

MLN Matters Number: MM4399

Related Change Request (CR) #:4399

Related CR Release Date: March 29, 2006

Effective Date: January 1, 2006

Related CR Transmittal #: R897CP

Implementation Date: April 3, 2006

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

Note: This article was updated on November 1, 2012, to reflect current Web addresses. This article was previously revised on April 17, 2006, to reflect that for services performed on or after March 17, 2005, Medicare will not pay for carotid artery stenting (CAS) with embolic protection claims that have procedure code 37216 (Transcatheter placement of intravascular stent(s) without distal embolic protection). The original article inadvertently gave an effective date of March 17, 2006 for that change. All other information remains unchanged.

Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers, and/or fiscal intermediaries (FIs) for services paid under the Medicare Physician Fee Schedule (MPFS)

Provider Action Needed

This article is based on Change Request (CR) 4399, which informs your carrier/intermediary that payment files were issued to carriers based upon the November 21, 2005, Medicare Physician Fee Schedule Final Rule. CR4399 amends those payment files and includes new G-codes for the Low Vision Rehabilitation Demonstration Project and new Category II codes 3046F through 3050F and 3076F through 3080F.

Background

The Social Security Act (Section 1848(c)(4); http://www.ssa.gov/OP_Home/ssact/title18/1848.htm), authorizes the Centers for Medicare & Medicaid Services (CMS) to establish ancillary policies necessary to implement relative values for physicians' services. CMS issued payment files to carriers/intermediaries based upon the November 21, 2005, MPFS Final Rule.

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Note: CR4399 amends those payment files and includes new G-codes for the Low Vision Rehabilitation Demonstration Project and new Category II codes 3046F through 3050F and 3076F through 3080F.

In the October 2005 update to the Medicare Physician Fee Schedule Database (MPFSDB) the multiple procedure indicators were inadvertently changed from a "0" to a "2" for CPT codes 20931, 20937, and 20938. The emergency update to the 2006 MPFSDB reinstated the multiple procedure indicators for these codes to a "0" effective January 1, 2006. Also, in the October 2005 update to the MPFSDB, the bilateral surgical indicators were inadvertently changed from "1" to "0" for CPT codes 63035, 63043, 63044, 64480, and 64484. This CR reinstates the bilateral surgical indicators for these codes to a "1" effective January 1, 2006.

Your carrier will not search their files for claims paid incorrectly from October 1, 2005, through December 31, 2005, but will adjust claims brought to their attention. In addition, your carrier will manually adjust their systems and the 2005 MPFSDB to reflect a multiple procedure indicator of a "0" for CPT codes 20931, 20937, and 20938 and a bilateral surgical indicator of a "1" for CPT codes 63035, 63043, 63044, 64480, and 64484.

CR4399 instructs that:

- Your carrier/intermediary should reinstate the bilateral surgical indicators for codes 63035, 63043, 63044, 64480, and 64484 to a "1" effective January 1, 2006.
- For services performed on or after March 17, 2005, Medicare will not pay for carotid artery stenting (CAS) with embolic protection claims that have procedure code 37216 (Transcatheter placement of intravascular stent(s) without distal embolic protection).
- CPT code 43842 (Gastric restrictive procedure, without gastric bypass, for morbid obesity, vertical banded gastroplasty) is non-covered for Medicare effective for services on or after February 21, 2006.
- Your carrier/intermediary should manually update the HCPCS file to reflect a coverage indicator of "C" for category II codes 0001F through 4018F.
- The descriptors for Category II modifiers 1P and 2P have been modified, effective for dates of service on or after January 1, 2006, as follows:
 - 1P – Performance Measure Exclusion Modifier due to Medical Reasons
 - 2P – Performance Measure Exclusion Modifier due to Patient Reasons
- Effective for dates of service on or after April 1, 2006, the Category II modifier 3P (Performance Measure Exclusion Modifier due to System Reasons) is recognized. Those system reasons include resources to perform the services

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were unavailable, insurance coverage/payor-related limitations, and other reasons attributable to the health care delivery system.

Note: Your carrier/intermediary will not search their files to either retract payment for claims already paid or to retroactively pay claims. However, your carrier/intermediary will adjust claims brought to their attention.

Unless otherwise stated in CR4399, changes are retroactive to January 1, 2006.

Additional Information

Other changes included in the April update of the MPFS are attached to CR4399. To see that official instruction issued to your carrier/intermediary, go to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R897CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/intermediary 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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