



Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProviderStand/index.html> on the CMS website.

MLN Matters Number: MM5498

Related Change Request (CR) #: 5498

Related CR Release Date: January 24, 2007

Effective Date: January 1, 2007

Related CR Transmittal #: R1161CP

Implementation Date: February 26, 2007

Additional Changes to the 2007 Medicare Physician Fee Schedule Database (MPFSDB)

Note: This article was updated on June 5, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians and other providers who bill Medicare contractors (carriers, fiscal intermediaries (FIs), or Part A/B Medicare administrative contractors (A/B MACs)) for professional services paid under the Medicare Physician Fee Schedule (MPFS).

Background

This article and Change Request (CR) 5498 wants providers to know that payment files were issued to carriers based upon the December 1, 2006, MPFS Final Rule and Transmittal 1143, Change Request 5459, *Emergency Update to the 2007 Medicare Physician Fee Schedule Database*. (An *MLN Matters*, MM5459, is available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5459.pdf> on the CMS website.) This CR, 5498, amends those payment files and includes new outpatient prospective payment system (OPPS) payment amounts for codes subject to the OPPS cap and other miscellaneous corrections.

Key Points of CR5498

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.

The changes to the 2007 MPFSDB are listed in **Attachment 1** of CR5498 and those changes are:

<u>CPT/HCPCS</u>	<u>ACTION</u>
31545	Bilateral Indicator = 1
31546	Bilateral Indicator = 1
70555 – 26	Work RVU = 2.54
76998 – 26	Work RVU = 1.20
77013 – 26	Work RVU = 3.99
77022 – 26	Work RVU = 4.24
77055 – Global	Work RVU = 0.70
77055 – 26	Work RVU = 0.70
93624 – 26	Status Indicator = A Work RVU = 4.80 Transitional Non-Facility PE RVU = 2.31 Fully Implemented Non-Facility PE RVU = 2.67 (Informational Only) Transitional Facility PE RVU = 2.31 Fully Implemented Facility PE RVU = 2.67 (Informational Only) Malpractice RVU = 0.33
96020 – 26	Work RVU = 3.43
G0103	Short Descriptor = PSA screening
S0147	Status Indicator = I
S0180	Status Indicator = I
S0345	Status Indicator = I
S0346	Status Indicator = I
S0347	Status Indicator = I
S2325	Status Indicator = I
S2344	Status Indicator = I
S3855	Status Indicator = I

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Note: In addition to the changes listed above, all records subject to the OPPS payment cap are also included since these payment amounts have been changed. These codes can be identified by OPPS indicator = 1.

Providers take note that the Medicare contractors will not search their files for claims affected by these changes in order to retract payment for claims already paid or retroactively pay claims. However, contractors will adjust claims that you bring to their attention.

Additional Information

You can see the official instruction issued to your Medicare carrier, FI or A/B MAC by going to CR 5498, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1161CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare 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.

Flu Shot Reminder It's Not Too Late to Get the Flu Shot. We are in the midst of flu season and a flu vaccine is still the best way to prevent infection and the complications associated with the flu. But re-vaccination is necessary each year because the flu viruses change each year. Encourage your Medicare patients who haven't already done so to get their annual flu shot and don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends. Get Your Flu Shot. It's Not Too Late!** Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website: <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf> on the CMS website.

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