



News Flash – The revised *Medicare Physician Fee Schedule Fact Sheet* (January 2008), which provides general information about the Medicare Physician Fee Schedule, can be accessed at <http://www.cms.hhs.gov/MLNProducts/downloads/MedcrePhysFeeSchedfctsh.pdf> on the Centers for Medicare & Medicaid Services website.

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Implementation Date: March 24, 2008

Teaching Physician Requirements for End Stage Renal Disease Monthly Capitation Payment (ESRD MCP)

Provider Types Affected

Physicians who bill Medicare carriers or Medicare Administrative Contractors (A/B MAC) for end stage renal disease (ESRD)-related visits in teaching settings under the Monthly Capitation Payment (MCP).

What You Need to Know

CR 5932, from which this article is taken, announces that the *Medicare Claims Processing Manual*, Chapter 12 (Physicians/Non-physician Practitioners), Section 100.1.6 (Miscellaneous) has been updated to indicate that the physician presence policy applies to end stage renal disease (ESRD)-related visits furnished under the Monthly Capitation Payment (MCP). This means that patient visits furnished by residents may be counted toward the MCP visits if the teaching MCP physician is physically present during the visits.

The teaching physician may utilize the resident's notes, however, the physician must document his or her physical presence during the visit(s) furnished by the resident and that he or she reviewed the resident's notes.

Note: You can document these criteria as part of an extensive once a month MCP note.

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Make sure that your billing staffs are aware of these manual changes; and that in teaching settings, you document such ESRD-related MCP physician visits appropriately.

Background

The Medicare Physicians Fee Schedule (MPFS) payment rules for teaching physicians' services (set forth in CFR 415.172 and the *Medicare Claims Processing Manual* chapter 12 (Physicians/Non-physician Practitioners), section 100.1 (Payment for Physician Services in Teaching Settings Under the MPFS)), specify that if a resident participates in a service furnished in a teaching setting, the MPFS payment is made only if a teaching physician is physically present during the key portion of any service or procedure for which payment is sought.

With regard to the monthly management of dialysis patients; the ESRD-related visits are considered to be the key portion of the MCP service that determines the applicable payment amount.

Previously, Chapter 12, Section 100.1.6 of the Medicare Claims Processing Manual stated that the teaching physician presence policy does not apply to the renal dialysis services of a physician paid under the MCP. However, this manual instruction did not reflect policy changes made to the way physicians and practitioners are paid for managing patients on outpatient dialysis. As discussed in the CY 2004 Medicare physician fee schedule rule, the MCP physician or practitioner must furnish at least one patient visit per month to receive payment for the MCP service (center based patients). Therefore in CR 5932, from which this article is taken, the Centers for Medicare & Medicaid Services (CMS) modifies Chapter 12, section 100.1.6 to indicate that physician presence policy applies for ESRD related visits furnished under the MCP.

This means, as the teaching physician, you may count the patient visits that residents furnish toward the MCP visits if you are physically present during the visit. You may utilize the resident's notes, however you must document your physical presence during the visit(s) furnished by the resident and also document that you reviewed the resident's notes.

Note: *The outpatient ESRD MCP services G codes are reported once per month, and you could document your physical presence during the visit(s) and your review of the resident's notes as part of an extensive once a month MCP note.*

Additional Information

You can find more information about teaching physician requirements for ESRD MCP by going to CR 5932, located at

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<http://www.cms.hhs.gov/Transmittals/downloads/R1458CP.pdf> on the CMS website.

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

News Flash - **It's Not Too Late to Give and Get the Flu Shot!** In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.

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