

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 963

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: MAY 26, 2006

Change Request 5102

SUBJECT: July 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 and includes new Category II and Category III codes.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : January 01, 2006

IMPLEMENTATION DATE : July 03, 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 budgets.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

| | | | |
|--------------------|-------------------------|---------------------------|----------------------------|
| Pub. 100-04 | Transmittal: 963 | Date: May 26, 2006 | Change Request 5102 |
|--------------------|-------------------------|---------------------------|----------------------------|

SUBJECT: July 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 (CR) amends those payment files and includes new Category II and Category III codes.

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 I | R H I | C a r r i e r | D M E R C | Shared System Maintainers | | | |
| | | | | | F I S S | M C S | V M S | C W F | |
| 5102.1 | Contractors shall, in accordance with Pub 100-4, 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 | | X | | | | | |
| 5102.2 | 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 | | X | | | | | |
| 5102.3 | Included in Attachment 1 are revised descriptors for the following codes: G9078 G9125 G9127 1000F 4015F Contractors shall update their systems to reflect these changes. | X | | X | | | | | |

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | | |
|--------------------|---|---|------------------|---------------------------------|-----------------------|---------------------------|-------------|-------------|-------------|-------|
| | | F I | R H 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 | |
| 5102.4 | 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 May 22, 2006. | X | | X | | | | | | |
| 5102.5 | 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 | | X | | | | | | |

III. PROVIDER EDUCATION

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | | |
|--------------------|--|---|------------------|---------------------------------|-----------------------|---------------------------|-------------|-------------|-------------|-------|
| | | F I | R H 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 | |
| 5102.6 | A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | X | | X | | | | | | |

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

| | |
|--|---|
| Effective Date*: January 1, 2006 Implementation Date: July 3, 2006 Pre-Implementation Contact(s): Gaysha Brooks, (410) 786-9649; Post-Implementation Contact(s): Regional Office | No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets. |
|--|---|

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

2 Attachments

Attachment 1

Changes included in the July Update to the 2006 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

| <u>CPT/HCPCS</u> | <u>ACTION</u> |
|------------------|-------------------------|
| 95991 | Non-Facility RVU = 1.50 |

The long descriptors for G9078, G9125, and G9127 (codes for 2006 Oncology Demonstration Project) have been revised. The new descriptors are effective for services performed on or after January 1, 2006 (date codes were implemented).

G9078

Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t2 or t3a† gleason 8-10 or psa > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases

G9125

Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and /or bcr-abl positive; *blast phase not†* in hematologic, cytogenetic, or molecular remission

G9127

Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and /or bcr-abl positive; extent of disease unknown, under evaluation, not listed (for use in a Medicare-approved demonstration project)

Effective July 1, 2006, the following Category II codes will be added to the MPFSDB with a status indicator of “M”. The MPFSDB indicators are identical for all services and will only be listed for the first service (Category II code 0012F). The following codes are effective for services performed on or after July 1, 2006:

0012F

Long Descriptor: Community-acquired bacterial pneumonia assessed (CAP¹)

Includes all of the following components:

Co-morbid conditions assessed (1026F¹)

Vital signs recorded (2010F¹)

Mental status assessed (2014F¹)

Hydration status assessed (2018F¹)

Short Descriptor: CAP bacterial assess

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 |
| Diagnostic Indicator: | 9 |
| Type of Service: | 1 |
| Diagnostic Family Imaging Indicator: | 99 |

1015F

Long Descriptor: Chronic obstructive pulmonary disease (COPD) symptoms assessed (Includes assessment of at least one of the following: dyspnea, cough/sputum, wheezing), or respiratory symptom assessment tool completed (COPD¹)

Short Descriptor: COPD symptoms assess

1018F

Long Descriptor: Dyspnea assessed, not present (COPD¹)

Short Descriptor: Assess dyspnea not present

1019F

Long Descriptor: Dyspnea assessed, present (COPD¹)

Short Descriptor: Assess dyspnea present

1022F

Long Descriptor: Pneumococcus immunization status assessed (CAP¹, COPD¹)

Short Descriptor: Pneumo imm status assess

1026F

Long Descriptor: Co-morbid conditions assessed (eg, includes assessment for presence or absence of: malignancy, liver disease, congestive heart failure, cerebrovascular disease, renal disease, chronic obstructive pulmonary disease, asthma, diabetes, other co-morbid conditions)(CAP¹)

Short Descriptor: Co-morbid condition assess

1030F

Long Descriptor: Influenza immunization status assessed (CAP¹)

Short Descriptor: Influenza imm status assess

1034F

Long Descriptor: Current tobacco smoker (CAD¹, CAP¹, COPD¹, DM⁴, PV¹)

Short Descriptor: Current tobacco smoker

1035F

Long Descriptor: Current smokeless tobacco user (eg, chew, snuff) (PV¹)

Short Descriptor: Smokeless tobacco user

1036F

Long Descriptor: Current tobacco non-user (CAD¹, CAP¹, COPD¹, DM⁴, PV¹)

Short Descriptor: Tobacco non-user

1038F

Long Descriptor: Persistent asthma (mild, moderate or severe)

Short Descriptor: Persistent asthma

1039F

Long Descriptor: Intermittent asthma

Short Descriptor: Intermittent asthma

2010F

Long Descriptor: Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood pressure) (CAP¹)

Short Descriptor: Vital signs recorded

2014F

Long Descriptor: Mental status assessed (normal/mildly impaired/severely impaired)(CAP¹)

Short Descriptor: Mental status assess

2018F

Long Descriptor: Hydration status assessed (normal/mildly dehydrated/severely dehydrated)(CAP¹)

Short Descriptor: Hydration status assess

2022F

Long Descriptor: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM⁴)

Short Descriptor: Dil retina exam interp rev

2024F

Long Descriptor: Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM⁴)

Short Descriptor: 7 field photo interp doc rev

2026F

Long Descriptor: Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed (DM⁴)

Short Descriptor: Eye image valid to dx rev

2028F

Long Descriptor: Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam – report when any of the three components are completed) (DM⁴)

Short Descriptor: Foot exam performed

3006F

Long Descriptor: Chest X-ray results documented and reviewed(CAP¹)

Short Descriptor: Cxr doc rev

3011F

Long Descriptor: Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C) (CAD¹)

Short Descriptor: Lipid panel doc rev

3014F

Long Descriptor: Screening mammography results documented and reviewed (PV¹)

Short Descriptor: Screen mammo doc rev

3017F

Long Descriptor: Colorectal cancer screening results documented and reviewed (PV¹) (Includes: fecal occult blood testing annually, flexible sigmoidoscopy every 5 years, annual fecal occult blood testing plus flexible sigmoidoscopy every 5 years, double-contrast barium enema every 5 years, or colonoscopy every 10 years)

Short Descriptor: Colorectal ca screen doc rev

3020F

Long Descriptor: Left ventricular function (LVF) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (Includes: Quantitative or qualitative assessment results) (HF¹)

Short Descriptor: LVF assess

3021F

Long Descriptor: Left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function (CAD¹, HF¹)

Short Descriptor: LVEF mod/sever deprs syst

3022F

Long Descriptor: Left ventricular ejection fraction (LVEF) >=40% or documentation as normal or mildly depressed left ventricular systolic function (CAD¹, HF¹)

Short Descriptor: LVEF >=40% systolic

3023F

Long Descriptor: Spirometry results documented and reviewed (COPD¹)

Short Descriptor: Spirom doc rev

3025F

Long Descriptor: Spirometry test results demonstrate FEV₁/FVC<70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing)¹(CAP¹, COPD¹)

Short Descriptor: Spirom fev/fvc<70% w copd

3027F

Long Descriptor: Spirometry test results demonstrate FEV₁/FVC>=70% or patient does not have COPD symptoms (COPD¹)

Short Descriptor: Spirom fev/fvc>=70%/ w/o copd

3028F

Long Descriptor: Oxygen saturation results documented and reviewed (Includes assessment through pulse oximetry or arterial blood gas measurement) (CAP¹, COPD¹)

Short Descriptor: O2 saturation doc rev

3035F

Long Descriptor: Oxygen saturation ≤ 88 % or a PaO₂ ≤ 55 mm Hg (COPD¹)

Short Descriptor: O2 saturation ≤88% /PaO ≤55

3037F

Long Descriptor: Oxygen saturation > 88% or PaO₂ > 55 mmHg (COPD¹)

Short Descriptor: O2 saturation> 88% /PaO>55

3040F

Long Descriptor: Functional expiratory volume (FEV₁) < 40% of predicted value (COPD¹)

Short Descriptor: FEV<40% predicted value

3042F

Long Descriptor: Functional expiratory volume (FEV₁) >= 40% of predicted value (COPD¹)

Short Descriptor: FEV>= 40% predicted value

3060F

Long Descriptor: Positive microalbuminuria test result documented and reviewed (DM⁴)

Short Descriptor: Pos microalbuminuria rev

3061F

Long Descriptor: Negative microalbuminuria test result documented and reviewed (DM⁴)

Short Descriptor: Neg microalbuminuria rev

3062F

Long Descriptor: Positive macroalbuminuria test result documented and reviewed (DM⁴)

Short Descriptor: Pos macroalbuminuria rev

3066F

Long Descriptor: Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM⁴)

Short Descriptor: Nephropathy doc tx

3072F

Long Descriptor: Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM⁴)

Short Descriptor: Low risk for retinopathy

4025F

Long Descriptor: Inhaled bronchodilator prescribed (COPD¹)

Short Descriptor: Inhaled bronchodilator rx

4030F

Long Descriptor: Long term oxygen therapy prescribed (more than fifteen hours per day) (COPD¹)

Short Descriptor: Oxygen therapy rx

4033F

Long Descriptor: Pulmonary rehabilitation exercise training recommended (COPD¹)

Short Descriptor: Pulmonary rehab rec

4035F

Long Descriptor: Influenza immunization recommended (COPD¹)

Short Descriptor: Influenza imm rec

4037F

Long Descriptor: Influenza immunization ordered or administered (COPD¹, PV¹)

Short Descriptor: Influenza imm order/admin

4040F

Long Descriptor: Pneumococcal immunization ordered or administered (COPD¹)

Short Descriptor: Pneumoc imm order/admin

4045F

Long Descriptor: Appropriate empiric antibiotic prescribed (See measure developer's Web site for definition of appropriate antibiotic) (CAP¹)

Short Descriptor: Empiric antibiotic rx

4050F

Long Descriptor: Hypertension plan of care documented as appropriate (HTN¹)

Short Descriptor: Ht care plan doc

6005F

Long Descriptor: Rationale (eg, severity of illness and safety) for level of care (eg, home, hospital) documented) (CAP¹)

(Includes: assessment of severity of illness and safety of home care)

Short Descriptor: Care level rationale doc

The long descriptor for Category II code 1000F has been revised. The new descriptor is effective for services performed on or after January 1, 2005 (date code was implemented).

1000F

Long Descriptor: Tobacco use assessed (CAD¹, CAP¹, COPD¹, DM⁴, PV¹)

The descriptors for Category II code 4015F have been revised. The new descriptors are effective for services performed on or after January 1, 2006 (date code was implemented).

4015F

Long Descriptor (Revised): Persistent asthma, preferred long term control medication or acceptable alternative treatment, prescribed (Asthma¹)

Short Descriptor: Persist asthma medicine ctrl

The following G code (G8085) was inadvertently not included in the April Update to the MPFSDB (Change Request 4399, Transmittal 897, Pub 100-04, dated March 29, 2006). G8085 will be added to the MPFSDB with a status indicator of "M". This code is effective for services performed on or after January 1, 2006.

G8085

End-stage renal disease patient requiring hemodialysis vascular access was not an eligible candidate for autogenous AV fistula

| | |
|--------------------------------------|------------------------------|
| Short Descriptor: | ESRD pt inelig auto AV fistu |
| 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 |
| Diagnostic Indicator: | 9 |
| Type of Service: | 1 |
| Diagnostic Family Imaging Indicator: | 99 |

Effective July 1, 2006 the following Category III codes (0155T-0161T) will be added to the MPFSDB. These codes are effective for services performed on or after July 1, 2006.

0155T

Long Descriptor: Laparoscopy, surgical, implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)

Short Descriptor: Lap ins gastr eltrd for mo

| | |
|-------------------|------|
| 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: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Diagnostic Indicator: 9
Type of Service: 2
Diagnostic Family Imaging Indicator: 99

0156T

Long Descriptor: Laparoscopy, surgical, revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)

Short Descriptor: Lap redo gastr eltrd for mo

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: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Diagnostic Indicator: 9
Type of Service: 2
Diagnostic Family Imaging Indicator: 99

0157T

Long Descriptor: Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)

Short Descriptor: Opn ins gastr eltrd for mo

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: | 0 |
| Co-Surgery Indicator: | 0 |
| Team Surgery Indicator: | 0 |
| Diagnostic Indicator: | 9 |
| Type of Service: | 2 |
| Diagnostic Family Imaging Indicator: | 99 |

0158T

Long Descriptor: Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)

Short Descriptor: Opn redo gastr eltrd for mo

| | |
|--------------------------------------|------|
| 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: | 0 |
| Co-Surgery Indicator: | 0 |
| Team Surgery Indicator: | 0 |
| Diagnostic Indicator: | 9 |
| Type of Service: | 2 |
| Diagnostic Family Imaging Indicator: | 99 |

0159T

Long Descriptor: Computer aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)

Short Descriptor: Computer breast MRI add-on

| | |
|----------------------|------|
| Procedure Status: | C |
| WRVU: | 0.00 |
| Non-Facility PE RVU: | 0.00 |
| Facility PE RVU: | 0.00 |

| | |
|--------------------------------------|------|
| Malpractice RVU: | 0.00 |
| PC/TC: | 1 |
| Site of Service: | 1 |
| Global Surgery: | ZZZ |
| Multiple Procedure Indicator: | 0 |
| Bilateral Surgery Indicator: | 0 |
| Assistant at Surgery Indicator: | 0 |
| Co-Surgery Indicator: | 0 |
| Team Surgery Indicator: | 0 |
| Diagnostic Indicator: | 9 |
| Type of Service: | 9 |
| Diagnostic Family Imaging Indicator: | 99 |

0159T - TC

Long Descriptor: Computer aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)

Short Descriptor: Computer breast MRI add-on

| | |
|--------------------------------------|------|
| Procedure Status: | C |
| WRVU: | 0.00 |
| Non-Facility PE RVU: | 0.00 |
| Facility PE RVU: | 0.00 |
| Malpractice RVU: | 0.00 |
| PC/TC: | 1 |
| Site of Service: | 1 |
| Global Surgery: | ZZZ |
| Multiple Procedure Indicator: | 0 |
| Bilateral Surgery Indicator: | 0 |
| Assistant at Surgery Indicator: | 0 |
| Co-Surgery Indicator: | 0 |
| Team Surgery Indicator: | 0 |
| Diagnostic Indicator: | 9 |
| Type of Service: | 9 |
| Diagnostic Family Imaging Indicator: | 99 |

0159T - 26

Long Descriptor: Computer aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)

Short Descriptor: Computer breast MRI add-on

| | |
|-------------------|---|
| Procedure Status: | C |
|-------------------|---|

| | |
|--------------------------------------|------|
| WRVU: | 0.00 |
| Non-Facility PE RVU: | 0.00 |
| Facility PE RVU: | 0.00 |
| Malpractice RVU: | 0.00 |
| PC/TC: | 1 |
| Site of Service: | 1 |
| Global Surgery: | ZZZ |
| Multiple Procedure Indicator: | 0 |
| Bilateral Surgery Indicator: | 0 |
| Assistant at Surgery Indicator: | 0 |
| Co-Surgery Indicator: | 0 |
| Team Surgery Indicator: | 0 |
| Diagnostic Indicator: | 9 |
| Type of Service: | 9 |
| Diagnostic Family Imaging Indicator: | 99 |

0160T

Long Descriptor: Therapeutic repetitive transcranial magnetic stimulation treatment planning (Pre-treatment determination of optimal magnetic field strength via titration, treatment location determination and stimulation parameter and protocol programming in the therapeutic use of high power, focal magnetic pulses for the direct, non-invasive modulation of cortical neurons)

Short Descriptor: Transcran mag stim planning

| | |
|--------------------------------------|------|
| 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: | 0 |
| Co-Surgery Indicator: | 0 |
| Team Surgery Indicator: | 0 |
| Diagnostic Indicator: | 9 |
| Type of Service: | 9 |
| Diagnostic Family Imaging Indicator: | 99 |

0161T

Long Descriptor: Therapeutic repetitive transcranial magnetic stimulation treatment delivery and management, per session (Treatment session using high power, focal magnetic pulses for the direct, non-invasive modulation of cortical neurons. Clinical evaluation, safety monitoring and treatment parameter review in the therapeutic use of

high power, focal magnetic pulses for the direct, non-invasive modulation of cortical neurons)

Short Descriptor: Transcran mag stim delivery

| | |
|--------------------------------------|------|
| 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: | 0 |
| Co-Surgery Indicator: | 0 |
| Team Surgery Indicator: | 0 |
| Diagnostic Indicator: | 9 |
| Type of Service: | 9 |
| Diagnostic Family Imaging Indicator: | 99 |

Attachment 2
Filenames for Revised Payment Files

The revised filenames for the July Update to the 2006 Medicare Physician Fee Schedule Database for carriers are:

[MU00.@BF12390.MPFS.CY06.UP2.C00000.V0518](#)

Purchased Diagnostic File

[MU00.@BF12390.MPFS.CY06.UP2.PURDIAG.V0518](#)

The revised filenames for the July Update to the 2006 Medicare Physician Fee Schedule Database for intermediaries are:

SNF Abstract File

[MU00.@BF12390.MPFS.CY06.UP2.SNF.V0518.FI](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY06.UP2.ABSTR.V0518.FI](#)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY06.UP2.SUPL.V0518.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY06.UP2.MAMMO.V0518.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY06.UP2.ALL.V0518.RHHI](#)