

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1047	Date: SEPTEMBER 1, 2006
	Change Request 5272

SUBJECT: October Update to the 2006 Medicare Physician Fee Schedule Database

I. SUMMARY OF CHANGES: Payment files were issued to carriers based upon the November 21, 2005, Medicare Physician Fee Schedule Final Rule. This Change Request amends those payment files.

New/Revised Material

Effective Date: January 1, 2006

Implementation Date: October 2, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budget.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1047	Date: September 1, 2006	Change Request 5272
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SUBJECT: October Update to the 2006 Medicare Physician Fee Schedule Database

I. GENERAL INFORMATION

A. Background: Payment files were issued to carriers based upon the November 21, 2005, Medicare Physician Fee Schedule Final Rule. This Change Request amends those payment files.

B. Policy: Section 1848(c)(4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F	R	C	D	Shared System Maintainers				Other
						F	M	V	C	
I	H	I	E	S	S	S	W	F		
5272.1	Contractors shall, in accordance with Pub 100-04, Chapter 23, Section 30.1, give providers 30 days notice before implementing the revised payment amounts identified in Attachment 1. Unless otherwise stated in this transmittal, changes will be retroactive to January 1, 2006.			X						
5272.2	Contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.			X						
5272.3	Contractors shall apply Type of Service (TOS) 4 to the following Category III codes: 0159T, 0159T-TC and 0159T-26 with an effective date of July 1, 2006. NOTE: This change supersedes the TOS of 9 that was designated in Change Request 5102, Transmittal 963, Pub. 100-04, dated May 26, 2006.			X					X	

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
5272.4	Contractors shall apply TOS 6 to the following Category III codes: 0160T and 0161T with an effective date of July 1, 2006. NOTE: This change supersedes the TOS of 9 that was designated in Change Request 5102, Transmittal 963, Pub. 100-04, dated May 26, 2006.			X					X	
5272.5	Contractors shall retrieve the revised payment file, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. The file will be available for retrieval on August 17, 2006. NOTE: The Purchased Diagnostic and Fiscal Intermediary files were not created, as they are not impacted by these changes.			X						
5272.6	Notification of successful receipt shall be sent via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (e.g., carrier/fiscal intermediary name and number).			X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
5272.7	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2006</p> <p>Implementation Date: October 2, 2006</p> <p>Pre-Implementation Contact(s): Gaysha Brooks, (410) 786-9649;</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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2 Attachments

Codes for October Update

File Name for Revised Payment File

Attachment 1 – Codes for October Update

Changes included in the October Update to the 2006 Medicare Physician Fee Schedule Database are as follows:

<u>CPT/HCPCS</u>	<u>ACTION</u>
15000	Assistant at Surgery Indicator = 0
15001	Assistant at Surgery Indicator = 0
47145	Global Period = XXX Preoperative Time = 0.00 Intraoperative Time = 0.00 Postoperative Time = 0.00
52402	Endoscopic Base Code = 52000
G0289	Multiple Surgery Indicator = 0

The following codes were included in the July Update to the MPFSDB (Change Request 5102, Transmittal 963, Pub 100-04, dated May 26, 2006) and were effective for services performed on or after July 1, 2006. However the type of service (TOS) indicators listed for these codes were incorrect. The correct TOS are as follows:

0159T	Type of Service = 4
0159T – TC	Type of Service = 4
0159T – 26	Type of Service = 4
0160T	Type of Service = 6
0161T	Type of Service = 6

Attachment 2
File Name for Revised Payment File

The filename for the October Update to the 2006 Medicare Physician Fee Schedule Database for carriers are:

[MU00.@BF12390.MPFS.CY06.UP3.C00000.V0817](#)

NOTE: The Purchased Diagnostic and Fiscal Intermediary files were not created, as they are not impacted by these changes.