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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.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedcrePhysFeeSchedfctsht.pdf> on the Centers for Medicare & Medicaid Services website.

MLN Matters Number: MM5980

Related Change Request (CR) #: 5980

Related CR Release Date: March 21, 2008

Effective Date: January 1, 2008

Related CR Transmittal #: R1482CP

Implementation Date: April 7, 2008

April Update to the 2008 Medicare Physician Fee Schedule Database (MPFSDB)

Note: This article was updated on July 12, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians and providers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs) for professional services provided to Medicare beneficiaries that are paid under the Medicare Physician Fee Schedule (MPFS).

Provider Action Needed

This article is based on Change Request (CR) 5980 which amends payment files previously issued to Medicare contractors based upon the 2008 Medicare Physician Fee Schedule Final Rule. CR 5980 also includes new/revised codes for the Physician Quality Reporting Initiative (PQRI).

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Background

Attachment 1 of CR 5980 contains changes included in the April Update to the 2008 MPFSDB, and CR5980 can be reviewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1482CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website. Specific changes are detailed in Attachment 1 of CR 5980 and are summarized as follows:

CPT/HCPCS code revisions

A number of CPT/HCPCS codes have been modified to reflect revised bilateral indicators, Relative Value Unit (RVU) revisions, or procedure status changes retroactive to January 1, 2008.

Reinstated "J" Codes

A number of "J" Codes (J7611 through J7614) are reinstated with a status indicator of "E" and the reinstated codes are effective for dates of service on or after April 1, 2008. Descriptors and payment indicators for the reinstated codes are in attachment 1 of CR5980.

New "Q" Codes

There are several new "Q" codes (Q4096 through Q4098) with a status indicator of "E" and which are effective for dates of service on or after April 1, 2008. The codes with their descriptors are in the following table:

Code	Long Descriptor	Short Descriptor
Q4096	Injection, Von Willebrand Factor Complex, Human, Ristocetin Cofactor (Not Otherwise Specified), Per I.U. VWF:RCO	VWF complex, not Humate-P
Q4097	Injection, Immune Globulin (Privigen), Intravenous, Non-Lyophilized (E.G., Liquid), 500 mg	Inj IVIG Privigen 500 mg
Q4098	Injection, Iron Dextran, 50 mg	Inj iron dextran
Q4099	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	Formoterol fumarate, inh

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New Category II Codes for PQRI

There are new Category II codes for the PQRI for dates of service on or after April 1, 2008. These new codes and their descriptors are in the following table:

Code	Long Descriptor	Short Descriptor
0525F	Initial visit for episode	Initial visit for episode
0526F	Subsequent visit for episode	Subs visit for episode
1130F	Back pain and function assessed, including all of the following: Pain assessment AND functional status AND patient history, including notation of presence or absence of "red flags" (warning signs) AND assessment of prior treatment and response, AND employment status	Bk pain + fxn assessed
1134F	Episode of back pain lasting six weeks or less	Epsd bk pain for =< 6 wks
1135F	Episode of back pain lasting longer than six weeks	Epsd bk pain for > 6 wks
1136F	Episode of back pain lasting 12 weeks or less	Epsd bk pain for <= 12 wks
1137F	Episode of back pain lasting longer than 12 weeks	Epsd bk pain for > 12 wks
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications	Bk pn xm on init visit date
2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back pain episode lasting longer than six weeks	Doc mntl tst b/4 bk trxmnt
3330F	Imaging study ordered	Imaging study ordered (bkp)
3331F	Imaging study not ordered	Bk imaging tst not ordered
3340F	Mammogram assessment category of "incomplete: need additional imaging evaluation", documented	Mammo assess inc xray docd

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Code	Long Descriptor	Short Descriptor
3341F	Mammogram assessment category of "negative", documented	Mammo assess negative docd
3342F	Mammogram assessment category of "benign", documented	Mammo assess bengn docd
3343F	Mammogram assessment category of "probably benign", documented	Mammo probably bengn docd
3344F	Mammogram assessment category of "suspicious", documented	Mammo assess susp docd
3345F	Mammogram assessment category of "highly suggestive of malignancy", documented	Mammo assess hghlymalig doc
3350F	Mammogram assessment category of "known biopsy proven malignancy", documented	Mammo bx proven malig docd
4240F	Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain lasting longer than 12 weeks	Instr xrcz 4bk pn >12 weeks
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks	Sprvsd xrcz bk pn >12 weeks
4245F	Patient counseled during the initial visit to maintain or resume normal activities	Pt instr nrml lifest
4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer	Pt instr-no bd rest>= 4 days
4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 30 minutes immediately after anesthesia end time	Wrmng 4 surg - normothermia
5060F	Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam	Fndngs mammo 2pt w/in 3 days

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Code	Long Descriptor	Short Descriptor
	interpretation	
5062F	Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation	Doc f2fmammo findng in 3 days
6040F	Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented	Appro rad ds dvcs techs docd
6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented	Radxps in end rpt4fluro pxd
7020F	Mammogram assessment category [eg, Mammography Quality Standards Act (MQSA), Breast Imaging Reporting and Data System (BI-RADS®), or FDA approved equivalent categories] entered into an internal database to allow for analysis of abnormal interpretation (recall) rate	Mammo assess cat in dbase
7025F	Patient information entered into a reminder system with a target due date for the next mammogram	Pt infosys alarm 4 nxt mammo

Revised Descriptors for PQRI Codes

Attachment 1 of CR5980 also contains a list of editorial changes to the short and/or long descriptors for a number of PQRI codes.

Additional Information

The official instruction, CR 5980, issued to your carrier, FI, and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1482CP.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, or A/B 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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