

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1458	Date: February 22, 2008
	Change Request 5932

SUBJECT: Teaching Physician Requirements For ESRD Monthly Capitation Payment (MCP)

I. SUMMARY OF CHANGES: Medicare Manual Pub 100-04, Chapter 12, Sub-section 100.1.6 has been modified to indicate that the teaching physician physical presence policy shall apply to ESRD-related visits furnished under the monthly capitation payment.

New / Revised Material

Effective Date: March 24, 2008

Implementation Date: March 24, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
R	12/100/100.1/100.1.6/Miscellaneous

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1458	Date: February 22, 2008	Change Request: 5932
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SUBJECT: Teaching Physician Requirements for ESRD Monthly Capitation Payment (MCP)

Effective Date: March 24, 2008

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I. GENERAL INFORMATION

A. Background: In the Federal Register published November 7, 2003, (68 FR 63216) CMS established new G codes for managing patients on dialysis with payments varying based on the number of visits provided within each month. Under this methodology, separate codes are billed for providing one visit per month, two to three visits per month and four or more visits per month. The lowest payment amount applies when a physician (or practitioner) provides one visit per month; a higher payment is provided for two to three visits per month. To receive the highest payment amount, a physician or practitioner would have to provide at least four end stage renal disease (ESRD) related visits per month. The G codes are reported once per month for services performed in an outpatient setting that are related to the patients' ESRD.

The physician fee schedule payment rules for services of teaching physicians as set forth at CFR 415.172 and Pub. 100-04, Chapter 12, §100.1 specify that if a resident participates in a service furnished in a teaching setting, physician fee schedule payment is made only if a teaching physician is physically present during the key portion of any service or procedure for which payment is sought. With regard to the monthly management of dialysis patients, the ESRD-related visits are the key portion of the monthly capitation payment (MCP) service that determines the applicable payment amount.

Currently, Pub.100-04, Chapter 12, §100.1.6 states that the teaching physician presence policy does not apply to renal dialysis services of a physician paid under the MCP. However, this instruction was not updated to reflect the ESRD MCP codes as discussed above. As such, CMS has modified Pub.100-04, Chapter 12, §100.1.6 to indicate that in the case of end stage renal-related visits furnished under the MCP, the physician presence policy shall apply.

B. Policy: The teaching physician presence policy as set forth in Pub. 100-04, Chapter 12, §100.1 is applicable to ESRD-related visits furnished under the MCP. Patient visits furnished by residents may be counted toward the MCP visits if the teaching MCP physician is physically present during the visit. The teaching physician may utilize the resident's notes, however the teaching physician must document his or her physical presence during the visit(s) furnished by the resident and that he or she reviewed the resident's notes. The teaching physician could document these criteria as part of an extensive once a month MCP note.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)
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		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5932.1	Local Part B Carriers and A/B MACS shall apply the teaching physician presence policy to ESRD-related visits furnished under the monthly capitation payment (MCP).	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				F I S S	M C S	V M S	C W F	
5932.2	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X			X						

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Policy: Craig Dobyski; Craig.Dobyski@cms.hhs.gov; 410-786-4584.
 Claims Processing: Melvia Page-Lasowski; Melvia.Pagelasowski@cms.hhs.gov; 410-786-4727.

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHs)*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

100.1.6 - Miscellaneous

(Rev.1458, Issued: 02-22-08, Effective: 03-24-08, Implementation: 03-24-08)

In the case of maternity services furnished to women who are eligible for Medicare, apply the physician presence requirement for both types of delivery as carriers would for surgery. In order to bill for the procedure, the teaching physician must be present for the delivery. These procedure codes are somewhat different from other surgery codes in that there are separate codes for global obstetrical care (prepartum, delivery, and postpartum) and for deliveries only. In situations in which the teaching physician's only involvement was at the time of delivery, the teaching physician should bill the delivery only code. In order to bill for the global procedures, the teaching physician must be present for the minimum indicated number of visits when such a number is specified in the description of the code. This policy differs from the policy on general surgical procedures under which the teaching physician is not required to be present for a specified number of visits.

In the case of end stage renal related visits furnished under the monthly capitation payment method (MCP), the physician presence policy as discussed in §100.1 applies. Patient visits furnished by residents may be counted toward the MCP visits if the teaching MCP physician is physically present during the visit. The teaching physician may utilize the resident's notes, however the teaching physician must document his or her physical presence during the visit(s) furnished by the resident and that he or she reviewed the resident's notes. The teaching physician could document these criteria as part of an extensive once a month MCP note.