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MLN Matters Number: MM6087 **Revised**

Related Change Request (CR) #: 6087

Related CR Release Date: May 30, 2008

Effective Date: January 1, 2008, unless otherwise noted in

Related CR Transmittal #: R1528CP

Implementation Date: July 7, 2008

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

Note: This article was revised on June 9, 2008, to correct the summary of CR6087 in the “Stop – Impact to You” section below. All other information remains the same.

Provider Types Affected

Physicians and providers who submit claims to Medicare Carriers and Part A/B Medicare Administrative Contractors (A/B MACs) for services rendered to Medicare beneficiaries that are paid based on the MPFSDB.

Provider Action Needed



STOP – Impact to You

Payment files for the MPFS were issued based on the 2008 Medicare Physician Fee Schedule Final Rule. Change Request (CR) 6087 amends those files AND includes new/revised codes for the Physician Quality Reporting Initiative (PQRI).



CAUTION – What You Need to Know

Physicians and providers may want to pay particular attention to the issue that effective July 1, 2008 payments are calculated using the conversion factor of \$34.0682, update factor of 0.899 and without the work geographic adjustment, which is the previous payment methodology that was outlined in the 2008 MPFS Final Rule but was delayed as a result of the Medicare, Medicaid, and State Children’s Health Insurance Program (SCHIP) Extension Act of 2007.

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GO – What You Need to Do

Make certain that your billing staffs are aware of these changes.

Background

Section 1848 (c)(4) of the Social Security Act provides for the establishment of the policies needed in order to implement relative values for physicians' services. CR6087 is the official document that announces these changes in the Medicare schedule. Rather than duplicate all the additions, deletions and changes in this article, the Centers for Medicare & Medicaid Services (CMS) directs you to CR6087, which contains lengthy lists of these items. CR6087 is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1528CP.pdf>.

As mentioned above, the key portions of CR6087 include the following information:

New G-codes for the Home Sleep Study Test Portable Monitor

New G-codes effective for services performed on or after March 13, 2008 are:

Code	Long Descriptor	Short Descriptor
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation.	Home sleep test/type 2 Porta
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	Home sleep test/type 3 Porta
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Home sleep test/type 4 Porta

New G-codes for the Physician Quality Reporting Initiative (PQRI)

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Effective for dates of service on or after July 1, 2008, the following HCPCS codes will be added to the MPFSDB:

Code	Long Descriptor	Short Descriptor
G8485	Clinician intends to report the Diabetes measure group	Report, Diabetes Measures
G8486	Clinician intends to report the Preventive Care measure group	Report, Prev Care Measures
G8487	Clinician intends to report the Chronic Kidney Disease (CKD) measure group	Report CKD Measures
G8488	Clinician intends to report the End Stage Renal Disease (ESRD) measure group	Report ESRD Measures

New Category II Codes

Effective for dates of service on or after July 1, 2008, the following Category II Codes will be added to the MPFSDB. (These codes are not part of the Physician Quality Reporting Initiative for 2008.)

Code	Long Descriptor	Short Descriptor
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool	Neg scrn dep symp by deptool
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool	No sig dep symp by dep tool
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool	Mild-mod dep symp by deptool
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool	Clin sig dep symp by dep tool

Please note that G-codes and CPT Category II codes are used to report quality measures under the PQRI program or for measure testing. The G-codes and CPT Category II codes applicable to the 2008 PQRI Measure Set are available in the “2008 PQRI Quality Measures Specification” document at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>.

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New Category III Codes

Effective for dates of service on or after July 1, 2008, the following Category III Codes (0188T through 0192T) will be added to the MPFSDB:

Code	Long Descriptor	Short Descriptor
0188T	Videoconferenced Critical Care First 30-74 Min	Videoconf crit care 74 min
0189T	Videoconferenced Critical Care Ea Addl 30min	Videoconf crit care addl 30
0190T	Intraocular Radiation Src Applicator Placement	Place intraoc radiation src
0191T	Ant Segment Insertion Drainage W/O Reservoir Int	Insert ant segment drain int
0192T	Ant Segment Insertion Drainage W/O Reservoir Ext	Insert ant segment drain ext

Note that your carrier or MAC will not reprocess claims already paid prior to implementation of this update. However, if you bring such claims to your contractor's attention, they will adjust such claims.

Additional Information

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To see the official instruction (CR6087) issued to your Medicare Carrier or A/B MAC visit <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1528CP.pdf>.

If you have questions, please contact your Medicare Carrier 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>.

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