



**News Flash** – The Medicare Learning Network now has Tip Sheets available with important information on the EHR incentive programs. One tip sheet provides user friendly information about incentive payment amounts and describes how they are calculated for fee for service and Medicare Advantage providers. Another provides information on eligibility, timeframes, and maximum payments for the EHR, PQRI, and E-Prescribing program. These Tip Sheets are available at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html> on the CMS EHR Incentive Programs website. Select the Medicare Eligible Professional tab on the left, and then scroll to “Downloads.”

MLN Matters® Number: MM7112

Related Change Request (CR) #: 7112

Related CR Release Date: September 17, 2010

Effective Date: January 1, 2010, unless otherwise noted

Related CR Transmittal #: R2051CP

Implementation Date: October 4, 2010

**Note:** This article was updated on December 10, 2012, to reflect current Web addresses. All other information remains unchanged.

## October Update to the 2010 Medicare Physician Fee Schedule Database (MPFSDB)

### Provider Types Affected

Physicians and non-physician practitioners submitting claims to Fiscal Intermediaries (FI), carriers or A/B Medicare Administrative Contractors (A/B MAC) for services provided to Medicare beneficiaries are affected.

### What You Need to Know

Payment files were issued to Medicare contractors based upon the 2010 Medicare Physician Fee Schedule Final Rule. This article is based on Change Request (CR) 7112, which amends those payment files. Medicare contractors will not search their files to either retract payment for claims already paid or to retroactively pay claims that were processed prior to implementation of CR 7112. However, contractors will adjust claims brought to their attention.

#### 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. CPT only copyright 2009 American Medical Association.

## Background

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Changes included in the October Update to the 2010 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

**The following changes are effective for dates of service on and after January 1, 2010:**

***CPT/HCPCS/Modifier ACTION***

51725 – TC	Multiple Procedure Indicator: 2
51726 – TC	Multiple Procedure Indicator: 2
51727 – TC	Multiple Procedure Indicator: 2
51728 – TC	Multiple Procedure Indicator: 2
51729 – TC	Multiple Procedure Indicator: 2
51736 – TC	Multiple Procedure Indicator: 2
51741 – TC	Multiple Procedure Indicator: 2
51784 – TC	Multiple Procedure Indicator: 2
51785 – TC	Multiple Procedure Indicator: 2
51792 – TC	Multiple Procedure Indicator: 2
54240	Multiple Procedure Indicator: 0
54240 – 26	Multiple Procedure Indicator: 0
54250	Multiple Procedure Indicator: 0
54250 – 26	Multiple Procedure Indicator: 0
59020	Multiple Procedure Indicator: 0
59020 – 26	Multiple Procedure Indicator: 0
59025	Multiple Procedure Indicator: 0
59025 – 26	Multiple Procedure Indicator: 0
76813 - TC	Physician Supervision Diagnostic Indicator: 01
76814 - TC	Physician Supervision Diagnostic Indicator: 01
G8443	Procedure Status: I
G8445	Procedure Status: I
G8446	Procedure Status: I

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**Magnetic Resonance Angiography**

On June 3, 2010, the Centers for Medicare & Medicaid Services (CMS) discontinued separate national coverage determinations (NCD) for Magnetic Resonance Angiography (MRA) and Magnetic Resonance Imaging (MRI) and eliminated the non-coverage language that currently exists for MRA in the NCD Manual, section 220.3, thereby permitting local Medicare contractors to cover (or not cover) all indications of MRA (and MRI) that are not specifically nationally covered or nationally non-covered. As a result of this change, the procedure status for CPT codes 72159 and 73225 has changed from noncovered to restricted. This change is effective for dates of service on or after June 3, 2010.

**The following changes are effective for dates of service on and after July 1, 2010:**

<i>CPT/HCPCS</i>	<i>ACTION</i>
0223T	Assistant at Surgery Indicator: 9
0224T	Assistant at Surgery Indicator: 9
0225T	Assistant at Surgery Indicator: 9
0226T	Assistant at Surgery Indicator: 9
0227T	Assistant at Surgery Indicator: 9
0228T	Assistant at Surgery Indicator: 9
0229T	Assistant at Surgery Indicator: 9
0230T	Assistant at Surgery Indicator: 9
0231T	Assistant at Surgery Indicator: 9
0232T	Assistant at Surgery Indicator: 9
0233T	Assistant at Surgery Indicator: 9

**Descriptor Changes**

The long and/or short descriptor has been revised for the following codes:

<i>CPT Code</i>	<i>Revised Long Descriptor</i>	<i>Revised Short Descriptor</i>
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	N/A

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<i>CPT Code</i>	<i>Revised Long Descriptor</i>	<i>Revised Short Descriptor</i>
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	Rapid immunoassay HIV-1,2

## Additional Information

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The official instruction, CR7112 issued to your carrier, FI, or A/B MAC, regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2051CP.pdf> on the Centers for Medicare & Medicaid Services (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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