

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



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- [“Medicare Billing Information for Rural Providers and Suppliers”](#)
Booklet (ICN 006762), downloadable



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Related Change Request (CR) #: CR 8897

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Effective Date: April 1, 2003

Related CR Transmittal #: R3065CP

Implementation Date: December 15, 2014

Billing for Cost Based Payment for Certified Registered Nurse Anesthetists (CRNAs) Services Furnished by Outpatient Prospective Payment System (OPPS) Hospitals

Provider Types Affected

This MLN Matters® Article is intended for rural hospitals submitting claims to Medicare Administrative Contractors (MACs) for Certified Registered Nurse Anesthetist (CRNA) services provided to Medicare beneficiaries.

What You Need to Know

Change Request (CR) 8897 manualizes instructions previously implemented in CR 2325 (Transmittal A-02-109, dated October 25, 2002) that allows small rural hospitals subject to the Outpatient Prospective Payment System (OPPS) that qualify for cost-based CRNA services to bill and be properly paid for those services. This article is for informational purposes and does not convey any new policy.

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Background

Payment of outpatient services of CRNAs furnished by small rural hospitals subject to OPPTS (that qualify for cost based payment under 42 CFR 412.113(c)) are made through biweekly interim payments that are calculated based on retrospective adjustments from a settled cost report. See 42 CFR 412.113(c) at <http://www.ecfr.gov/cgi-bin/text-idx?SID=afdd6f10630598719f65d974fdc7b019&node=42:2.0.1.2.12.8.50.3&rgn=div8> on the Internet.

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 2325 (Transmittal A-02-109, dated October 25, 2002) to provide instructions that allow these small rural hospitals that qualify for cost-based CRNA services to bill and be properly paid for these services. See CR 2325 (Transmittal A-02-109) at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/A02109.pdf> on the CMS website.

In CR8897, CMS is updating the "Medicare Claims Processing Manual" to include the requirements of CR2325.

As a reminder, in order for interim payments to be made to small rural hospitals subject to OPPTS, a number of changes were required in the reporting and acceptance of revenue code 0964 "Anesthetists (CRNA)." Those changes are as follows:

- (1) Hospitals that qualify for cost based CRNA services must report these services under revenue code 0964;
- (2) Medicare claims systems are required to accept revenue code 0964 on type of bill 013X for these hospitals; and
- (3) Reporting and acceptance of revenue code 0964 from other OPPTS hospitals (without a CRNA pass-through exemption) may not be allowed.

Reminder: Value code 05 "Professional Component Included In Charges and Also Billed Separately to B/MACs," should not be reported with revenue code 0964.

Additional Information

The official instruction, CR 8897, issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3065CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Net/work-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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