

3. Beneficiary Signature for Nonemergency Ambulance
Transport Services

[If you choose to comment on issues in this section, please include the caption "OTHER ISSUES—BENEFICIARY SIGNATURE" at the beginning of your comments.]

In the CY 2008 PFS final rule with comment period, we created an additional exception to the beneficiary signature requirements, in §424.36(b)(6), for emergency ambulance transports (72 FR 66406). The exception allows ambulance providers and suppliers to sign on behalf of the beneficiary, at the time of transport, provided that certain documentation requirements are met. To take advantage of the new exception, an ambulance provider or supplier must maintain in its files: (1) a contemporaneous statement, signed by an ambulance employee who is present during the trip, that the beneficiary was mentally or physically incapable of signing (and that no other authorized person was available or willing to sign); (2) documentation as to the date, time and place of transport; and (3) either a signed contemporaneous statement from the receiving facility that documents the name of the beneficiary and the date and time the beneficiary was received by that facility, or a secondary form of

verification from the facility that is received at a later date.

In the CY 2008 PFS final rule with comment period, we clarified that, apart from the new exception in §424.36(b)(6), where a beneficiary is unable to sign a claim at the time the service is rendered, ambulance providers and suppliers are required to use reasonable efforts to follow-up with the beneficiary and obtain his or her signature before submitting the claim with a signature from one of the individuals or entities specified in §424.36(b)(1) through (b)(5) (72 FR 66324). We further clarified that only providers of services, and not ambulance suppliers, can take advantage of §424.36(b)(5), which states that a representative of the provider or of the nonparticipating hospital may sign on behalf of the beneficiary if the provider or nonparticipating hospital was unable to have a claim signed in accordance with §424.36(b)(1) through (b)(4) (72 FR 66322).

Subsequent to publication of the CY 2008 PFS final rule with comment period, ambulance provider and supplier stakeholders requested that we extend the exception in §424.36(b)(6) to nonemergency ambulance transports in instances where the beneficiary is physically or mentally incapable of signing. These stakeholders stated that there

are many nonemergency transports for which a beneficiary is physically or mentally incapable of signing a claim form. For example, stakeholders asserted that beneficiaries residing in long term care facilities often need to be transported for nonemergency medical treatment, yet may be incapable of signing the claim due to physical or mental ailments, such as Alzheimer's disease or other forms of dementia. In these instances, there may be no other individual who is immediately available and authorized to sign the claim as specified in §424.36(b).

Because we anticipate that there would be little or no increased risk of fraud or program abuse in extending the exception in §424.36(b)(6) to include nonemergency transports, we are proposing to do so through a revision of the language in §424.36(b)(6) to refer specifically to nonemergency transports. We are also proposing to add language to §424.36(a) to clarify that, apart from the use of the exception in §424.36(b)(6), providers and suppliers must make reasonable efforts to obtain the beneficiary's signature before relying on one of the exceptions in §424.36(b). We note that §424.36(b)(5) specifies that a provider may not invoke the exception to sign a claim on behalf of a beneficiary unless it is unable to have one of the persons specified in §424.36(b)(1) through (b)(4) sign

the claim. Finally, given that most claims are submitted electronically, we are proposing to amend §424.36(a) to define "claim" for purposes of the beneficiary signature requirements as the claim form itself or a form that contains adequate notice to the beneficiary or other authorized individual that the purpose of the signature is to authorize a provider or supplier to submit a claim to Medicare for specified services furnished to the beneficiary.

4. Solicitation of Comments and Data Pertaining to
Physician Organ Retrieval Services

[If you choose to comment on issues in this section, please include the caption "OTHER ISSUES--ORGAN RETRIEVAL" at the beginning of your comments.]

Since 1987, we have limited the amount an OPO may reimburse a physician for cadaveric kidney donor retrieval services. Chapter 27 of the Provider Reimbursement Manual (CMS-Pub. 15-1) limits the payment to a physician for cadaveric kidney retrieval to \$1,250 per donor (one or two kidneys). Although the payments made to physicians for organ retrieval services associated with other types of organ transplants have increased, kidney retrieval rates have remained at \$1,250. We have received several requests to change the amount we pay for kidney retrievals. To

27. In §415.130(d), the phrase "December 31, 2007" is removed and the phrase "June 30, 2008" is added in its place.

PART 424--CONDITIONS FOR MEDICARE PAYMENT

28. The authority citation for part 424 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

Subpart C--Claims for Payment

29. Section 424.36 is amended by revising paragraphs (a) and (b)(6) introductory text to read as follows:

§424.36 Signature requirements.

(a) General rule. The beneficiary's own signature is required on the claim unless the beneficiary has died or the provisions of paragraphs (b), (c), or (d) of this section apply. In order to utilize one of the provisions of paragraph (b)(1) through (b)(5), the provider, or where applicable, the supplier, must make reasonable efforts to obtain the signature of the beneficiary. For purposes of this section, "the claim" includes the actual claim form or such other form that contains adequate notice to the beneficiary or other authorized individual that the purpose of the signature is to authorize a provider or supplier to

submit a claim to Medicare for specified services furnished to the beneficiary.

(b) * * *

(6) An ambulance provider or supplier with respect to emergency or non-emergency ambulance transport services, if the following conditions and documentation requirements are met.

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30. Section 424.44 is amended by adding paragraph

(a)(3) to read as follows:

§424.44 Time limits for filing claims.

(a) * * *

(3) Within 30 calendar days of the effective date of a revocation of Medicare billing privileges as defined in §424.535 for physician or nonphysician practitioner organizations, physicians, nonphysician practitioners or independent diagnostic testing facilities.

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Subpart D--To Whom Payment is Ordinarily Made

31. Section 424.57 is amended by--

A. Amending paragraph (a) by adding the definitions of "Continuous positive airway pressure (CPAP)" and "Sleep test" in alphabetical order.

B. Adding new paragraph (f).

**ADDENDUM E: Proposed 2009 Geographic Practice Cost Indices
(GPCIs) by State and Medicare Locality*****

Contractor	Locality	Locality name	Work** GPCI	PE GPCI	MP GPCI
00510	00	Alabama	0.982	0.852	0.504
00831	01	Alaska	1.018	1.088	0.657
03102	00	Arizona	0.988	0.955	0.836
00520	13	Arkansas	0.961	0.845	0.454
31146	26	Anaheim/Santa Ana, CA	1.035	1.267	0.825
31146	18	Los Angeles, CA	1.042	1.223	0.818
31140	03	Marin/Napa/Solano, CA	1.035	1.263	0.439
31140	07	Oakland/Berkley, CA	1.054	1.284	0.432
31140	05	San Francisco, CA	1.060	1.439	0.421
31140	06	San Mateo, CA	1.073	1.431	0.401
31140	09	Santa Clara, CA	1.084	1.292	0.383
31146	17	Ventura, CA	1.028	1.263	0.779
31140	99	Rest of California*	1.008	1.056	0.558
31146	99	Rest of California*	1.008	1.056	0.558
04102	01	Colorado	0.986	0.990	0.652
00591	00	Connecticut	1.039	1.183	0.997
00903	01	DC + MD/VA Suburbs	1.048	1.216	1.050
00902	01	Delaware	1.012	1.044	0.690
00590	03	Fort Lauderdale, FL	0.989	1.016	2.288
00590	04	Miami, FL	1.001	1.067	3.221
00590	99	Rest of Florida	0.973	0.937	1.753
00511	01	Atlanta, GA	1.010	1.012	0.850
00511	99	Rest of Georgia	0.979	0.882	0.843
00833	01	Hawaii/Guam	0.998	1.159	0.676
05130	00	Idaho	0.967	0.882	0.555
00952	16	Chicago, IL	1.026	1.078	1.973
00952	12	East St. Louis, IL	0.989	0.917	1.824
00952	15	Suburban Chicago, IL	1.018	1.066	1.657
00952	99	Rest of Illinois	0.975	0.879	1.240
00630	00	Indiana	0.986	0.916	0.609
05102	00	Iowa	0.965	0.869	0.441
05202	00	Kansas	0.969	0.881	0.567
05202	04	Kansas	0.969	0.881	0.567
00660	00	Kentucky	0.969	0.859	0.663
00528	01	New Orleans, LA	0.986	1.042	0.972
00528	99	Rest of Louisiana	0.970	0.877	0.907
31142	03	Southern Maine	0.980	1.023	0.500
31142	99	Rest of Maine	0.962	0.891	0.500
00901	01	Baltimore/Surr. Cntys, MD	1.013	1.055	1.105
00901	99	Rest of Maryland	0.994	0.980	0.889
31143	01	Metropolitan Boston	1.030	1.289	0.777
31143	99	Rest of Massachusetts	1.008	1.104	0.777
00953	01	Detroit, MI	1.037	1.038	1.939

Contractor	Locality	Locality name	Work** GPCI	PE GPCI	MP GPCI
00953	99	Rest of Michigan	0.998	0.921	1.101
00954	00	Minnesota	0.992	0.981	0.249
00512	00	Mississippi	0.959	0.853	0.822
05302	02	Metropolitan Kansas City, MO	0.990	0.943	1.208
05392	01	Metropolitan St Louis, MO	0.993	0.929	1.093
05392	99	Rest of Missouri*	0.949	0.820	1.014
05302	99	Rest of Missouri*	0.949	0.820	1.014
03202	01	Montana	0.950	0.846	0.685
05402	00	Nebraska	0.959	0.888	0.249
00834	00	Nevada	1.003	1.024	1.102
31144	40	New Hampshire	0.982	1.037	0.470
00805	01	Northern NJ	1.058	1.226	1.135
00805	99	Rest of New Jersey	1.043	1.124	1.135
04202	05	New Mexico	0.973	0.888	1.115
00803	01	Manhattan, NY	1.065	1.296	1.027
00803	02	NYC Suburbs/Long I., NY	1.052	1.287	1.256
00803	03	Poughkpsie/N NYC Suburbs, NY	1.015	1.075	0.836
14330	04	Queens, NY	1.033	1.237	1.241
00801	99	Rest of New York	0.997	0.919	0.432
05535	00	North Carolina	0.972	0.923	0.645
03302	01	North Dakota	0.947	0.843	0.394
00883	00	Ohio	0.993	0.925	1.253
04302	00	Oklahoma	0.964	0.849	0.638
00835	01	Portland, OR	1.003	1.013	0.480
00835	99	Rest of Oregon	0.968	0.925	0.480
00865	01	Metropolitan Philadelphia, PA	1.017	1.095	1.645
00865	99	Rest of Pennsylvania	0.993	0.923	1.099
00973	20	Puerto Rico	0.904	0.693	0.254
00524	01	Rhode Island	1.014	1.086	1.013
00880	01	South Carolina	0.975	0.904	0.454
03402	02	South Dakota	0.942	0.863	0.427
05440	35	Tennessee	0.978	0.887	0.618
04402	31	Austin, TX	0.991	0.981	0.986
04402	20	Beaumont, TX	0.984	0.874	1.369
04402	09	Brazoria, TX	1.020	0.920	1.244
04402	11	Dallas, TX	1.010	0.999	1.129
04402	28	Fort Worth, TX	0.998	0.951	1.129
04402	15	Galveston, TX	0.991	0.957	1.244
04402	18	Houston, TX	1.017	0.983	1.368
04402	99	Rest of Texas	0.968	0.878	1.083
03502	09	Utah	0.977	0.905	1.044
31145	50	Vermont	0.968	0.981	0.497
00904	00	Virginia	0.982	0.940	0.668
00973	50	Virgin Islands	0.997	0.976	1.026
00836	02	Seattle (King Cnty), WA	1.015	1.083	0.718
00836	99	Rest of Washington	0.987	0.972	0.705

Contractor	Locality	Locality name	Work** GPCI	PE GPCI	MP GPCI
00884	16	West Virginia	0.973	0.826	1.376
00951	00	Wisconsin	0.988	0.919	0.416
03602	21	Wyoming	0.956	0.841	0.904

* Indicates multiple contractors.

** 2009 work GPCI does not reflect the 1.000 floor.

*** 2009 GPCIs are the second year of the update transition.