ASCs.

- The Social Security Act Section 1842(b)(6) states (in part) that no payment for a service may be made to anyone other than the physician or other person who provided the service, unless one of the exceptions to the prohibition on reassignment is met.
 - Provider may view this provision at http://www.ssa.gov/OP_Home/ssact/title18/1842.htm on the Internet.
 - When applicable, physicians and non-physician practitioners may reassign their right to bill and receive payment to an ASC if they meet the reassignment exceptions in Title 42 of the Code of Federal Regulations Section 424.80.
 - Providers may view the reassignment exceptions at http://edocket.access.gpo.gov/cfr_2005/octqtr/pdf/42cfr424.82.pdf on the Internet and the *Medicare Claims Processing Manual* Chapter 1, Sections 30.2.6, and 30.2.7 at <http://www.cms.hhs.gov/manuals/downloads/clm104c01.pdf> on the CMS website.
- Background**
- CR5572 (Transmittal R1245CP, May 18, 2007) and CR5680 (Transmittal R77BP, August 29, 2007) provided ASC payment system updates.
 - Providers may view CR5680 at <http://www.cms.hhs.gov/transmittals/downloads/R77BP.pdf> on the CMS website.
 - The system updates made to the ASC payment system by CR5572 and CR5680 did not include necessary system provisions to correctly process claims for physician and non-physician practitioners who reassign benefits to ASCs under the ASC payment system for dates of services on or after January 1, 2008.
 - CR6358 remedies that problem and Medicare contractors will accept and process reassignment claims from ASCs.

Note: Medicare requires a valid reassignment application(s) to be on file with Medicare contractors in order to pay ASCs for physician or non-physician practitioner services.

**Operational
Impact**

Medicare contractors will reprocess valid reassignment claims brought to their attention for dates of service on or after January 1, 2008, that were not previously paid to either the ASC or the physician/non-physician practitioner.

**Reference
Materials**

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6358.pdf> on the CMS website.

The official instruction (CR6358) issued regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R488OTN.pdf> on the CMS website.