

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1188	Date: FEBRUARY 26, 2007
	Change Request 5528

Subject: April Update to the 2007 Medicare Physician Fee Schedule Database

I. SUMMARY OF CHANGES: Payment files were issued to carriers based upon the December 1, 2006, Medicare Physician Fee Schedule Final Rule. This change request amends those payment files.

New / Revised Material

Effective Date: January 1, 2007

Implementation Date: April 2, 2007

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 2007 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: 1188	Date: February 26, 2007	Change Request: 5528
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SUBJECT: April Update to the 2007 Medicare Physician Fee Schedule Database

Effective Date: January 1, 2007

Implementation Date: April 2, 2007

I. GENERAL INFORMATION

A. Background: Payment files were issued to carriers based upon the December 1, 2006, 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 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	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5528.1	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, 2007.	X		X	X							
5528.2	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	X							
5528.3	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 22, 2007.	X		X	X							
5528.4	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										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	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	their systems. CWF will be notified via email when these files have been sent to them.											
5528.5	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	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5528.6	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 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:

Use "Should" to denote a recommendation.

X-Ref Requireme nt 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, (410) 786-9649

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

A.
No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B.
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

Attachment 1

Changes included in the April Update to the 2007 Medicare Physician Fee Schedule Database are as follows:

CPT/HCPCS ACTION

17311	Multiple Procedure Indicator – 0
17313	Multiple Procedure Indicator – 0
36478	Transitional Non-Facility PE RVU = 41.71 Fully Implemented Non-Facility PE RVU = 26.53 (Informational Only)
37210	Transitional Non-Facility PE RVU = 79.88 Fully Implemented Non-Facility PE RVU = 79.88 (Informational Only)
77056 Global	Fully Implemented Non-Facility PE RVU = 1.96 (Informational Only) Fully Implemented Facility PE RVU = 1.96 (Informational Only)
77056 – TC	Fully Implemented Non-Facility PE RVU = 1.72 (Informational Only) Fully Implemented Facility PE RVU = 1.72 (Informational Only)
93225	Transitional Non-Facility PE RVU = 1.14 Fully Implemented Non-Facility PE RVU = 0.85 (Informational Only) Transitional Facility PE RVU = 1.14 Fully Implemented Facility PE RVU = 0.85 (Informational Only)
93226	Transitional Non-Facility PE RVU = 1.93 Fully Implemented Non-Facility PE RVU = 1.18 (Informational Only) Transitional Facility PE RVU = 1.93 Fully Implemented Facility PE RVU = 1.18 (Informational Only)
93231	Transitional Non-Facility PE RVU = 1.32 Fully Implemented Non-Facility PE RVU = 0.71 (Informational Only) Transitional Facility PE RVU = 1.32 Fully Implemented Facility PE RVU = 0.71 (Informational Only)
93232	Transitional Non-Facility PE RVU = 1.97 Fully Implemented Non-Facility PE RVU = 1.34 (Informational Only) Transitional Facility PE RVU = 1.97 Fully Implemented Facility PE RVU = 1.34 (Informational Only)
95991	Transitional Facility PE RVU = 0.17 Fully Implemented Facility PE RVU = 0.18 (Informational Only)

The following codes are either bundled or not valid for Medicare purposes. Values for these codes have been established as a courtesy to the general public. These codes will remain bundled or not valid for Medicare purposes even though relative value units have been established. These changes do not apply to the carriers and no systems changes are necessary.

78351 Transitional Non-Facility PE RVU = 1.41
Fully Implemented Non-Facility PE RVU = 0.47 (**Informational Only**)

98960 Transitional Non-Facility PE RVU = 0.57
Fully Implemented Non-Facility PE RVU = 0.57 (**Informational Only**)
Transitional Facility PE RVU = 0.57
Fully Implemented Facility PE RVU = 0.57 (**Informational Only**)

98961 Transitional Non-Facility PE RVU = 0.27
Fully Implemented Non-Facility PE RVU = 0.27 (**Informational Only**)
Transitional Facility PE RVU = 0.27
Fully Implemented Facility PE RVU = 0.27 (**Informational Only**)

98962 Transitional Non-Facility PE RVU = 0.20
Fully Implemented Non-Facility PE RVU = 0.20 (**Informational Only**)
Transitional Facility PE RVU = 0.20
Fully Implemented Facility PE RVU = 0.20 (**Informational Only**)

Attachment 2
Filenames for Revised Payment Files

The revised filenames for the April update to the 2007 Medicare Physician Fee Schedule Database for carriers are:

[MU00.@BF12390.MPFS.CY07.RV2.C00000.V0222](#)

Purchased Diagnostic File

[MU00.@BF12390.MPFS.CY07.RV2.PURDIAG.V0222](#)

The revised filenames for the April update to the 2007 Medicare Physician Fee Schedule Database for intermediaries are:

SNF Abstract File

[MU00.@BF12390.MPFS.CY07.RV2.SNF.V0222.FI](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY07.RV2.ABSTR.V0222.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY07.RV2.MAMMO.V0222.FI](#)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY07.RV2.SUPL.V0222.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY07.RV2.ALL.V0222.RHHI](#)