



News Flash - Since May 29, 2007, Medicare Fiscal Intermediaries, as well as Part B CIGNA Idaho and Tennessee, have been validating NPIs and Legacy Provider Identifier pairs submitted on claims against the Medicare NPI Crosswalk. Between the period of September 3, 2007 and October 29, 2007, all other Part B carriers and DME MACS will begin to turn on edits to validate the NPI/Legacy pairs submitted on claims. If the pair is not found on the Medicare NPI crosswalk, the claim will reject. Contractors have been instructed to inform providers at a minimum of seven days prior to turning on the edits to validate the NPI/Legacy pairs against the Crosswalk.

MLN Matters Number: MM5714

Related Change Request (CR) #: 5714

Related CR Release Date: August 30, 2007

Effective Date: January 1, 2007

Related CR Transmittal #: R1326CP

Implementation Date: October 1, 2007

Note: This article was updated on September 12, 2012, to reflect current Web addresses. All other information remains the same.

October Update to the 2007 Medicare Physician Fee Schedule Database

Provider Types Affected

Physicians and other providers who bill Medicare contractors (carriers, fiscal intermediaries, or Medicare Administrative Contractors (MACs)) for professional services paid under the MPFS.

What You Need to Know

CR5714, from which this article was taken, amends the payment files previously issued to your Medicare contractor (based upon the December 1, 2006, Medicare Physician Fee Schedule (MPFS) Final Rule); and includes new codes for the Physician Quality Reporting Initiative.

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. Medicare contractors, in accordance with the *Medicare Claims Processing Manual*, Chapter 23, Section 30.1, give providers 30 days notice before

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implementing the revised payment amounts and the changes identified in CR5714, which (unless otherwise stated in the CR5714) will be retroactive to January 1, 2007.

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 CR5714 are as follows:

Changes included in the October Update to the 2007 Medicare Physician Fee Schedule Database are as follows:

The following changes are retroactive to January 1, 2007:

CPT/HCPCS	ACTION
16035	Global Period = 000 Pre Op = 0.00 Intra Op = 0.00 Post Op = 0.00
20690	Bilateral Indicator = 0
38740	Bilateral Indicator = 1
38745	Bilateral Indicator = 1
54150	Transitional Non-Facility PE RVU = 3.38 Transitional Facility PE RVU = 0.73
64412	Bilateral Indicator = 1
64418	Bilateral Indicator = 1
64613	Bilateral Indicator = 1

As stated in Transmittal 1301, dated July 20, 2007, (Change Request 5665 -- Revised Information on PET Scan Coding), effective January 28, 2005, CPT code 78609 became a non-covered service for Medicare purposes.

CPT Code	Procedure Status Indicator*
78609	N
78609 – TC (Technical Component)	N
78609 – 26 (Professional Component)	N

*Effective for dates of service on or after January 28, 2005

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New Category II codes for the Physician Quality Reporting Initiative (PQRI)

Effective for dates of service on or after October 1, 2007, the following Category II codes will be added to the MPFS with a status indicator of "M".

Code	Long Descriptor	Short Descriptor
1116F	Auricular or periauricular pain assessed	Auric/peri pain assessed
2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry	Tymp memb motion exam'd
3215F	Patient has documented immunity to Hepatitis A	Pt immunity to hep a doc'd
3216F	Patient has documented immunity to Hepatitis B	Pt immunity to hep b doc'd
3219F	Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C	Hep c geno tstng doc'd - done
3220F	Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment	Hep c quant rna tstng doc'd
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion	Note hring tst w/in 6 mon
3260F	pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report	Pt cat/pn cat/hist grd doc'd
4130F	Topical preparations (including OTC) prescribed for acute otitis externa	Topical prep rx, aoe
4131F	Systemic antimicrobial therapy prescribed	Syst antimicrobial thx rx
4132F	Systemic antimicrobial therapy not prescribed	No syst antimicrobial thx rx
4133F	Antihistamines or decongestants prescribed or recommended	Antihist/decong rx/recom
4134F	Antihistamines or decongestants neither prescribed nor recommended	No antihist/decong rx/recom
4135F	Systemic corticosteroids prescribed	Systemic corticosteroids rx
4136F	Systemic corticosteroids not prescribed	Syst corticosteroids not rx
4150F	Patient receiving antiviral treatment for Hepatitis C	Pt recvng antivir txmnt hepc

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Code	Long Descriptor	Short Descriptor
4151F	Patient not receiving antiviral treatment for Hepatitis C	Pt not recvng antiv hep c
4152F	Documentation that combination peginterferon and ribavirin therapy considered	Doc'd pegintf/rib thxy consd
4153F	Combination peginterferon and ribavirin therapy prescribed	Combo pegintf/rib rx
4154F	Hepatitis A vaccine series recommended	Hep a vac series recommended
4155F	Hepatitis A vaccine series previously received	Hep a vac series prev recvd
4156F	Hepatitis B vaccine series recommended	Hep b vac series recommended
4157F	Hepatitis B vaccine series previously received	Hep b vac series prev recvd
4158F	Patient education regarding risk of alcohol consumption performed	Pt edu re: alcoh drnkng done
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment	Contrcp talk b/4 antiv txmnt

The payment indicators are identical for all of the above PQRI CPT codes and those indicators are as follows:

Procedure Status:	M
WRVU:	0.00
Non-Facility PE RVU:	0.00
Facility PE RVU:	0.00
Malpractice RVU:	0.00
PC/TC:	9
Site of Service:	9
Global Surgery:	XXX
Multiple Procedure Indicator:	9
Bilateral Surgery Indicator:	9
Assistant at Surgery Indicator:	9
Co-Surgery Indicator:	9
Team Surgery Indicator:	9
Physician Supervision Diagnostic Indicator:	9
Type of Service:	1
Diagnostic Family Imaging Indicator:	99

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**Effective for services performed on or after October 1, 2007*

The short descriptor for G8370 was listed incorrectly in Transmittal 1258, dated May 29, 2007 (Change Request 5614 – July Update to the 2007 Medicare Physician Fee Schedule Database). The short descriptor has been corrected to read:

HCCPS	Revised Short Descriptor
G8370	Asthma pt w survey not docum

Additional Information

You can find the official instruction about the October update to the 2007 Medicare Physician Fee Schedule Database by going to CR5714, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1326CP.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI or MAC 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.

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