

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub. 100-01 Medicare General Information, Eligibility, and Entitlement	Centers for Medicare & Medicaid Services (CMS)
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PROGRAM AREA: Ambulance Services

SUBJECT: Revision to Certification for Hospital Services Covered by the Supplementary Medical Insurance Program as it Pertains to Ambulance Services

APPLIES TO: Contractors, Ambulance Suppliers

I. SUMMARY OF DOCUMENT: This revision is being done to update the manual for Chapter 4 as it pertains to ambulance services.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
R	4/20/Certification for Hospital Services Covered by the Supplementary Medical Insurance Program

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Liz Richter (410) 786-0550, CMM
Agency POC	Roechel Kujawa (410) 786-9111, CMM/HAPG/DAS

IV. TYPE (Check appropriate boxes for type of guidance)

<input type="checkbox"/>	Audit Guide
<input checked="" type="checkbox"/>	Change Request
<input type="checkbox"/>	HPMS
<input type="checkbox"/>	Joint Signature Memorandum/Technical Director Letter
<input type="checkbox"/>	Manual Transmittal/Non-Change Request
<input type="checkbox"/>	State Medicaid Director Letters
<input type="checkbox"/>	Other

V. STATUTORY OR REGULATORY AUTHORITY: N/A

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	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	link to this article, on their Web site and include information about it in a listserv message within 1 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.											

IV. SUPPORTING INFORMATION

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:
N/A	

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

V. CONTACTS

Pre-Implementation Contact(s): Roechel Kujawa, roechel.kujawa@cms.hhs.gov or on 410-786-9111

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC), use the following statement:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.

20 - Certification for Hospital Services Covered by the Supplementary Medical Insurance Program

(Rev.)

A physician must certify that medical and other health services covered by medical insurance which were provided by (or under arrangement made by) the hospital were medically required.

Physician certification is not required for the following outpatient services furnished on or after January 3, 1968:

- Hospital services and supplies incident to physicians' services rendered to outpatients; and
- Diagnostic services furnished by a hospital or which the hospital arranges to have furnished in other facilities operated by or under the supervision of the hospital or its medical staff.

Hospitals must obtain a physician's certification with respect to other services furnished to outpatients.

Primarily, this means that a certification statement is needed for diagnostic services furnished under arrangements by a facility that is not operated by or under the supervision of the hospital or its organized medical staff, e.g., services obtained from an independent laboratory.

This certification requires a brief description of the services and the signature of the physician. It needs to be made only once for a course of treatment. Where services are provided on a continuing basis, such as a course of radium treatments, the physician's certification may be made at the beginning or end of the course of treatment, or at any other time during the period of treatment.

There is no requirement that the certification be entered on any specific form or handled in any specific way, as long as the approach adopted by the hospital permits the intermediary to determine that the certification requirement is in fact met. Therefore, the certification could be entered or pre-printed on a form the physician already has to sign; or a separate certification form could be used.

In addition, physician's certifications are required for the rental and purchase of durable medical equipment (see §70), outpatient therapy, i.e., physical therapy, occupational therapy and speech-language pathology services (see Pub. 100-02, Chapter 15, §220).