CMS Manual System

Department of Health & Human Services

Pub 100-04 Medicare Claims Processing

Centers for Medicare & Medicaid Services

Transmittal 672

Date: SEPTEMBER 9, 2005

Change Request 4031

NOTE: Transmittal 661, dated August 26, 2005 is rescinded and replaced with Transmittal 672, dated, September 9, 2005. There was a change on attachment 1, HCPCS code Q4080, TOS=1 and attachment 2 listed incorrect file names. All other information remains the same.

SUBJECT: October Update to the 2005 Medicare Physician Fee Schedule Database

I. SUMMARY OF CHANGES: Payment files were issued to carriers based upon the November 15, 2004, Medicare physician fee schedule final rule. This change request amends those payment files.

NEW/REVISED MATERIAL :
EFFECTIVE DATE : January 01, 2005
IMPLEMENTATION DATE : October 03, 2005

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.

R/N/D	Chapter / Section / SubSection / Title

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 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: 672	Date: September 9, 2005	Change Request 4031

NOTE: Transmittal 661, dated August 26, 2005 is rescinded and replaced with Transmittal 672, dated, September 9, 2005. There was a change on attachment 1, HCPCS code Q4080, TOS=1 and attachment 2 listed incorrect file names. All other information remains the same.

SUBJECT: October Update to the 2005 Medicare Physician Fee Schedule Database

I.   GENERAL INFORMATION

A.   Background: Payment files were issued to carriers based upon the November 15, 2004, 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

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

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	
4031.1	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, 2005.			X						
4031.2	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						
4031.3	Revised payment files, as identified in Attachment 2, were made available for contractors to retrieve from the Centers for Medicare & Medicaid Services Mainframe Telecommunications System on	X		X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	August 19, 2005.									
4031.4	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)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4031.5	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	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	
	correctly.									

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, 2005 **Implementation Date:** October 3, 2005 **Pre-Implementation Contact(s):** Gaysha Brooks, (410) 786-9649, Gaysha.Brooks@cms.hhs.gov **Post-Implementation Contact(s):** Appropriate	**Medicare contractors shall implement these instructions within their current operating budgets.**

Regional Office	

Attachments

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

Attachment 1 (Revised to reflect the correct TOS for Q4080)

Changes included in the October Update to the 2005 Medicare Physician Fee Schedule
Database are as follows:

CPT/HCPCS	ACTION
0016T	Multiple Procedure Indicator = 2
0017T	Multiple Procedure Indicator = 2
0037T	Multiple Procedure Indicator = 2
19297	Bilateral Indicator = 0
19340	Multiple Procedure Indicator = 2
20931	Multiple Procedure Indicator = 2 Bilateral Indicator = 0
20937	Multiple Procedure Indicator = 2 Bilateral Indicator = 0
20938	Multiple Procedure Indicator = 2 Bilateral Indicator = 0
22216	Bilateral Indicator = 0
22226	Bilateral Indicator = 0
27358	Bilateral Indicator = 0
27692	Bilateral Indicator = 0
28285	Bilateral Indicator = 1
29866	Multiple Procedure Indicator = 2
29867	Multiple Procedure Indicator = 2
29868	Multiple Procedure Indicator = 2
32000	Bilateral Indicator = 1
32002	Bilateral Indicator = 1
32501	Bilateral Indicator = 0
33141	Bilateral Indicator = 0

33508	Bilateral Indicator = 0
35390	Bilateral Indicator = 0
35500	Bilateral Indicator = 0
35600	Bilateral Indicator = 0
35681	Bilateral Indicator = 0
35685	Bilateral Indicator = 0
35686	Bilateral Indicator = 0
35700	Bilateral Indicator = 0
36215	Bilateral Indicator = 0
36216	Bilateral Indicator = 0
36217	Bilateral Indicator = 0
36476	Multiple Procedure Indicator = 0
36479	Multiple Procedure Indicator = 0
37208	Bilateral Indicator = 0
43240	Endoscopic Base Code = 43235
49568	Bilateral Indicator = 0
50320	Multiple Procedure Indicator = 2
54640	Assistant at Surgery Indicator = 0
57267	Bilateral Indicator = 0
61609	Bilateral Indicator = 0
61610	Bilateral Indicator = 0
61611	Bilateral Indicator = 0
61612	Bilateral Indicator = 0
61864	Bilateral Indicator = 0

61868	Bilateral Indicator = 0
63035	Bilateral Indicator = 0
63043	Bilateral Indicator = 0
63044	Bilateral Indicator = 0
63304	Co-Surgery Indicator = 1
63308	Co-Surgery Indicator = 1
64450	Bilateral Indicator = 1
64480	Bilateral Indicator = 0
64484	Bilateral Indicator = 0
66990	Bilateral Indicator = 0
67320	Bilateral Indicator = 0
67331	Bilateral Indicator = 0
67332	Bilateral Indicator = 0
67334	Bilateral Indicator = 0
67335	Bilateral Indicator = 0
67340	Bilateral Indicator = 0
69300	Multiple Procedure Indicator = 2
73706	Bilateral Indicator = 3
73706-TC	Bilateral Indicator = 3
73706-26	Bilateral Indicator = 3
G0289	Multiple Procedure Indicator = 2
Q1001	Short Descriptor: Ntiol category 1 Procedure Status = I

Note: Effective for services performed on or after May 19, 2005

Q1002   Short Descriptor: Ntiol category 2
                        Procedure Status = I

 Note: Effective for services performed on or after May 19, 2005

Q4080   Long Descriptor: Iloprost, inhalation solution, administered
                        through DME, 20 mcg

                        Short Descriptor: Iloprost inhalation solution
                        Procedure Status = E
                        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 = 09
                        Type of Service = 1

Note: Effective for services performed on or after July 1, 2005

Q9958   Long Descriptor: High osmolar contrast material, up to 149 mg/ml
                        iodine concentration, per ml

                        Short Descriptor: HOCM<=149mg/ml iodine, 1ml
                        Procedure Status = B
                        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 = 09
                        Type of Service = 4

Note: Effective for services performed on or after July 1, 2005

Q9959   Long Descriptor: High osmolar contrast material, 150 – 199
                           mg/ml iodine concentration, per ml

                           Short Descriptor: HOCM 150-199mg/ml iodine,1ml
                           Procedure Status = B
                           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 = 09
                           Type of Service = 4

Note: Effective for services performed on or after July 1, 2005

Q9960   Long Descriptor: High osmolar contrast material, 200 – 249
                           mg/ml iodine concentration, per ml

                           Short Descriptor: HOCM 200-249mg/ml iodine,1ml
                           Procedure Status = B
                           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 = 09
                           Type of Service = 4

Note: Effective for services performed on or after July 1, 2005

Q9961   Long Descriptor: High osmolar contrast material, 250 – 299 mg/ml iodine concentration, per ml

       Short Descriptor: HOCM 250-299mg/ml iodine,1ml
       Procedure Status = B
       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 = 09
       Type of Service = 4

Note: Effective for services performed on or after July 1, 2005

Q9962   Long Descriptor: High osmolar contrast material, 300 – 349 mg/ml iodine concentration, per ml

       Short Descriptor: HOCM 300-349mg/ml iodine,1ml
       Procedure Status = B
       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 = 09
       Type of Service = 4

Note: Effective for services performed on or after July 1, 2005

Q9963   Long Descriptor: High osmolar contrast material, 350 – 399 mg/ml iodine concentration, per ml

Short Descriptor: HOCM 350-399mg/ml iodine,1ml
Procedure Status = B
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 = 09
Type of Service = 4

Note: Effective for services performed on or after July 1, 2005

Q9964   Long Descriptor: High osmolar contrast material, 400 or greater
                         mg/ml iodine concentration, per ml

                         Short Descriptor: HOCM>=400mg/ml iodine,1ml
                         Procedure Status = B
                         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 = 09
                         Type of Service = 4

Note: Effective for services performed on or after July 1, 2005

Attachment 2
Filenames for Revised Payment Files

The filenames for the October Update to the 2005 Medicare Physician Fee Schedule
Database for carriers are:

MU00.@BF12390.MPFS.CY05.UP3.C00000.V0819

Purchased Diagnostic File (Complete replacement file, effective April 1, 2005)
MU00.@BF12390.MPFS.CY05.UP3.PURDIAG.V0819

The filenames for the October Update to the 2005 Medicare Physician Fee Schedule
Database for intermediaries are:

SNF Abstract File
MU00.@BF12390.MPFS.CY05.UP3.SNF.V0819.FI

Therapy/CORF Abstract File
MU00.@BF12390.MPFS.CY05.UP3.ABSTR.V0819.FI

Therapy/CORF Supplemental File:
MU00.@BF12390.MPFS.CY05.UP3.SUPL.V0819.FI

Mammography Abstract File
MU00.@BF12390.MPFS.CY05.UP3.MAMMO.V0819.FI

Hospice File
MU00.@BF12390.MPFS.CY05.UP3.ALL.V0819.RHHI