July Update to the 2005 Medicare Physician Fee Schedule Database

Note: This article was updated on March 28, 2013, to reflect current Web addresses. All other information remains unchanged

Provider Types Affected
Physicians and providers billing Medicare carriers or Fiscal Intermediaries (FIs) for services paid under the Medicare Physician Fee Schedule

Provider Action Needed
Physicians, suppliers, and providers should be aware of the changes to the Medicare Physician Fee Schedule Database and identify those changes that impact their practice.

Background
CR 3870 amends payment files issued to carriers based upon the November 15, 2004, Final Rule for the 2005 Medicare Physician Fee Schedule Database. Key changes include two new G codes (G0375 and G0376) related to Medicare’s National Coverage Determination for smoking cessation, which was effective March 22, 2005, and practice expense values for Current Procedural Terminology (CPT) codes 97810, 97811, 97813 and 97814. These CPT codes, which relate to acupuncture, are non-covered under the Medicare Physician Fee Schedule.

Additional Information
The changes to the fee schedule involve numerous CPT/HCPCS codes. While many of these changes are effective retroactive to January 1, 2005, please note that your carrier/FI will not reprocess claims already processed, unless you request them to do so.

The complete details of these changes to the July update to the 2005 Medicare Fee Schedule Database are described in an attachment to CR 3870, which is the official instruction issued to your carrier/FI. That...

If you have any questions, please contact your Medicare carrier/FI at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.