

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1528	Date: May 30, 2008
	Change Request 6087

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

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the 2008 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request (CR) amends those payment files and includes new codes for the Physician Quality Reporting Initiative. There are two different sets of payment files associated with this CR: (1) files with changes retroactive to January 1, 2008 with dates of service January 1, 2008 through June 30, 2008 with payment files calculated using the extended floor work geographic adjustment and the conversion factor of \$38.0870 (0.5 percent update), as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2007 and (2) files with changes effective July 1, 2008 with payment files 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 SCHIP Extension Act of 2007. The initial release of this RN can be found in Pub.100-04, Chapter 23, § 30.1.

New / Revised Material

Effective Date: January 1, 2008, unless otherwise stated in this transmittal

Implementation Date: July 7, 2008

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:

SECTION A: For Fiscal Intermediaries and Carriers:

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

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1528	Date: May 30, 2008	Change Request: 6087
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SUBJECT: July Update to the 2008 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2008, unless otherwise stated in this transmittal

Implementation Date: July 7, 2008

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the 2008 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request (CR) amends those payment files and includes new codes for the Physician Quality Reporting Initiative. There are two different sets of payment files associated with this CR: (1) files with changes retroactive to January 1, 2008 with dates of service January 1, 2008 through June 30, 2008 with payment files calculated using the extended floor work geographic adjustment and the conversion factor of \$38.0870 (0.5% update), as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2007 and (2) files with changes effective July 1, 2008 with payment files 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 SCHIP Extension Act of 2007.

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 TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6087.1	Contractors shall manually end-date code G0377 effective December 31, 2007. (Note: Medicare Contractors and CWF were instructed to perform this requirement in Transmittal 1482, Change Request 5980. FISS were inadvertently omitted.)			X			X			
6087.2	Contractors shall manually add the following HCPCS codes to the procedure code file effective for dates of service on or after March 13, 2008. The payment indicators are identical for all services in this code range.	X		X	X		X			X

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>Thus, the payment indicators will only be listed for the first service (HCPCS G0398) in this range. The codes and short descriptors are listed below.</p> <p>HCPCS Code: G0398 Short Descriptor: Home sleep test/type 2 Porta Procedure Status: C WRVU: 0.00 Non-Facility PE RVU: 0.00 Facility PE RVU: 0.00 Malpractice RVU: 0.00 PC/TC: 0 Site of Service: 1 Global Surgery: XXX Multiple Procedure Indicator: 0 Bilateral Surgery Indicator: 0 Assistant at Surgery Indicator: 9 Co-Surgery Indicator: 0 Team Surgery Indicator: 0 Physician Supervision Diagnostic Indicator: 09 Type of Service: 9 Diagnostic Family Imaging Indicator: 99</p> <p>HCPCS Code: G0399 Short Descriptor: Home sleep test/type 3 Porta</p> <p>HCPCS Code: G0400 Short Descriptor: Home sleep test/type 4 Porta</p>										
6087.3	Contractors shall add the new codes on the July 1, 2008 file to the procedure code file.	X			X						
6087.4	Contractors shall, as necessary, make the appropriate changes to update their carrier priced codes for dates of service on or after July 1, 2008.	X			X		X				
6087.5	Contractors shall, in accordance with Pub 100-4, Chapter 23, Section 30.1, give providers 30 days notice before implementing the changes identified in Attachment 1. Unless otherwise stated in this transmittal, changes will be retroactive to January 1, 2008.	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6087.6	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		X	X						
6087.7	Contractors shall retrieve the revised payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. Contractors will be notified via email when these files are available for retrieval.	X		X	X						
6087.8	CMS will send CWF two files to facilitate duplicate billing edits: 1) Purchased Diagnostic and 2) Duplicate Radiology Editing. CWF shall install these files into their systems. CWF will be notified via email when these files have been sent to them.									X	
6087.9	Contractors shall send notification of successful receipt via email 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		X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6087.10	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the 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 one week of the availability of the	X		X	X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A A C	D M E M A A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. 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

A. For any recommendations and supporting information associated with listed requirements, use the box below:N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Gaysha Brooks, Gaysha.Brooks@cms.hhs.gov, (410) 786-9649

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MACs):

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachments: 1

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ATTACHMENT 1

Changes included in the July Update to the 2008 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

The following codes are included in File A (changes retroactive to January 1, 2008):

<u>CPT/HCPCS</u>	<u>ACTION</u>	
15847	Multiple Procedure Indicator = 0	
21089	Global Period = YYY	
37205	Transitional Non-Facility PE RVU = 108.66	
37206	Transitional Non-Facility PE RVU = 66.45	
51797	Multiple Procedure Indicator = 0	
51797 – 26	Multiple Procedure Indicator = 0	
58353	Bilateral Indicator = 0	
58356	Bilateral Indicator = 0	
61630	Procedure Status = R	
	PC/TC:	0
	Site of Service:	1
	Global Surgery:	XXX
	Multiple Procedure Indicator:	2
	Bilateral Surgery Indicator:	0
	Assistant at Surgery Indicator:	2
	Co-Surgery Indicator:	1
	Team Surgery Indicator:	0
	Physician Supervision Diagnostic Indicator:	09
	Diagnostic Family Imaging Indicator:	99
61635	Procedure Status = R	
	PC/TC:	0
	Site of Service:	1
	Global Surgery:	XXX
	Multiple Procedure Indicator:	2
	Bilateral Surgery Indicator:	0
	Assistant at Surgery Indicator:	2
	Co-Surgery Indicator:	1
	Team Surgery Indicator:	0

Physician Supervision Diagnostic Indicator: 09
Diagnostic Family Imaging Indicator: 99

92621 Bilateral Indicator = 0

92627 Bilateral Indicator = 0

93501 Fully Implemented Non-Facility PE RVU = 18.86 (Informational Only)
Fully Implemented Facility PE RVU = 18.86 (Informational Only)

93508 Transitional Non-Facility PE RVU = 21.85
Fully Implemented Non-Facility PE RVU = 29.00
Transitional Facility PE RVU = 21.85
Fully Implemented Facility PE RVU = 29.00

93510 Transitional Non-Facility PE RVU = 33.73
Fully Implemented Non-Facility PE RVU = 28.30
Transitional Facility PE RVU = 33.73
Fully Implemented Facility PE RVU = 28.30

93526 Transitional Non-Facility PE RVU = 43.11
Fully Implemented Non-Facility PE RVU = 35.29
Transitional Facility PE RVU = 43.11
Fully Implemented Facility PE RVU = 35.29

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

Per Business Requirement 6087.2, contractors shall manually add the following HCPCS codes (G0398 through G0400) to their systems effective for dates of service on or after March 13, 2008. The payment indicators are identical for all services in this code range. Thus, the payment indicators will only be listed for the first service (HCPCS code G0398) in this range.

HCPCS Code:	G0398
Long Descriptor:	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.
Short Descriptor:	Home sleep test/type 2 Porta
Procedure Status:	C
WRVU:	0.00
Non-Facility PE RVU:	0.00
Facility PE RVU:	0.00
Malpractice RVU:	0.00
PC/TC:	0
Site of Service:	1

Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 9
Diagnostic Family Imaging Indicator: 99
Effective for services performed on or after March 13, 2008

HCPCS Code	Long Descriptor	Short Descriptor
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

Codes with Revised Descriptors

Editorial changes were made to the long and/or short descriptors for the following HCPCS codes.

HCPCS Code	Long Descriptor Change	Short Descriptor Change
G0248	Demonstration, prior to initial use, of home INR monitoring for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing prior to its use	N/A
G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism	Provide INR test mater/equip

	who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to physician; not occurring more frequently than once a week	
G0250	Physician review, interpretation, and patient management of home INR testing for a patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes face-to-face verification by the physician that the patient uses the device in the context of the management of the anticoagulation therapy following initiation of the home INR monitoring; not occurring more frequently than once a week	MD INR test review inter mgmt

The following codes are included in File B (changes effective for dates of service on or after July 1, 2008):

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

Effective for dates of service on or after July 1, 2008, the following HCPCS codes will be added to the MPFSDB with a status indicator of “M”. The payment indicators are identical for all services. Thus, the payment indicators will only be listed for the first service (HCPCS code G8485).

HCPCS Code:	G8485
Long Descriptor:	Clinician intends to report the Diabetes measure group
Short Descriptor:	Report, Diabetes Measures
Procedure Status:	M
WRVU:	0.00
Non-Facility PE RVU:	0.00
Facility PE RVU:	0.00
Malpractice RVU:	0.00
PC/TC:	9
Site of Service:	9
Global Surgery:	XXX
Multiple Procedure Indicator:	9

Bilateral Surgery Indicator: 9
 Assistant at Surgery Indicator: 9
 Co-Surgery Indicator: 9
 Team Surgery Indicator: 9
 Physician Supervision Diagnostic Indicator: 09
 Type of Service: 1
 Diagnostic Family Imaging Indicator: 99
 Effective for services performed on or after July 1, 2008

HCPCS Code	Long Descriptor	Short Descriptor
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 and will be assigned a status indicator of "I". The payment indicators are identical for all services. Thus, the payment indicators will only be listed for the first service (HCPCS code 3351F).

CPT Code: 3351F
 Long Descriptor: Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool

 Short Descriptor: Neg scrn dep symp by deptool
 Procedure Status: I
 WRVU: 0.00
 Non-Facility PE RVU: 0.00
 Facility PE RVU: 0.00
 Malpractice RVU: 0.00
 PC/TC: 9
 Site of Service: 9
 Global Surgery: XXX
 Multiple Procedure Indicator: 9
 Bilateral Surgery Indicator: 9
 Assistant at Surgery Indicator: 9
 Co-Surgery Indicator: 9
 Team Surgery Indicator: 9
 Physician Supervision Diagnostic Indicator: 09

Type of Service: 1
 Diagnostic Family Imaging Indicator: 99
 Effective for services performed on or after July 1, 2008

CPT Code	Long Descriptor	Short Descriptor
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 sym by dep tool

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.

CPT Code: 0188T
 Long Descriptor: Videoconferenced Critical Care First 30-74 Min
 Short Descriptor: Videoconf crit care 74 min

Procedure Status: N
 WRVU: 0.00
 Non-Facility PE RVU: 0.00
 Facility PE RVU: 0.00
 Malpractice RVU: 0.00
 PC/TC: 9
 Site of Service: 9
 Global Surgery: XXX
 Multiple Procedure Indicator: 9
 Bilateral Surgery Indicator: 9
 Assistant at Surgery Indicator: 9
 Co-Surgery Indicator: 9
 Team Surgery Indicator: 9
 Physician Supervision Diagnostic Indicator: 09
 Type of Service: 1
 Diagnostic Family Imaging Indicator: 99
 Effective for services performed on or after July 1, 2008

CPT Code: 0189T
 Long Descriptor: Videoconferenced Critical Care Ea Addl 30min

Short Descriptor: Videoconf crit care addl 30

Procedure Status: N
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 9
Site of Service: 9
Global Surgery: XXX
Multiple Procedure Indicator: 9
Bilateral Surgery Indicator: 9
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 9
Team Surgery Indicator: 9
Physician Supervision Diagnostic Indicator: 09
Type of Service: 1
Diagnostic Family Imaging Indicator: 99
Effective for services performed on or after July 1, 2008

CPT Code: 0190T
Long Descriptor: Intraocular Radiation Src Applicator Placement
Short Descriptor: Place intraoc radiation src

Procedure Status: C
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Effective for services performed on or after July 1, 2008

CPT Code: 0191T
Long Descriptor: Ant Segment Insertion Drainage W/O Reservoir Int
Short Descriptor: Insert ant segment drain int

Procedure Status: C
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Effective for services performed on or after July 1, 2008

CPT Code: 0192T
Long Descriptor: Ant Segment Insertion Drainage W/O Reservoir Ext
Short Descriptor: Insert ant segment drain ext

Procedure Status: C
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 9
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Effective for services performed on or after July 1, 2008

Attachment 2
Filenames for Revised Payment Files

The revised filenames for the July Update to the 2008 Medicare Physician Fee Schedule Database for carriers are:

File A (changes retroactive to January 1, 2008; Payment files calculated using the extended floor work geographic adjustment and the conversion factor of \$38.0870 (0.5% update)):

[MU00.@BF12390.MPFS.CY08.RV3.C00000.V0522](#)

File B (changes effective July 1, 2008; Payment files calculated using the conversion factor of \$34.0682 and without the work geographic adjustment)

[MU00.@BF12390.MPFS.CY08.RV3B.C00000.V0522](#)

Anesthesia File

[MU00.@BF12390.MPFS.CY08.RV3B.ANES.V0522](#) (For changes effective July 1, 2008)

Purchased Diagnostic Files

[MU00.@BF12390.MPFS.CY08.RV3.PURDIAG.V0522](#) (For changes retroactive to January 1, 2008)

[MU00.@BF12390.MPFS.CY08.RV3B.PURDIAG.V0522](#) (For changes effective July 1, 2008)

The revised filenames for the July Update to the 2008 Medicare Physician Fee Schedule Database for intermediaries are:

Anesthesia File

[MU00.@BF12390.MPFS.CY08.RV3B.ANES.V0522](#) (For changes effective July 1, 2008)

SNF Abstract Files

[MU00.@BF12390.MPFS.CY08.RV3.SNF.V0522.FI](#) (For changes retroactive to January 1, 2008)

[MU00.@BF12390.MPFS.CY08.RV3B.SNF.V0522.FI](#) (For changes effective July 1, 2008)

Therapy/CORF Abstract Files

[MU00.@BF12390.MPFS.CY08.RV3.ABSTR.V0522.FI](#) (For changes retroactive to January 1, 2008)

[MU00.@BF12390.MPFS.CY08.RV3B.ABSTR.V0522.FI](#) (For changes effective July 1, 2008)

Mammography Abstract Files

[MU00.@BF12390.MPFS.CY08.RV3.MAMMO.V0522.FI](#) (For changes retroactive to January 1, 2008)

[MU00.@BF12390.MPFS.CY08.RV3B.MAMMO.V0522.FI](#) (For changes effective July 1, 2008)

Therapy/CORF Supplemental Files

[MU00.@BF12390.MPFS.CY08.RV3.SUPL.V0522.FI](#) (For changes retroactive to January 1, 2008)

[MU00.@BF12390.MPFS.CY08.RV3B.SUPL.V0522.FI](#) (For changes effective July 1, 2008)

Hospice Files

[MU00.@BF12390.MPFS.CY08.RV3.ALL.V0522.RHHI](#) (For changes retroactive to January 1, 2008)

[MU00.@BF12390.MPFS.CY08.RV3B.ALL.V0522.RHHI](#) (For changes effective July 1, 2008)