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# Program Memorandum

## Intermediaries

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Department of Health & Human  
Services (DHHS)  
Centers For Medicare &  
Medicaid Services

Transmittal A-02-089

Date SEPTEMBER 27, 2002

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### CHANGE REQUEST 2326

**SUBJECT: Temporary Procedures for Cost-Based Payments for Certified Registered Nurse Anesthetists (CRNA) Services Furnished by Outpatient Prospective Payment System (OPPS) Hospitals**

#### Background

Currently, the outpatient services of CRNAs furnished by hospitals subject to OPSS that qualify for cost based payment under 42 CFR 412.113(c) are made through biweekly interim payments subject to retrospective adjustments based on a settled cost report. Services rendered on or after August 1, 2000 billed under revenue code 964 have not been recognized due to system limitations. As a result, charges for CRNA services needed for reconciling cost-based payment on the cost report will not appear in the Provider Statistical and Reimbursement Report (PS&R).

#### Interim Instructions

The purpose of this Program Memorandum (PM) is to provide interim instructions that will allow these small rural hospitals that qualify for cost-based CRNA services to bill and be properly paid for these services until related Outpatient Code Editor (OCE) and shared system changes can be made to accommodate billing of these services under revenue code 964 "Anesthetists CRNA".

Effective immediately, advise your hospitals that qualify, to temporarily bill for CRNA services under revenue code 379 without a HCPCS code instead of under revenue code 964 for CRNA services furnished on or after August 1, 2000. One of the following interim billing procedures may be followed to handle claims containing CRNA services that you have already taken action on or are currently holding in your system:

- If you have, in the past, removed the CRNA charges reported under revenue code 964 from the claim and processed the remainder of the claim, advise the provider to submit an adjustment claim utilizing the revenue code 379 to report the CRNA charges or;
- If you are currently holding claims containing revenue code 964 with dates of service on or after August 1, 2000, change the revenue code to 379 and release the claim for payment. When releasing these claims, enter condition code 15 to indicate they are clean claims in which payment was delayed due to a CMS processing delay and therefore not subject to contractor performance evaluation for claims processing timeliness standards or;
- If you have already processed claims for CRNA services reported under revenue code 379, no action is needed.

**NOTE:** Providers should be instructed to only report CRNA services under revenue code 379 during this interim period. They should not report other anesthesia charges under this revenue code.

Treat charges captured under revenue code 379 on the PS&R during this interim period (8-1-00 until final instructions are released and implemented) as outpatient CRNA charges for purposes of calculating final outpatient CRNA cost based payment on the cost report. Remove the cost of these CRNA services from the provider's costs that are used to calculate transitional corridor payments on the cost report.

**CMS-Pub. 60A**

Provider Notification

Post a notice on your Web site regarding this information and include it in your next regularly scheduled bulletin. If you have electronic bulletin boards or listserv that are used to communicate with your provider community, post this message to your providers using that facility.

**The *effective date* for this PM is October 15, 2002.**

**The *implementation date* for this notice is October 15, 2002.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after January 1, 2004.**

**If you have any questions, contact the appropriate regional office**