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# Medicare

## Carriers Manual

### Part 3 - Claims Process

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Department of Health and  
Human Services (DHHS)  
Centers for Medicare and  
Medicaid Services (CMS)

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#### CHANGE REQUEST 1825

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
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**NEW/REVISED MATERIAL--*EFFECTIVE DATE: January 1, 1997***  
***IMPLEMENTATION DATE: September 26, 2001***

Section 4112.1 Billing Procedures for Teaching Physician Services, provides specific instructions for how providers bill Teaching Physician Services. Carriers have already been doing this based on an ARA memorandum dated October 3, 1996, this manualizes information in that memorandum.

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

**DISCLAIMER:** The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

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**NOTE:** For services of PAs, NPs, and CNSs described above as based on the prevailing charges of nonspecialist physicians, effective January 1, 1992, limit the payment to the appropriate percentage of the Medicare physician fee schedule. (See §§16001 and 16002.)

Pay only the employer of the PA. The employer of a PA may be a physician, medical group, professional corporation, SNF, NF or hospital. For services performed on or after 1/1/91 by a NP or CNS in a rural area, payment may be made on the basis of a claim or request for payment presented by the NP or CNS in a rural area furnishing such services, or it may be made to the employer or contractor of an NP or CNS. The employer of an NP or CNS may be a physician, medical group, professional corporation, SNF or NF, ambulatory surgical center, hospital, or rural primary care hospital. For this purpose, a rural area has the same meaning as it does under the prospective payment system, i.e., an area outside a metropolitan statistical area or New England County Metropolitan Area. Issue provider numbers requested by NPs or CNSs who wish to be paid directly. (See §13731 for specialty codes.) Pay PA, NP, or CNS services only on an assignment basis. Deny unassigned claims.

**NOTE:** Even though an independent NP or CNS would otherwise bill directly for such services, any NP or CNS services provided in a hospital setting must be billed by the facility. This is true because the law which authorized coverage of such services did not also authorize their unbundling from the rest of the hospital bill. Therefore, only the hospital, and not the practitioner, may bill.

Instruct billers to identify PA services as an assistant-at-surgery with the modifier "AS." Modifier "AN" identifies other PA services except for SNF and NF visits as a member of a team. Non-rural NP services in an SNF or NF as a team member are identified by the HCPCS modifier code "AL". Rural NP services as a team member take the modifier "AK," and as a non-team member, the modifier "AV." CNS services as a team member will use modifier "AY," while CNS services as a non-team member will use modifier "AW." See §4113 for additional billing instructions for both NP and PA visits to SNFs and NFs.

Follow Part 2, §5240, 4.0 to preclude duplicate payments of escalated payments as a result of both a PA or NP and a physician filing for services during a visit.

**4112.1 Billing for Teaching Physician Services.**--Teaching Physicians who involve residents in providing care to their patients and seek payment for their physician services must comply with the policy governing teaching physicians contained in §15016 of the Medicare Carriers Manual. Effective January 1, 1997, services rendered by the Teaching Physicians involving a resident in the care of their patients must be identified when submitting the claim on Form HCFA-1500.

**A. Teaching Physician Services That Meet the Requirement for Presence During the Key Portion of the Service.**-- In item 24d of Form HCFA-1500, the GC modifier must be entered by the physician for Teaching Physician Services rendered in compliance with all the requirements outlined in §15016 of the Medicare Carriers Manual. Teaching Physician Services that are billed using this modifier are certifying that they have been present during the key portion of the service, and were immediately available during the other parts of the service.

**B. Teaching Physician Services Under the Exception to the Requirement for Presence During the Key Portion of the Service.**--Certain Teaching Physicians are allowed an exception to the above policy. The exception is for the requirement that the Teaching Physician be present during the key portion of the service.

Teaching Physicians who meet the requirements in §15016 outlined for the exception to this policy must provide their local carrier with an attestation that they meet the requirements.

Teaching Physician services being billed under the exception to the policy governing presence during the key portion of the service must be identified when submitting the Part B bill for Physician services. In Item 24d of Form HCFA-1500, enter the GE modifier for all Teaching Physicians Services rendered under the exception to the policy requiring the presence of the Teaching Physician during the key portion of the service.