

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 3065</b>	<b>Date: September 12, 2014</b>
	<b>Change Request 8897</b>

**SUBJECT: Billing for Cost Based Payment for Certified Registered Nurse Anesthetists (CRNA) Services Furnished by Outpatient Prospective Payment System (OPPS) Hospitals**

**I. SUMMARY OF CHANGES:** This Change Request manualizes system logic changes previously implemented.

**EFFECTIVE DATE: April 1, 2003**

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

**IMPLEMENTATION DATE: December 15, 2014**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	4/Table of Contents
N	4/200.10 – Billing for Cost Based Payment for Certified Registered Nurse Anesthetists (CRNA) Services Furnished by Outpatient Prospective Payment System (OPPS) Hospitals

**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 obliged 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

<b>Pub. 100-04</b>	<b>Transmittal: 3065</b>	<b>September 12, 2014</b>	<b>Change Request: 8897</b>
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## I. GENERAL INFORMATION

**A. Background:** CMS issued Transmittal A-02-109, CHANGE REQUEST 2325, Dated OCTOBER 25, 2002. However these instructions were never manualized. CMS is now manualizing these long-standing instructions.

**B. Policy:** Payment of outpatient services of CRNAs furnished by small rural hospitals subject to OPPTS that qualify for cost based payment under 42 CFR 412.113(c) are made through biweekly interim payments that are calculated based on retrospective adjustments from a settled cost report.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
8897.1	Contractors shall be aware of these instructions and their placement in the Pub. 100-04, chapter 4, section 200.10.	X								

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
8897.2	MLN Article : A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters"	X				

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	listserv. Contractors shall post this article, or a direct link to this article, on their Web sites 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 the contractor's 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

**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):** Fred Rooke, fred.rooke@cms.hhs.gov (for institutional claims processing)

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

#### VI. FUNDING

**Section A: 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.

**ATTACHMENTS: 0**

# **Medicare Claims Processing Manual**

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

**Table of Contents**  
(Rev.3065, Issued: 09-12-14,)

*200.10 – Billing for Cost Based Payment for Certified Registered Nurse Anesthetists (CRNA) Services  
Furnished by Outpatient Prospective Payment System (OPPS) Hospitals*

***200.10 – Billing for Cost Based Payment for Certified Registered Nurse Anesthetists (CRNA) Services Furnished by Outpatient Prospective Payment System (OPPS) Hospitals***

***(Rev.3065, Issued: 09-12-14, Effective: 04-01-03, Implementation: 12-15-14)***

*Payment of outpatient services of CRNAs furnished by small rural hospitals subject to OPSS that qualify for cost based payment under 42 CFR 412.113(c) are made through biweekly interim payments that are calculated based on retrospective adjustments from a settled cost report.*

*In order for interim payments to be made to these hospitals based on submitted claims, a number of changes were required in the reporting and acceptance of revenue code 0964 “Anesthetists (CRNA).” Those changes are as follows:*

*(1) Hospitals that qualify for cost based CRNA services must report these services under revenue code 0964;*

*(2) Shared System Maintainer is required to accept revenue code 0964 on type of bill 013X for these hospitals; and*

*(3) Reporting and acceptance of revenue code 0964 from other OPSS hospitals (without a CRNA pass-through exemption) may not be allowed.*

***NOTE:*** *Value code 05 “Professional Component Included In Charges and Also Billed Separately to B/MACs,” should not be reported with revenue code 0964.*

*The Integrated Outpatient Code Editor (IOCE) will assign a service indicator of “F” to revenue code 0964. This allows for cost-based payment for revenue code 0964.*

*The facility is paid a cost-based interim payment (charges multiplied by the hospital’s outpatient interim rate) for the revenue code 0964 charge on the claim, and assume when calculating the interim payment that coinsurance is billed (by the hospital to the beneficiary) in the amount of 20 percent of the submitted charges. In addition, an adjustment to the hospital’s biweekly interim payment amount for cost paid services should exclude any amounts attributable to outpatient hospital CRNA services from all future biweekly interim payments.*

*Hospitals shall not bill Healthcare Common Procedure Coding System (HCPCS) when billing for CRNA services. Beneficiaries are billed for coinsurance for cost based CRNA services billed under revenue code 0964. Coinsurance is based on 20 percent of the submitted covered charges. The Part B deductible is applicable.*