

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1643	Date: December 5, 2008
	Change Request 6162

SUBJECT: Indian Health Service (IHS) Provider Payment to Non-IHS Physicians for Teleradiology Interpretations

I. SUMMARY OF CHANGES: This Change Request defines and describes the mechanisms to be used when IHS providers contract with non-IHS physicians for teleradiological interpretations. Due to the geographic extent of IHS catchment areas, physician services are frequently rendered by non-IHS physicians. The arrangements for payment in this situation are unique to IHS facilities and the J4 MAC.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *January 1, 2007

IMPLEMENTATION DATE: March 9, 2009

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/Table of Contents
N	12/20.8/Payment for Teleradiology Physician Services Purchased by the Indian Health Service (IHS) Providers and Physicians
N	12/90.6/The Indian Health Service (IHS) Provider Payment to Non-IHS Physicians for Teleradiology Interpretations
R	19/Table of Contents
R	19/40.1.2/Individual Practitioners
N	19/120/Payment to Non-Indian Health Service Physicians by Indian Health Service (IHS) Providers for Teleradiology Interpretations

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

Not Applicable.

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

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SUBJECT: Indian Health Service (IHS) Provider Payment to Non-IHS Physicians for Teleradiology Interpretations

EFFECTIVE DATE: January 1, 2007

IMPLEMENTATION DATE: March 9, 2009

I. GENERAL INFORMATION

A. Background: In order to accommodate the geographic dispersion of the American Indian/Native Alaskan populations utilizing IHS hospital providers, interpretation of radiological tests needs to be contracted out to physicians in differing localities. There are two methods which IHS may use to procure such services – either the contractual reassignment or the purchased test methodologies.

B. Policy: This Change Request clarifies that IHS providers may contract with non-IHS physicians using either the purchased test methodology or contractual reassignment to the IHS provider regardless of the geographical location of the non-IHS physician. In order to use the purchased test methodology, the physician ordering the test must not be an employee of the IHS facility furnishing the test. When using the contractual reassignment method, the non-IHS physician must enroll with the designated IHS carrier/MAC and using the Form CMS-855R, reassign their billing rights to the IHS provider. If the ordering physician is an employee of the IHS facility furnishing the test, the contractual reassignment method must be used.

II. BUSINESS REQUIREMENTS TABLE

number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	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	
6162.1	The designated A/B MAC for IHS shall accept enrollments from non-IHS physicians in various geographical areas.	X									
6162.2	The designated A/B MAC for IHS shall accept reassignments via the Form CMS-855R from such physicians to IHS providers.	X									
6162.3	The designated A/B MAC for IHS shall accept claims for the purchased professional component of diagnostic tests from IHS institutional providers.	X									
6162.4	Contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)
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		A / B M A C	D M E M A C	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	
6162.5	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. 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.	X									

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
6162.5	This instruction is limited to IHS providers, all physicians, and the designated A/B MAC for IHS.

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

V. CONTACTS

Pre-Implementation Contact(s): Rodger Goodacre, 410-786-3209, rodger.goodacre@cms.hhs.gov

Post-Implementation Contact(s): Rodger Goodacre, 410-786-3209, rodger.goodacre@cms.hhs.gov

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs) and Carriers:

N/A

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.

Medicare Claims Processing Manual

Chapter 12 - Physicians/Nonphysician Practitioners

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(Rev.1643, 12-05-08)

- 20.8 – Payment for Teleradiology Physician Services Purchased
by Indian Health Services (IHS) Providers and Physicians*
- 90.6 - Indian Health Services (IHS) Provider Payment to Non-IHS
Physicians for Teleradiology Interpretations*

20.8 - Payment for Teleradiology Physician Services Purchased by the Indian Health Service (IHS) Providers and Physicians

(Rev.1643, Issued: 12-05-08, Effective: 01-01-07, Implementation: 03-09-09)

The IHS providers may choose to purchase or otherwise contract with non-IHS physicians or practitioners for teleradiology interpretations services. These services may be paid using either contractual reassignment or purchased test methodologies. See Chapter 19, §120 of this manual for further information.

90.6 – The Indian Health Service (IHS) Provider Payment to Non-IHS Physicians for Teleradiology Interpretations

(Rev.1643, Issued: 12-05-08, Effective: 01-01-07, Implementation: 03-09-09)

The IHS providers may choose to purchase or otherwise contract with non-IHS physicians or practitioners for teleradiology interpretations services. These services may be paid using either contractual reassignment or purchased test methodologies. See Chapter 19, Section 120 of this Manual for further information

Medicare Claims Processing Manual

Chapter 19 – Indian Health Services

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(Rev.1643, 12-05-08)

120 – Payment to Non-Indian Health Service Physicians by Indian Health Service (IHS) Providers for Teleradiology Interpretations

40.1.2 - Individual Practitioners

(Rev.1643, Issued: 12-05-08, Effective: 01-01-07, Implementation: 03-09-09)

For those eligible practitioners already working in or for hospitals or freestanding ambulatory care clinics, whether operated by the Indian Health Service (IHS) or by an Indian tribe or tribal organization, enroll and process requests for reassignment of benefits following the current individual practitioner enrollment and verification instructions. For practitioners enrolling to work in or reassign benefits to hospitals or freestanding ambulatory care clinics, whether operated by the IHS or by an Indian tribe or tribal organization, it is necessary only to verify licensure in one State even if it is not the State in which the practitioners practice. This only applies to federal employees and does not apply if the practitioner/physician is enrolling to work in or to reassign to an Indian tribe or tribal organization. For those disciplines that must be legally authorized to perform services in a State, the practitioner must be legally authorized to perform the services in at least one State, even if it is not the State where the practitioner practices with the IHS. An exception to the reassignment rules was made for physical therapist/occupational therapist, for details see §40.1.4, Reassignment.

For those practitioners who are already enrolled in Medicare Part B with the designated carrier, process requests to reassign benefits in accordance with current instructions. All other physicians and practitioners must enroll in the Medicare program with the designated carrier.

For those individual practitioners who are employees of an IHS, tribe, or tribal facility that provides offsite care to the IHS, tribe, or tribal Medicare Part B beneficiaries, the facility can bill if the employee reassigns his right to payment. However, the IHS, tribe, or tribal facility cannot bill for offsite services of a contract practitioner, unless the IHS, tribe, or tribal facility owns or leases the space where that contract practitioner provides the services.

However, when an IHS provider contracts with non-IHS physicians to perform interpretations of radiological services, the physicians may be paid by the IHS facility regardless of the location of the offsite practitioner, if services are contracted in accordance with the requirements listed in §120 of this Chapter. See §120 in this Chapter for further information.

120 – Payment to Non-Indian Health Service Physicians by Indian Health Service (IHS) Providers for Teleradiology Interpretations

(Rev.1643, Issued: 12-05-08, Effective: 01-01-07, Implementation: 03-09-09)

The IHS providers may choose to purchase or otherwise contract for teleradiology interpretation from non-IHS practitioners. Two options are available for payment for these services.

- (1) Contractual Reassignment – Under this provision, non-IHS physicians can reassign their benefits to the IHS hospital where the technical component is performed. Non-IHS practitioners providing these services shall enroll with the designated A/B MAC contractor for IHS and complete a Form CMS-855-R form for each IHS hospital performing the test. Because of IHS status, state licensure and location of the physicians is not an issue and the designated A/B MAC contractor shall make payment based on the Medicare locality in which services are rendered in accordance with current jurisdictional pricing guidelines (see §80.2, paragraph 6 of this Chapter).*
- (2) Purchased Test – The purchased test method is available for all purchased diagnostic tests including radiology, and the requirements are found in Chapter 1. Payment for teleradiology interpretations under the purchased test option does not require non-IHS physicians' enrollment with the designated A/B MAC contractor for IHS. All general jurisdictional and pricing rules apply for payment for these services.*