



## Attention Physicians and Providers!

Effective October 1, 2006, Medicare will only generate the Health Insurance Portability and Accountability Act (HIPAA) compliant remittance advice – transaction 835 version 004010A1 – to all electronic remittance advice receivers. For more details, see MLN Matters article SE0656 at

<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/minmattersarticles/downloads/SE0656.pdf> on the CMS website.

MLN Matters Number: MM5272

Related Change Request (CR) #: 5272

Related CR Release Date: September 1, 2006

Effective Date: January 1, 2006

Related CR Transmittal #: R1047CP

Implementation Date: October 2, 2006

**Note:** This article was updated on November 6, 2012, to reflect current Web addresses. All other information remains unchanged.

## October Update to the 2006 Medicare Physician Fee Schedule (MPFS) Database

### Provider Types Affected

Physicians and other providers who bill Medicare for professional services paid under the MPFS.

### What you need to know

CR5272, from which this article was taken, amends the payment files (based upon the November 21, 2005 Medicare Physician Fee Schedule Final Rule) that were previously issued to your carriers.

### Background

Section 1848(c)(4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services. Carriers, in accordance with the *Medicare Claims Processing Manual* (Publication 100-4), Chapter 23, Section 30.1, give providers 30 days notice before

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2006 American Medical Association. All rights reserved.

implementing the revised payment amounts, which (unless otherwise stated in the CR5272) will be retroactive to January 1, 2006.

You should be aware that carriers will adjust claims that you bring to their attention, but are not required to search their files to either retract payment for claims already paid or to retroactively pay claims. The changes made as a result of CR5272 are as follows:

CPT/HCPCS	Action
15000	Assistant at Surgery Indicator = 0
15001	Assistant at Surgery Indicator = 0
47145	Global Period = XXX Preoperative Time = 0.00 Intraoperative Time = 0.00 Postoperative Time = 0.00
52402	Endoscopic Base Code = 52000
G0289	Multiple Surgery Indicator = 0

In addition, some Type of Service (TOS) Codes have been adjusted, effective for services on or after July 1, 2006. Specifically, carriers will apply TOS 4 to the Category III codes of 0159T, 0159T-TC, and 0159T-26 and they will apply TOS 6 to the Category III codes of 0160T and 0161T.

### Additional Information

You can find the official instruction about the October update to the 2006 Medicare Physician Fee Schedule Database by going to CR 5272, which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1047CP.pdf> on the CMS website.

If you have any questions, please contact your carrier 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.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2006 American Medical Association. All rights reserved.