

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



The Medicare Billing Certificate Program for Part A Providers' Web-Based Training Program (C00163) is revised and is now available. This WBT is designed to provide education on Part A of the Medicare program. It includes required web-based training courses and readings and a helpful list of resources. Upon successful completion of this program, you will receive a certificate in Medicare billing for Part A providers from the Centers for Medicare & Medicaid Services. To access the WBT, go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> and click on "Web-Based Training Courses" under "Related Links" at the bottom of the web page.

**MLN Matters® Number: MM8387**

**Related Change Request (CR) #: CR 8387**

**Related CR Release Date: November 6, 2013**

**Effective Date: January 1, 2014**

**Related CR Transmittal #: R490PI**

**Implementation Date: January 6, 2014**

## **Reassignment to Part A Critical Access Hospitals Billing Under Method II (CAH II)**

**Note:** This article was revised on December 5, 2014, to add a reference to MLN Matters® Article SE1432 available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1432.pdf> to alert providers and suppliers that CMS has revised the CMS 855R Application for Reassignment of Medicare Benefits. The revised CMS 855R will be available for use on the cms.gov website on December 29, 2014. Physicians, non-physician practitioners, providers and suppliers must use the revised form beginning June 1, 2015. All other information remains the same.

### **Provider Types Affected**

This MLN Matters® Article is intended for Critical Access Hospitals billing under Method II (CAH II) who submit claims to Medicare A/B Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

#### **Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

## What You Need to Know

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This article is based on Change Request (CR) 8387, which clarifies that individual physicians and non-physician practitioners can reassign benefits directly to a Part A CAH II through their Form CMS-855A enrollment. CAH IIs are no longer required to submit a separate Form CMS-855B in order to receive reassigned benefits. The distinction between CAHs billing Method I vs. Method II only applies to outpatient services. It does not apply to inpatient services.

### **Under Method I:**

- The CAH bills for facility services.
- The physicians/practitioners bill separately for their professional services.

### **Under Method II:**

- The CAH bills for facility services.
- If a physician/practitioner has reassigned his/her benefits to the CAH, the CAH bills for that particular physician's/practitioner's professional service.
- If a CAH has elected Method II, the physician/practitioner is not required to reassign his or her benefits to the CAH. For those physicians/practitioners who do not reassign their benefits to the CAH, the CAH only bills for facility services and the physicians/practitioners separately bill for their professional services (similar to Method I).

Although physicians or non-physician practitioners are not required to reassign their benefits to a CAH that bills Method II, doing so allows them to participate in the Electronic Health Records (EHR) Incentive Program for Eligible Professionals (EPs).

## Background

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The Centers for Medicare & Medicaid Services (CMS) previously released guidance regarding reassignments to Part A entities in CR7864, "Revision to of the 'Medicare Program Integrity Manual' (PIM), Chapter 15, Section 15.5.20, consistent with 42 Code of Federal Regulations (CFR), Section 424.80(b)(1) and (b)(2) and the 'Medicare Claims Processing Manual,' Chapter 1, Sections 30.2.1(D) and (E) and 30.2.6 and 30.2.7."

Medicare may pay: (1) a physician or other supplier's employer if the supplier is required, as a condition of employment, to turn over to the employer the fees for his or her services; or (2) an entity (i.e., a person, group, or facility) that is enrolled in the Medicare program for services furnished by a physician or other supplier under a contractual arrangement with that entity.

CR7864 allowed for reassignments to occur to all Part A entities via the CMS-855B Medicare enrollment application.

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**CR 8387 clarifies that all Part A entities may obtain reassignments via Part B, except for CAH IIs. Part A entities may only obtain reassignments through the Medicare Part A CMS 855A enrollment process.** Physicians and non-physician practitioners have the option to reassign their benefits to a CAH II. However, if the physician or non-physician practitioner wants to participate in the Medicare Electronic Health Records (EHR) Incentive Program as an eligible professional (EP) and wishes to have their EHR payments sent to a CAH II, a reassignment to that entity needs to be established with Medicare.

The entity receiving the reassigned benefits must enroll with the Part A MAC via a Form CMS-855A, and the physician or non-physician practitioner reassigning benefits must enroll with the Part B MAC via a Form CMS-855I and Form CMS-855R. If the physician or non-physician practitioner is currently enrolled with the Part B MAC via a Form CMS-855I and wishes to solely establish a new reassignment to a CAH II, only a Form CMS-855R is required.

The Part A CAH II, may only receive reassigned benefits, assuming that the requirements for a reassignment exception are met and that the reassignee meets all enrollment requirements.

**Note that Medicare will verify that the National Provider Identifier (NPI) reported for physicians in the rendering or attending physician fields on CAH Method II claims for payment, matches physician enrollment data in Medicare’s files.**

## Additional Information

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The official instruction, CR8387, issued to your Medicare contractor regarding this clarification, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R490PI.pdf> on the CMS website.

The official instruction, CR7864, issued to your Medicare contractor regarding this revision may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R445PI.pdf> on the CMS website

MLN Matters® Article 7864, “Revision to Chapter 15 (Section 15.5.20) of the ‘Medicare Program Integrity Manual’ (PIM) Revision to of the ‘Medicare Program Integrity Manual’” is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7864.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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