

Medicare A Bulletin

A Newsletter for Florida Medicare Part A Providers



In This Issue...

2002 Healthcare Common Procedure Coding System Annual Update

Addition, Reactivation, Revision and Discontinuation Lists of Modifiers and CPT/HCPCS Codes for 2002 3

2002 Outpatient Services Fee Schedule

Fee Schedules for 2002 Clinical Laboratory Services 14
Fee Schedules for Outpatient Rehabilitation Services 21

Outpatient Prospective Payment System

Delay Notification of the 2002 Outpatient Prospective Payment System Rate Update 23

Screening Glaucoma Services

Coverage Guidelines for this new annual provision 24

End Stage Renal Disease

Drug Pricing Update for 2002 25

2002 Medicare Deductible

New Deductible Amounts for Calendar Year 2002 29

Features

2002 HCPCS Annual Update	3
2002 Outpatient Services Fee Schedule	14
Outpatient Prospective Payment Services	23
General Coverage	24
End Stage Renal Disease	25
General Information	29
Educational Resources	31

The Medicare A Bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff.

Publications issued after October 1, 1997, are available at no-cost from our provider Web site at www.floridamedicare.com.

Routing Suggestions:

- Medicare Manager
- Reimbursement Director
- Chief Financial Officer
- Compliance Officer
- DRG Coordinator
- _____
- _____
- _____



Table of Contents

In This Issue 1

2002 HCPCS Annual Update

Annual Procedure Code Update 3

How to Use this Section 3

Grace Period Established for 2002 HCPCS
Annual Update 4

Modifiers and Procedure Codes Added
for 2002 5

Modifiers and Procedure Codes Reactivated
for 2002 6

Modifiers and Procedure Codes Revised
for 2002 7

Modifiers and Procedure Codes Discontinued
for 2002 9

2002 Outpatient Services Fee Schedule

Outpatient Medicare Services Fee Schedule . 14

Clinical Laboratory Services Fee Schedule ... 14

Outpatient Rehabilitation Services Fee
Schedule 21

Outpatient Prospective Payment System

Delay of the 2002 Outpatient Prospective
Payment System Rate Update 23

General Coverage

Screening Glaucoma Services 24

End Stage Renal Disease

End Stage Renal Disease Drug Pricing
Update 25

General Information

Medicare Deductible Amounts for Calendar
Year 2002 29

Educational Resources

Order Form - Part A Materials 31

Other Information

Addresses, Medicare Web sites,
and Phone Numbers 39

**Medicare A
Bulletin**

**Special Issue
December
2001**

Publications Staff

Millie C. Pérez
Shari Bailey
Bill Angel
Betty Alix

The *Medicare A Bulletin* is published bimonthly by the Medicare Publications Department, to provide timely and useful information to Medicare Part A providers in Florida.

Questions concerning this publication or its contents may be directed in writing to:

**Medicare Part A
Publications
P.O. Box 2078
Jacksonville, FL
32231-0048**

CPT five-digit codes, descriptions, and other data only are copyright 2000 by American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS apply. No fee schedules, basic units, relative values or related listings are included in CPT. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained or not contained herein.

ICD-9-CM codes and their descriptions used in this publication are copyright© 2000 under the Uniform Copyright Convention. All rights reserved.

Third-party Web sites. This document contains references to sites operated by third parties. Such references are provided for your convenience only. BCBSF and/or FCSO do not control such sites and are not responsible for their content. The inclusion of these references within this document does not suggest any endorsement of the material on such sites or any association with their operators.

2002 HCPCS ANNUAL UPDATE

Annual Procedure Code Update

Effective for Services Rendered on or After January 1, 2002

The Healthcare Common Procedure Coding System (HCPCS) is a collection of codes and descriptors that represent procedures, supplies, products and services that may be provided to Medicare beneficiaries. The HCPCS annual update is designed to promote uniform reporting and statistical data collection of medical procedures, supplies and services.

HCPCS is used to administer the Medicare program for all fiscal intermediaries and carriers. HCPCS is updated annually to reflect changes in the practice of medicine and provisions of health care. The HCPCS annual update also contains modifiers, which are two-position codes and descriptors used to indicate furnished or performed service that has been altered by some specific circumstance but not changed in its definition or code.

This special issue provides an overview of changes to the HCPCS coding structure for 2002. This publication only covers specific coding changes. Related billing and reimbursement changes will be provided in future issues of the *Medicare A Bulletin* and the provider Website www.floridamedicare.com. This information is also shared with the Florida Medical Association, all county medical societies and all active specialty associations. Stay in contact with these organizations and read their bulletins for additional HCPCS information.

When filing claims to Medicare Part A of Florida for dates of service beginning January 1, 2002, refer to the coding changes in this publication.

Description of HCPCS Coding Levels

Procedure code additions, deletions and revisions are being made to all three levels of the HCPCS coding structure for 2001. The three levels of procedure codes are:

Level I - Numeric Codes (CPT)

Level I codes and modifiers include five-digit numeric codes. These codes describe various physician and laboratory procedures and are contained in the American Medical Association's *Physicians' Current Procedural Terminology (CPT)*.

Level II - Alpha Numeric (HCFA-Assigned)

Level II codes and modifiers include alpha-numeric codes (for example, procedure code A6255) assigned by the Centers for Medicare & Medicaid Services. These codes describe various non-physician and a relatively few number of physician services. These procedure codes begin with an alpha character in the A-V range and are used for durable medical equipment (DME), ambulance services, prosthetics, orthotics, ostomy supplies, etc.

Level III - Alpha Numeric (Locally-Assigned)

Level III codes and modifiers include alpha-numeric codes assigned locally by Medicare of Florida. Level III codes describe procedures not included in Level I or Level II and begin with an alpha prefix of W-Z. Many Level III, or locally assigned, codes are being discontinued as part of the standardization of the Medicare program. ❖

How to Use this Section

The 2002 HCPCS update is divided into the following major sections:

Additions

The procedure/modifier codes listed in the "Modifiers and Procedure Codes Added for 2002" section (pages 5-6) are newly identified procedure codes and should be used only for services rendered on or after January 1, 2002.

Reactivations

The procedure/modifier codes listed in the "Modifiers and Procedure Codes Reactivated for 2002" section (page 6) identify previously discontinued procedure codes that are being reactivated and should be used only for services rendered on or after January 1, 2002.

Revisions

The procedure/modifier codes listed in the "Modifiers and Procedure Codes Revised for 2002" section (pages 7-9) include procedure codes for which the descriptor has changed for 2002. When using these codes, refer to the 2002 CPT to ensure the correct procedure code is billed for the service performed.

Discontinued Procedures

The procedure codes listed in the "Modifiers and Procedure Codes Discontinued for 2002" section (pages 9-13) should not be used for service dates after December 31, 2001. However, Medicare contractors will continue to accept claims with discontinued procedure codes with 2001 service dates received prior to April 1, 2002. Services rendered in 2002 that are billed with discontinued procedure codes, will be allowed at 2001 payment rates when received between January 1, 2002, and March 31, 2002.

Effective for claims received on or after April 1, 2002, services for 2002 billed using discontinued codes will be denied payment when submitted to Medicare Part A. Providers will be notified that a discontinued procedure code was submitted and a valid procedure code must be used.

When billing for services listed in the discontinued code section, the procedure code(s) indicated in the "Codes to Report" column must be used. If more than one replacement code or no replacement code exists, refer to the appropriate coding book for additional guidelines. Note that since the procedure codes discontinued for 2002 will include an updated payment rate if billed during the grace period,

How to Use This Section (continued)

inequities between the old and new procedure codes will not exist. As a result, corrected billings to change a discontinued or invalid code to a new code (or vice versa) for additional payment will not be honored.

A Word About Coverage

Procedure codes that are non-covered by Medicare due to statute are not represented on these lists. However, inclusion of a code on the lists does not necessarily constitute Medicare coverage. For example, a code may be noncovered on the basis of local medical review policy (LMRP).

Jurisdiction

The lists of added, revised, or discontinued procedure codes for 2002 are complete with no regard to contractor jurisdiction. The majority of procedure codes in HCPCS are processed in Florida by the local Medicare Part A fiscal intermediary, First Coast Service Options, Inc. (FCSO). However, some procedure codes listed represent services processed by the durable medical equipment regional carrier (DMERC). It is the responsibility of the billing provider to submit claims to the appropriate contractor.

Use of Unlisted Procedure Codes

If a procedure code cannot be found that closely relates to the actual service rendered, an "unlisted or not otherwise classified" procedure code may be submitted with a complete narrative description of the service provided in the "Remarks" field of the UB-92 HCFA -1450 claim form or its electronic equivalent.

Every effort should be made to locate a specific replacement code, since the use of unlisted procedure codes may result in delays in the claim processing.

Reminder for EMC Billers

Unlisted and not otherwise classified procedure codes may be submitted:

- If the unlisted or not otherwise classified procedure code can be submitted with a brief descriptor, the required information may be indicated in the appropriate narrative record. If you are unsure if your system has this capability, contact your vendor.

Questions or Concerns?

Providers are encouraged to refer to all available resource materials for specific procedure coding instructions and claims filing information. Medicare Part A reference materials include the *Medicare A Bulletin* and special bulletins.

However, if the information cannot be found in any of the reference materials, contact the Medicare Part A Customer Service department at 1-877-602-8816.

Obtaining the 2002 Coding Books

Because of the many changes to the HCPCS coding structure, providers are strongly encouraged to purchase the 2002 *CPT* (Level I) book and/or the 2002 *HCPCS Level II* coding book. Providers may purchase the 2002 edition of the *CPT* (Level I codes) from the American Medical Association (AMA) by writing:

American Medical Association
P.O. Box 109050
Chicago, IL 60610-0946

The 2002 *CPT* book is also available by accessing the AMA Web site at - www.ama-assn.org. For additional information, call the toll-free number 1-800-621-8338.

Obtaining the 2001 HCPCS Alphanumeric Hardcopy

The 2002 alphanumeric hardcopy, titled *2002 Alphanumeric Healthcare Common Procedure Coding System*, may be obtained from:

Superintendent of Documents
U.S. Government Printing Office
Washington D.C. 20402
Telephone: (202) 512-1800 ❖

Grace Period Established for 2002 HCPCS Annual Update

The 2002 Healthcare Common Procedure Coding System (HCPCS) annual update is effective for services provided **on or after January 1, 2002**. However, the Centers for Medicare & Medicaid Services extends a 90-day grace period where either 2001 or 2002 HCPCS codes are accepted. This grace period applies to claims received prior to April 1, 2002, which include 2001 discontinued codes for dates of service January 1, 2001 or later. The 3-month grace period also applies to discontinued HCPCS codes.

Therefore, effective January 1, 2002 through March 31, 2002, providers may use either 2001 and/or 2002 HCPCS codes. **Effective April 1, 2002, only the 2002 HCPCS codes will be accepted by Medicare.** ❖

Modifiers and Procedure Codes Added for 2002

MODIFIERS				
	25275	64561	99512	A4801
GB	25394	64581	99539	A4802
GG	25430	64821	99551	A4911
GK	25431	64822	99552	A4928
GL	25651	64823	99553	A4929
GM	25652	67225	99554	A5509
GQ	25671	76085	99555	A5510
GV	26340	76362	99556	A5511
GW	29086	76394	99557	A6000
GY	29805	76490	99558	A6010
GZ	29806	77301	99559	A9511
KR	29807	77418	99560	B4086
SA	29824	82274	99561	C1058
SB	29900	83950	99562	C1064
SC	29901	86141	99563	C1065
SD	29902	86336	99564	C1066
SE	29999	87198	99565	C1713
SH	33967	87199	99566	C1714
SJ	33979	87802	99567	C1715
TD	33980	87803	99568	C1716
TE	35647	87804	99569	C1717
TF	35685	87902	0001T	C1718
TG	35686	88380	0002T	C1719
TH	36002	90473	0003T	C1720
TJ	36820	90474	0005T	C1721
	38220	90939	0006T	C1722
	38221	91123	0007T	C1724
	43313	92136	0008T	C1725
	43314	92973	0009T	C1726
00797	44126	92974	0010T	C1727
00851	44127	93025	0012T	C1728
00869	44128	93613	0013T	C1729
01905	44203	93701	0014T	C1730
01924	44204	95250	0016T	C1731
01925	44205	95965	0017T	C1732
01926	45136	95966	0018T	C1733
01930	46020	95967	0019T	C1750
01931	47370	96000	0020T	C1751
01932	47371	96001	0021T	C1752
01933	47380	96002	0023T	C1753
01960	47381	96003	0024T	C1754
01961	47382	96004	0025T	C1755
01962	49491	96150	0026T	C1756
01963	49492	96151		C1757
01964	52001	96152		C1758
01967	52347	96153		C1759
01968	53431	96154	A4257	C1760
01969	53444	96155	A4360	C1762
10021	53446	96567	A4651	C1763
10022	53448	97005	A4652	C1764
11981	53853	97006	A4656	C1765
11982	54162	99091	A4657	C1766
11983	54163	99289	A4706	C1767
20526	54164	99290	A4707	C1768
20551	54406	99500	A4708	C1769
20552	54408	99501	A4709	C1770
20553	54410	99502	A4719	C1771
24300	54411	99503	A4720	C1772
24332	54415	99504	A4721	C1773
24343	54416	99505	A4722	C1776
24344	54417	99506	A4723	C1777
24345	57155	99507	A4724	C1778
24346	58346	99508	A4725	C1779
25001	58953	99509	A4726	C1780
25024	58954	99510	A4736	C1781
25025	59001	99511	A4737	C1782
25259			A4766	

CMS ASSIGNED

Modifiers and Procedure Codes Added for 2002 (continued)

CMS ASSIGNED				
	C8913	G0220	J9300	Q4028
	C8914	G0221	K0551	Q4029
C1784	C9013	G0222	L0321	Q4030
C1785	C9019	G0223	L0331	Q4031
C1786	C9020	G0224	L0391	Q4032
C1787	C9108	G0225	L0561	Q4033
C1788	C9109	G0226	L0986	Q4034
C1789	C9110	G0227	L1005	Q4035
C1813	C9111	G0228	L2768	Q4036
C1815	C9112	G0229	L3677	Q4037
C1816	C9113	G0230	L5301	Q4038
C1817	C9114	G0231	L5311	Q4039
C1874	C9115	G0232	L5321	Q4040
C1875	C9200	G0233	L5331	Q4041
C1876	C9201	G0234	L5341	Q4042
C1877	C9703	G0236	L5671	Q4043
C1878	C9708	G0237	L5847	Q4044
C1879	C9711	G0238	L5989	Q4045
C1880	E0169	G0239	L5990	Q4046
C1881	E0221	G0240	L6881	Q4047
C1882	E0231	G0241	L6882	Q4048
C1883	E0232	G0242	L8001	Q4049
C1885	E0316	G0243	L8002	Q4050
C1887	E0481	G0244	L8505	Q4051
C1891	E0482	G9009	L8507	V5241
C1892	E0603	G9010	L8509	V5242
C1893	E0604	G9011	L8510	V5243
C1894	E0620	G9012	P9045	V5244
C1895	E0752	H1000	P9046	V5245
C1896	E0754	H1001	P9047	V5246
C1897	E0759	H1002	P9048	V5247
C1898	E1500	H1003	P9050	V5248
C1899	E1637	H1004	Q3014	V5249
C2615	E1638	H1005	Q3017	V5250
C2616	E1639	J0587	Q4001	V5251
C2617	E1801	J0692	Q4002	V5252
C2618	E1806	J0706	Q4003	V5253
C2619	E1811	J0744	Q4004	V5254
C2620	E1816	J1056	Q4005	V5255
C2621	E1818	J1270	Q4006	V5256
C2622	E1821	J1590	Q4007	V5257
C2625	E1840	J1655	Q4008	V5258
C2626	E1902	J1755	Q4009	V5259
C2627	E2000	J1835	Q4010	V5260
C2628	E2100	J2020	Q4011	V5261
C2629	E2101	J2940	Q4012	V5262
C2630	G0117	J2941	Q4013	V5263
C2631	G0118	J3100	Q4014	V5264
C8900	G0202	J3395	Q4015	V5265
C8901	G0204	J7193	Q4016	V5266
C8902	G0206	J7195	Q4017	V5267
C8903	G0210	J7302	Q4018	V5268
C8904	G0211	J7308	Q4019	V5269
C8905	G0212	J7316	Q4020	V5270
C8906	G0213	J7340	Q4021	V5271
C8907	G0214	J7511	Q4022	V5272
C8908	G0215	J7622	Q4023	V5273
C8909	G0216	J7624	Q4024	V5274
C8910	G0217	J7626	Q4025	V5275
C8911	G0218	J7641	Q4026	
C8912	G0219	J9017	Q4027	

Procedure Codes Reactivated for 2002

CMS ASSIGNED

A0380
A0390

Modifiers and Procedure Codes Revised for 2002

MODIFIERS				
	26587	43245	49590	74250
	26590	43264	50220	74305
ET	26607	43265	50225	74327
CPT-4 CODES	26670	43361	50230	74363
	26676	43847	50810	75898
00220	26685	43860	50815	75989
00560	26843	44020	50820	76012
00797	27110	44110	50825	76013
00942	27130	44132	50840	76066
01214	27132	44133	51065	76070
01402	27140	44135	51590	76075
01916	27185	44136	51596	76078
01920	27447	44160	51940	76092
01951	28104	44202	51960	76120
01952	28238	44322	52510	76125
01995	28299	44366	53445	76355
10040	28737	44378	53447	76360
11755	29049	44391	53449	76370
15732	30117	44661	54065	76375
15860	30801	44700	54405	76380
17000	30905	45190	56501	76536
17004	31238	45303	56515	76604
17110	31528	45317	57022	76645
17260	31529	45334	57023	76700
17270	31641	45382	57061	76705
17280	32420	46500	57065	76770
20225	32650	46604	57510	76775
20550	33250	46614	58140	76778
20957	33406	46924	58275	76800
21182	33413	46940	58563	76805
21183	33610	47554	58611	76810
21184	33975	48100	59000	76815
21750	33976	48160	60000	76816
23000	33977	48500	60270	76818
23350	33978	48545	61026	76819
24075	35001	48547	61055	76830
25020	35005	49220	61618	76856
25023	35021	49424	62100	76857
25075	35045	49495	62230	76870
25076	35081	49496	62252	76880
25274	35091	49500	62256	76885
25405	35102	49501	62272	76886
25420	35111	49505	63707	77300
25440	35121	49507	63709	78195
25443	35131	49520	64555	78290
25520	35141	49521	64575	78615
25526	35151	49525	64755	78650
25645	35161	49550	64820	80051
26115	35646	49553	65235	80157
26116	36005	49555	65900	80173
26160	36400	49557	65920	80201
26350	36819	49560	65930	80424
26356	36823	49561	66020	82030
26390	36831	49565	66982	82270
26392	36870	49566	67515	82273
26415	42970	49570	69310	82355
26416	43108	49572	69990	82360
26426	43113	49580	72195	82365
26428	43118	49582	74230	82373
26445	43123	49585	74245	82523
26510	43227	49587	74249	82943

Modifiers and Procedure Codes Revised for 2002 (continued)

CPT-4 CODES			CMS ASSIGNED	
	87300	90708		B4164
	87327	90709		B4168
82945	87336	90710	A4206	B4172
82946	87337	90712	A4255	B4176
83013	87339	90713	A4256	B4178
83090	87341	90716	A4258	B4180
83500	87400	90717	A4263	B4184
83505	87427	90718	A4265	B4186
83663	87451	90719	A4290	B4189
83664	87475	90720	A4300	B4193
83873	87476	90721	A4301	B4197
83916	87477	90723	A4351	B4199
83921	87516	90725	A4352	B4216
84152	87517	90727	A4358	B4220
84260	87520	90732	A4550	B4222
84445	87521	90733	A4570	B4224
84482	87525	90735	A4580	B5000
85091	87800	90740	A4690	B5100
85097	87801	90743	A4660	B5200
85307	87901	90744	A4663	B9000
85536	87903	90746	A4670	B9002
86001	87904	90747	A4680	B9004
86294	87999	90748	A4790	B9006
86300	88143	90749	A4712	C1011
86301	88144	90780	A4714	C1079
86304	88145	92525	A4730	C1087
86316	88304	92532	A4740	C1091
86325	88305	92534	A4750	C1092
86611	89050	92529	A4755	C1094
86666	89060	93609	A4760	C1188
86696	89321	93619	A4765	C1348
86757	90379	93620	A4770	E0188
87045	90389	93621	A4771	E0189
87046	90471	93622	A4772	E0600
87071	90472	94720	A4773	E0602
87073	90476	94750	A4774	E0617
87077	90477	95144	A4860	E0740
87107	90581	95145	A4870	E0756
87149	90585	95165	A4890	E0757
87152	90586	95180	A4913	E0758
87164	90632	95875	A4918	E0760
87166	90633	95904	A4927	E0765
87168	90634	96410	A5200	E0950
87169	90636	96422	A6196	E0951
87172	90665	96425	A6197	E0952
87181	90669	96450	A6198	E0953
87184	90675	97112	A6199	E0954
87185	90676	97504	A9270	E0958
87186	90680	97535	B4034	E0959
87187	90690	97601	B4035	E0961
87188	90691	97602	B4036	E0966
87206	90692	97802	B4081	E0970
87220	90693	97803	B4082	E0971
87254	90700	97804	B4083	E0972
87273	90701	99090	B4150	E0973
87275	90702	99374	B4151	E0974
87277	90703	99377	B4152	E0975
87279	90704	99379	B4153	E0976
87281	90705	99381	B4154	E0978
87283	90706	99391	B4155	E0979
87285	90707		B4156	E0990

Modifiers and Procedure Codes Discontinued for 2002 (continued)

C9006	Discontinued 12/31/01	G0184	Xref. 67225	J2860	Discontinued 12/31/01
C9011	Discontinued 12/31/01	G0188	Discontinued 12/31/01	J2970	Discontinued 12/31/01
C9012	Discontinued 12/31/01	G0190	Discontinued 12/31/01	J3080	Discontinued 12/31/01
C9017	Discontinued 4/1/01	G0191	Discontinued 12/31/01	J3270	Discontinued 12/31/01
C9018	Discontinued 12/31/01	G0203	Discontinued 12/31/01	J3390	Discontinued 12/31/01
C9104	Discontinued 12/31/01	G0205	Discontinued 12/31/01	J3450	Discontinued 12/31/01
C9106	Discontinued 6/30/01	G0207	Discontinued 12/31/01	J7315	Discontinued 12/31/01
C9107	Discontinued 6/30/01	J0340	Discontinued 12/31/01	K0008	Discontinued 12/31/01
C9500	Discontinued 6/30/01	J0400	Discontinued 12/31/01	K0013	Discontinued 12/31/01
C9501	Discontinued 6/30/01	J0510	Discontinued 12/31/01	L5300	Xref. L5301
C9502	Discontinued 6/30/01	J0590	Discontinued 12/31/01	L5310	Xref. L5311
C9504	Discontinued 6/30/01	J0695	Discontinued 12/31/01	L5320	Xref. L5321
C9505	Discontinued 6/30/01	J0730	Discontinued 12/31/01	L5330	Xref. L5331
C9506	Discontinued 12/31/01	J0810	Discontinued 12/31/01	L5340	Xref. L5341
C9700	Discontinued 12/31/01	J1090	Discontinued 12/31/01	L5667	Discontinued 12/31/01
C9702	Discontinued 12/31/01	J1362	Discontinued 12/31/01	L5669	Xref. L5660, L5662, L5663, L5664
E0298	Xref. K0549	J1690	Discontinued 12/31/01	M0302	Xref. M0302
E0609	Discontinued 12/31/01	J1739	Discontinued 12/31/01	P9042	Xref. P9046
E0753	Discontinued 12/31/01	J1741	Discontinued 12/31/01	Q0144	Discontinued 12/31/01
E1640	Discontinued 12/31/01	J1930	Discontinued 12/31/01	Q0160	Xref. J7193
E1900	Discontinued 12/31/01	J1970	Discontinued 12/31/01	Q0161	Xref. J7195
G0016	Discontinued 12/31/01	J2240	Discontinued 12/31/01	Q0185	Xref. J7340
G0126	Xref. G0211	J2330	Discontinued 12/31/01	Q2015	Discontinued 12/31/01
G0163	Xref. G0215	J2350	Discontinued 12/31/01	Q2016	Discontinued 12/31/01
G0164	Xref. G0221, G0222	J2480	Discontinued 12/31/01	Q3013	Xref. J3395 ❖
G0165	Xref. G0218	J2512	Discontinued 12/31/01		
G0174	Discontinued 12/31/01	J2640	Discontinued 12/31/01		
G0178	Discontinued 12/31/01	J2675	Discontinued 12/31/01		

New Emerging Technology Codes for 2002

During 2001, the American Medical Association (AMA) CPT Editorial Panel has established a new category of CPT codes called Category III codes. These codes are a set of temporary codes intended for tracking emerging technologies. For laboratory tests, these codes represent emerging technologies that may not be performed by many laboratories and may not yet have been approved by the Food and Drug Administration. Review of emerging technology codes will be made by the CPT Editorial Panel as part of its procedures to annually update CPT codes. The CPT Editorial Panel will determine if a temporary emerging technology code should be converted to a permanent existing technology Category I CPT code or if a new emerging technology code should be established. The syntax of emerging technology codes is four digits followed by the letter "T". These codes are not included in the 2002 laboratory fee schedule data file because they can be covered and priced only at carrier discretion. More information on the use of emerging technology codes can be accessed at the AMA's Website www.ama-assn.org. The new emerging technology codes relating to clinical laboratory tests are:

0010T Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response. An in vitro blood testing procedure for detecting tuberculosis infection rather than active disease (CPT code 87116). Used in conjunction with, or in place of the skin test (CPT code 86580).

0023T Infectious agent drug susceptibility phenotype prediction using genotypic comparison to know genotypic/phenotypic database, HIV 1. An add-on code to HIV genotype assay, which identifies mutations associated with drug resistance (CPT code 87901), to compare assay results to database and present comprehensive and color-coded results.

0026T Lipoprotein, direct measurement, intermediate density lipoproteins (IDL), remnant lipoproteins. Quantitative determination of remnant lipoproteins can be a risk factor for coronary heart disease for patients with familial type III hyperlipoproteinemia independent of very low density lipoproteins (CPT code 83719), low density lipoproteins (CPT code 83721), and high density lipoproteins (CPT code 83718). ❖

Source: CMS Transmittal A/B 01-162, CR #1887

2002 OUPATIENT SERVICES FEE SCHEDULE

Outpatient Medicare Services Fee Schedule for 2002

The Centers for Medicare & Medicaid Services (CMS) in conjunction with the Medicare Part B carrier, develops the Medicare Part A annual outpatient fee schedule. The fee schedule reimbursement amounts published in this bulletin are effective for services furnished **on or after January 1, 2002**. CMS extends a 90-day grace period where either 2001 or 2002 HCPCS codes are accepted.

Effective January 1, 2002 through March 31, 2002, providers may use either the 2001 or the 2002 HCPCS codes. **Effective April 1, 2002**, only the 2002 HCPCS codes will be accepted by Medicare.

Fee Schedule Lists

The following fee schedule reimbursement amounts are available at the time of this publication:

- Clinical Laboratory Services
- Rehabilitation Services (by locality)

Outpatient rehabilitation services are reimbursed based on the provider locality in the state of Florida.

Clinical laboratory services are reimbursed based on the standard fee schedule for the state of Florida. All providers are reimbursed at the same fee scheduled allowance for these services, regardless of geographical location.

Additional 2002 outpatient services fee schedules will be published in future publications and will be posted on the provider Website www.floridamedicare.com as soon as they become available.

Locality Structure

CMS reduced the number of localities in 1997. This means the state of Florida is now divided into three geographic localities. *Localities 01 and 02 are merged and priced at the same fee schedule rate.* For this reason, locality 01 fee schedule reimbursement information for both radiology and other diagnostics is not repeated for locality 02.

NOTE: Although the attached fee schedule listings do not reflect reimbursement in locality 02, the Direct Data Entry (DDE) system will reflect all four localities. However, localities 01 and 02 are the same fee schedule rates.

Questions regarding these fees may be addressed to Medicare Part A Customer Service Representatives by calling 1-877-602-8816. ❖

CLINICAL LABORATORY SERVICES FEE SCHEDULE

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
ATP02	7.20	7.44	G0107	4.49	4.64	80061	18.51	19.13
ATP03	9.18	9.49	G0123	27.90	28.83	80061QW	18.51	19.13
ATP04	9.69	10.01	G0143	27.90	28.83	80069	12.00	12.40
ATP05	10.81	11.17	G0144	27.90	28.83	80072	35.67	36.86
ATP06	10.84	11.20	G0145	27.90	28.83	80074	65.82	68.01
ATP07	11.29	11.67	G0147	14.60	14.60	80076	11.29	11.67
ATP08	11.70	12.09	G0148	14.60	14.60	80090	79.56	82.21
ATP09	12.00	12.40	P2038	6.95	7.18	80100	20.10	20.77
ATP10	12.00	12.40	P3000	14.60	14.60	80101	19.03	19.66
ATP11	12.21	12.62	P9612	3.00	3.00	80101QW	19.03	19.66
ATP12	12.48	12.90	P9615	3.00	3.00	80102	18.31	18.92
ATP16	14.61	15.10	Q0111	5.90	6.10	80150	20.83	21.52
ATP18	14.71	15.20	Q0112	5.90	6.10	80152	24.74	25.56
ATP19	15.28	15.79	Q0113	7.47	7.72	80154	25.56	26.41
ATP20	15.78	16.31	Q0114	9.88	10.21	80156	20.12	20.79
ATP21	16.27	16.81	Q0115	13.68	14.14	80157	13.74	14.20
ATP22	16.77	17.33	78267	10.86	11.22	80158	24.05	24.85
G0001	3.00	3.00	78268	93.09	96.19	80160	23.79	24.58
G0026	5.90	6.10	80048	11.70	12.09	80162	18.35	18.96
G0027	8.99	9.29	80051	9.69	10.01	80164	18.72	19.34
G0103	25.42	26.27	80053	14.61	15.10	80166	21.42	22.13

2002 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
80168	22.58	23.33	82009	6.25	6.46	82306	40.91	42.27
80170	22.65	23.41	82010	9.88	10.21	82307	44.53	46.01
80172	22.52	23.27	82010QW	9.88	10.21	82308	37.01	38.24
80173	20.12	20.79	82013	15.44	15.95	82310	7.12	7.36
80174	23.79	24.58	82016	19.16	19.80	82330	18.88	19.51
80176	16.08	16.62	82017	23.31	24.09	82331	7.15	7.39
80178	9.13	9.43	82024	53.38	55.16	82340	8.34	8.62
80182	18.72	19.34	82030	17.88	18.48	82355	15.99	16.52
80184	15.83	16.36	82040	5.67	5.86	82360	12.09	12.49
80185	18.32	18.93	82042	2.43	2.51	82365	17.11	17.68
80186	19.03	19.66	82043	2.43	2.51	82370	17.32	17.90
80188	22.93	23.69	82044	6.33	6.54	82373	24.09	24.89
80190	23.15	23.92	82044QW	6.33	6.54	82374	6.76	6.99
80192	23.15	23.92	82055	14.93	15.43	82375	17.03	17.60
80194	20.17	20.84	82055QW	14.93	15.43	82376	7.85	8.11
80196	9.81	10.14	82075	16.66	17.22	82378	26.22	27.09
80197	18.97	19.60	82085	13.42	13.87	82379	23.31	24.09
80198	19.56	20.21	82088	56.32	58.20	82380	12.75	13.18
80200	22.27	23.01	82101	41.48	42.86	82382	23.76	24.55
80201	16.48	17.03	82103	18.56	19.18	82383	34.63	35.78
80202	18.72	19.34	82104	19.98	20.65	82384	32.92	34.02
80299	18.92	19.55	82105	23.18	23.95	82387	28.75	29.71
80400	45.06	46.56	82106	23.18	23.95	82390	14.84	15.33
80402	120.14	124.14	82108	35.22	36.39	82397	19.53	20.18
80406	108.14	111.74	82120	3.98	4.11	82415	17.51	18.09
80408	173.44	179.22	82120QW	3.98	4.11	82435	6.35	6.56
80410	111.03	114.73	82127	19.16	19.80	82436	4.50	4.65
80412	455.46	470.64	82128	19.16	19.80	82438	6.76	6.99
80414	71.36	73.74	82131	23.31	24.09	82441	8.30	8.58
80415	77.24	79.81	82135	22.75	23.51	82465	6.02	6.22
80416	182.40	188.48	82136	23.31	24.09	82465QW	6.02	6.22
80417	60.80	62.83	82139	23.31	24.09	82480	9.82	10.15
80418	800.92	827.62	82140	20.14	20.81	82482	8.22	8.49
80420	99.54	102.86	82143	9.50	9.82	82485	19.80	20.46
80422	63.69	65.81	82145	21.48	22.20	82486	24.09	24.89
80424	65.84	68.03	82150	8.96	9.26	82487	19.80	20.46
80426	205.16	212.00	82154	39.85	41.18	82488	19.80	20.46
80428	92.16	95.23	82157	40.46	41.81	82489	19.80	20.46
80430	108.42	112.03	82160	34.57	35.72	82491	24.09	24.89
80432	175.51	181.36	82163	28.37	29.32	82492	24.09	24.89
80434	139.75	144.41	82164	20.17	20.84	82495	28.03	28.96
80435	142.30	147.04	82172	19.58	20.23	82507	38.43	39.71
80436	125.98	130.18	82175	26.22	27.09	82520	20.94	21.64
80438	69.63	71.95	82180	13.66	14.12	82523	25.83	26.69
80439	92.84	95.93	82190	16.89	17.45	82525	17.15	17.72
80440	80.34	83.02	82205	15.83	16.36	82528	31.11	32.15
81000	4.37	4.52	82232	22.36	23.11	82530	23.10	23.87
81001	4.37	4.52	82239	23.67	24.46	82533	22.53	23.28
81002	3.54	3.66	82240	24.05	24.85	82540	6.40	6.61
81003	3.10	3.20	82247	6.94	7.17	82541	24.09	24.89
81003QW	3.10	3.20	82248	6.94	7.17	82542	24.09	24.89
81005	3.00	3.10	82252	2.70	2.79	82543	24.09	24.89
81007	3.55	3.67	82261	23.31	24.09	82544	24.09	24.89
81007QW	3.55	3.67	82270	4.49	4.64	82550	9.01	9.31
81015	3.98	4.11	82273	4.49	4.64	82552	18.51	19.13
81020	5.09	5.26	82273QW	4.49	4.64	82553	12.86	13.29
81025	8.74	9.03	82274	0.00	0.00	82554	12.86	13.29
81050	4.14	4.28	82274QW	0.00	0.00	82565	7.07	7.31
82000	17.12	17.69	82286	9.52	9.84	82570	7.15	7.39
82003	27.96	28.89	82300	13.11	13.55	82570QW	7.15	7.39

2002 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
82575	13.06	13.50	82945	5.42	5.60	83499	34.83	35.99
82585	11.85	12.25	82946	20.83	21.52	83500	31.30	32.34
82595	8.95	9.25	82947	5.42	5.60	83505	33.59	34.71
82600	26.81	27.70	82947QW	5.42	5.60	83516	15.95	16.48
82607	20.83	21.52	82948	4.37	4.52	83518	11.72	12.11
82608	19.80	20.46	82950	6.56	6.78	83518QW	11.72	12.11
82615	11.29	11.67	82950QW	6.56	6.78	83519	18.67	19.29
82626	34.93	36.09	82951	17.80	18.39	83520	17.89	18.49
82627	30.72	31.74	82951QW	17.80	18.39	83525	15.81	16.34
82633	42.81	44.24	82952	5.42	5.60	83527	17.90	18.50
82634	40.46	41.81	82952QW	5.42	5.60	83528	21.98	22.71
82638	16.92	17.48	82953	6.56	6.78	83540	8.95	9.25
82646	27.51	28.43	82955	13.40	13.85	83550	12.08	12.48
82649	35.52	36.70	82960	8.03	8.30	83570	12.22	12.63
82651	35.68	36.87	82962	3.23	3.34	83582	19.59	20.24
82652	53.19	54.96	82963	29.69	30.68	83586	17.69	18.28
82654	18.90	19.53	82965	7.20	7.44	83593	36.35	37.56
82657	24.09	24.89	82975	21.88	22.61	83605	14.76	15.25
82658	24.09	24.89	82977	9.95	10.28	83605QW	14.76	15.25
82664	47.48	49.06	82978	19.70	20.36	83615	8.35	8.63
82666	29.69	30.68	82979	9.52	9.84	83625	17.69	18.28
82668	25.97	26.84	82980	24.05	24.85	83632	27.93	28.86
82670	38.62	39.91	82985	20.83	21.52	83633	7.61	7.86
82671	44.64	46.13	82985QW	20.83	21.52	83634	11.05	11.42
82672	29.97	30.97	83001	25.69	26.55	83655	16.72	17.28
82677	33.43	34.54	83001QW	25.69	26.55	83661	27.26	28.17
82679	34.50	35.65	83002	25.60	26.45	83662	26.14	27.01
82679QW	34.50	35.65	83002QW	25.60	26.45	83663	13.08	13.52
82690	21.75	22.48	83003	23.04	23.81	83664	6.53	6.75
82693	13.60	14.05	83008	23.20	23.97	83670	12.66	13.08
82696	32.60	33.69	83010	17.38	17.96	83690	9.52	9.84
82705	7.04	7.27	83012	23.76	24.55	83715	15.56	16.08
82710	21.88	22.61	83013	93.09	96.19	83716	17.11	17.68
82715	23.79	24.58	83014	10.86	11.22	83718	11.31	11.69
82725	11.95	12.35	83015	26.03	26.90	83718QW	11.31	11.69
82726	24.09	24.89	83018	30.35	31.36	83719	16.08	16.62
82728	18.83	19.46	83020	17.80	18.39	83721	13.18	13.62
82731	89.01	91.98	83021	24.09	24.89	83727	23.76	24.55
82735	12.48	12.90	83026	3.26	3.37	83735	9.26	9.57
82742	27.36	28.27	83030	11.43	11.81	83775	10.19	10.53
82746	20.32	21.00	83033	6.43	6.64	83785	33.98	35.11
82747	4.25	4.39	83036	13.42	13.87	83788	24.09	24.89
82757	16.71	17.27	83036QW	13.42	13.87	83789	24.09	24.89
82759	29.69	30.68	83045	4.83	4.99	83805	24.36	25.17
82760	15.47	15.99	83050	5.80	5.99	83825	22.47	23.22
82775	29.11	30.08	83051	10.10	10.44	83835	23.41	24.19
82776	11.59	11.98	83055	6.80	7.03	83840	22.56	23.31
82784	12.85	13.28	83060	8.03	8.30	83857	14.84	15.33
82785	22.76	23.52	83065	5.93	6.13	83858	18.52	19.14
82787	4.31	4.45	83068	11.71	12.10	83864	27.51	28.43
82800	4.83	4.99	83069	5.45	5.63	83866	13.62	14.07
82803	26.74	27.63	83070	6.56	6.78	83872	8.10	8.37
82805	39.21	40.52	83071	9.50	9.82	83873	23.78	24.57
82810	12.06	12.46	83080	23.31	24.09	83874	17.84	18.43
82820	13.82	14.28	83088	40.81	42.17	83883	18.79	19.42
82926	7.53	7.78	83090	23.31	24.09	83885	7.85	8.11
82928	7.24	7.48	83150	17.11	17.68	83887	32.73	33.82
82938	24.46	25.28	83491	24.21	25.02	83890	3.52	3.64
82941	24.38	25.19	83497	17.82	18.41	83891	3.52	3.64
82943	19.75	20.41	83498	37.54	38.79	83892	3.52	3.64

2002 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
83893	3.52	3.64	84155	5.06	5.23	84488	9.90	10.23
83894	3.52	3.64	84160	7.15	7.39	84490	9.90	10.23
83896	3.52	3.64	84165	14.84	15.33	84510	12.09	12.49
83897	3.52	3.64	84181	23.54	24.32	84512	7.50	7.75
83898	23.17	23.94	84182	24.87	25.70	84520	5.45	5.63
83901	23.17	23.94	84202	10.55	10.90	84525	3.98	4.11
83902	15.00	15.50	84203	10.55	10.90	84540	6.56	6.78
83903	23.17	23.94	84206	18.52	19.14	84545	9.12	9.42
83904	23.17	23.94	84207	25.72	26.58	84550	6.25	6.46
83905	23.17	23.94	84210	15.01	15.51	84560	6.56	6.78
83906	23.17	23.94	84220	7.20	7.44	84577	17.24	17.81
83912	3.52	3.64	84228	7.85	8.11	84578	4.48	4.63
83915	15.41	15.92	84233	89.01	91.98	84580	9.81	10.14
83916	27.12	28.02	84234	89.64	92.63	84583	6.95	7.18
83918	20.96	21.66	84235	72.31	74.72	84585	21.42	22.13
83919	20.96	21.66	84238	50.53	52.21	84586	26.52	27.40
83921	20.96	21.66	84244	30.40	31.41	84588	46.91	48.47
83925	26.89	27.79	84252	17.62	18.21	84590	16.02	16.55
83930	9.13	9.43	84255	35.28	36.46	84591	16.02	16.55
83935	9.42	9.73	84260	20.96	21.66	84597	9.66	9.98
83937	28.42	29.37	84270	11.05	11.42	84600	22.21	22.95
83945	17.80	18.39	84275	10.17	10.51	84620	16.37	16.92
83950	89.01	91.98	84285	32.55	33.64	84630	15.74	16.26
83970	57.04	58.94	84295	6.65	6.87	84681	26.52	27.40
83986	4.95	5.12	84300	6.72	6.94	84702	20.80	21.49
83986QW	4.95	5.12	84305	27.25	28.16	84703	10.38	10.73
83992	20.31	20.99	84307	21.37	22.08	84703QW	10.38	10.73
84022	21.53	22.25	84311	9.66	9.98	84830	13.87	14.33
84030	7.61	7.86	84315	3.46	3.58	85002	6.22	6.43
84035	5.05	5.22	84375	12.09	12.49	85007	4.76	4.92
84060	10.20	10.54	84376	7.61	7.86	85008	4.76	4.92
84061	10.94	11.30	84377	7.61	7.86	85009	5.14	5.31
84066	13.35	13.80	84378	11.05	11.42	85013	3.27	3.38
84075	7.15	7.39	84379	11.05	11.42	85014	3.27	3.38
84078	10.09	10.43	84392	6.56	6.78	85014QW	3.27	3.38
84080	20.44	21.12	84402	35.19	36.36	85018	3.27	3.38
84081	22.84	23.60	84403	35.68	36.87	85018QW	3.27	3.38
84085	9.32	9.63	84425	12.09	12.49	85021	7.72	7.98
84087	11.19	11.56	84430	16.08	16.62	85022	7.59	7.84
84100	6.56	6.78	84432	22.20	22.94	85023	11.71	12.10
84105	6.43	6.64	84436	9.50	9.82	85024	11.70	12.09
84106	5.92	6.12	84437	7.85	8.11	85025	10.74	11.10
84110	11.68	12.07	84439	12.46	12.88	85027	8.95	9.25
84119	11.90	12.30	84442	20.44	21.12	85031	8.18	8.45
84120	20.33	21.01	84443	23.21	23.98	85041	4.16	4.30
84126	35.20	36.37	84445	24.05	24.85	85044	5.94	6.14
84127	16.10	16.64	84446	19.60	20.25	85045	5.54	5.72
84132	6.35	6.56	84449	20.82	21.51	85046	7.72	7.98
84133	5.94	6.14	84450	7.14	7.38	85048	3.52	3.64
84134	20.16	20.83	84460	7.32	7.56	85130	16.44	16.99
84135	26.44	27.32	84460QW	7.32	7.56	85170	5.00	5.17
84138	26.16	27.03	84466	17.65	18.24	85175	6.28	6.49
84140	23.27	24.05	84478	7.95	8.22	85210	8.03	8.30
84143	31.54	32.59	84478QW	7.95	8.22	85220	24.39	25.20
84144	28.83	29.79	84479	8.95	9.25	85230	24.75	25.58
84146	26.78	27.67	84480	19.60	20.25	85240	24.75	25.58
84150	34.50	35.65	84481	21.73	22.45	85244	28.22	29.16
84152	25.42	26.27	84482	21.73	22.45	85245	31.72	32.78
84153	25.42	26.27	84484	13.60	14.05	85246	31.72	32.78
84154	25.42	26.27	84485	9.90	10.23	85247	31.72	32.78

2002 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
85250	26.31	27.19	85651	4.91	5.07	86332	33.68	34.80
85260	24.75	25.58	85652	3.73	3.85	86334	30.87	31.90
85270	24.75	25.58	85660	7.63	7.88	86336	0.00	0.00
85280	26.74	27.63	85670	7.98	8.25	86337	29.59	30.58
85290	22.58	23.33	85675	6.43	6.64	86340	20.83	21.52
85291	12.28	12.69	85705	11.05	11.42	86341	27.34	28.25
85292	7.20	7.44	85730	8.30	8.58	86343	17.22	17.79
85293	7.20	7.44	85732	8.95	9.25	86344	11.04	11.41
85300	8.03	8.30	85810	16.14	16.68	86353	67.75	70.01
85301	14.95	15.45	86000	9.65	9.97	86359	4.42	4.57
85302	16.61	17.16	86001	7.22	7.46	86360	9.66	9.98
85303	19.11	19.75	86003	7.22	7.46	86361	5.80	5.99
85305	16.02	16.55	86005	11.02	11.39	86376	20.11	20.78
85306	21.18	21.89	86021	20.80	21.49	86378	27.22	28.13
85307	21.18	21.89	86022	25.38	26.23	86382	23.36	24.14
85335	17.80	18.39	86023	17.21	17.78	86384	15.74	16.26
85337	14.41	14.89	86038	16.70	17.26	86403	14.08	14.55
85345	5.94	6.14	86039	15.43	15.94	86406	14.70	15.19
85347	5.88	6.08	86060	10.09	10.43	86430	7.85	8.11
85348	5.14	5.31	86063	7.98	8.25	86431	7.85	8.11
85360	11.05	11.42	86140	7.15	7.39	86590	12.09	12.49
85362	9.52	9.84	86141	17.89	18.49	86592	5.90	6.10
85366	11.90	12.30	86146	22.87	23.63	86593	6.09	6.29
85370	14.67	15.16	86147	22.87	23.63	86602	8.02	8.29
85378	9.86	10.19	86148	22.20	22.94	86603	17.79	18.38
85379	14.06	14.53	86155	22.08	22.82	86606	20.80	21.49
85384	11.74	12.13	86156	9.26	9.57	86609	17.81	18.40
85385	11.74	12.13	86157	11.14	11.51	86611	8.02	8.29
85390	6.56	6.78	86160	16.59	17.14	86612	17.83	18.42
85400	12.22	12.63	86161	16.59	17.14	86615	18.23	18.84
85410	10.66	11.02	86162	28.08	29.02	86617	21.40	22.11
85415	13.11	13.55	86171	13.85	14.31	86618	20.82	21.51
85420	9.04	9.34	86185	12.37	12.78	86618QW	20.82	21.51
85421	14.07	14.54	86215	18.32	18.93	86619	18.49	19.11
85441	5.81	6.00	86225	18.99	19.62	86622	12.35	12.76
85445	9.42	9.73	86226	16.73	17.29	86625	18.13	18.73
85460	10.69	11.05	86235	24.78	25.61	86628	11.19	11.56
85461	9.17	9.48	86243	28.36	29.31	86631	16.35	16.90
85475	12.26	12.67	86255	16.66	17.22	86632	17.55	18.14
85520	13.11	13.55	86256	16.66	17.22	86635	15.85	16.38
85525	13.11	13.55	86277	21.75	22.48	86638	16.75	17.31
85530	13.11	13.55	86280	11.31	11.69	86641	15.69	16.21
85535	8.95	9.25	86294	27.11	28.01	86644	19.89	20.55
85536	8.95	9.25	86294QW	27.11	28.01	86645	23.28	24.06
85540	11.88	12.28	86300	28.19	29.13	86648	21.02	21.72
85547	11.88	12.28	86301	28.19	29.13	86651	18.23	18.84
85549	25.92	26.78	86304	28.19	29.13	86652	18.23	18.84
85555	9.24	9.55	86308	7.15	7.39	86653	18.23	18.84
85557	18.46	19.08	86308QW	7.15	7.39	86654	18.23	18.84
85576	29.69	30.68	86309	8.95	9.25	86658	18.01	18.61
85585	3.98	4.11	86310	10.19	10.53	86663	18.13	18.73
85590	5.94	6.14	86316	28.19	29.13	86664	21.14	21.84
85595	6.18	6.39	86317	20.72	21.41	86665	25.07	25.91
85597	24.84	25.67	86318	17.89	18.49	86666	8.02	8.29
85610	5.43	5.61	86318QW	17.89	18.49	86668	14.38	14.86
85610QW	5.43	5.61	86320	30.98	32.01	86671	16.95	17.52
85611	5.45	5.63	86325	30.90	31.93	86674	19.43	20.08
85612	13.22	13.66	86327	31.35	32.40	86677	20.05	20.72
85613	13.22	13.66	86329	19.40	20.05	86682	17.97	18.57
85635	13.61	14.06	86331	16.56	17.11			

2002 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
86683	4.49	4.64	86817	88.98	91.95	87198	16.58	17.13
86683QW	4.49	4.64	86821	78.03	80.63	87199	16.58	17.13
86684	21.90	22.63	86822	50.52	52.20	87205	5.90	6.10
86687	11.60	11.99	86880	7.42	7.67	87206	7.42	7.67
86688	19.37	20.02	86885	7.90	8.16	87207	8.28	8.56
86689	26.75	27.64	86886	7.15	7.39	87210	5.90	6.10
86692	23.72	24.51	86900	4.12	4.26	87220	5.90	6.10
86694	19.89	20.55	86903	8.37	8.65	87230	27.28	28.19
86695	18.23	18.84	86904	13.14	13.58	87250	27.02	27.92
86696	26.75	27.64	86905	5.28	5.46	87252	36.02	37.22
86698	17.28	17.86	86906	10.71	11.07	87253	27.91	28.84
86701	12.28	12.69	86940	11.33	11.71	87254	6.76	6.99
86702	18.69	19.31	86941	13.13	13.57	87260	16.58	17.13
86703	18.96	19.59	87001	18.27	18.88	87265	16.58	17.13
86704	16.66	17.22	87003	23.26	24.04	87270	16.58	17.13
86705	16.27	16.81	87015	9.23	9.54	87272	16.58	17.13
86706	14.84	15.33	87040	14.27	14.75	87273	16.58	17.13
86707	15.98	16.51	87045	13.04	13.47	87274	16.58	17.13
86708	17.12	17.69	87046	3.26	3.37	87275	16.58	17.13
86709	15.55	16.07	87070	11.90	12.30	87276	16.58	17.13
86710	18.74	19.36	87071	6.52	6.74	87277	16.58	17.13
86713	21.15	21.86	87073	6.52	6.74	87278	16.58	17.13
86717	16.93	17.49	87075	13.08	13.52	87279	16.58	17.13
86720	18.23	18.84	87076	11.16	11.53	87280	16.58	17.13
86723	18.23	18.84	87077	11.16	11.53	87281	16.58	17.13
86727	17.79	18.38	87077QW	11.16	11.53	87283	16.58	17.13
86729	16.51	17.06	87081	9.16	9.47	87285	16.58	17.13
86732	18.23	18.84	87084	11.90	12.30	87290	16.58	17.13
86735	18.03	18.63	87086	11.16	11.53	87299	16.58	17.13
86738	18.31	18.92	87088	11.18	11.55	87300	8.29	8.57
86741	18.23	18.84	87101	10.66	11.02	87301	16.58	17.13
86744	18.23	18.84	87102	11.61	12.00	87320	16.58	17.13
86747	20.77	21.46	87103	12.46	12.88	87324	16.58	17.13
86750	12.86	13.29	87106	14.27	14.75	87327	16.58	17.13
86753	17.12	17.69	87107	14.27	14.75	87328	16.58	17.13
86756	17.81	18.40	87109	21.26	21.97	87332	16.58	17.13
86757	26.75	27.64	87110	23.47	24.25	87335	16.58	17.13
86759	18.23	18.84	87116	14.93	15.43	87336	16.58	17.13
86762	19.89	20.55	87118	15.13	15.63	87337	16.58	17.13
86765	17.81	18.40	87140	7.71	7.97	87338	17.00	17.57
86768	16.08	16.62	87143	17.32	17.90	87339	16.58	17.13
86771	18.13	18.73	87147	7.15	7.39	87340	14.27	14.75
86774	20.45	21.13	87149	17.60	18.19	87341	14.27	14.75
86777	19.89	20.55	87152	7.23	7.47	87350	15.92	16.45
86778	19.90	20.56	87158	7.23	7.47	87380	22.69	23.45
86781	18.30	18.91	87164	14.84	15.33	87385	16.58	17.13
86784	11.19	11.56	87166	15.61	16.13	87390	15.44	15.95
86787	17.81	18.40	87168	5.90	6.10	87391	15.44	15.95
86790	17.81	18.40	87169	5.90	6.10	87400	16.58	17.13
86793	18.13	18.73	87172	5.90	6.10	87420	16.58	17.13
86800	21.98	22.71	87176	8.13	8.40	87425	16.58	17.13
86803	19.73	20.39	87177	12.30	12.71	87427	16.58	17.13
86804	21.40	22.11	87181	1.16	1.20	87430	16.58	17.13
86805	72.26	74.67	87184	9.53	9.85	87449	16.58	17.13
86806	65.76	67.95	87185	1.16	1.20	87449QW	16.58	17.13
86807	54.69	56.51	87186	11.94	12.34	87450	13.25	13.69
86808	41.02	42.39	87187	14.33	14.81	87451	13.25	13.69
86812	35.66	36.85	87188	8.03	8.30	87470	17.60	18.19
86813	80.13	82.80	87190	7.81	8.07	87471	41.20	42.57
86816	38.49	39.77	87197	20.76	21.45	87472	59.20	61.17

2002 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
87475	17.60	18.19	87557	59.20	61.17	88164	14.60	14.60
87476	41.20	42.57	87560	17.60	18.19	88165	14.60	14.60
87477	59.20	61.17	87561	41.20	42.57	88166	14.60	14.60
87480	17.60	18.19	87562	59.20	61.17	88167	14.60	14.60
87481	41.20	42.57	87580	17.60	18.19	88230	161.00	166.37
87482	57.69	59.61	87581	41.20	42.57	88233	194.49	200.97
87485	17.60	18.19	87582	57.69	59.61	88235	203.50	210.28
87486	41.20	42.57	87590	17.60	18.19	88237	174.55	180.37
87487	59.20	61.17	87591	41.20	42.57	88239	203.88	210.68
87490	17.60	18.19	87592	59.20	61.17	88240	13.96	14.43
87491	41.20	42.57	87620	17.60	18.19	88241	13.96	14.43
87492	48.31	49.92	87621	41.20	42.57	88245	188.16	194.43
87495	17.60	18.19	87622	57.69	59.61	88248	239.32	247.30
87496	41.20	42.57	87650	17.60	18.19	88249	239.32	247.30
87497	59.20	61.17	87651	41.20	42.57	88261	244.24	252.38
87510	17.60	18.19	87652	57.69	59.61	88262	172.25	177.99
87511	41.20	42.57	87797	17.60	18.19	88263	188.16	194.43
87512	57.69	59.61	87798	41.20	42.57	88264	172.25	177.99
87515	17.60	18.19	87799	59.20	61.17	88267	248.44	256.72
87516	41.20	42.57	87800	17.60	18.19	88269	188.16	194.43
87517	59.20	61.17	87801	41.20	42.57	88271	20.00	20.67
87520	17.60	18.19	87802	16.58	17.13	88272	35.00	36.17
87521	41.20	42.57	87803	16.58	17.13	88273	44.40	45.88
87522	59.20	61.17	87804	16.58	17.13	88274	48.10	49.70
87525	17.60	18.19	87810	16.58	17.13	88275	55.50	57.35
87526	41.20	42.57	87850	16.58	17.13	88280	34.68	35.84
87527	57.69	59.61	87880	16.58	17.13	88283	94.79	97.95
87528	17.60	18.19	87880QW	16.58	17.13	88285	26.26	27.14
87529	41.20	42.57	87899	16.58	17.13	88289	40.12	41.46
87530	59.20	61.17	87899QW	16.58	17.13	88371	30.71	31.73
87531	17.60	18.19	87901	355.78	367.64	88372	31.44	32.49
87532	41.20	42.57	87902	355.78	367.64	88400	3.47	3.59
87533	57.69	59.61	87903	675.29	697.80	89050	6.53	6.75
87534	17.60	18.19	87904	36.02	37.22	89051	7.61	7.86
87535	41.20	42.57	88130	20.79	21.48	89060	9.88	10.21
87536	97.40	100.65	88140	11.05	11.42	89125	5.96	6.16
87537	17.60	18.19	88142	27.90	28.83	89160	5.09	5.26
87538	41.20	42.57	88143	27.90	28.83	89190	6.56	6.78
87539	59.20	61.17	88144	27.90	28.83	89300	12.32	12.73
87540	17.60	18.19	88145	27.90	28.83	89310	11.89	12.29
87541	41.20	42.57	88147	14.60	14.60	89320	16.66	17.22
87542	57.69	59.61	88148	14.60	14.60	89321	16.66	17.22
87550	17.60	18.19	88150	14.60	14.60	89325	14.75	15.24
87551	41.20	42.57	88152	14.60	14.60	89329	28.98	29.95
87552	59.20	61.17	88153	14.60	14.60	89330	13.68	14.14
87555	17.60	18.19	88154	14.60	14.60	89355	4.62	4.77
87556	41.20	42.57	88155	8.28	8.56	89365	7.61	7.86

OUTPATIENT REHABILITATION SERVICES FEE SCHEDULE

CODE/MD	LOC 01/02	LOC 03	LOC 04	CODE/MD	LOC 01/02	LOC 03	LOC 04
G0101	34.15	36.07	37.25	90847	109.74	114.77	118.53
G0102	19.47	20.81	21.63	90849	31.90	33.38	34.40
G0128	4.31	4.67	5.00	90853	33.27	34.85	35.92
G0195	122.92	130.70	135.78	90857	35.82	37.71	39.07
G0196	122.92	130.70	135.78	90901	43.47	46.36	48.12
G0197	121.73	129.15	133.61	90911	63.04	66.87	69.49
G0198	75.35	79.74	82.53	92506	91.09	97.11	100.76
G0199	102.77	109.21	112.97	92507	72.01	76.86	79.58
G0200	121.73	129.15	133.61	92508	70.25	75.28	77.87
G0201	75.35	79.74	82.53	92510	127.94	135.91	140.96
11040	38.77	41.69	43.89	92526	73.41	78.31	81.06
11041	56.23	60.43	63.73	92552	15.76	17.52	18.74
11042	80.18	86.18	90.82	92553	23.52	26.24	28.19
11043	188.14	202.35	212.99	92555	13.70	15.30	16.45
11044	236.58	255.04	269.21	92556	20.78	23.30	25.14
29065	73.87	80.06	84.84	92557	43.28	48.44	52.18
29075	68.17	73.93	78.34	92561	25.58	28.46	30.47
29085	73.41	79.38	83.92	92562	14.73	16.41	17.60
29105	71.70	77.53	82.02	92563	13.70	15.30	16.45
29125	53.71	57.78	60.68	92564	17.24	19.30	20.80
29126	71.36	76.43	79.86	92565	14.39	16.04	17.22
29130	35.00	37.64	39.70	92567	19.41	21.82	23.62
29131	45.10	48.03	49.99	92568	13.70	15.30	16.45
29200	53.88	57.48	59.91	92569	14.73	16.41	17.60
29220	58.67	63.21	66.48	92571	14.04	15.67	16.84
29240	58.85	62.90	65.70	92572	3.20	3.63	3.96
29260	50.35	53.87	56.24	92573	12.67	14.20	15.31
29280	50.99	54.64	57.05	92575	10.50	11.68	12.49
29345	109.82	119.03	126.33	92576	16.21	18.20	19.65
29365	96.69	104.95	111.47	92577	26.03	29.14	31.39
29405	71.12	77.12	81.80	92579	25.92	28.82	30.85
29445	127.92	138.71	147.53	92582	25.92	28.82	30.85
29505	64.77	69.49	72.73	92583	31.97	35.71	38.39
29515	55.68	59.82	62.93	92584	88.26	98.15	105.05
29520	51.82	55.10	57.09	92587	54.03	59.76	63.81
29530	50.37	53.85	56.21	92587TC	46.58	51.81	55.46
29540	33.53	35.85	37.63	9258726	7.44	7.95	8.36
29550	32.58	35.08	37.08	92588	72.31	79.36	84.38
29580	43.30	46.43	48.75	92588TC	52.98	59.07	63.38
29590	46.69	49.90	52.46	9258826	19.33	20.29	21.00
64550	25.99	27.81	28.85	92589	19.75	22.19	24.00
90804	62.23	65.20	67.39	92596	21.47	24.03	25.90
90805	69.93	73.17	75.55	94664	19.52	21.57	22.93
90806	93.16	97.42	100.56	94665	19.98	22.25	23.84
90807	100.64	105.34	108.88	94667	36.42	39.94	42.12
90808	137.98	144.41	149.28	94668	26.60	29.00	30.39
90809	145.33	152.02	157.07	95831	28.15	29.94	31.01
90810	67.14	70.27	72.57	95832	27.13	28.82	29.85
90811	75.18	78.61	81.12	95833	35.54	37.52	38.75
90812	99.21	103.91	107.42	95834	42.30	44.73	46.34
90813	107.26	112.25	115.97	95851	24.94	26.72	27.74
90814	144.94	151.69	156.75	95852	21.12	22.70	23.62
90815	150.59	157.46	162.63	96000	89.10	92.79	95.38
90845	89.32	93.42	96.47	96001	106.25	110.57	113.58
90846	91.42	95.60	98.70	96002	20.87	22.04	22.99

2002 OUTPATIENT SERVICES FEE SCHEDULE

Outpatient Rehabilitation Services Fee Schedule (continued)

CODE/MD	LOC 01/02	LOC 03	LOC 04	CODE/MD	LOC 01/02	LOC 03	LOC 04
96003	19.57	20.91	22.05	97036	21.98	23.30	24.15
96105	64.06	71.73	77.32	97039	9.91	10.47	10.93
96111	64.06	71.73	77.32	97110	25.82	27.48	28.80
96115	64.06	71.73	77.32	97112	26.73	28.27	29.41
97001	66.11	70.70	74.57	97113	28.20	30.06	31.48
97002	34.99	37.25	39.03	97116	22.22	23.52	24.52
97003	68.27	72.09	74.94	97124	20.00	21.04	21.77
97004	45.72	48.42	50.15	97139	15.06	15.99	16.63
97012	13.05	13.75	14.29	97140	23.97	25.34	26.39
97014	13.32	14.17	14.76	97150	17.29	18.46	19.37
97016	11.61	12.33	12.86	97504	25.82	27.48	28.80
97018	6.68	7.26	7.69	97520	23.99	25.32	26.36
97020	4.29	4.69	5.02	97530	31.86	33.81	35.13
97022	15.36	16.39	17.06	97532	21.81	22.81	23.56
97024	4.29	4.69	5.02	97533	23.18	24.28	25.08
97026	4.29	4.69	5.02	97535	28.78	30.48	31.69
97028	5.34	5.77	6.14	97537	23.19	24.27	25.07
97032	16.47	17.43	18.10	97542	23.87	25.01	25.83
97033	14.20	15.16	15.95	97601	84.54	90.76	94.39
97034	12.66	13.41	13.96	97703	24.81	26.59	27.77
97035	10.61	11.20	11.68	97750	25.02	26.43	27.50

HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

Delay of the 2002 Outpatient Prospective Payment System Rate Update

On December 14, 2001, hospitals and community mental health centers (CMHCs) were notified via a special letter, of the Centers for Medicare & Medicaid Services (CMS) decision to delay the implementation of the 2002 outpatient prospective payment system (OPPS) rate update. Since then, CMS has retracted that notification and revised the temporary instructions to bill for services furnished under the outpatient prospective payment system until the 2002 hospital OPPS rates are implemented.

Impacts of this Delay

In order to minimize disruptions in outpatient care and in the flow of payments to providers furnishing hospital outpatient services subject to PPS, CMS has determined that hospitals and community mental health centers (CMHCs) will be paid for outpatient services that they provide to Medicare beneficiaries at the 2001 rates until the new 2002 rates are made effective.

Two Medicare regulations that are implemented on January 1, 2002, are impacted by the delay of the hospital OPPS rate update:

- Coinsurance for 2002
- 2002 annual update to the Healthcare Common Procedure Coding System (HCPCS)

Coinsurance for 2002

CMS will implement two statutory provisions effective with dates of service on or after January 1, 2002. These provisions are:

- Section 1833(t)(8)(C)(i) of the Social Security Act (the Act) limits the copayment amount for a procedure performed in a year to no more than the inpatient hospital deductible for that year. The inpatient hospital deductible for 2002 is \$812. CMS will implement the limit of \$812 on the copayment for a single procedure effective with dates of service on or after January 1, 2002.
- Section 1833(t)(8)(C)(i)(II) of the Act provides that, for services furnished in 2002, the national unadjusted coinsurance for an ambulatory payment classification (APC) cannot exceed 55 percent. (The limit was 57 percent in 2001.) CMS will also implement the 55 percent limit on the national unadjusted coinsurance for each APC on January 1, 2002.

Revised and Deleted Codes

One of the largest impacts on provider billing as a result of the delay will be the 2002 annual HCPCS changes. For outpatient services rendered on or after January 1, 2002, hospitals and CMHCs should continue to use the 2001 HCPCS codes and definitions. Providers will be notified in future publications when the new 2002 HCPCS update may be used.

New Codes

Claims containing new 2002 HCPCS codes will not be able to process for payment, as the outpatient code editor (OCE) system will not recognize these codes as valid. As a result, hospitals and CMHCs must not submit claims containing any new 2002 HCPCS codes for outpatient services. Hospitals and CMHCs must submit the claim with the 2001 code if available and if the service is covered.

NOTE: Hospital physicians billing the carrier for any new 2002 HCPCS code will receive payment for the code beginning January 1, 2002. In addition, other provider types, (TOBs 22x, 23x, 24x, 32x, 33x, 34x, 71x, 72x, 73x, 74x, 75x, 81x, 82x and hospitals not paid under OPPS will also receive payment for the new 2002 HCPCS codes beginning January 1, 2002). Therefore, these entities are not restricted in the use of reporting the new codes.

Providers Affected by this Delay

The delay affects only the following types of bills (TOBs) with the exception of claims from the hospitals noted below:

- 12x – Hospital Inpatient Part B
- 13x – Hospital Outpatient
- 14x – Hospital Referred Diagnostic Tests
- 76x – Community Mental Health Center (CMHC)

Until further notice, these bill types will continue to be processed and paid using 2001 OPPS rates.

Transitional pass-through payments will continue to be paid in the same manner as in 2001.

Exceptions: Type of bills 12x, 13x, 14x, and 85x received from critical access hospitals, Indian health service hospitals, U.S. Virgin Island hospitals, Maryland hospitals, and those hospitals located in the Pacific (American Samoa, Guam, and Saipan) will continue to be processed in the normal manner as they are not affected by the delay.

In addition, Part B services furnished to inpatients of hospitals that do no other Medicare billing for hospital outpatient services are also an exception. ❖

Source: CMS Transmittal A-01-145, CR 2008

GENERAL COVERAGE

Screening Glaucoma Services

Editor's Note: An article addressing the new coverage provision for "Screening Glaucoma Services" was published in the First Quarter 2002 Medicare A Bulletin (page 12). Since then, the Centers for Medicare & Medicaid Services (CMS) has revised a few points and added special billing instructions for RHCs and FQHCs. The additions and revisions to the previous article have been barred for the convenience of our readers.

The Benefits Improvement and Protection Act of 2000, section 102, provides coverage for annual glaucoma screening for certain eligible Medicare beneficiaries found to be at high risk for glaucoma such as persons with diabetes mellitus, or a family history of glaucoma, or African-Americans age 50 and over.

Medicare will pay for glaucoma screening examinations where they are furnished by or under the direct supervision in the office setting of an ophthalmologist or optometrist who is legally authorized to perform the services under state law.

Screening for glaucoma is defined to include:

- a dilated eye examination with an intraocular pressure measurement; and
- a direct ophthalmoscopy examination, or a slit-lamp biomicroscopic examination.

Payment may be made for a glaucoma screening examination that is performed on an eligible beneficiary after at least 11 months have passed following the month in which the last covered glaucoma screening examination was performed. Coverage applies to glaucoma screening examination services performed on eligible beneficiaries **on or after January 1, 2002.**

Claim Submission Requirements

Claims for glaucoma screening must be submitted on claim Form HCFA-1450 (UB-92) or its electronic equivalent. Claims must be prepared in accordance with the general bill review instructions in section 3604 of the Medicare Intermediary Manual, Part 3.

Applicable Bill Types

The applicable types of bill for screening glaucoma services are: 13x, 22x, 23x, 71x, 73x, 75x, and 85x.

HCPCS Coding

The following HCPCS codes should be reported when billing for screening glaucoma services:

- | | |
|-------|--|
| G0117 | Glaucoma screening for high-risk patients furnished by an optometrist or ophthalmologist. |
| G0118 | Glaucoma screening for high-risk patients furnished under the direct supervision of an optometrist or ophthalmologist. |

Revenue Coding

The following revenue codes should be reported when billing for screening glaucoma services:

- Comprehensive outpatient rehabilitation facilities (CORFs), critical access hospitals (CAHs), and skilled nursing facilities (SNFs) bill for this service under revenue code 770.
- Independent and provider-based RHCs and free standing and provider-based FQHCs bill for this service under revenue code 770.

- CAHs electing the optional method of payment for outpatient services report this service under revenue codes 96x, 97x, or 98x.
- Hospital outpatient departments bill for this service under any valid/appropriate revenue code. They are not required to report revenue code 770.

Diagnosis Coding

Providers report glaucoma screening using screening ("V") code V80.1 (special screening for neurological, eye, and ear diseases, glaucoma). Claims submitted without this screening diagnosis code should be returned to the provider as unprocessable.

Payment Methodology

Payment is made for the facility expense as follows:

- Independent and provider-based RHC/free standing and provider-based FQHC – payment is made under the all inclusive rate for the screening glaucoma service based on the visit furnished to the RHC/FQHC patient
- CAH – payment is made on a reasonable cost basis unless the CAH has elected the optional method of payment for outpatient services in which case, procedures outline in section 3610.22 of the Part A Intermediary Manual should be followed
- CORF – payment is made under the Medicare physician fee schedule
- Hospital outpatient department – payment is made under outpatient prospective payment system
- Hospital inpatient Part B – payment is made under OPPTS
- SNF outpatient – payment is made under the Medicare physician fee schedule
- SNF inpatient Part B – payment is made under MPFS.

Deductible and coinsurance apply.

Special Billing Instructions for RHCs and FQHCs

Screening glaucoma services are considered RHC/FQHC services. RHC and FQHCs must bill for this service under type of bill 71x or 72x along with revenue code 770 and HCPCS codes G0117 or G0118 and RHC/FQHCs to report revenue code 520 or 521 to report the related visit. Payment for a screening glaucoma service will not be made unless the claim also contains a visit code for the service.

Determining the 11 Month Period

Once a beneficiary has received a covered glaucoma screening procedure, the beneficiary may receive another procedure after 11 full months have passed. To determine the 11-month period, start the count beginning with the month after the month in which the previous covered screening procedure was performed. ❖

Source: CMS Transmittal A-01-132; CR #1914

ESRD SERVICES

End Stage Renal Disease Drug Pricing Update

The following revised End Stage Renal Disease (ESRD) drug-pricing list updates and replaces section 22 of the Medicare Part A ESRD Processing Manual. This list may also be used as a stand-alone reference for ESRD drugs and/or pharmacy services. Prices are effective for services rendered *on and after January 1, 2002*, and represent the Medicare maximum reimbursement for separately billable ESRD drugs and/or pharmaceuticals.

All prices, as mandated by the Centers for Medicare & Medicaid Services (CMS), are 95 percent of either:

- the lesser of the median average wholesale price of all generic forms of the drug, or
- the lowest brand name average wholesale price.

ESRD providers may order the 2002 *Drug Topics® Red Book®*. Call (800) 222-3045, toll-free, or write to:

Drug Topics® Red Book®
5 Paragon Drive
Montvale, NJ 07645-1742

- The drugs listed in this section are arranged in alphabetical order, based on the first initial of the drug name.
- When a drug is billed on the HCFA-1450 (UB-92) billing format, an ICD-9-CM diagnosis code (excluding 585 – Chronic Renal Disease) must be reported.
- Diagnosis code 585 (Chronic Renal Disease) must be reported as principal diagnosis code on all ESRD bill types (type of bill code 72x).
- The drug prices in this revision include a five percent price reduction as mandated by CMS.

LEGEND

CPT/HCPCS CODE Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and locally assigned codes reportable on the HCFA-1450 (UB-92) billing format.

NAME Name of drug (brand name and/or generic).

PRICE Medicare Part A reimbursement allowance for specific drug administered via ESRD environment.

CPT/HCPCS CODE	NAME	PRICE
J0170	Adrenalin, epinephrine, 1 mg/1 cc ampule	\$ 2.12
J0210*	Aldomet, methyldopate HCL, up to 250 mg	\$11.87
J2997	Alteplase, recombinant, activase, 1 mg	\$35.62
00047	Amikin, Amikacin, 100 mg/2 cc	\$41.84
J0280	Aminophylline, aminophyllin, 250 mg	\$ 0.91
J0285	Amphotericin B, Fungizone, 50 mg	\$16.94
J0290	Ampicillin sodium, 500 mg	\$ 1.58
J0690	Ancef, cefazolin sodium, Kefzol, 500 mg	\$ 2.64
J3430	Aquamephyton, phytonaidione (vitamin K), 1 mg	\$ 5.05
J0380*	Aramine, metaraminol bitartrate, 10 mg	\$ 1.26
J7504	Atgam, lymphocyte immune globine, 250 mg	269.05
J2060	Ativan, lorazepam, 2 mg	\$ 3.13
J0460	Atropine sulfate, 0.3 mg	\$ 4.65
X0004	Azactam, Aztreonam, 1 gm	\$18.84
00151	Bactrim, 80 mg/ml-16 mg/ml, 5 cc	\$ 2.72
J0530	Bicillin C-R, penicillin-G, 600,000 units	\$ 8.80

CPT/HCPCS CODE	NAME	PRICE
J0540	Bicillin C-R, penicillin-G, 1,200,000 units	\$17.97
J0550	Bicillin C-R, penicillin-G, 2,400,000 units	\$35.95
J0560	Bicillin L-A, penicillin-G, 600,000 units	\$ 7.41
J0570	Bicillin L-A, penicillin-G, 1,200,000 units	\$19.61
J0580	Bicillin L-A, penicillin-G, 2,400,000 units	\$29.65
X0007	Buprenex, Buprenorphine, .3 mg/1 cc	\$ 2.53
J0635	Calcijex, calcitriol, 1 mcg/ml	\$13.17
J0630	Calcitonin-salmon, up to 400 units	\$ 3.73
X0014	Calcium chloride 10%, 10 cc	\$6.69
J0610	Calcium gluconate, 10 ml	\$ 1.34
J1955	Carnitine, levocarnitine, 1 gm	\$32.06
J0710	Cefadyl, cephapirin sodium), 1 gm	\$ 1.55
J0715	Ceftizoxime sodium, Cefizox, 500 mg	\$10.82
00248	Cefobid, Cefoperazone sodium, 1 gm	\$16.59
X0016	Cefotan, Cefotetan disodium gm	\$12.00
J0698	Cefotaxime sodium, Claforan, 1 gm	\$12.12

*This drug is included in the composite rate.

END STAGE RENAL DISEASE

End Stage Renal Disease Drug Pricing Update (continued)

CPT/HCPCS CODE	NAME	PRICE
J0697	Cefuroxime sodium, 750 mg	\$ 5.18
J0702	Celestone Soluspan, 3 mg-3mg/ml	\$ 3.88
J0743	Cilastatin sodium imipenem, Primaxin I.V., 250 mg	\$15.01
87000	Cipro, 200 mg	\$14.82
X0017	Cleocin Phosphate, clindamycin phosphate, 300 mg	\$6.16
J0745	Codeine phosphate, 30 mg	\$ 0.44
J0835	Cortrosyn, cosyntropin, 0.25 mg	\$15.34
J9070	Cyclophosphamide, Cytoxan, 100 mg	\$ 5.97
J9080	Cyclophosphamide, Cytoxan, 200 mg	\$11.34
J9090	Cyclophosphamide, Cytoxan, 500 mg	\$24.12
J9091	Cyclophosphamide, Cytoxan, 1 gm	\$47.64
J9092	Cyclophosphamide, Cytoxan, 2 gm	\$95.26
J2597	DDAVP, desmopressin acetate), 1 mcg	\$4.67
J1100	Decadron, dexamethasone sodium phosphate, 1 mg	\$ 0.17
J2175	Demerol, meperidine HCL, 100 mg	\$ 1.03
J1070	Depo-Testosterone, up to 100 mg	\$ 4.70
J1080	Depo-Testosterone, 1 cc, 200 mg	\$16.16
J0895	Desferal, deferoxamine mesylate), 500 mg/5 cc	\$12.61
J1100	Dexamethasone sodium phosphate, 1 mg/ml	\$ 0.17
J7060	Dextrose 5%, 500 cc	\$ 6.99
J1730*	Diazoxide, Hyperstat, 300 mg/20 ml	119.36
J1450	Diflucan, Fluconazole, 200 mg	\$86.53
J1160*	Digoxin, Lanoxin, up to 0.5 mg	\$ 2.54
J1165	Dilantin, phenytoin sodium, 50 mg	\$ 1.23
J1170	Dilaudid, hydromophone, 4 mg	\$ 1.54
J1200*	Diphenhydramine HCL (Benadryl), up to 50 mg	\$ 0.51
X0023*	Dopamine HCL, Intropin, 40 mg/1 cc	\$ 1.02
J1240	Dramamine, dimenhydrinate, 50 mg	\$ 0.38
J1364	Erythromycin lactobionate, 500 mg	\$ 3.50
J0970	Estradiol valerate, Delestrogen, up to 40 mg	\$21.73
J2915	Ferrelcit, sodium ferric gluconate, 62.5 mg/5 ml	\$40.85
00623	Flagyl, Metronidazole, 500 mg	\$23.18

CPT/HCPCS CODE	NAME	PRICE
J9190	Fluorouracil, 500 mg	\$ 2.72
X0100	Folic Acid, 5 mg/cc	\$1.22
J0713	Fortaz, ceftazidime, 500 mg	\$ 9.67
J1470	Gamma globulin, 2 cc	\$42.75
J1550	Gamma globulin, 10 cc	114.00
J1570	Ganciclovir sodium, Cytovene, 500 mg	\$35.24
J1580	Garamycin, gentamicin, 80 mg	\$ 3.58
J1630	Haldol, haloperidol, 5 mg	\$ 7.91
J1644*	Heparin sodium 1000 units	\$ 0.35
00739	Hepatitis B Immune Globulin, 1 ml	135.43
90371	Hepatitis B Immune Globulin, 5 ml	649.80
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	202.16
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	105.81
J0360*	Hydralazine HCL, Apresoline, 20 mg	\$ 8.26
J1720	Hydrocortisone sodium succinate (Solu-Cortef), 100 mg	\$ 1.80
J3410	Hydroxyzine HCL, 25 mg	\$ 0.70
J1561	Immune globulin, Gammimune N, 5%, 500 mg)	\$38.00
J1563	Immune globulin, intravenous, 1 gm	\$76.00
J7501	Imuran, Azathioprine, 100 mg	\$78.57
J1790	Inapsine, droperidol), 5 mg	\$ 1.55
J1800*	Inderal, prpranolol HCL, 1 mg/1 cc	\$ 5.93
J1750	Infed, iron dextran), 50 mg	\$17.91
90657	Influenza virus vaccine, split virus, 6-35 months dosage	\$ 4.91
90658	Influenza virus vaccine, split virus, 3 years and above dosage	\$ 6.70
90659	Influenza virus vaccine, whole virus	\$ 4.91
J1820*	Insulin, 100 units	\$ 4.38
J1840	Kantrex, kanamycin sulfate, 500 mg	\$ 3.15
J1890	Keflin, cephalothin sodium, 1 gm	\$10.26
J3301	Kenalog, triamcinolone acetonide), 10 mg	\$ 1.48
J1940	Lasix, furosemide, 20 mg	\$ 1.17

*This drug is included in the composite rate.

End Stage Renal Disease Drug Pricing Update (continued)

CPT/HCPCS CODE	NAME	PRICE
X0056	Levophed bitartrate, Norepinephrine bitartrate 4 cc	\$10.43
X0043	Levothyroxine, 0.2 mg	\$24.84
J1990	Librium, chlordiazepoxide hydrochloride, 100 mg	\$24.99
J2000*	Lidocaine HCL, 50 cc	\$ 3.45
00971	Mandol, Cefamandole, 1 gm	\$ 8.60
J2150*	Mannitol 25%, in 50 cc	\$ 2.78
J1050	Medroxyprogesterone acetate, Depo-Provera, 100 mg	\$13.10
J0694	Mefoxin, cefoxitin sodium, 1 gm	\$10.13
00987	Mezlin, Mezlocillin, 1 gm	\$ 4.24
J2270	Morphine sulfate, 10 mg	\$ 0.77
J7505	Muromonab-CD3, parenteral, 5 mg	741.00
X0027	Nafcil, nafcillin sodium, 500 mg	\$ 1.07
J2320	Nandrolone decanoate, Deca-Durabolin, 50 mg	\$ 5.20
J2321	Nandrolone decanoate, Deca-Durabolin, 100 mg	\$ 6.31
J2322	Nandrolone decanoate, Deca-Durabolin, 200 mg	\$25.49
J2310	Narcan, naloxone HCL, 1 mg	\$ 4.20
J3260	Nebcin, tobramycin sulfate, 80 mg	\$10.80
J2300	Nubain, nalbuphine HCL, 10 mg/1 cc	\$ 1.90
J2700	Oxacillin sodium, 250 mg	\$ 0.63
J2500	Paracalcitol, 5 mcg	\$25.09
J2510	Penicillin G procaine, aqueous, 600,000 units	\$ 8.07
X0101	Pentam, 300 mg	\$93.81
J2550	Phenergan, promethazine HCL, 50 mg	\$ 0.24
J2560	Phenobarbital sodium, 120 mg	\$ 6.04
01231	Pipracil, Piperacillin sodium, 1 gm	\$ 7.00
90732	Pneumovax, Pneumococcal vaccine 0.5 cc	\$12.96
J3480*	Potassium chloride, per 2 mEq/ml	\$ 0.17
J1410	Premarin, estrogen conjugated, 25 mg	\$56.75
X0031	Primaxin-I.M., 500 mg	\$29.19
W2493	Primaxin-I.V., 250 mg	\$15.50
J0780	Prochlorperazine, Compazine, up to 10 mg	\$ 3.20

CPT/HCPCS CODE	NAME	PRICE
X0076	Prolastin, 500 mg	104.50
J2680	Prolixin Decanoate, fluphenazine, 25 mg	\$15.20
J2690*	Pronestyl, procainamide HCL, 1 gm	\$11.02
J2720*	Protamine sulfate, 10 mg	\$0.77
J2765	Reglan, metoclorpramide HCL, 10 mg	\$ 0.68
J0696	Rocephin, ceftriaxone sodium, 250 mg	\$16.16
89991	Sandoglobulin, 1gm	\$86.81
X0102	Septra, 80 mg/ml-16 mg/ml, 5 ml	\$ 2.72
X0038	Sodium bicarbonate 8.4%, 50 cc	\$ 2.74
00515	Sodium chloride 9%, 30 cc	\$ 1.52
00510	Sodium chloride 9%, 50 cc	\$3.01
00511	Sodium chloride 9%, 100 cc	\$ 6.78
00512	Sodium chloride 9%, 150 cc	\$10.02
00513	Sodium chloride 9%, 250 cc	\$10.15
00514	Sodium chloride 9%, 500 cc	\$9.18
J2920	Solu-Medrol, methylprednisolone sodium succinate, up to 40 mg	\$ 1.94
J2930	Solu-Medrol, methylprednisolone sodium succinate, up to 125 mg	\$ 3.23
01478	Stadol, 1 mg	\$ 6.97
01479	Stadol, 2 mg	\$ 7.29
J3010	Sublimaze, fentanyl citrate, 2 cc	\$ 2.52
J3070	Talwin Lactate, pentazocine HCL, 30 mg	\$ 3.95
01601	Talwin Lactate, 60 mg	\$ 7.91
J3120	Testosterone enanthate, Delatestryl enanthate, up to 100 mg	\$ 0.57
J3130	Testosterone enanthate, Delatestryl enanthate, up to 200 mg	\$ 1.14
J3150	Testosterone propionate, up to 100 mg	\$ 1.09
90703	Tetanus toxoid, 1.ml	\$ 3.38
J3230	Thorazine, chlorpromazine HCL, up to 50 mg	\$ 1.90
01671	Ticar, Ticarcillin, 1 gm	\$ 4.25
J3250	Tigan trimethobenzamide HCL, up to 200 mg	\$ 3.04
X0042	Timentin, 100 mg-3 gm	\$14.31
J3280	Torecan, thiethylprazine maleate, up to 10 mg	\$ 5.01

*This drug is included in the composite rate.

End Stage Renal Disease Drug Pricing Update (continued)

CPT/HCPCS CODE	NAME	PRICE
J3320	Trobicin, spectinomycin dihydrochloride, up to 2 g	\$26.79
X0099	Unasyn, 3 gm	\$14.16
J3360	Valium, diazepam, 5 mg	\$ 1.82
J3370	Vancocin, vancomycin HCL, 500 mg	\$ 5.19
W0233	Venofer, 100 5 mg	\$65.36
X0057*	Verapamil, 5 mg	\$ 2.13
J2250	Versed, midazolam HCL, 1 mg	\$ 2.63
X0044	Vibramycin, Doxycycline, 100 mg	\$17.94
J3420	Vitamin B-12 cyanocobalamin, up to 1,000 mcg	\$ 1.08
00522	Water for injection, 30 cc	\$ 1.22
00521	Water for injection, 500 cc	\$ 4.17
X0105/ J2500	Zemplar, 5 mcg	\$25.09
J0697	Zinacef, cefuroxime sodium, 750 mg	\$ 5.18
X0062	Zofran, 2 mg/1 cc	\$12.17
01958	Zovirax, 500 mg	\$61.75

ESRD Services – Billing for Venofer® – W0233

An article on “Intravenous Iron Therapy” was published in the Fourth Quarter 2001 (page 13). The article indicated that the coverage for intravenous iron therapy have been revised to add *iron sucrose injection* for the first line treatment of iron deficiency anemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoetin therapy. Medicare providers were advised to bill for iron sucrose injection by using HCPCS code J3490 until a more specific HCPCS code was assigned for this service.

Since then, Florida Medicare has implemented a new local code to bill for an iron sucrose injection furnished **on or after October 1, 2001**. The local code assigned to this service is:

W0233 Venofer®, 100 mg

With the implementation of the 2002 Healthcare Common Procedure Coding System (HCPCS) update on January 1, 2002, a new HCPCS code –J1755– has been assigned to bill for Venofer® drug services furnished on or after January 1, 2002. ❖

GENERAL INFORMATION

Medicare Deductible Amounts for Calendar Year 2002

Medicare beneficiaries who use covered services may be subject to deductible and coinsurance requirements. A beneficiary is responsible for an inpatient hospital deductible amount, which is deducted from the amount payable by the health insurance (HI) program to the hospital, for inpatient hospital services furnished in a spell of illness. When a beneficiary receives such services for more than 60 days during a spell of illness, he or she is responsible for a coinsurance amount equal to one-fourth of the inpatient hospital deductible, for 61-90 days spent in the hospital. After 90 days in a spell of illness, the beneficiary has 60 lifetime reserve days of coverage. The coinsurance amount for these days is equal to one-half of the inpatient hospital deductible. A beneficiary is responsible for a coinsurance amount equal to one-eighth of the inpatient hospital deductible for each 21-100 days of skilled nursing facility services furnished during a spell of illness.

Year 2002 HI Deductible

Part A Hospital (Inpatient)	Calculation per Benefit Period	CY 2002 Benefit Period
Deductible – 1 through 60 days	Current year inpatient deductible	\$812.00 per benefit period
Coinsurance – 61 through 90 days	Rate is ¼ of current year inpatient deductible amount	\$203.00 per day
Lifetime Reserve – 91 through 150 days (non-renewable days)	Rate is ½ of current year inpatient deductible amount	\$406.00 per day
Skilled Nursing Facility (SNF)	Calculation Per Benefit Period	CY 2002 Benefit Period
SNF – 1 through 20 days	No deductible or coinsurance (full days)	\$0 per benefit period
SNF – 21 through 100 days	Rate is 1/8 of current year inpatient deductible amount	\$101.50 per day
Blood Deductible	Annual Requirement	CY 2002
Part A/Part B	Satisfied via Part A and or Part B services	3 pints annually
Part B - Outpatient	Annual Requirement	CY 2002
Annual Deductible	Satisfied via Part B outpatient and or Physician/Supplier Services (Part B)	\$100.00

Source: HCFA Transmittal AB-01-158, CR #1906

Educational Materials for Cervical Cancer Screening

Women rely on their health care providers for screening recommendations. Many women, especially older women, are not aware of the importance of cervical cancer screening and may not ask for Pap tests. Your reminder about the need for a regular Pap test is important.

The National Cancer Institute (NCI) estimates that about 12,900 cases of newly diagnosed invasive cervical cancer will occur in the United States this year and that about 4,400 of the women affected by the disease will die. Women age 65 and older have the highest mortality but the lowest screening rates. To increase the rates of cervical cancer screening among older women, Medicare has changed its coverage of Pap tests to once every two years. Women may be more likely to get a Pap test if they know Medicare will help pay for it.

Congress has designated January as Cervical Health Month. This may be an opportunity for you to talk to your patients about cervical health. To assist you in

communicating with your patients, the Centers for Medicare & Medicaid Services and the National Cancer Institute have developed a Health Professional's Pap Test Packet. The packet contains a brochure on Pap tests designed for older women, a resource guide for health professionals, and a Pap test reminder pad with tear-off sheets to give to your patients. This information can be accessed at <http://cancer.gov/publications>. After reaching the site, click on "Type of Cancer", then on "Cervix". You then may view and/or order publications. You may also call the National Cancer Institute at 1-800-4CANCER (1-800-422-6237) to order the materials. Up to 20 items may be ordered for free. Shipping and handling charges may be applied to larger orders. ▽

Source: CMS Transmittal B-01-75, CR 1912

Comprehensive Error Rate Testing (CERT) Program

An article was published in the Fourth Quarter 2001 *Medicare A Bulletin* concerning requests for medical records to determine the appropriateness of claim processing results from DynCorp TRP. The following provides additional information regarding this initiative.

In order to improve the processing and medical decision making involved with payment of Medicare claims, the Centers for Medicare & Medicaid Services (CMS) initiated a new program effective August 2000. This program is called Comprehensive Error Rate Testing (CERT) and is being implemented in order to achieve goals of the Government Performance and Results Act of 1993, which sets performance measurements for federal agencies.

Under CERT, an independent contractor (DynCorp of Richmond, Virginia) will select a random sample of claims processed by each Medicare contractor. DynCorp's medical review staff (to include nurses, physicians, and other qualified health care practitioners) will then verify that contractor decisions regarding the claims were accurate and based on sound policy. CMS will use the DynCorp findings to determine underlying reasons for errors in claim payments or denials, and to implement appropriate corrective actions aimed toward improvements in the accuracy of claims and systems of claim processing.

Eventually, all Medicare contractors will undergo CERT review by DynCorp. On a monthly basis, DynCorp will request a small sample of claims, approximately 200

from each contractor, as the claims are entered into their system. DynCorp will follow the claims until they are adjudicated, and then compare the contractor's final claim decision with its own. Instances of incorrect processing (e.g., questions of medical necessity or inappropriate application of medical review policy, etc.) become targets for correction or improvement. Consequently, it is CMS's intent that the Medicare Trust Fund benefits from improved claim accuracy and payment processes.

How Are Providers and Suppliers of Sampled Claims Impacted by CERT?

Providers and suppliers of the sampled claims may be asked during the course of DynCorp's review to provide more information such as medical records or certificates of medical necessity so that DynCorp can verify that the billing was proper and the claim processing procedures were appropriate. Providers will be advised what documentation is needed and the name of a contact person.

General questions regarding the CERT initiative may be directed to Laura Castelli, DynCorp Project Director for the CERT Program, at (804) 264-1778. Otherwise, providers and suppliers will be contacted **only** if their claims are selected and DynCorp requires additional information. ▽

Source: CMS Transmittal A-01-87, CR 1588

ORDER FORM - PART A MATERIALS

The following materials are available for purchase. To order, please complete and submit this form along with your check/money order (PAYABLE TO: First Coast Service Options, Inc. account number 756134)

NUMBER ORDERED	ITEM	ACCOUNT NUMBER	COST PER ITEM
_____	Medicare A Bulletin Subscriptions - One subscription of the Medicare A Bulletin is sent free of charge to all providers with an active status with the Medicare Part A program. Non-providers (e.g., billing agencies, consultants, software vendors, etc.) or providers who need additional copies at other office facility locations may purchase an annual subscription. This subscription includes all Medicare bulletins published during calendar year 2002 (back issues sent upon receipt of the order). Please check here if this will be a: <input type="checkbox"/> Subscription Renewal or <input type="checkbox"/> New Subscription	756134	\$75.00

Subtotal \$ _____

Tax (7.0%) \$ _____

Total \$ _____

Mail this form with payment to:
First Coast Service Options, Inc.
Medicare Publications - ROC 6T
P.O. Box 45280
Jacksonville, FL 32232-5280

Facility Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Attention: _____ Area Code/Telephone Number: _____

Please make check/money order payable to: BCBSFL- FCSO Account #756134
(CHECKS MADE TO "PURCHASE ORDERS" NOT ACCEPTED)

ALL ORDERS MUST BE PREPAID -
DO NOT FAX - PLEASE PRINT

NOTE: The Medicare A Bulletin is available free of charge online at www.FloridaMedicare.com.

A

Abortion Services, Medicare Coverage of Feb/Mar 2000 11
 Accommodation Charges, Hospital Billing 4th Qtr 2001 21
 Advance Beneficiary Notices for Services for
 which Institutional Part B Claims Are
 Processed by Fiscal Intermediaries Aug/Sep 2000 52
Ambulance Services:
 Clarification of Medicare Policies Apr/May 2000 6
 Crosswalk to New Codes Dec 2000 9
 Fee Schedule Initiative Dec 2000 3
 Fee Schedule Initiative, Implementation Date ... Dec 2000 3
 Questions & Answers Apr/May 2000 7
 Questions & Answers Dec 1999/Jan 2000 6
Ambulatory Surgical Center (ASC):
 Update of Codes and Payment Group Dec 2000 11
 Update of Rates for Payments Oct/Nov 2000 6
 Apligraf™ (Graftskin) Services, Billing for Feb/Mar 2000 10
 Assisted Suicide Funding Restriction
 Act of 1997 Aug/Sep 1999 5
 Audiologic Function Tests for Beneficiaries
 that Are Patients of a SNF, Billing for 4th Qtr 2001 14
 Audit and Cost Reports Settlement
 Expectations 4th Qtr 2001 93
 Autologous Stem Cell Transportation,
 Additional Coverage for Dec 2000 12
 Automated Response Unit for Medicare A
 Providers 4th Qtr 2001 10

B

Beneficiary Right to Itemized Statement for
 Medicare Items and Services Jun/Jul 1999 8
 Billing Guidelines for Influenza and
 Pneumococcal Pneumonia Vaccines Oct/Nov 1999 6
 Billing for Outpatient Services, Frequency of .. Jun/Jul 2000 5
 Biofeedback Training for the Treatment of
 Urinary Incontinence, Coverage and Billing .. 4th Qtr 2001 12
 BIPA Changes to the 2001 Payment
 Amounts for DMEPOS 3rd Qtr 2001 7
 Blood Clotting Factor Administered to
 Hemophilia Inpatients, Payment for Jun/Jul 1999 113
 Breast Prosthesis, Lifetime Expectancy 1st Qtr 2002 16
 Blood Clotting Factor Administered to
 Hemophilia Inpatients, Payment for 1st Qtr 2002 22
 Jun/Jul 1999 113

C

Cervical Cancer Awareness and the Benefit
 of Pap Tests 3rd Qtr 2001 8
 Circulator Boot System Aug/Sep 2000 47
 Claim Expansion and Line Item Processing
 Implementation Jun/Jul 2000 5
 Claim Processing Requirement Modifications .. Oct/Nov 1999 16
 Clarification and HCPCS Coding Update:
 Part B Fee Schedule and Consolidated Billing
 for SNF Services 3rd Qtr 2001 22
 Clarification of Dialysis Coverage for
 Skilled Nursing Facility Residents Oct/Nov 1999 48
CLIA Waived Tests New 1st QTR 2002 14
 4th Qtr 2001 11
 3rd Qtr 2001 12
 2nd Qtr 2001 8
 Aug/Sep 2000 58
 Apr/May 2000 17
 Jun/Jul 1999 110
 Aug/Sep 1999 11

C (continued)

Clinical Diagnostic Laboratory Organ or
 Disease Panels Feb/Mar 2000 8
 Clinical Diagnostic Laboratory Organ or
 Disease Panels - Revision to Policy Apr/May 2000 17
 Clinical Diagnostic Laboratory Tests Furnish
 by Critical Access Hospitals 3rd Qtr 2001 26
 Disease Panels - Revision to Policy Apr/May 2000 17
 Clinical Trials, Medicare Beneficiaries
 Participating in Medicare Qualifying Oct/Nov 2000 8
 Clinical Trial Routine Care Services, Revised
 Diagnosis Coding Requirements 1st Qtr 2002 10
 COB Contractor Fact Sheet for Providers 4th Qtr 2001 8
 COB Contractor Fact Sheet for Providers Dec 2000 10
 Colorectal Cancer Screening Campaign
 Print Materials 3rd Qtr 2001 10
 Colorectal Cancer Screening, Promoting 3rd Qtr 2001 9
 Colorectal Cancer!, Some Important Facts
 You Should Know 3rd Qtr 2001 11
 Continuous Subcutaneous Insulin Infusion
 (CSII) Pump Coverage Feb/Mar 2000 8
 Consolidated Billing for Skilled Nursing
 Facilities, Delay in Edit Implementation 3rd Qtr 2001 24
 Consolidated Billing for Skilled Nursing
 Facilities Apr/May 2000 44
 Consolidated Billing for Skilled Nursing
 Facility Services, Fee Schedule 2nd Qtr 2001 12
 Coordination of Benefits—Trading Partners 2nd Qtr 2001 6
 Contractor Operations, Current Status 1st Qtr 2002 8
 Correct Coding Initiative—Two New Versions 1st Qtr 2001 17
 Correct Coding Initiative Apr/May 2000 16
 Cost Report Change, Reopenings for Sole
 Community and Medicare Dependent Hospital
 Open Cost Reports Affected by the Jun/Jul 1999 113
 Cost Reports, More Information About the
 Extension of Due Date for Filing Provider Jun/Jul 1999 9
 Coverage Expansion of Certain Oral
 Anti-Cancer Drugs to Include FDA
 Approved Oral Anti-Cancer Prodrugs Aug/Sep 1999 9
 Crossover Updates 1st Qtr 2002 9
 4th Qtr 2001 9

D

Deductible and Coinsurance for Calendar
 Year 2001, Medicare 1st Qtr 2001 6
 Deductible and Coinsurance for Calendar
 Year 2000, Medicare Feb/Mar 2000 5
 Description of OCE Edits/Claim Reasons Jun/Jul 2000 10
 Diabetes Outpatient Self-Management
 Training Services, Correction of Payment 1st Qtr 2002 9
 Diagnostic and Screening Mammograms
 Performed with New Technologies,
 Payment Revisions 3rd Qtr 2001 5
 Disclosure of Itemized Statement to an
 Individual for Items or Services Provided Jun/Jul 2000 6
 "Do not Forward" Initiative Dec 2000 11
 Drugs, Biologicals and Supplies in a
 Comprehensive Outpatient Rehabilitation
 Facility, Payment of 2nd Qtr 2001 19

E

Edits Requiring Providers to Submit Home
 Health Claims in Sequence, Removal of Jun/Jul 1999 6
 Educational Materials Available Now 4th Qtr 2002 96
 Electronic Health Care Transaction

E (continued)

Formats, Adoption of Standard	Oct/Nov 1999	46
Elimination of HCFA Free Billing Software	3rd Qtr 2001	30
eNews Now Available to Web Visitors	4th Qtr 2001	9
End of Grace Period for 2000 HCPCS Update ..	Apr/May 2000	14
End Stage Renal Disease:		
Coverage of Noninvasive Vascular Studies ..	1st Qtr 2002	11
Blood Pricing Update	1st Qtr 2002	23
Blood Pricing Update	Dec 2000	15
Blood Pricing Update	Feb/Mar 2000	13
Drug Pricing Update	3rd Qtr 2001	19
Drug Pricing Update	Aug/Sep 2000	60
Drug Pricing Update	Dec 1999/Jan 2000	32
ESRD Claims Processed under Outpatient Prospective Payment System	1st Qtr 2001	12
ESRD Facilities—Billing for Iron Dextran	Jun/Jul 2000	68
Home Dialysis Method Election and Claim Processing, Clarification of Fiscal Intermediary and DMERC Responsibilities ..	1st Qtr 2001	11
Enhanced External Counterpulsation (EECP) – Revision to Coverage and Billing Guidelines ..	Aug/Sep 1999	12
Enrollment Applications, New Provider	1st Qtr 2002	10
Epoetin Alfa (EPO), Instructions for Billing Hospital Outpatient Claims	1st Qtr 2002	22
Erythropoietin for Anemia of Chronic Disease ...	4th Qtr 2001	86
.....	3rd Qtr 2001	66
Evacuation, Billing for Services During the Time of	Apr/May 2000	52
Extracorporeal Immunoabsorption (ECI) Using Protein A Columns	1st Qtr 2001	7

F

Factor VIIa (Coagulation Factor, Recombinant), Processing Guidelines for	Dec 1999/Jan 2000	10
Financial Limitation for Outpatient Rehabilitation Services, Extension of Moratorium on the Application of the \$1,500 ...	3rd Qtr 2001	25
Fraud and Abuse:		
Caveat Emptor - Let the Buyer Beware	Jun/Jul 2000	69
DHHS Announces Expanded “Senior Patrol” Grants to Help Spot Waste, Fraud, and Abuse in Medicare and Medicaid	Aug/Sep 1999	38
Floridians Can Help Fight Medicare Fraud and Abuse	Oct/Nov 1999	17
Fraud and Abuse in the Medicare Program ..	3rd Qtr 2001	27
Fraud and Abuse in the Medicare Program Office of Inspector General - Special Fraud Alert	Apr/May 2000	47
Justice Recovers Record \$1.5 Billion in Fraud Payments	2nd Qtr 2001	20
Medicare Advisory: No HIPAA Audits	1st Qtr 2002	16
Undercover Investigation Reveals Unethical Tactics	4th Qtr 2001	92
Wheels of Justice Do Turn, The	Dec 1999/Jan 2000	36
Reassignment of Benefits	Aug/Sep 2000	70

H

HCFA Announces New Medicare Hospital Outpatient Payment System	Jun/Jul 2000	7
HCFA Promotes Eye Exams for People with Diabetes	1st Qtr 2001	8
HCFA Web Site for Beneficiary Outreach Events	Dec 1999/Jan 2000	8
Health Care Related Web Sites	Aug/Sep 1999	6

H (continued)

HCPCS Annual Update, 2001:

Additional Changes and Corrections	Dec 2000	11	
Grace Period Established for	1st Qtr 2001	32	
Local Medical Review Policy Changes	Dec 2000	13	
Modifiers/Procedure Codes Discontinued	1st Qtr 2001	38	
Modifiers/Procedure Codes Reactivated	1st Qtr 2001	37	
Modifiers/Procedure Codes Revised	1st Qtr 2001	33	
Health Insurance Portability and Accountability Act (HIPAA), The			
Health Insurance Portability and Accountability Act (HIPAA) Web Site—Correction	Dec 1999/Jan 2000	15	
Hemodialysis Flow Studies	Aug/Sep 2000	69	
Hepatitis C Lookback, Qualified Candidates for ...	Jun/Jul 1999	110	
HIPAA-Administrative Simplification	1st Qtr 2002	89	
HIPAA-AS Privacy Regulations, Overview	1st Qtr 2002	91	
HIPAA-AS Standard Health Care Claim and Coordination of Benefits (COB)	4th Qtr 2001	94	
Home Health Agency, Fifteen-Minute Increment Reporting Update	Aug/Sep 1999	39	
Home Health Consolidated Billing,	Supplies and Therapy Codes Annual Update	1st Qtr 2002	10
Hospital Services, Use of Modifiers for Reporting	Dec 1999/Jan 2000	11	
Hospital Outpatient Radiology Service Fee Schedule	Jun/Jul 2000	14	

I

ICD-9-CM:

Coding Changes – Year 2002	4th Qtr 2001	9
Coding Changes – Year 2001	Aug/Sep 2000	57
Coding for Diagnostic Tests	1st Qtr 2002	5
2002 Changes to Local Medical Review Policies		
Medical Policy Changes related to the 2001 Coding Update	Oct/Nov 2000	53
Millennium Edition	Feb/Mar 2000	7
Immunosuppressive Drugs, Elimination of Time Limit on Medicare Benefits	3rd Qtr 2001	6
Immunosuppressive Drugs, Extension of Medicare Benefits for	Feb/Mar 2000	8
Implementation of Outpatient Prospective Payment System – Guidelines Revisions ..	Aug/Sep 2000	5
Implementation Guidelines of Outpatient Prospective Payment System for Multi- Purpose Hospital Outpatient Facilities	Aug/Sep 2000	6
Independent Laboratory Billing for the Technical Component of Physician Pathology Services to Hospital Patient	3rd Qtr 2001	18
Influenza Virus Vaccine Benefit, 1999 Medicare	Oct/Nov 1999	7
Influenza Vaccine Benefit Questions & Answers, 1999 Medicare	Oct/Nov 1999	7
Influenza Vaccine Roster, 1999 Medicare	Oct/Nov 1999	55
Inpatient Hospital Payments and Disproportionate Share Hospital Thresholds and Adjustments, Implementation of Updates to the FY 2001	3rd 2001	29
“Inpatient Only” Code Changes, Interim Process for Certain	Oct/Nov 2000	12
Inpatient Rehabilitation Facility, Implementation of Prospective Payment System	1st Qtr 2002	18
nstructions for Cost Outlier Bills with Benefits Exhausted	Dec 1999/Jan 2000	13
Interest Rate for Overpayments	1st Qtr 2002	9
Interim Process for Certain	Oct/Nov 2000	12

I (continued)

Intermittent Catheterization, Clarification to Coverage of	Dec 1999/Jan 2000	9
Intestinal and Multi-Visceral Transplantation ...	3rd Qtr 2001	12
Intestinal Transplantation	2nd Qtr 2001	10
Intestinal Transplants Furnished to Beneficiaries Enrolled in Medicare+Choice ..	1st Qtr 2002	16
Intrathecal Baclofen under the Outpatient Prospective Payment System, Proper Billing of Units for	Oct/Nov 2000	12
Intravenous Iron Therapy	4th Qtr 2001	13
Intravenous Iron Therapy	2nd Qtr 2001	7
Iron Dextran, Billing for—ESRD Facilities	Jun/Jul 2000	68
Is Your Office Ready to Process Claims in the Year 2000?	Dec 1999/Jan 2000	15

L

Laboratory Tests and Venipunctures Performed in a RHC	Jun/Jul 1999	114
Line Item Date of Service	Jun/Jul 1999	7
Liver Transplant Centers, Addition to List of Approved	Oct/Nov 1999	16
Liver Transplantation (Adult), Clarification to Policy	Apr/May 2000	19

M

Mandatory Assignment Now Required for Drugs and Biologicals	2nd Qtr 2001	5
Mammography Screening Payment Limit for Calendar Year 2001	1st Qtr 2001	5
Medical Policy Changes Relating to the Outpatient Prospective Payment System ..	Aug/Sep 2000	48
Medical Review of Therapy Services	4th Qtr 2001	9
Medical Review Process Revision to Medical Records Requests	2nd Qtr 2001	5
Medicare Appeal Workloads in FY 2001	2nd Qtr 2001	5
Medicare Coverage of Noninvasive Vascular Studies when Used to Monitor the Access Site of End Stage Renal Disease (ESRD) Patients	Aug/Sep 2000	68
Medicare Contractors Applying Deductible, Coinsurance and Payment Updates Beginning January 10, 2000	Feb/Mar 2000	5
Medicare Secondary Payer, CMS Relaxes Instructions for Hospital	1st Qtr 2002	17
Medicare Remarks Codes, Additions and Changes to the	Jun/Jul 1999	9
Method II Home Dialysis Supplies, Payment for	2nd Qtr 2001	9
Millennium Rollover Year-End Claim Processing, Notification of	Dec 1999/Jan 2000	5
Modifiers for Reporting Outpatient Hospital Services, Addition to	Apr/May 2000	41
Modifier 25 and Modifier 27 in the Hospital Outpatient PPS, Use of	4th Quarter 2001	87
Modifier 25 in Reporting Hospital Outpatient Services, Further Information on the Use of	Aug/Sep 2000	12

N

Need to Reprocess Inpatient or Hospice Claims in Sequence When Liability Changes	Jun/Jul 1999	7
New Electronic Mailing Listservs for Outpatient Prospective Payment Initiative	Aug/Sep 2000	20

N (continued)

New Form to Report Unsolicited/ Voluntary Refund Checks	Aug/Sep 1999	7
New Patient Status Codes	4th Qtr 2001	21
Noncovered Charges and Related Revenue Codes, Reporting of	Feb/Mar 2000	7

O

Ocular Photodynamic Therapy (OPT)	Oct/Nov 2000	7
Ocular Photodynamic Therapy (OPT)	Aug/Sep 2000	57
Off Label Use of Oral Chemotherapy Drugs Methotrexate and Cyclophosphamide	Dec 2000	12
Outpatient Code Editor Modifications for the Outpatient PPS	Jun/Jul 2000	8
Outpatient Code Editor Specifications for Bills from Hospitals not Paid under the OPPS	1st Qtr 2002	83
Outpatient Pathology Services under the Outpatient PPS, Proper Billing of	1st Qtr 2001	9
Outpatient PPS Initiative Qs and As	Aug/Sep 2000	13
Outpatient PPS Initiative HCFA Website	Aug/Sep 2000	20
Outpatient Services Fee Schedule: Clinical Laboratory, 2001	Dec 2000	17
Clinical Laboratory, 2001—Additions and Revisions	2nd Qtr 2001	9
Medicare Services Fee Schedule, 2001	Dec 2000	17
Orthotic/Prosthetic Devices	Dec 2000	24
Outpatient Rehabilitation, 2001	Dec 2000	29
Outpatient Rehabilitation, 2000	Feb/Mar 2000	16
Surgical Dressing Items	Dec 2000	29
Outpatient Services Fee Schedule, Correction to 2001	2nd Qtr 2001	9
Overpayment Interest Rate	1st Qtr 2002	9
Overpayment Refund Form	Aug/Sep 1999	8

P

PAINREH: Pain Rehabilitation	Oct/Nov 1999	41
PAINREH: Pain Rehabilitation – Revision to Policy	Feb/Mar 2000	20
Payment of Skilled Nursing Facility Claims for Beneficiaries Disenrolling from Terminating Medicare+Choice (M+C) Plans Who Have Not Met the 3-Day Stay Requirement	Oct/Nov 2000	14
.....	Jun/Jul 2000	67
Implementation Rescinded by HCFA	Aug/Sep 2000	51
Percutaneous Transluminal Angioplasty and Carotid Stents	2nd Qtr 2001	92
Percutaneous Transluminal Angioplasty, Expansion of Coverage	4th Qtr 2001	12
Physical Medicine – Clarification on Current Procedural Terminology (CPT) Coding Guidelines	Apr/May 2000	12
Pneumococcal Pneumonia Vaccine, Coverage Revision	Jun/Jul 2000	12
Pneumococcal Vaccine (PPV) Benefit, 1999 Medicare	Oct/Nov 1999	11
Pneumococcal Vaccine (PPV) Benefit Questions & Answers, 1999 Medicare	Oct/Nov 1999	12
Pneumococcal Vaccine Roster, 1999 Medicare	Oct/Nov 1999	56
Positron Emission Tomography (PET) Scans and Related Claims Processing Changes ..	3rd Qtr 2001	14
Postacute Care Transfer Policy	3rd Qtr 2001	17
Pre-Discharged Delivery of Durable Medical Equipment and Prosthetic and Orthotics Devices for Fitting and Training	Apr/May 2000	42

P (continued)

Prisoners, Services and Items Furnished to ... 4th Qtr 2001 7
 Promoting Influenza and
 Pneumococcal Vaccinations Aug/Sep 1999 7
Prospective Payment System:
 Activity Therapy and Patient Education/
 Training Services 1st Qtr 2002 88
 Assessment Indicators, Corrections 1st Qtr 2001 13
 Background, Outpatient Services Apr/May 2000 39
 Categories for Use in Coding Devices Eligible
 for Transitional Pass-Through Payments 3rd Qtr 2001 80
 Claim Expansion and Line Item Processing .. Apr/May 2000 8
 C-Codes for Categories Used in Coding
 Devices Eligible for Transitional Pass-
 Through Payments 3rd Qtr 2001 84
 Coding Information for Hospital Outpatient
 Services Oct/Nov 2000 56
 Coding Information for Hospital Outpatient,
 January 2001 Update 2nd Qtr 2001 93
 Comprehensive Outpatient Rehabilitation
 Facility Services, All Apr/May 2000 46
 Cross-Walk to new Categories C-codes
 Used in Coding Devices Eligible for Transitional
 Pass-Through Payments 3rd Qtr 2001 85
 Devices Eligible for Transitional Pass-
 Through Payments 3rd Qtr 2001 68
 First Update to the Oct/Nov 2000 71
 Further Guidance for Billing Under OPPTS 3rd Qtr 2001 106
 "Inpatient Only" Services, Clarifications 1st Qtr 2002 86
 Intrathecal Baclofen, Proper Billing of Units .. Oct/Nov 2000 12
 Medical Policy Changes Relating to the
 Outpatient PPS Aug/Sep 2000 48
 Outpatient Rehabilitation Services and
 the Financial Limitation Aug/Sep 2000 7
 Outpatient Rehabilitation Services,
 Questions and Answers, Regarding Apr/May 2000 8
 Pass-Through Device Category Guidelines .. 4th Qtr 2001 91
 Pass-Through Device, Removal of
 Category C1723 1st Qtr 2002 85
 Procedures Subject to Home Health
 Consolidated Billing 3rd Qtr 2001 108
 Same Day Rule Billing Requirements 1st Qtr 2002 85
 Technical Corrections to Coding Information
 for Hospital Outpatient 1st Qtr 2001 15
 Technical Corrections to the January 2001
 Update Coding Information for Hospital
 Outpatient 2nd Qtr 2001 15
 Technical Corrections under the Hospital
 Outpatient 1st Qtr 2002 86
 Transitional Pass-Through Devices and Durgs,
 Additional Information 3rd Qtr 2001 78
 Workshops for Home Health Agencies Aug/Sep 2000 21
 Pass-Through Payment Corrections for
 Two Radiopharmaceuticals 2nd Qtr 2001 103
 Prostate Screening Billing Correction .. Dec 1999/Jan 2000 9
 Provider Billing Issues - Outpatient
 Rehabilitation Services Aug/Sep 2000 56
 Provider Y2K Testing—Myth Versus Reality Dec 1999/Jan 2000 16

Q

"Q" Codes for Splints and Casts Used for
 Reduction of Fractures and Dislocations 4th Qtr 2001 19

R

Radiochemicals not Covered Jun/Jul 1999 110

R (continued)

Reason Code, 30715—The Common
 (but Avoidable) RTP Feb/Mar 2000 7
 Reclassification of Certain Urban Hospitals
 as Rural Hospitals—Application Procedures .. Jun/Jul 2000 13
 Religious Nonmedical Health Care Institutions
 (RNHCIs), Services Provided in Apr/May 2000 15
 Remittance Advice Notice, Changes to the ... Oct/Nov 2000 6
 Replacement of Prosthetic Devices
 and Parts 2nd Qtr 2001 7
 Reporting Of Noncovered Charges and
 Related Revenue Codes Aug/Sep 2000 51
 Requirement to Submit Bills in Sequence
 for a Continuous Inpatient Stay or
 Course of Treatment Jun/Jul 1999 6
 Reporting of Noncovered Charges and
 Related Revenue Codes – Change in
 Implementation Date Jun/Jul 2000 6
 Revision and Clarification of Final Rule on
 Ambulance Services Oct/Nov 1999 44
 Revisions to Previously Published Policies:
 64573, 72192, 76075, J9000 Aug/Sep 1999 14

S

Sacral Nerve Stimulation, Coverage/Billing 1st Qtr 2002 12
 Salary Equivalence Guidelines Update
 Factors 3rd Qtr 2001 26
 Sanctioned Provider Information
 Available on the Internet Aug/Sep 1999 6
 Dec 1999/Jan 2000 8
 Screening Glaucoma Services 1st Qtr 2002 12
 Settlement Agreement – INNAMED Apr/May 2000 16

Skilled Nursing Facilities

Adjustments to HIPPS Codes Resulting
 from MDS Corrections Oct/Nov 2000 13
 Annual Update for Fiscal Year 2002 4th Qtr 2001 14
 Fee Schedule for Additional Part B Services
 Furnished by a SNF or Another Entity under
 Arrangements with the SNF 1st Qtr 2002 81
 Health Insurance Prospective Payment
 System (HIPPS) Coding and Billing,
 Clarification to 4th Qtr 2001 15
 Prospective Payment Rates, Special
 Adjustment for Feb/Mar 2000 12
 Respiratory Services under PPS 1st Qtr 2002 81
 Stem Cell Transplantation, Additional
 Coverage for Autologous 1st Qtr 2001 8
 Oct/Nov 2000 7
 Submitting, Processing, and Paying
 Medicare Claims in the Year 2000 Oct/Nov 1999 5
 Swing-Bed Facility Services,
 Change in Payment 2nd Qtr 2001 11

T

Telehealth Services, Correction to the
 Revision of Medicare Reimbursement 1st Qtr 2002 9
 Expansion of Medicare Reimbursement for .. 4th Qtr 2001 5
 Therapy Students, Questions & Answers
 Regarding Payment 3rd Qtr 2001 6
 Timely Filing Guidelines for All Medicare A
 Providers 1st Qtr 2001 5
 Timely Filing Guidelines for All Medicare A
 Providers Aug/Sep 2000 49
 Tips to Submit Medical Review
 Documentation After a Utilization Audit Apr/May 2000 15

T (continued)

Toll-Free Helpline Available to Assist Patients with Medicare Questions	4th Quarter 2001	95
Toll-Free Telephone Numbers, New	3rd Qtr 2001	4
Transitional Corridor Payments	Aug/Sep 2000	11
Transmyocardial Revascularization (TMR) for Treatment of Severe Angina	Jun/Jul 1999	109
Two-Year Moratorium on Financial Limitation for Outpatient Rehabilitation Services	Feb/Mar 2000	6

U

Ultrasonic Osteogenic Stimulator	Dec 2000	12
UPIN Directory Available on the Internet	Apr/May 2000	16
Urokinase (Abbokinase®) Shortage	1st Qtr 2001	7

V

Verteporfin	3rd Qtr 2001	16
-------------------	--------------	----

W

Waived Tests

New CLIA	1st Qtr 2002	14
.....	4th Qtr 2001	11
.....	3rd Qtr 2001	12
.....	2nd Qtr 2001	8
.....	Aug/Sep 2000	58
.....	Apr/May 2000	17
.....	Jun/Jul 1999	110
.....	Aug/Sep 1999	11
Web Site for Prompt Payment Interest Rate, New	Jun/Jul 2000	5
Written Statement of Intent (SOI) to Claim Medicare Benefits	Aug/Sep 2000	49

Y

Y2K Future Date Testing Available	Aug/Sep 1999	5
Y2K Outreach Toll-Free Line Implementation of HCFA	Jun/Jul 1999	6
Y2K Provider Readiness Survey Results Reveal Providers Have Some Work to Do .	Aug/Sep 1999	5
Y2K Readiness for PC-ACE™ Software	Oct/Nov 1999	6
Year 2000, Are You Ready for the	Jun/Jul 1999	5

Procedure Codes

CPT Codes

Anesthesia/Surgery, 00100-69979

10060: Incision and Drainage of Abscess of Skin, Subcutaneous and Accessory Structures	1st Qtr 2002	27	
.....	4th Qtr 2001	23	
11600: Excision of Malignant Skin Lesions	1st Qtr 2002	28	
20974: Osteogenic Stimulator for Fracture Healing ..	Jun/Jul 2000	12	
29540 Strapping	1st Qtr 2002	31	
.....	3rd Qtr 2001	32	
33216: Implantation of Automatic Defibrillators ...	2nd Qtr 2001	22	
.....	Jun/Jul 2000	16	
33223: Implantation of Automatic Defibrillators ..	Oct/Nov 1999	19	
33246: Implantation of Automatic Defibrillators	Jun/Jul 1999	107	
33282: Insertable Loop Recorder (ILR)	1st Qtr 2002	33	
.....	3rd Qtr 2001	34	
44388: Colonoscopy	Oct/Nov 2000	18	
.....	Addition to Policy	2nd Qtr 2001	91
48554: Pancreas Transplantation	Jun/Jul 1999	108	

Anesthesia/Surgery, 00100-69979 (continued)

48554: Revision to Pancreas Transplantation Coverage	Jun/Jul 2000	12
48554: Revision to Pancreas Transplantation Coverage	Oct/Nov 1999	45
53850: Prostate Treatments	Jun/Jul 2000	18
53850: Prostate Treatments	Oct/Nov 1999	20
55873: Crysurgical Ablation of the Prostate	4th Qtr 2001	25
.....	2nd Qtr 2001	24
59840, 59841, 59850-59852, 59855-59857, 59866: Elective Abortion	Jun/Jul 1999	31
61885, 64573, 64585, 64590, 64595, 95970, 95971, 95974, 95975: Vagus Nerve Stimulation	Jun/Jul 1999	33
62263: Percutaneous Lysis of Epidural Adhesions	2nd Qtr 2001	26
.....	Jun/Jul 2000	
66821: YAG Laser Capsulotomy	1st Qtr 2001	21
67221: Ocular Photodynamic Therapy (OPT) with Verteporfin	4th Qtr 2001	27
.....	3rd Qtr 2001	36

Diagnostic Tests, 70010-89399

70450: Computerized Tomography Scans	3rd Qtr 2001	38	
.....	Aug/Sep 1999	15	
.....	Addition to Policy	1st Qtr 2002	78
.....	Revision to Policy	4th Qtr 2001	86
70544: Magnetic Resonance Angiography (MRA)	2nd Qtr 2001	28	
70541: Magnetic Resonance Angiography (MRA)	Jun/Jul 2000	21	
.....	Aug/Sep 1999	18	
70551: Magnetic Resonance Imaging of the Brain	2nd Qtr 2001	31	
71010: Chest X-ray	Aug/Sep 2000	24	
.....	Addition to Policy	1st Qtr 2001	19
72192-72194: Computed Tomography of the Pelvis	2nd Qtr 2001	33	
.....	Jun/Jul 1999	37	
.....	Addition to Policy		
71250: Computerized Axial Tomography of the Thorax	4th Qtr 2001	29	
74150: Computerized Axial Tomography of the Abdomen	4th Qtr 2001	31	
76075: Bone Mineral Density Studies	1st qTR 2002	35	
76090: Diagnostic Mammography	3rd Qtr 2001	42	
76092: Screening Mammograms	3rd Qtr 2001	44	
77336: Radiation Physics Consultation	Aug/Sep 2000	32	
77460: Myocardial Perfusion Imaging	1st Qtr 2002	39	
78472: Cardiac Blood Pool Imaging	Oct/Nov 2000	22	
.....	Feb/Mar 2000	21	
80061: Lipid Profile/Cholesterol Testing	1st Qtr 2002	42	
80100: Qualitative Drug Screen	2nd Qtr 2001	38	
.....	Oct/Nov 2000	25	
.....	Jun/Jul 1999	44	
82105: Tumor Markers	2nd Qtr 2001	40	
82108: Aluminum	Jun/Jul 2000	25	
.....	Addition to Policy	2nd Qtr 2001	91
80162: Digoxin	1st Qtr 2002	45	
82270: Fecal Occult Blood Testing	1st Qtr 2002	47	
.....	Jun/Jul 1999	47	
82310: Total Calcium	2nd Qtr 2001	43	
.....	Addition to Policy	1st Qtr 2002	78
82378: Carcinoembryonic Antigen (CEA)	1st Qtr 2001	23	
82435: Chloride	2nd Qtr 2001	46	
82607: Vitamin B-12			

Diagnostic Tests, 70010-89399 (continued)

(Cyanocobalamin) Assay	Feb/Mar 2000	24
82728: Serum Ferritin	Aug/Sep 2000	34
82947: Blood Glucose Testing	3rd Qtr 2001	46
83540: Iron	Oct/Nov 2000	28
83735: Magnesium	Jun/Jul 2000	27
84100: Serum Phosphorus	1st Qtr 2001	25
84152: Complexed and Free Prostate Specific Antigen	2nd Qtr 2001	48
84153: Prostate Specific Antigen	Dec 1999/Jan 2000	20
84154: Free Prostate Specific Antigen	Jun/Jul 1999	52
84155: Serum Protein	4th Qtr 2001	35
84436: Thyroid Function Test	December 1999	29
84436: Thyroid Function Test - Revision to Policy	Feb/Mar 2000	20
84436: Thyroid Function Test - Revision to Policy	Apr/May 2000	21
84484: Troponin	Oct/Nov 2000	30
85007: Complete Blood Count	4th Qtr 2001	38
Revision to Policy	1st Qtr 2002	78
85044: Reticulocyte Count	Aug/Sep 1999	20
86235: Extractable Nuclear Antigen	Jun/Jul 1999	54
86353: Lymphocyte Transformation	3rd Qtr 2001	49
86706: Hepatitis B Surface Antibody and Surface Antigen	Oct/Nov 1999	23
86781: Fluorescent Treponemal Antibody Absorption (FTA-abs)	Aug/Sep 1999	21
87086: Urine Bacterial Culture	Dec 1999/Jan 2000	22
87621: Human Papillomavirus DNA Assay, Amplified Probe Technique	Jun/Jul 2000	30
Revision to Policy	Aug/Sep 2000	47
88141: Pap Smears	4th Qtr 2001	42
88142-88155, 88164-88167, G0123, G0143-G0145, G0147, G0148, P3000: Pap Smears	Jun/Jul 1999	56
88155: Pap Smears—Revision to Policy .	Dec 1999/Jan 2000	18
88230: Cytogenetic Studies	Oct/Nov 1999	27

Medicine, 90281-99199

90846, 90847, 90849: Family Psychotherapy ..	Jun/Jul 1999	61
92081-92083: Visual Field Examination	Jun/Jul 1999	64
92135: Scanning Computerized Ophthalmic Diagnostic Imaging	Aug/Sep 2000	36
92225, 92226: Ophthalmoscopy	4th Qtr 2001	46
.....	Jun/Jul 1999	70
92235: Fluorescein Angiography	Jun/Jul 1999	74
92240: Indocyanine-Green Angiography	Jun/Jul 1999	78
93000: Electrocardiography	2nd Qtr 2001	50
.....	Aug/Sep 1999	22
93000: Electrocardiography - Revision to Policy	Apr/May 2000	21
93012, 93268, 93270, 93271, G0004-G0006, G0015: Patient Demand Single or Multiple Event Recorder	Jun/Jul 1999	84
93224: Electrocardiographic Monitoring for Hours (Holter Monitoring)	1st Qtr 2002	51
93224-93227, 93231-93237: Holter Monitoring ...	Jun/Jul 1999	80
93268: Patient Demand Single or Multiple Event Recorder - Revision to Policy	Feb/Mar 2000	20
93303: Transthoracic and Doppler Echocardiography and Doppler Color Flow Velocity Mapping	4th Qtr 2001	49
.....	Jun/Jul 2000	32
93312: Transesophageal Echocardiogram ...	2nd Qtr 2001	53
93333: Electrocardiography - Revision to Policy	Feb/Mar 2000	20
93350: Stress Echocardiography	1st Qtr 2002	54

Medicine, 90281-99199 (continued)

93501, 93510, 93511, 93514, 93524, 93527-93529, 93530-93533: Cardiac Catheterization	Jun/Jul 1999	89
93501: Cardiac Catheterization	Feb/Mar 2000	26
Revision to Policy	1st Qtr 2002	78
.....	Apr/May 2000	21
93724: Electronic Analysis of Pacemaker System and Pacer Cardioverter-Defibrillator	2nd Qtr 2001	56
93875: Noninvasive Extracranial Arterial Studies	Oct/Nov 2000	33
.....	Oct/Nov 1999	29
93886: Transcranial Doppler Studies ...	Dec 1999/Jan 2000	24
93922: Noninvasive Physiologic Studies of Upper or Lower Extremity Arteries	3rd Qtr 2001	51
.....	Apr/May 2000	22
93925: Duplex Scan of Lower Extremity Arteries	Feb/Mar 2000	30
93930: Duplex Scan of Upper Extremity Arterial By-pass Grafts	Feb/Mar 2000	32
93965: Noninvasive Evaluation of Extremity Veins	Feb/Mar 2000	33
93965: Noninvasive Evaluation of Extremity Veins	Aug/Sep 2000	39
Addition to Policy	2nd Qtr 2001	92
Addition to Policy	Apr/May 2000	21
93975-93979: Duplex Scanning	Jun/Jul 1999	95
93990: Duplex Scan of Hemodialysis Access ...	2nd Qtr 2001	59
94010: Spirometry	1st Qtr 2002	56
.....	Jun/Jul 2000	37
94240: Functional Residual Capacity or Residual Volume	1st Qtr 2002	60
94642: Aerosolized Pentamidine Isethionate	Aug/Sep 2000	41
94664: Diagnostic Aerosol or Vapor Inhalation	Dec 1999/Jan 2000	26
94760: Noninvasive Ear or Pulse Oximetry for Oxygen Saturation	Feb/Mar 2000	35
95004: Allergy Skin Test	Oct/Nov 2000	37
.....	Jun/Jul 2000	41
95115: Allergen Immunotherapy	1st Qtr 2002	63
.....	2nd Qtr 2001	61
.....	Oct/Nov 2000	39
95930: Visual Evoked Potential (VEP) Testing .	Feb/Mar 2000	37
95934: H-Reflex Study	Oct/Nov 2000	41
95900: Nerve Conduction Studies	2nd Quarter 2001	63
95925: Somatosensory Testing	1st Qtr 2001	28
97016: Coverage and Billing Guidelines for Enhanced External Counterpulsation (EECP) ...	Jun/Jul 1999	108
99183: Hyperbaric Oxygen (HBO) Therapy	Jun/Jul 1999	101
Delay in Implementation of	Aug/Sep 1999	14
Delay in Coverage Policy	Apr/May 2000	21
Revision to National Policy	1st Qtr 2001	20

HCPCS Codes

A0426: Ground Ambulance Services	2nd Qtr 2001	22
A0320: Ground Ambulance Services	Jun/Jul 2000	43
A0430: Air Ambulance Services	4th Qtr 2001	54
A9270: Arthroscopic Laser Arthrodesis	Jun/Jul 2000	65
C1203: Ocular Photodynamic Therapy (OPT) with Vereporfin	2nd Qtr 2001	70
C1300: Hyperbaric Oxygen (HBO) Therapy ...	3rd Qtr 2001	54
Clarification to Policy	1st Qtr 2002	78
.....	4th Qtr 2001	86
C1305: Apligraf® (Graftskin)	3rd Qtr 2001	59
G0030: Positron Emission Tomography		

HCPCS Codes (continued)

(PET) Scan	4th Qtr 2001	57
Revision to Policy	1st Qtr 2002	78
G0030-G0047, G0125, G0126, G0163-G0165: PET Scan	Jun/Jul 1999	13
G0102: Prostate Cancer Screening	Oct/Nov 2000	43
G0102-G0103: Coverage for Prostate Cancer Screening	Oct/Nov 1999	45
G0104: Colorectal Cancer Screening	4th Quarter Aug/Sep 1999	65 24
G0108: Diabetes Outpatient Self- Management Training	4th Quarter 2001	68
.....	Feb/Mar 2000	39
Addition to Policy	2nd Qtr 2001	92
G0160, G0161: Cryosurgery of Prostate	Jun/Jul 1999	107
G0160, G0161: Cryosurgical Ablation of the Prostate	Jun/Jul 1999	20
G0166: Enhanced External Counterpulsation	Dec 1999/Jan 2000	28
G0166: External Counterpulsation for Severe Angina - Revision to Policy	Apr/May 2000	17
J0001: Self-Administered Drugs	Oct/Nov 2000	45
J0150: Adenosine (Adenocard®, Adenoscan®) .	1st Qtr 2002	65
J0205, J1785:Ceredase/Cerezyme	Jun/Jul 1999	22
J0207: Amifostine (Ethyo®)	3rd Qtr 2001 Jun/Jul 2000	62 47
J0585: Botulinum Toxin Type A (Botox)	Oct/Nov 1999	32
J0850: Cytomegalovirus Immune Globulin (Human), Intravenous (CMV-IGIV)	Aug/Sep 1999	26
J1440: G-CSF (Filgrastim, Neopogen®)	Oct/Nov 2000	47
J1561: Intravenous Immune Globulin	4th Qtr 2001 Apr/May 2000	71 25
.....	Oct/Nov 1999	35
J1745: Infliximab (Remicade™)	4th Qtr 2001 Aug/Sep 2000	77 43
J1950: Leuprolide Acetate	Oct/Nov 2000 Oct/Nov 1999	45 39
Addition to Policy	2nd Qtr 2001	92
J2355: Oprelvekin (Neumega®)	Dec 1999/Jan 2000	30
J2430: Pamidronate (Aredia®, APD)	Jun/Jul 2000	49
Addition to Policy	Aug/Sep 2000	47
J2792: Rho (D) Immune Globulin Intravenous	Jun/Jul 2000	51
J3240: Thyroprotin Alfa Thyrogen®)	Jun/Jul 2000	53
J7190: Hemophilia Clotting Factors	1st Qtr 2002 Jun/Jul 2000	68 55
Addition to Policy	2nd Qtr 2001	92
J9000, J9170, J9350, J9999: Antineoplastic Drugs	Jun/Jul 1999	24
J9212: Interferon	4th Qtr 2001	79
J9293: Mitoxantrone Hydrochloride	3rd Qtr 2001	64
Revision to Policy	4th Qtr 2001	86
J9999: Antineoplastic Drugs	1st Qtr 2002 2nd Qtr 2001 Jun/Jul 2000	70 73 57
J9999: Antineoplastic Drugs—Irinotecan (Camptosar®)— Addition to Policy	Oct/Nov 2000	53
J9999: Antineoplastic Drugs— Addition to Policy	Dec 1999/Jan 2000	19
L8614: Cochlear Device System— Correction to Fee Schedule	Apr/May 2000	16
M0302: Cardiac Output by Electrical Bioimpedance	4th Qtr 2001 Jun/Jul 1999	82 107
Q0136: Non-ESRD Epoetin (Procrit®)	Oct/Nov 2000	50
Revision to Policy	1st Qtr 2001	19

HCPCS Codes (continued)

Q0163-Q0181: Coverage Modification for Oral Antiemetic Drugs	Aug/Sep 1999	9
Q9920: Chronic Renal Failure Erythropoietin (Epogen)	Aug/Sep 1999	27
DYSPHRT: Dysphagia/Swallowing Diagnosis and Therapy	2nd Qtr 2001	72
PHPPROG: Psychiatric Partial Hospitalization Program	2nd Qtr 2001 Apr/May 2000	83 29

Special Bulletins

<i>Biomedical Equipment Year 2000 (Y2K) Compliance</i>	<i>August 9, 1999</i>
<i>CMS Requires Mitigation Plans for Immediate PRO Review Requests During Possible Y2K-Induced Telecommunication Disruption</i>	<i>August 16, 1999</i>
<i>2000 Healthcare Common Procedure Coding System and Medicare Outpatient Services</i>	<i>December 1999</i>
<i>2000 Outpatient Fee Schedule for Clinical Laboratory Services</i>	<i>February 25, 2000</i>
<i>Implementation of Outpatient Prospective Payment System</i>	<i>May 1, 2000</i>
<i>June 5, 2000 Implementation of Claim Expansion and Line Item Processing Initiative</i>	<i>*June 1, 2000</i>
<i>Implementation Delay Hospital Outpatient Prospective Payment System Initiative Effective August 1, 2000</i>	<i>*June 12, 2000</i>
<i>New Electronic Mailing Listservs for Outpatient Prospective Payment Initiative</i>	<i>*June 28, 2000</i>
<i>2001 ICD-9-CM Coding Update</i>	<i>*August 10, 2000</i>
* This special issue is available only on the provider Web site www.floridamedicare.com	

Addresses

CLAIMS STATUS

Coverage Guidelines

Billing Issues Regarding

Outpatient Services, CORE, ORF, PHP

Medicare Part A Customer Service

P. O. Box 2711

Jacksonville, FL 32231

(904) 355-8899

APPEAL RECONSIDERATIONS

Claim Denials (outpatient services only)

Medicare Fair Hearings (Part A)

P. O. Box 45203

Jacksonville, FL

MEDICARE SECONDARY PAYER (MSP)

Information on Hospital Protocols

Admission Questionnaires

Audits

Medicare Secondary Payer

Hospital Review

P. O. Box 45267

Jacksonville, FL 32231

General MSP Information

Completion of UB-92 (MSP Related)

Conditional Payment

Medicare Secondary Payer

P. O. Box 2711

Jacksonville, FL 32231

(904) 355-8899

Automobile Accident Cases

Settlements/Lawsuits

Other Liabilities

Medicare Secondary Payer Subrogation

P. O. Box 44179

Jacksonville, FL 32231

ELECTRONIC CLAIM FILING

“DDE Startup”

Direct Data Entry (DDE)

P. O. Box 44071

Jacksonville, FL 32231

(904) 791-8131

FRAUD AND ABUSE

Medicare Anti-fraud Branch

P. O. Box 45087

Jacksonville, FL 32231

(904) 355-8899

REVIEW REQUEST

Denied claims that may have been payable under the Medicare Part A program

Medicare Part A Reconsiderations

P. O. Box 45053

Jacksonville, FL 32232

OVERPAYMENT COLLECTIONS

Repayment Plans for Part A Participating Providers

Cost Reports (original and amended)

Receipts and Acceptances

Tentative Settlement Determinations

Provider Statistical and Reimbursement (PS&R) Reports

Cost Report Settlement (payments due to provider or Program)

Interim Rate Determinations

TEFRA Target Limit and Skilled Nursing Facility Routine Cost Limit Exceptions

Freedom of Information Act Requests (relative to cost reports and audits)

Provider Audit and Reimbursement

Department (PARD)

P.O. Box 45268

Jacksonville, FL 32232-5268

(904) 791-8430

Phone Numbers

PROVIDERS

Customer Service Representatives:

1-877-602-8816

BENEFICIARY

1-800-333-7586

ELECTRONIC MEDIA CLAIMS

EMC Start-Up:

904-791-8767, option 4

Electronic Eligibility

904-791-8131

Electronic Remittance Advice

904-791-6865

Direct Data Entry (DDE) Support:

904-791-8131

PC-ACE Support

904-355-0313

Testing:

904-791-6865

Help Desk (Confirmation/Transmission)

904-905-8880

Medicare Web sites

PROVIDERS

Florida Medicare Contractor

www.floridamedicare.com

Centers for Medicare & Medicaid Services

www.hcfa.gov

BENEFICIARIES

Florida Medicare Contractor

www.medicarefla.com

Centers for Medicare & Medicaid Services

www.medicare.gov



MEDICARE A BULLETIN

FIRST COAST SERVICE OPTIONS, INC. ❖ P.O. Box 2078 ❖ JACKSONVILLE, FL 32231-0048

