
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 285

Date: August 27, 2004

CHANGE REQUEST 3228

SUBJECT: Addition of Physician Assistants, Nurse Practitioners and Clinical Nurse Specialists as Emergency On-Call Providers for Critical Access Hospitals (CAHs)

SUMMARY OF CHANGES: Effective for dates of service on or after January 1, 2005 Critical Access Hospitals (CAH) may include amounts for reasonable compensation and related costs for non-physician practitioners: physician assistants, nurse practitioners and clinical nurse specialists who are on call to provide emergency services. The payment will be made via the cost report settlement process. The Medicare Modernization Act (MMA) of 2003, PL 108-173, has established these changes.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2005

IMPLEMENTATION DATE: January 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	3/ Table of Contents
R	3/ 30.1.3/ Costs of Emergency Room On-Call Providers

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

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

Attachment - Business Requirements

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SUBJECT: Addition of Physician Assistants, Nurse Practitioners and Clinical Nurse Specialists as Emergency On-Call Providers for Critical Access Hospitals (CAHs)

I. GENERAL INFORMATION

A. Background: New Requirements for CAHs. These changes have been established with the Medicare Modernization Act (MMA) of 2003, PL 108-173. CAHs may include physician assistants, nurse practitioners and clinical nurse specialists in computing reasonable compensation and related costs for emergency room on-call coverage effective for dates of service on or after January 1, 2005. The payment will be made via the cost report settlement process.

B. Policy: Legislation signed into law on December 8, 2003, made the following changes:

1. CAHs may include amounts for reasonable compensation and related costs of physicians assistants, nurse practitioners and clinical nurse specialists who are emergency room on call providers;
2. These non-physician practitioners who are on call do not have to be present on the premises of the CAH involved;
3. These non-physician practitioners who are on call cannot be furnishing clinical services at another site while on call;
4. These non-physician practitioners who are on call cannot be on call at any other provider or facility while on call;

C. Provider Education: "A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 must be included in your next regularly scheduled bulletin."

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3228.1	The contractor shall include the CAH's reasonable costs for Emergency Department on-call services of non-physician practitioners in the cost reporting and settlement processes for cost reporting periods beginning on or after January 1, 2005. .	FI
3228.1.1	The following non-physician practitioners are eligible for inclusion in the CAH's Emergency Department on-call costs: physician assistants, nurse practitioners and clinical nurse specialists	FI
3228.1.2	Since on-call costs are not associated with a particular direct service to a beneficiary, CAHs are to include these costs only in their cost reporting periods that begin on and after January 1, 2005.	CAHs FIs
3228.1.3	Payment will be made only through the cost settlement process.	FIs

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: January 1, 2005 Implementation Date: January 3, 2005 Pre-Implementation Contact(s): Pat Barrett at 410-786-0508 Post-Implementation Contact(s): Regional Offices	These instructions shall be implemented within your current operating budget.
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Medicare Claims Processing Manual

Chapter 3 - Inpatient Hospital Billing

Table of Contents

(Rev.285, 08-27-04)

30.1.3 – Costs of Emergency Room On-Call Providers

30.1.3 - Costs of Emergency Room On-Call Providers

(Rev.285, Issued: 08-27-04, Effective: 01-01-05, Implementation: 01-03-05)

For cost reporting periods beginning on or after *January 1, 2005*, the reasonable costs of outpatient CAH services may include the reasonable compensation and related costs for an emergency room *provider* who is on call but not present at the premises of the CAH, if the *provider* is not otherwise furnishing *provider* services and is not on call at any other provider or facility. The costs are allowable only if they are incurred under a written contract that requires the *provider* to come to the CAH when the *provider's* presence is medically required. An emergency room *provider* must be a doctor of medicine or osteopathy, *physician assistant, nurse practitioner, or clinical nurse specialist* who is immediately available by telephone or radio contact, and available on site, on a 24-hour a day basis, within 30 minutes, or within 60 minutes in areas described in 42 CFR 1395(g)(5).

For cost reporting periods from October 1, 2001, through December 31, 2004, this provision covers only emergency room physicians. An emergency room physician must be a doctor of medicine or osteopathy.