

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1691</b>	<b>Date: MARCH 4, 2009</b>
	<b>Change Request 6397</b>

**Subject: April Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB)**

**I. SUMMARY OF CHANGES:** Payment files were issued to contractors based upon the 2009 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request amends those payment files. The initial release of the RUN can be found in Pub. 100-04, Chapter 23, Section 30.1 of the Internet Only Manual.

**New / Revised Material**

**Effective Date: January 1, 2009**

**Implementation Date: April 6, 2009**

*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: 1691	Date: March 4, 2009	Change Request: 6397
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**SUBJECT: April Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB)**

**Effective Date:** January 1, 2009

**Implementation Date:** April 6, 2009

## I. GENERAL INFORMATION

**A. Background:** Payment files were issued to contractors based upon the 2009 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request (CR) amends those payment files.

**Note:** In the 2009 MPFS Final Rule we discussed a newly created CPT code, 95992, describing canalith repositioning procedures. We indicated that, prior to the new CPT code, this service was billed by physicians as part of an Evaluation and Management service, and by nonphysician practitioners, primarily therapists, using other existing codes. We assigned the code a status indicator of B (bundled), and stated that bundling this code is most appropriate because this service is currently being paid for as part of an Evaluation and Management (E and M) service. However, since therapists also provide this service and they cannot bill for E and M services, they should continue to bill CPT code 97112 for this service.

**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 A C	D M E M A A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
6397.1	Contractors shall manually update the 2008 MPFSDB to reflect a procedure status of "N" for CPT code 0085T. Effective for claims with dates of service on and after December 8, 2008, the Heartsbreath Test used to predict heart transplant rejection is nationally non-covered. CPT code 0085T, breath test for heart transplant rejection, is no longer payable by Medicare.	X			X						
6397.2	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	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 I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	be retroactive to January 1, 2009.										
6397.3	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						
6397.4	Contractors shall retrieve the revised payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. Files will be available for retrieval on February 19, 2009.	X		X	X		X				
6397.5	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	
6397.6	Contractors shall send notification of successful receipt via email to <a href="mailto:price_file_receipt@cms.hhs.gov">price_file_receipt@cms.hhs.gov</a> 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	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6397.7	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>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 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.</p>	X		X	X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	

**IV. SUPPORTING INFORMATION**

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

*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:**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Gaysha Brooks, [Gaysha.Brooks@cms.hhs.gov](mailto: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 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 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.

Attachment 1

Changes included in the April Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

<u>CPT/HCPCS</u>	<u>ACTION</u>
0529F	Procedure Status = M
0540F	Procedure Status = M
0575F	Procedure Status = I
1170F	Procedure Status = M
3016F	Procedure Status = M
3250F	Procedure Status = M
3455F	Procedure Status = M
3470F	Procedure Status = M
3471F	Procedure Status = M
3472F	Procedure Status = M
3475F	Procedure Status = M
3476F	Procedure Status = M
3570F	Procedure Status = M
4148F	Procedure Status = M
4149F	Procedure Status = M
4192F	Procedure Status = M
4193F	Procedure Status = M
4194F	Procedure Status = M
4195F	Procedure Status = M
4196F	Procedure Status = M

4267F Procedure Status = M

4270F Procedure Status = I

4271F Procedure Status = I

4279F Procedure Status = I

4280F Procedure Status = I

93351 Global Long Descriptor: Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision

Short Descriptor: Stress tte complete

Procedure Status: A

WRVU: 1.75

Transitional Non-Facility PE RVU: 5.07

Fully Implemented Non-Facility PE RVU: 5.07

Transitional Facility PE RVU: 5.07

Fully Implemented Non-Facility PE RVU: 5.07

Malpractice RVU: 0.22

PC/TC: 1

Site of Service: 1

Global Surgery: XXX

Multiple Procedure Indicator: 0

Bilateral Surgery Indicator: 0

Assistant at Surgery Indicator: 9

Co-Surgery Indicator: 9

Team Surgery Indicator: 9

Physician Supervision Diagnostic Indicator: 09

Type of Service: 5

Diagnostic Family Imaging Indicator: 99

93351 TC Long Descriptor: Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision

Short Descriptor: Stress tte complete

Procedure Status: A

WRVU: 0.00

Transitional Non-Facility PE RVU: 4.15  
Fully Implemented Non-Facility PE RVU: 4.15  
Transitional Facility PE RVU: 4.15  
Fully Implemented Non-Facility PE RVU: 4.15  
Malpractice RVU: 0.16  
PC/TC: 1  
Site of Service: 1  
Global Surgery: XXX  
Multiple Procedure Indicator: 0  
Bilateral Surgery Indicator: 0  
Assistant at Surgery Indicator: 9  
Co-Surgery Indicator: 9  
Team Surgery Indicator: 9  
Physician Supervision Diagnostic Indicator: 02  
Type of Service: 5  
Diagnostic Family Imaging Indicator: 99

93351 26

Long Descriptor: Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision

Short Descriptor: Stress tte complete

Procedure Status: A

WRVU: 1.75

Transitional Non-Facility PE RVU: 0.92

Fully Implemented Non-Facility PE RVU: 0.92

Transitional Facility PE RVU: 0.92

Fully Implemented Non-Facility PE RVU: 0.92

Malpractice RVU: 0.06

PC/TC: 1

Site of Service: 1

Global Surgery: XXX

Multiple Procedure Indicator: 0

Bilateral Surgery Indicator: 0

Assistant at Surgery Indicator: 9

Co-Surgery Indicator: 9

Team Surgery Indicator: 9

Physician Supervision Diagnostic Indicator: 09

Type of Service: 5

Diagnostic Family Imaging Indicator: 99

G0270

Work RVU = 0.45

G0392

Transitional Facility PE RVU = 3.60

G0393 Transitional Facility PE RVU = 2.36

G8489 Procedure Status = M

G8490 Procedure Status = M

G8491 Procedure Status = M

G8492 Procedure Status = M

G8493 Procedure Status = M

G8494 Procedure Status = M

G9041 Work RVU = 0.54  
Transitional Non-Facility PE RVU = 0.22  
Fully Implemented Non-Facility PE RVU = 0.22  
Transitional Facility PE RVU = 0.22  
Fully Implemented Facility PE RVU = 0.22

G9042 Work RVU = 0.20  
Transitional Non-Facility PE RVU = 0.20  
Fully Implemented Non-Facility PE RVU = 0.20  
Transitional Facility PE RVU = 0.20  
Fully Implemented Facility PE RVU = 0.20

G9043 Work RVU = 0.20  
Transitional Non-Facility PE RVU = 0.20  
Fully Implemented Non-Facility PE RVU = 0.20  
Transitional Facility PE RVU = 0.20  
Fully Implemented Facility PE RVU = 0.20

G9044 Work RVU = 0.19  
Transitional Non-Facility PE RVU = 0.15  
Fully Implemented Non-Facility PE RVU = 0.15  
Transitional Facility PE RVU = 0.15  
Fully Implemented Facility PE RVU = 0.15

J7611 Procedure Status = E

J7612 Procedure Status = E

J7613 Procedure Status = E

J7614 Procedure Status = E



### **Descriptor Changes**

The long descriptor has been revised for the following codes:

CPT Code	Revised Long Descriptor	Revised Short Descriptor
G0248	Demonstration, prior to initiation 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's ability to perform testing and report results	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 who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	N/A
G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests	N/A

### **Change in Procedure Status for CPT code 0085T**

Per Business Requirement 6397.1, contractors shall manually update the 2008 MPFSDB to reflect a procedure status of "N" for CPT code 0085T. Effective for claims with dates of service on and after December 8, 2008, the Heartsbreath Test used to predict heart transplant rejection is nationally non-covered. CPT code 0085T, breath test for heart transplant rejection, is no longer payable by Medicare.

0085T

Procedure Status = N (effective 12/8/2008)

Attachment 2  
Filenames for Revised Payment Files

The filenames for the April Update to the 2009 Medicare Physician Fee Schedule Database for carriers are:

[MU00.@BF12390.MPFS.CY09.RV2.C00000.V0219](#)

The filenames for the April Update to the 2009 Medicare Physician Fee Schedule Database for intermediaries are:

SNF Abstract File

[MU00.@BF12390.MPFS.CY09.RV2.SNF.V0219.FI](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY09.RV2.ABSTR.V0219.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY09.RV2.MAMMO.V0219.FI](#)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY09.RV2.SUPL.V0219.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY09.RV2.ALL.V0219.RHHI](#)

Payment Indicator File

[MU00.@BF12390.MPFS.CY09.RV2.PAYIND.V0219](#)