

<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 1748</b>	<b>Date: May 29, 2009</b>
	<b>Change Request 6484</b>

**NOTE: Transmittal 1748, dated May 29, 2009, is being reissued. Due to changes to the Site of Service Indicator for CPT codes 90670, Q2023, Q4115 and Q4116 and the Professional and Technical Component (PC/TC) Indicator for CPT codes Q2023, Q4115 and Q4116. All other information remains the same.**

**Subject: July 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 attached Recurring Update Notification applies to Chapter 23, Section 30.1.

**New / Revised Material**

**Effective Date: January 1, 2009**

**Implementation Date: July 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.*



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  I O C E
							F I S S	M C S	V M S	C W F	
	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.										
6484.6	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	
6484.7	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. 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.	X		X	X						

### 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](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.

ATTACHMENTS (2)

Attachment 1

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

**The following changes are effective for dates of service on and after January 1, 2009:**

<u>CPT/HCPCS</u>	<u>ACTION</u>
50593	Bilateral indicator = 1
77421 Global	Physician Supervision Diagnostic Indicator = 09
77421 TC	Physician Supervision Diagnostic Indicator = 02
92025 Global	Bilateral Indicator = 2
92025 TC	Bilateral Indicator = 2
92025 26	Bilateral Indicator = 2

**The following changes are effective for dates of service on and after July 1, 2009:**

90670	Long Descriptor: Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
	Short descriptor: Pneumococcal vacc, 13 val im
	Procedure Status: X
	WRVU: 0.00
	Transitional Non-Facility PE RVU: 0.00
	Fully Implemented Non-Facility PE RVU: 0.00
	Transitional Facility PE RVU: 0.00
	Fully Implemented 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: V
	Diagnostic Family Imaging Indicator: 99

92506	PC/TC Indicator = 7
92507	PC/TC Indicator = 7
92508	PC/TC Indicator = 7
92526	PC/TC Indicator = 7
92597	PC/TC Indicator = 7
92607	PC/TC Indicator = 7
92608	PC/TC Indicator = 7
92609	PC/TC Indicator = 7
96125	PC/TC Indicator = 7
0199T	<p>Long descriptor: Physiologic recording of tremor using accelerometer(s) and gyroscope(s), (including frequency and amplitude) including interpretation and report</p> <p>Short descriptor: Physiologic tremor record</p> <p>Procedure Status: C</p> <p>WRVU: 0.00</p> <p>Transitional Non-Facility PE RVU: 0.00</p> <p>Fully Implemented Non-Facility PE RVU: 0.00</p> <p>Transitional Facility PE RVU: 0.00</p> <p>Fully Implemented Facility PE RVU: 0.00</p> <p>Malpractice RVU: 0.00</p> <p>PC/TC: 0</p> <p>Site of Service: 1</p> <p>Global Surgery: XXX</p> <p>Multiple Procedure Indicator: 9</p> <p>Bilateral Surgery Indicator: 9</p> <p>Assistant at Surgery Indicator: 9</p> <p>Co-Surgery Indicator: 9</p> <p>Team Surgery Indicator: 9</p> <p>Physician Supervision Diagnostic Indicator: 09</p> <p>Type of Service: 9</p> <p>Diagnostic Family Imaging Indicator: 99</p>
0200T	<p>Long descriptor: Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device (if utilized), one or more needles</p> <p>Short descriptor: Perq sacral augmt unilat inj</p>

Procedure Status: C  
WRVU: 0.00  
Transitional Non-Facility PE RVU: 0.00  
Fully Implemented Non-Facility PE RVU: 0.00  
Transitional Facility PE RVU: 0.00  
Fully Implemented Facility PE RVU: 0.00  
Malpractice RVU: 0.00  
PC/TC: 0  
Site of Service: 1  
Global Surgery: XXX  
Multiple Procedure Indicator: 9  
Bilateral Surgery Indicator: 1  
Assistant at Surgery Indicator: 9  
Co-Surgery Indicator: 9  
Team Surgery Indicator: 9  
Physician Supervision Diagnostic Indicator: 09  
Type of Service: 9  
Diagnostic Family Imaging Indicator: 99

0201T

Long descriptor: Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device (if utilized), two or more needles

Short descriptor: Perq sacral augmt bilat inj  
Procedure Status: C  
WRVU: 0.00  
Transitional Non-Facility PE RVU: 0.00  
Fully Implemented Non-Facility PE RVU: 0.00  
Transitional Facility PE RVU: 0.00  
Fully Implemented Facility PE RVU: 0.00  
Malpractice RVU: 0.00  
PC/TC: 0  
Site of Service: 1  
Global Surgery: XXX  
Multiple Procedure Indicator: 9  
Bilateral Surgery Indicator: 2  
Assistant at Surgery Indicator: 9  
Co-Surgery Indicator: 9  
Team Surgery Indicator: 9  
Physician Supervision Diagnostic Indicator: 09  
Type of Service: 2  
Diagnostic Family Imaging Indicator: 99

0202T

Long descriptor: Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine

Short descriptor: Post vert arthrplst 1 lumbar  
Procedure Status: C  
WRVU: 0.00  
Transitional Non-Facility PE RVU: 0.00  
Fully Implemented Non-Facility PE RVU: 0.00  
Transitional Facility PE RVU: 0.00  
Fully Implemented Facility PE RVU: 0.00  
Malpractice RVU: 0.00  
PC/TC: 0  
Site of Service: 1  
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: 2  
Diagnostic Family Imaging Indicator: 99

Q2023

Long descriptor: Injection, factor viii (antihemophilic factor, recombinant) (Xyntha), per i.u.

Short descriptor: Xyntha, inj  
Procedure Status: E  
WRVU: 0.00  
Transitional Non-Facility PE RVU: 0.00  
Fully Implemented Non-Facility PE RVU: 0.00  
Transitional Facility PE RVU: 0.00  
Fully Implemented 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, P  
Diagnostic Family Imaging Indicator: 99

Q4115

Long descriptor: Skin substitute, alloskin, per square centimeter

Short descriptor: Alloskin skin sub

Procedure Status: E  
WRVU: 0.00  
Transitional Non-Facility PE RVU: 0.00  
Fully Implemented Non-Facility PE RVU: 0.00  
Transitional Facility PE RVU: 0.00  
Fully Implemented 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

Q4116

Long descriptor: Skin substitute, alloderm, per square centimeter

Short descriptor: Alloderm skin sub  
Procedure Status: E  
WRVU: 0.00  
Transitional Non-Facility PE RVU: 0.00  
Fully Implemented Non-Facility PE RVU: 0.00  
Transitional Facility PE RVU: 0.00  
Fully Implemented 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

**Modifier 21 (Prolonged Evaluation and Management Services)**

Per Business Requirement 6484.1 contractors shall manually end-date modifier 21 effective December 31, 2008. Modifier 21 has been deleted. To report prolonged physician services, see CPT codes 99354-99357.

**Note:** Changes to CPT code 93351 were included in the April Update to the MPFSDB. Fully implemented facility practice expense relative value units (PE RVUs) were inadvertently not listed in Attachment 1 of the April update but were included on the payment files. This service is typically not paid under the Medicare physician fee schedule when provided in a facility setting and the fully implemented facility PE RVUs listed below are informational only.

93351 Global            Fully Implemented Facility PE RVU: 5.07

93351 TC                Fully Implemented Facility PE RVU: 4.15

93351 26                Fully Implemented Facility PE RVU: 0.92

Attachment 2  
Filenames for Revised Payment Files

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

**File A (For changes retroactive to January 1, 2009):**

[MU00.@BF12390.MPFS.CY09.RV3.C00000.V0521](#)

**Purchased Diagnostic File (For changes retroactive to January 1, 2009; if applicable)**

[MU00.@BF12390.MPFS.CY09.RV3.PURDIAG.V0521](#)

**File B (For changes effective July 1, 2009)**

[MU00.@BF12390.MPFS.CY09.RV3B.C00000.V0521](#)

**Purchased Diagnostic File (For changes effective July 1, 2009; if applicable)**

[MU00.@BF12390.MPFS.CY09.RV3B.PURDIAG.V0521](#)

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

**SNF Abstract File**

[MU00.@BF12390.MPFS.CY09.RV3.SNF.V0521.FI](#)

**Therapy/CORF Abstract File**

[MU00.@BF12390.MPFS.CY09.RV3.ABSTR.V0521.FI](#)

**Mammography Abstract File**

[MU00.@BF12390.MPFS.CY09.RV3.MAMMO.V0521.FI](#)

**Therapy/CORF Supplemental File**

[MU00.@BF12390.MPFS.CY09.RV3.SUPL.V0521.FI](#)

**Hospice File**

[MU00.@BF12390.MPFS.CY09.RV3.ALL.V0521.RHHI](#)

**Payment Indicator File**

[MU00.@BF12390.MPFS.CY09.RV3.PAYIND.V0521](#)