

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-01 Medicare General Information, Eligibility, and Entitlement	Centers for Medicare & Medicaid Services (CMS)
Transmittal 50	Date: DECEMBER 21, 2007
	Change Request 5833

Note: Change Request 5684, transmittal 47, dated August 17, 2007, is rescinded and replaced with Change Request 5833, transmittal 50. The revision is being done to explain the removal of the paragraph in Chapter 4 (that pertained to Physician Certification and Recertification of Services and Ambulance Services.) All other information remains the same.

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

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

New / Revised Material

Effective Date: *September 17, 2007

Implementation Date: January 7, 2008

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	4/20 Certification for Hospital Services Covered by the Supplementary Medical Insurance Program.

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

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

SECTION B: 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**

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

Attachment - Business Requirements

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

EFFECTIVE DATE: September 17, 2007

IMPLEMENTATION DATE: January 7, 2008

I. GENERAL INFORMATION

A. Background: This document furnishes the revised Certification for Hospital Services by the Supplementary Medical Insurance Program. The revision is being done to explain the removal of the paragraph in Chapter 4 that pertained to Physician Certification and Recertification of Services and Ambulance Services. It was brought to our attention that there was a problem with a paragraph in the hospital section of the manual. The problem was that the language did not allow the current exception under the Physician Certification Statement (PCS) which is that the PCS is NOT required during an emergency situation (such as the scene of an accident).

The paragraph was deleted because it conflicted with 42 CFR § 410.40 (d) (2) and § 410.40 (d) (3). As a result, now all of the PCS rules for ambulance services are located in this section of the Code of Federal Regulations. Hospital owned ambulance services as well as independently owned ambulance services are required to follow these regulations.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A D F C R	M I R H	M I R H	A E R I	S S S	M I C S	V M S	C M W	O T H E R	
5833.1	Contractors shall be in compliance with Pub. 100-01, Medicare General Information, Eligibility, Entitlement Manual, Chapter 4, Section 20.	X		X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTH ER
		M A C	M A C				F I S S	M C S	V M S	C W F	
5833.2	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>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 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.</p>	X		X	X						

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

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

For Medicare Administrative Contractors (MAC):

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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. 50; Issued: 12-21-07; Effective: 09-17-07; Implementation: 01-07-08)

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).

The Physician Certification Statement requirements for all ambulance providers (hospital-owned and operated) and suppliers (independently-owned and operated) are located at 42 CFR §410.40 (d) (2) and §410.40 (d) (3).