CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 4295	**Date: May 3, 2019**
	Change Request 11274

SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 4

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update chapter 4 to reflect clarification for HCPCS.

EFFECTIVE DATE: August 27, 2019
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: August 27, 2019

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	4/250/3.3.1/Payment for CRNA Pass-Through Services

III. FUNDING:
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

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: This Change Request (CR) simplifies an account for Healthcare Common Procedure Coding System (HCPCS) in chapter 4, section 250.3.3.1 of Pub. 100-04, Medicare Claims Processing Manual. Previously, in CR 10962 manual instructions were included referencing a potential need for HCPCS on Type of Bills (TOB) 11X, 18X and 85X. This CR will redefine the account of the HCPCS for TOB 85x. No billing guidelines have changed in this CR, it is just for clarification purposes.

B. Policy: There is no change in policy.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11274.1	Contractors shall note the revisions made to Pub. 100-04, Chapter 4, Section 230.3.3.1	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: n/a

V. CONTACTS

Pre-Implementation Contact(s): Cindy Pitts, Cindy.Pitts@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0

Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS)

250.3.3.1 - Payment for CRNA Pass-Through Services

(Rev.4295, Issued: 05-03-19, Effective: 08-27-19, Implementation: 08-27-19)

CAHs are eligible to receive CRNA pass-through payments ("pass-through exemption") for both inpatient and outpatient services if they meet criteria discussed at 42 CFR § 412.113(c) of the regulations. CRNA pass-through payments and the Method II election for outpatient CAH services are applied as described below. Note that for CAHs that have a CRNA pass-through exemption, all CRNA services provided to CAH swing-bed patients must be included on the CAH swing-bed bill. (See MCPM, Ch. 3, 60 and 100.2 for more information)

If a CAH meets the criteria for a pass-through exemption and is interested in selecting Method II for its physicians and/or other practitioners, it can choose Method II for all outpatient professionals except the CRNA, and still retain the approved CRNA pass-through exemption for both inpatient and outpatient CRNA professional services.

Alternatively, a CAH, with an approved pass-through exemption, can choose to give up its pass-through exemption for both inpatient and outpatient CRNA professional services in order to include its CRNA outpatient professional services under Method II. By choosing to include the CRNA under Method II for outpatient services, the CAH loses its CRNA pass-through exemption for not only the outpatient CRNA services, but also the inpatient CRNA services. In this case the CAH would have to bill the A/B MAC (B) for the CRNA inpatient professional services. All A/B MAC (A) payments for CRNA services are subject to cost settlement.

Provider Billing Requirements for CRNA Pass-Through

TOBs = 11X and 18X

Revenue Code 037X for CRNA technical

services Revenue Code 0964 for Professional

services

Reimbursement

Revenue Code 37X, CRNA technical service = Cost Reimbursement (101 percent of reasonable cost)

Revenue Code 0964, CRNA professional service = Cost Reimbursement (100 percent of reasonable cost) for both inpatient (including swing-bed) and outpatient

Deductible and coinsurance apply.

Provider Billing Requirements for CRNA Pass-Through

TOB = 85X

Revenue Code 037X for CRNA technical

services Revenue Code 0964 for Professional

services

Anesthesia HCPCS codes and for any HCPCS codes for services the CRNA is legally authorized to perform in the state in which the services are furnished. The appropriate HCPCS should be included when required for the applicable TOB and or revenue code.

Reimbursement

Revenue Code 37X, CRNA technical service = Cost Reimbursement (101 percent of reasonable cost)

Revenue Code 0964, CRNA professional service = Cost Reimbursement (100 percent of reasonable cost) for both inpatient (including swing-bed) and outpatient

Deductible and coinsurance apply.

Note that effective January 1, 2013, qualifying rural hospitals and CAHs are eligible to receive CRNA pass-through payments for services that the CRNA is legally authorized to perform in the state in which the services are furnished.