

Additional HCPCS, MPFSDB, and Fee Information for 2001

Changes to the Health Care Financing Administration's Common Procedure Coding System (HCPCS) and fee information for calendar year 2001 were published in the *2001 Medicare Fee Schedule for Physicians and Non-physician Practitioners* and the First Quarter 2001 issue of the *Medicare B Update!* Since release of these publications in early November, additional information has become available.

This *Medicare B Update! Special Issue* provides 2001 fee information for:

- Clinical Diagnostic Laboratory procedures
- Physician Fee Schedule procedures that are Carrier-Priced or Locally Assigned
- Physician Fee Schedule procedures for Clinical Psychologists and Clinical Social Workers
- Services paid under Reasonable Charge Methodology
- Injectable Drugs

Additional changes and corrections noted since release of the above publications are also provided in this issue. Finally, a matrix is provided that outlines changes to local medical review policies (LMRPs) necessitated by the 2001 HCPCS coding update. The LMRPs referenced are easily accessible on our provider Website, www.FloridaMedicare.com.

2001 HCPCS—Additional Changes and Corrections

Since publication of 2001 HCPCS information in the First Quarter 2001 *Medicare B Update!* the following changes and corrections have been noted:

- Procedure codes 97532 and 97533 were inadvertently omitted from the list of procedure codes added for 2001; these codes are correctly listed as replacements for code 97770.
- Procedure code 87072 is discontinued for 2001. The code to report was incorrectly listed as 87081; the correct codes to report are 87076 or 87087.
- The following changes for services rendered in an ambulatory surgical center (ASC) are being made in accordance with the 2001 HCPCS update:

Deleted Code	Replaced Code	Payment Group
52335	52338	3
52336	52352	4
52337	52353	4
52338	52354	4
52340	52400	3

- **Effective for services performed on or after January 1, 2000** the following CPT codes are covered when performed in an ASC: 64470, 64472, 64479, 64480, 64483, 64484, 64626 and 64627. These codes are all paid under payment group 1.

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The *Medicare B Update!* should be shared with all health care practitioners and managerial members of the provider/supplier staff. Publications issued after January 1997 are available at no cost from our provider Website, www.FloridaMedicare.com.

Routing Suggestions:

- Physician/Provider
- Office Manager
- Billing/Vendor
- Nursing Staff
- Other _____

A Newsletter for Florida Medicare Part B Providers

Medicare B Update!



Grace Period for 2001 ICD-9-CM Update Expires December 31, 2000

As a reminder, the 90-day grace period for the latest revision to the ICD-9-CM diagnosis coding structure that took effect October 1, 2000 is set to expire at the end of the year. Medicare continues to receive a substantial volume of claims using the “old” coding structure. Most notably, the following ICD-9-CM codes have been updated with regards to level of specificity and are still being received in large numbers: E885, V670, 294.1, 494, 600, 707.1, and 783.2

Effective for claims processed on or after January 1, 2001, services billed with invalid ICD-9-CM codes will be returned as unprocessable (assigned) or developed for a complete diagnosis (unassigned).

Please refer to the August 1, 2000 *Medicare B Update! Special Issue* for more information and where to obtain ICD-9-CM coding materials, and the September/October 2000 *Update!* (pages 21-23) for specific local medical review policy (LMRP) impacts.

Urgent Medicare Physician Fee Schedule Database Information for Part B Physicians and Suppliers

The procedure code policy indicator information effective January 1, 2001 that was provided in the 1st Quarter 2001 *Medicare B Update!* (pages 23-58) may or may not contain some incorrect data.

Rather than providing corrected data “piecemeal,” the entire table is being replaced, in this publication. In addition to the information contained in the original, this new table also provides procedure codes and/or modifiers that are deleted or discontinued, excluded from the fee schedule by regulation, not valid for Medicare purposes, and non-covered services.

Florida Medicare apologizes for any inconvenience publication of any erroneous information may have caused. The corrected table begins on page 7, following the definition of each indicator (below).

MPFSDB 2001 Payment Policy Indicators

This section contains specific policy indicators provided to carriers for each procedure code (/modifier) on the Medicare Fee Schedule Database. These indicators are identified as follows:

Procedure Code/Modifier (procmod)

The HCPCS or CPT procedure code and, where applicable, modifier.

Code Status (status)

Provides the status of each code under the fee schedule.

- A** Active code. These codes are separately paid under the physician fee schedule if covered. There will be RVUs and payment amounts for codes with this status. The presence of an “A” indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy.
- B** Payment for covered services are always bundled into payment for other services not specified. There will be no RVUs or payment amounts for these codes and no separate payment is ever made. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident (an example is a telephone call from a hospital nurse regarding care of a patient).
- C** Carriers price the code. Carriers establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation such as an operative report.
- D** Deleted/discontinued codes. These codes are deleted effective with the beginning of the year and are always subject to a 90 day grace period.
- E** Excluded from physician fee schedule by regulation. These codes are for items and/or services that HCFA chose to exclude from the fee schedule payment by regulation. No RVUs or payment amounts are shown and no payment may be made under the fee schedule

for these codes. Payment for them, when covered, continues under reasonable charge procedures.

- G** Not valid for Medicare purposes. Medicare uses another code for reporting of, and payment for, these services. (Code subject to a 90 day grace period.)
- H** Deleted modifier. This code had a TC and/or PC in 1999. For 2000, the TC or PC component shown for the code has been deleted and the deleted component is shown in the data base with the H status.
- I** Not valid for Medicare purposes. Medicare uses another code for reporting of, and payment for, these services. (Code NOT subject to a 90 day grace period.)
- L** Local codes. Carriers will apply this status to all local codes in effect on January 1, 1998 or subsequently approved by central office for use. Carriers will complete the RVUs and payment amounts for these codes.
- N** Non-covered service. These codes are carried on the HCPCS tape as noncovered services.
- P** Bundled/excluded codes. There are no RVUs and no payment amounts for these services. No separate payment is made for them under the fee schedule.
 - If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician service).
 - If the item or service is covered as other than incident to a physician service, it is excluded from the fee schedule (for example, colostomy supplies) and is paid under the other payment provision of the Act.

- R** Restricted coverage. Special coverage instructions apply.
- T** Injections. There are RVUs and payment amounts for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made.

Global Surgery (global)

Provides the postoperative time frames that apply to payment for each surgical procedure or another indicator that describes the applicability of the global concept to the service.

- 000** Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the fee schedule payment amount; evaluation and management services on the day of the procedure generally not payable.
- 010** Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10-day postoperative period included in the fee schedule amount; evaluation and management services on the day of the procedure and during this 10-day postoperative period generally not payable.
- 090** Major surgery with a 1-day preoperative period and 90-day postoperative period included in the fee schedule payment amount.
- MMM** Maternity codes; usual global period does not apply.
- XXX** Global concept does not apply.
- YYY** Carrier determines whether global concept applies and establishes postoperative period, if appropriate, at time of pricing.
- ZZZ** Code related to another service and is always included in the global period of the other service.

Preoperative Percentage (pre op) - modifier 56

Provides the percentage for the preoperative portion of the global package. The total of preoperative, intraoperative and postoperative percentages will usually equal one. Any variance is slight and results from rounding.

Intraoperative Percentage (intra op) - modifier 54

Provides the percentage for the intraoperative portion of the global package including postoperative work in the hospital.

Postoperative Percentage (post op) - modifier 55

Provides the percentage for the postoperative portion of the global package that is provided in the office after discharge from the hospital.

Professional Component / Technical Component Indicator (PC/TC)

- 0 Physician service codes:** Identifies codes that describe physician services. Examples include visits, consultations, and surgical procedures. The concept of PC/TC does not apply since physician services cannot be split into professional and technical components.

Modifiers 26 and TC cannot be used with these codes.

The total Relative Value Units (RVUs) include values for physician work, practice expense and malpractice expense. There are some codes with no work RVUs.

- 1 Diagnostic tests or radiology services:** Identifies codes that describe diagnostic tests, e.g., pulmonary function tests, or therapeutic radiology procedures, e.g., radiation therapy. These codes generally have both a professional and technical component. Modifiers 26 and TC can be used with these codes.

The total RVUs for codes reported with modifier 26 include values for physician work, practice expense, and malpractice expense.

The total RVUs for codes reported with modifier TC include values for practice expense and malpractice expense only. The total RVUs for codes reported without a modifier equals the sum of RVUs for both the professional and technical component.

- 2 Professional component only codes:** Identifies stand alone codes that describe the physician work portion of selected diagnostic tests for which there is an associated code that describes the technical component of the diagnostic test only and another associated code that describes the global test. An example of a professional component only code is 93010, Electrocardiogram; interpretation and report. Modifiers 26 and TC cannot be used with these codes. The total RVUs for professional component only codes include values for physician work, practice expense, and malpractice expense.

- 3 Technical component only codes:** Identifies stand alone codes that describe the technical component (i.e., staff and equipment costs) of selected diagnostic tests for which there is an associated code that describes the professional component of the diagnostic tests only. An example of a technical component code is 93005, Electrocardiogram, tracing only, without interpretation and report. It also identifies codes that are covered only as diagnostic tests and therefore do not have a related professional code. Modifiers 26 and TC cannot be used with these codes. The total RVUs for technical component only codes include values for practice expense and malpractice expense only.

- 4 Global test only codes:** Identifies stand alone codes for which there are associated codes that describe: a) the professional component of the test only and b) the technical component of the test only. Modifiers 26 and TC cannot be used with these codes. The total RVUs for global procedure only codes include values for physician work, practice expense, and malpractice expense. The total RVUs for global procedure only codes equals the sum of the total RVUs for the professional and technical components only codes combined.

5 Incident to codes: Identifies codes that describe services covered incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his or her direct supervision. Payment may not be made by carriers for these services when they are provided to hospital inpatients or patients in a hospital outpatient department. Modifiers 26 and TC cannot be used with these codes.

6 Laboratory physician interpretation codes: Identifies clinical laboratory codes for which separate payment for interpretations by laboratory physicians may be made. Actual performance of the tests is paid for under the lab fee schedule. Modifier TC cannot be used with these codes. The total RVUs for laboratory physician interpretation codes include values for physician work, practice expense and malpractice expense.

7 Physician therapy service: Payment may not be made if the service is provided to either a hospital outpatient or inpatient by an independently practicing physical or occupational therapist.

8 Physician interpretation codes: Identifies the professional component of clinical laboratory codes for which separate payment may be made only if the physician interprets an abnormal smear for hospital inpatient. This applies only to code 85060. No TC billing is recognized because payment for the underlying clinical laboratory test is made to the hospital, generally through the PPS rate.

No payment is recognized for code 85060 furnished to hospital outpatients or non-hospital patients. The physician interpretation is paid through the clinical laboratory fee schedule payment for the clinical laboratory test.

9 Concept of a professional/technical component does not apply.

Multiple Procedure (m/s) - modifier 51

Indicates which payment adjustment rule for multiple procedures applies to the service.

0 No payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure, payment is based on the lower of: (a) the actual charge or (b) the fee schedule amount for the procedure.

2 Standard payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, the procedures are ranked by fee schedule amount and the appropriate reduction applied to this code (100 percent, 50 percent, 50 percent, 50 percent, 50 percent, and by report). Payment is based on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage.

3 Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). Multiple endoscopy rules are applied to a family before ranking the family with other

procedures performed on the same day (for example, if multiple endoscopies in the same family are reported on the same day as endoscopies in another family or on the same day as a non-endoscopic procedure). If an endoscopic procedure is reported with only its base procedure, carriers do not pay separately for the base procedure. Payment for the base procedure is included in the payment for the other endoscopy.

A table of endoscopic code families is on page 6.

9 Concept does not apply.

Bilateral Surgery Indicator (b/s) - modifier 50

Provides an indicator for services subject to a payment adjustment.

0 150 percent payment adjustment for bilateral procedures *does not* apply. If procedure is reported with modifier -50 or with modifiers RT and LT, payment for the two sides is based on the lower of: (a) the total actual charge for both sides or (b) 100 percent of the fee schedule amount for a *single* code.

Example: The fee schedule amount for code XXXXX is \$125. The physician reports code XXXXX-LT with an actual charge of \$100 and XXXXX-RT with an actual charge of \$100. Payment would be based on the fee schedule amount (\$125) since it is lower than the total actual charges for the left and right sides (\$200). The bilateral adjustment is inappropriate for codes in this category because of (a) physiology or anatomy or (b) because the code descriptor specifically states that it is a unilateral procedure and there is an existing code for the bilateral procedure.

1 150 percent payment adjustment for bilateral procedures applies. If code is billed with the bilateral modifier or is reported twice on the same day by any other means (e.g., with RT and LT modifiers or with a 2 in the units field), payment for these codes when reported as bilateral procedures is based on the lower of: (a) the total actual charge for both sides or (b) 150 percent of the fee schedule amount for a single code. If code is reported as a bilateral procedure *and* is reported with other procedure codes on the same day, the bilateral adjustment is applied before any applicable multiple procedure rules.

2 150 percent payment adjustment for bilateral procedure *does not* apply. RVUs are already based on the procedure being performed as a bilateral procedure. If procedure is reported with modifier -50 or is reported twice on the same day by any other means (e.g., with RT and LT modifiers with a 2 in the units field), payment for both sides is based on the lower of (a) the total actual charges by the physician for both sides or (b) 100 percent of the fee schedule amount for a *single* code.

Example: The fee schedule amount for code YYYYY is \$125. The physician reports code YYYYY-LT with an actual charge of \$100 and YYYYY-RT with an actual charge of \$100. Payment would be based on the fee schedule

amount (\$125) since it is lower than the total actual charges for the left and right sides (\$200). The RVUs are based on a bilateral procedure because:

(a) the code descriptor specifically states that the procedure is bilateral; (b) the code descriptor states that the procedure may be performed either unilaterally or bilaterally; or (c) the procedure is usually performed as a bilateral procedure.

- 3 The usual payment adjustment for bilateral procedures does not apply. If procedure is reported with modifier 50 or is reported for both sides on the same day by any other means (e.g., with RT and LT modifiers or with a 2 in the units field), payment for each side or organ or site of a paired organ is based on the lower of: (a) the actual charge for *each* side or (b) 100% of the fee schedule amount for *each* side. If procedure is reported as a bilateral procedure *and* with other procedure codes on the same day, carriers determine the fee schedule amount for a bilateral procedure before applying any applicable multiple procedure rules. Services in this category are generally radiology procedures or other diagnostic tests which are not subject to the special payment rules for other bilateral procedures.
- 9 Concept does not apply.

Assistant at Surgery (a/s)

Provides an indicator for services where an assistant at surgery is never paid for per MCM.

- 0 Payment restriction for assistants at surgery apply to these procedure unless supporting documentation is submitted to establish medical necessity.
- 1 Statutory payment restriction for assistants at surgery applies to these procedure. Assistant at surgery may not be paid.
- 2 Payment restriction for assistants at surgery does not apply to these procedure. Assistant at surgery may be paid.
- 9 Concept does not apply.

Co-Surgeons (co) - modifier 62

Provides an indicator for services for which two surgeons, each in a different specialty, may be paid.

- 0 Co-surgeons not permitted for this procedure.
- 1 Co-surgeons could be paid; supporting documentation required to establish medical necessity of two surgeons for the procedure.
- 2 Co-surgeons permitted; no documentation required if two specialty requirements are met.
- 9 Concept does not apply.

Team Surgeons (team) - modifier 66

Provides an indicator for services for which team surgeons may be paid.

- 0 Team surgeons not permitted for this procedure.
- 1 Team surgeons could be paid; supporting documentation required to establish medical necessity of a team; carriers may pay by report.
- 2 Team surgeons permitted; carriers may pay by report.
- 9 Concept does not apply.

Billable Medical Supplies (bms)

Provides an indicator for services subject to special payment rules for supplies/administration.

- 0 Cannot be separately billed with this service.
- 1 Code in related procedure code field may be paid separately when billed with these codes when service is performed in the physician's office.
- 9 Concept does not apply.

Facility Pricing

Codes that have reduced fees when performed in a facility setting are identified with an asterisk (*) in the *2001 Medicare Physician and Nonphysician Practitioner Fee Schedule*. These fees are calculated at a national level with a reduced practice expense, because of the reduced physician overhead associated with services rendered in a facility.

Places of service used to identify facilities are: hospital inpatient, hospital outpatient, hospital emergency room, ambulatory surgical center, skilled nursing facility, community mental health center, inpatient psychiatric facility, comprehensive inpatient rehabilitation facility, and comprehensive outpatient rehabilitation facility.

Endoscopy Code Families

Base	Related
29815	29819, 29820, 29821, 29822, 29823, 29825, 29826
29830	29834, 29835, 29836, 29837, 29838, 29843, 29844, 29845, 29846, 29847
29860	29861, 29862, 29863
29870	29871, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887
31505	31510, 31511, 31512, 31513
31525	31527, 31528, 31529, 31530, 31535, 31540, 31560, 31570
31526	31531, 31536, 31541, 31561, 31571
31575	31576, 31577, 31578, 31579
31622	31625, 31628, 31629, 31630, 31631, 31635, 31640, 31641, 31645
43200	43202, 43204, 43205, 43215, 43216, 43217, 43219, 43220, 43226, 43227, 43228
43235	43231, 43232, 43239, 43241, 43242, 43243, 43244, 43245, 43246, 43247, 43249, 43250, 43251, 43255, 43256, 43258, 43259
43260	43240, 43261, 43262, 43263, 43264, 43265, 43267, 43268, 43269, 43271, 43272
44360	44361, 44363, 44364, 44365, 44366, 44369, 44370, 44372, 44373
44376	44377, 44378, 44379
44388	44389, 44390, 44391, 44392, 44393, 44394, 44397
45300	45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45321, 45327
45330	45331, 45332, 45333, 45334, 45337, 45338, 45339, 45345
45378	45379, 45380, 45382, 45383, 45384, 45385, 45387
46600	46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615
47552	47553, 47554, 47555, 47556
49320	38570, 49321, 49322, 49323, 58550, 58551, 58660, 58661, 58662, 58670, 58671, 58672, 58673
50551	50555, 50557, 50559, 50561
50570	50572, 50574, 50575, 50576, 50578, 50580
50951	50953, 50955, 50957, 50959, 50961
50970	50974, 50976
52000	52007, 52010, 52204, 52214, 52224, 52250, 52260, 52265, 52270, 52275, 52276, 52277, 52281, 52282, 52283, 52285, 52290, 52300, 52301, 52305, 52310, 52315, 52317, 52318
52005	52320, 52325, 52327, 52330, 52332, 52334, 52341, 52342, 52343, 52344
52335	52336, 52337, 52338, 52339
52351	52345, 52346, 52352, 52353, 52354, 52355
57452	57454, 57460
58555	58558, 58559, 58560, 58561, 58562, 58563

Screening Mammography—Allowances for 2001

Fees for screening mammography services for 2001 are listed below. Note that although the allowances are the same for participating and nonparticipating providers alike, limiting charge applies to services submitted on an unassigned basis.

CODE MOD	PAR FEE	NONPAR FEE	LIMITING CHARGE
76092	69.23	69.23	79.61
76092 26	22.15	22.15	25.47
76092 TC	47.08	47.08	54.14

P R O C E D U R E	S T A T U S	G L O B A L	P R E P A R E	I N T R A P R E P A R E	P O S T P R O C E D U R E	P C /	M /	B /	A /	T C	E A M S
99331	A	XXX	0	0	0	0	0	0	0	0	0
99332	A	XXX	0	0	0	0	0	0	0	0	0
99333	A	XXX	0	0	0	0	0	0	0	0	0
99341	A	XXX	0	0	0	0	0	0	0	0	0
99342	A	XXX	0	0	0	0	0	0	0	0	0
99343	A	XXX	0	0	0	0	0	0	0	0	0
99344	A	XXX	0	0	0	0	0	0	0	0	0
99345	A	XXX	0	0	0	0	0	0	0	0	0
99347	A	XXX	0	0	0	0	0	0	0	0	0
99348	A	XXX	0	0	0	0	0	0	0	0	0
99349	A	XXX	0	0	0	0	0	0	0	0	0
99350	A	XXX	0	0	0	0	0	0	0	0	0
99354	A	ZZZ	0	0	0	0	0	0	0	0	0
99355	A	ZZZ	0	0	0	0	0	0	0	0	0
99356	A	ZZZ	0	0	0	0	0	0	0	0	0
99357	A	ZZZ	0	0	0	0	0	0	0	0	0
99358	B	ZZZ	0	0	0	9	9	9	9	9	9
99359	B	ZZZ	0	0	0	9	9	9	9	9	9
99360	X	XXX	0	0	0	9	9	9	9	9	9
99361	B	XXX	0	0	0	9	9	9	9	9	9
99362	B	XXX	0	0	0	9	9	9	9	9	9
99371	B	XXX	0	0	0	9	9	9	9	9	9
99372	B	XXX	0	0	0	9	9	9	9	9	9
99373	B	XXX	0	0	0	9	9	9	9	9	9
99374	B	XXX	0	0	0	9	9	9	9	9	9
99375	N	XXX	0	0	0	9	9	9	9	9	9
99377	B	XXX	0	0	0	9	9	9	9	9	9
99378	N	XXX	0	0	0	9	9	9	9	9	9
99379	B	XXX	0	0	0	9	9	9	9	9	9
99380	B	XXX	0	0	0	9	9	9	9	9	9
99381	N	XXX	0	0	0	9	9	9	9	9	9
99382	N	XXX	0	0	0	9	9	9	9	9	9
99383	N	XXX	0	0	0	9	9	9	9	9	9
99384	N	XXX	0	0	0	9	9	9	9	9	9
99385	N	XXX	0	0	0	9	9	9	9	9	9
99386	N	XXX	0	0	0	9	9	9	9	9	9
99387	N	XXX	0	0	0	9	9	9	9	9	9
99391	N	XXX	0	0	0	9	9	9	9	9	9
99392	N	XXX	0	0	0	9	9	9	9	9	9
99393	N	XXX	0	0	0	9	9	9	9	9	9
99394	N	XXX	0	0	0	9	9	9	9	9	9
99395	N	XXX	0	0	0	9	9	9	9	9	9
99396	N	XXX	0	0	0	9	9	9	9	9	9
99397	N	XXX	0	0	0	9	9	9	9	9	9
99401	N	XXX	0	0	0	9	9	9	9	9	9
99402	N	XXX	0	0	0	9	9	9	9	9	9
99403	N	XXX	0	0	0	9	9	9	9	9	9
99404	N	XXX	0	0	0	9	9	9	9	9	9
99411	N	XXX	0	0	0	9	9	9	9	9	9
99412	N	XXX	0	0	0	9	9	9	9	9	9
99420	N	XXX	0	0	0	9	9	9	9	9	9
99429	N	XXX	0	0	0	9	9	9	9	9	9
99431	A	XXX	0	0	0	0	0	0	0	0	0
99432	A	XXX	0	0	0	0	0	0	0	0	0
99433	A	XXX	0	0	0	0	0	0	0	0	0
99435	A	XXX	0	0	0	0	0	0	0	0	0
99436	A	XXX	0	0	0	0	0	0	0	0	0
99440	A	XXX	0	0	0	0	0	0	0	0	0
99450	N	XXX	0	0	0	9	9	9	9	9	9
99455	R	XXX	0	0	0	0	0	0	0	0	0
99456	R	XXX	0	0	0	0	0	0	0	0	0
99499	C	XXX	0	0	0	0	0	0	0	0	0

2001 Clinical Laboratory Fee Schedule

In accordance with section 4553 of the Balanced Budget Act of 1997 [which amended section 1833(h)(4)(B) of the Social Security Act ("the Act")], there will be no annual update (economic index) to the local laboratory fees for 2001; the national limitation amount (NLA) calculation for 2001 remains at 74 percent of the median. Listed below are some highlights of the clinical laboratory fee schedule for 2001.

Travel Allowance for Collection of Specimens

The 2001 laboratory fee schedule includes fees for the codes related to specimen collection (G0001, P9615, P9612). Section 1833(h)(4)(B) of the Social Security Act limits the payment levels of specimen collection services for Medicare clinical diagnostic laboratory purposes. Questions on how to code specimen collections in other or atypical circumstances should be directed to the CPT Editorial Panel. Articles were previously published in the Medicare B Update! (September/October 1998, page 27; January/February 1999, page 9; March/April 1999, page 28) that provide further instructions on specimen collection travel fees (codes P9603 and P9604). The standard Federal mileage rate for year 2000 is \$.325. The updated standard Federal mileage rate for year 2001 is not yet available but may be verified beginning in late December 2000 at the following web site: http://www.irs.ustreas.gov/prod/forms_pubs/pubs/p4630401.htm

CLIA Waived Tests

The 2001 laboratory fee schedule also includes codes that have a "QW" modifier for laboratory services granted waived status under the Clinical Laboratory Improvement Amendments (CLIA) standards. New codes 86294, 86683, 87077, and 87339 will be correlated to the CLIA-waived test devices in a future issue of the *Medicare B Update!*

Organ or Disease Oriented Panels

Similar to prior years, the pricing amount for each organ or disease panel was derived by summing the lower of the fee schedule amount or the National Limitation Amount (NLA) for each individual test included in the panel.

Coding Changes from the CPT Editorial Panel

- New code 84152 for prostate specific antigen; complexed (direct measurement) requires an instrument analysis of the result for billing.
- New codes 86294, 86300, 86301, 86304 and revised code 86316 which provide more specificity for billing tumor marker testing.
- Coding changes for microbiology culture testing (codes 87040 - 87163) also are more complex.
- The CPT contains codes for urea breath testing to detect *Helicobacter pylori* in the stomach. Codes 83013 and 83014 are to be utilized for billing breath tests performed using the Carbon 13 isotope method. Code 83014 was established to report the drug administration and sample collection. Code 83013 reflect the breath test analysis. Effective the year 2000, new codes 78267 and 78268 are to be utilized for the Carbon 14 isotope method of testing. Code 78267 (Urea breath test, C-14; acquisition for analysis) is priced at the same rate as code 83014, and code 78268 (Urea breath test, analysis) is priced at the same rate as code 83013. In addition for year 2001, the CPT Editorial

Panel has created new code 87339 enzyme immunoassay for *Helicobacter pylori*.

- Questions have arisen regarding the billing for a microbial identification test kit for 3 organisms: *Candida*, (code 87480) *Gardnerella* (code 87510), and *Trichomonas* (code 87797). When all 3 organisms are tested using one specimen for the test kit, regardless of the number of medically necessary tests performed, payment should reflect one unit of service using code 87797 and should not be billed individually.
- Fetal fibronectin, cervicovaginal secretions, semi-quantitative (code 82731) is a test used to aid in treating obstetric patients to assess the risk of preterm delivery. Medicare seldom receives claims for this test; however, Medicaid State Agencies should note a year 2001 price adjustment to the Medicare national limitation amount for the code because the amount establishes an upper limit on the Medicaid payment amount .
- New codes 87901 for genotype and 87903 and 87904 for phenotype testing for Human Immunodeficiency Virus (HIV) type-1.

The tests are referred to as HIV resistance testing because they help determine drug resistance or drug sensitivity for the patient. The tests can be useful for patients who are not improving on a specific drug regimen. Genotype analysis identifies mutations that are associated with drug resistance and phenotype analysis measures the ability of the virus to grow in the presence of drugs under consideration by the clinician. Regardless of the number of drugs analyzed, the new codes for phenotype testing reflect testing for up to only 15 drugs and additional drug testing is not separately payable. Medical necessity guidelines are under development using International AIDS society and Department of Health and Human Services guidelines. Currently, most genotype and phenotype testing is being performed under the "homebrew" status and therefore are not subject to FDA approval. Some manufacturers are currently seeking FDA approval for genotype test kits. One manufacturer has a genotype kit that has received an FDA status of Investigational Device Exemption (IDE). The Part B clinical laboratory benefit does not encompass laboratory testing performed in conjunction with clinical trial protocols paid under another Medicare benefit. The FDA regulates how these non-FDA approved laboratory tests can be used, marketed, and distributed. HCFA has examined all the comments that received on these tests that were submitted in accordance with the instructions for commenting on the development on the 2001 laboratory fee schedule. The comments contained current cost and charge data as well as discussions of the rapid refinements and combinations of laboratory testing methods that have occurred in the past year for the treatment of HIV patients. Based on these comments, HCFA believes reasonable prices can be established for these new codes using the addition of codes 87252, 87253, 83890, 83894, 83898, and 83904. The new more specific codes represent both the performance of the test and interpretation and reporting

the results so that codes representing the test components (e.g., 87252, 87253, 83890, 83894, 83898, 83902, 83912) may not be submitted in lieu or in addition to the new codes 87901, 87903, and 87904. Continued rapid refinements may warrant the CPT Editorial Panel to modify codes for the year 2002 and if necessary, HCFA will revisit the mappings for the development of the 2002 laboratory fee schedule. HCFA is committed to examining all comments received on HIV resistance testing for the development of the year 2002 laboratory fee schedule that are submitted as described under "Submitting Comments," at the end of this article.

Institute of Medicine Study

HCFA has sponsored a Congressionally-mandated study by the Institute of Medicine to examine how Medicare pays for outpatient laboratory services. Over the past year the study committee has been gathering data, examining the issues and formulating their recommendations. This study describes the clinical laboratory industry and recent laboratory technology trends, documenting how it has changed since the early 1980's and what is expected in the future. The study assesses the strengths and weaknesses of the current Medicare payment system for outpatient laboratory tests as well as alternative Medicare payment methodologies and related administrative issues. The study report is expected to be released before the end of year 2000. The Institute of Medicine has posted further information on its web site for this study at www.iom.edu/iom/iomhome.nsf/pages/clinlab+home+page. When published, copies of the study report will be available for purchase from the National Academy Press by phone: toll-free (888) 624-7645 or 202-334-3313 or mail: 2101 Constitution Ave. NW, Washington, DC 20055. The complete text will be posted on the web site: www.nap.edu.

Laboratory Costs Subject to Reasonable Charge Payment Methodology in 2001

When the following blood products, transfusion medicine and other procedures are performed for a hospital outpatient, payment is made under the hospital outpatient prospective payment system. However when the reasonable charge payment methodology applies (for example, nonpatients), the inflation index update for 2001 is 3.7 percent. The following codes relate to these services:

Blood Products

P9010, P9011, P9012, P9016, P9017, P9019, P9020, P9021, P9022, P9023

Transfusion Medicine and Other Procedures

86850, 86860, 86870, 86880, 86885, 86886, 86890, 86891, 86900, 86901, 86903, 86904, 86905, 86906, 86915, 86920, 86921, 86922, 86927, 86930, 86931, 86932, 86945, 86950, 86965, 86970, 86971, 86972, 86975, 86976, 86977, 86978, 86985, 89250, 89251, 89252, 89253, 89254, 89255, 89256, 89257, 89258, 89259, 89260, 89261, 89264

Refer to page for allowances for procedures subject to reasonable charge payment methodology.

Submitting Comments

Comments on the laboratory fee schedule may be submitted to the following address so that HCFA may consider such comments for the development of the 2002 laboratory fee schedule. Comments should be in written format, include clinical, coding, and pricing information, and submitted prior to August 1, 2001. Comments submitted in any other manner, incomplete comments, and those received after August 1, 2001 may not be considered for the 2002 laboratory fee schedule due to deadlines both HCFA and its contractors must meet for a January 1 implementation date.

Health Care Financing Administration
 Division of Acute Care
 Center for Health Plans and Providers
 Mailstop: C4-07-07
 7500 Security Blvd.
 Baltimore, MD. 21244-1850

2001 Clinical Laboratory Fee Schedule Allowances

PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE
G0001	3.00	Q0115	13.68	80154	25.56	80188	22.93	80417	60.80	81003	3.10
G0026	5.90	78267	10.86	80156	20.12	80190	23.15	80418	800.92	81003 QW	3.10
G0027	8.99	78268	93.09	80157	13.74	80192	23.15	80420	99.54	81005	3.00
G0103	25.42	80048	11.70	80158	24.05	80194	20.17	80422	63.69	81007	3.55
G0107	3.50	80051	9.69	80160	23.79	80196	9.81	80424	65.84	81007 QW	3.55
G0123	27.90	80053	14.61	80162	18.35	80197	18.97	80426	205.16	81015	3.98
G0143	27.90	80061	18.51	80164	18.72	80198	19.56	80428	92.16	81020	5.09
G0144	27.90	80061 QW	18.51	80166	21.42	80200	22.27	80430	108.42	81025	8.74
G0145	27.90	80069	12.00	80168	22.58	80201	16.48	80432	175.51	81050	4.14
G0147	14.60	80072	35.67	80170	22.65	80202	18.72	80434	139.75	82000	17.12
G0148	14.60	80074	65.82	80172	22.52	80400	45.06	80435	142.30	82003	27.96
P2038	6.95	80076	11.29	80173	20.12	80402	120.14	80436	125.98	82009	6.25
P3000	7.15	80090	79.56	80174	23.79	80406	108.14	80438	69.63	82010	9.88
P9612	3.00	80100	20.10	80176	16.08	80408	173.44	80439	92.84	82010 QW	9.88
P9615	3.00	80101	19.03	80178	9.13	80410	111.03	80440	80.34	82013	15.44
Q0111	5.90	80101 QW	19.03	80182	18.72	80412	455.46	81000	4.37	82016	19.16
Q0112	5.90	80102	18.31	80184	15.83	80414	71.36	81000 QW	4.37	82017	23.31
Q0113	7.47	80150	20.83	80185	18.32	80415	77.24	81001	4.37	82024	53.38
Q0114	9.88	80152	24.74	80186	19.03	80416	182.40	81002	3.54	82030	17.88

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2001 CLINICAL LABORATORY FEE SCHEDULE

PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE
82040	5.67	82365	17.11	82633	42.81	82952	5.42	83540	8.95	83912	3.52
82042	2.43	82370	17.32	82634	40.46	82952 QW	5.42	83550	12.08	83915	15.41
82043	2.43	82373	9.95	82638	16.92	82953	6.56	83570	12.22	83916	27.12
82044	6.33	82374	6.76	82646	27.51	82955	13.40	83582	19.59	83918	20.96
82044 QW	6.33	82375	17.03	82649	35.52	82960	8.03	83586	17.69	83919	20.96
82055	14.93	82376	7.85	82651	35.68	82963	29.69	83593	36.35	83921	20.96
82055 QW	14.93	82378	26.22	82652	53.19	82965	7.20	83605	14.76	83925	26.89
82075	16.66	82379	23.31	82654	18.90	82975	21.88	83615	8.35	83930	9.13
82085	13.42	82380	12.75	82657	24.09	82977	9.95	83625	17.69	83935	9.42
82088	56.32	82382	23.76	82658	24.09	82978	19.70	83632	27.93	83937	28.42
82101	41.48	82383	34.63	82664	47.48	82979	9.52	83633	7.61	83945	17.80
82103	18.56	82384	32.92	82666	29.69	82980	24.05	83634	11.05	83970	57.04
82104	19.98	82387	28.75	82668	25.97	82985	20.83	83655	16.72	83986	4.95
82105	23.18	82390	14.84	82670	38.62	82985 QW	20.83	83661	27.26	83986 QW	4.95
82106	23.18	82397	19.53	82671	44.64	83001	25.69	83662	26.14	83992	20.31
82108	35.22	82415	17.51	82672	29.97	83002	25.60	83663	13.07	84022	21.53
82120	3.98	82435	6.35	82677	33.43	83003	23.04	83664	6.53	84030	7.61
82120 QW	3.98	82436	4.50	82679	34.50	83008	23.20	83670	12.66	84035	5.05
82127	19.16	82438	6.76	82690	21.75	83010	17.38	83690	9.52	84060	10.20
82128	19.16	82441	8.30	82693	13.60	83012	23.76	83715	15.56	84061	10.94
82131	23.31	82465	6.02	82696	32.60	83013	93.09	83716	17.11	84066	13.35
82135	22.75	82465 QW	6.02	82705	7.04	83014	10.86	83718	11.31	84075	7.15
82136	23.31	82480	9.82	82710	21.88	83015	26.03	83718 QW	11.31	84078	10.09
82139	23.31	82482	8.22	82715	23.79	83018	30.35	83719	16.08	84080	20.44
82140	20.14	82485	19.80	82725	11.95	83020	17.80	83721	13.18	84081	22.84
82143	9.50	82486	24.09	82726	24.09	83021	24.09	83727	23.76	84085	9.32
82145	21.48	82487	19.80	82728	18.83	83026	3.26	83735	9.26	84087	11.19
82150	8.96	82488	19.80	82731	89.01	83030	11.43	83775	10.19	84100	6.56
82154	39.85	82489	19.80	82735	12.48	83033	6.43	83785	33.98	84105	6.43
82157	40.46	82491	24.09	82742	27.36	83036	13.42	83788	24.09	84106	5.92
82160	34.57	82492	24.09	82746	20.32	83036 QW	13.42	83789	24.09	84110	11.68
82163	28.37	82495	28.03	82747	4.25	83045	4.83	83805	24.36	84119	11.90
82164	20.17	82507	38.43	82757	16.71	83050	5.80	83825	22.47	84120	20.33
82172	19.58	82520	20.94	82759	29.69	83051	10.10	83835	23.41	84126	35.20
82175	26.22	82523	25.83	82760	15.47	83055	6.80	83840	22.56	84127	16.10
82180	13.66	82525	17.15	82775	29.11	83060	8.03	83857	14.84	84132	6.35
82190	16.89	82528	31.11	82776	11.59	83065	5.93	83858	18.52	84133	5.94
82205	15.83	82530	23.10	82784	12.85	83068	11.71	83864	27.51	84134	20.16
82232	22.36	82533	22.53	82785	22.76	83069	5.45	83866	13.62	84135	26.44
82239	23.67	82540	6.40	82787	4.31	83070	6.56	83872	8.10	84138	26.16
82240	24.05	82541	24.09	82800	4.83	83071	9.50	83873	23.78	84140	23.27
82247	6.94	82542	24.09	82803	26.74	83080	23.31	83874	17.84	84143	31.54
82248	6.94	82543	24.09	82805	39.21	83088	40.81	83883	18.79	84144	28.83
82252	2.70	82544	24.09	82810	12.06	83090	6.69	83885	7.85	84146	26.78
82261	23.31	82550	9.01	82820	13.82	83150	17.11	83887	32.73	84150	34.50
82270	4.49	82552	18.51	82926	7.53	83491	24.21	83890	3.52	84152	25.42
82273	4.49	82553	12.86	82928	7.24	83497	17.82	83891	3.52	84153	25.42
82273 QW	4.49	82554	12.86	82938	24.46	83498	37.54	83892	3.52	84154	25.42
82286	9.52	82565	7.07	82941	24.38	83499	34.83	83893	3.52	84155	5.06
82300	13.11	82570	7.15	82943	19.75	83500	31.30	83894	3.52	84160	7.15
82306	40.91	82575	13.06	82945	5.42	83505	33.59	83896	3.52	84165	14.84
82307	44.53	82585	11.85	82946	20.83	83516	15.95	83897	3.52	84181	23.54
82308	37.01	82595	8.95	82947	5.42	83518	11.72	83898	23.17	84182	24.87
82310	7.12	82600	26.81	82947 QW	5.42	83518 QW	11.72	83901	23.17	84202	10.55
82330	18.88	82607	20.83	82948	4.37	83519	18.67	83902	15.00	84203	10.55
82331	7.15	82608	19.80	82950	6.56	83520	17.89	83903	23.17	84206	18.52
82340	8.34	82615	11.29	82950 QW	6.56	83525	15.81	83904	23.17	84207	25.72
82355	15.99	82626	34.93	82951	17.80	83527	17.90	83905	23.17	84210	15.01
82360	12.09	82627	30.72	82951 QW	17.80	83528	21.98	83906	23.17	84220	7.20

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PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE
84228	7.85	84578	4.48	85302	16.61	86000	9.65	86376	20.11	86703	18.96
84233	89.01	84580	9.81	85303	19.11	86001	7.22	86378	27.22	86704	16.66
84234	89.64	84583	6.95	85305	16.02	86003	7.22	86382	23.36	86705	16.27
84235	72.31	84585	21.42	85306	21.18	86005	11.02	86384	15.74	86706	14.84
84238	50.53	84586	26.52	85307	21.18	86021	20.80	86403	14.08	86707	15.98
84244	30.40	84588	46.91	85335	17.80	86022	25.38	86406	14.70	86708	17.12
84252	17.62	84590	16.02	85337	14.41	86023	17.21	86430	7.85	86709	15.55
84255	35.28	84591	16.02	85345	5.94	86038	16.70	86431	7.85	86710	18.74
84260	20.96	84597	9.66	85347	5.88	86039	15.43	86590	12.09	86713	21.15
84270	11.05	84600	22.21	85348	5.14	86060	10.09	86592	5.90	86717	16.93
84275	10.17	84620	16.37	85360	11.05	86063	7.98	86593	6.09	86720	18.23
84285	32.55	84630	15.74	85362	9.52	86140	7.15	86602	8.02	86723	18.23
84295	6.65	84681	26.52	85366	11.90	86146	22.87	86603	17.79	86727	17.79
84300	6.72	84702	20.80	85370	14.67	86147	22.87	86606	20.80	86729	16.51
84305	27.25	84703	10.38	85378	9.86	86148	22.20	86609	17.81	86732	18.23
84307	21.37	84703 QW	10.38	85379	14.06	86155	22.08	86611	8.02	86735	18.03
84311	9.66	84830	13.87	85384	11.74	86156	9.26	86612	17.83	86738	18.31
84315	3.46	85002	6.22	85385	11.74	86157	11.14	86615	18.23	86741	18.23
84375	12.09	85007	4.76	85390	6.56	86160	16.59	86617	21.40	86744	18.23
84376	7.61	85008	4.76	85400	12.22	86161	16.59	86618	20.82	86747	20.77
84377	7.61	85009	5.14	85410	10.66	86162	28.08	86619	18.49	86750	12.86
84378	11.05	85013	3.27	85415	13.11	86171	13.85	86622	12.35	86753	17.12
84379	11.05	85014	3.27	85420	9.04	86185	12.37	86625	18.13	86756	17.81
84392	6.56	85014 QW	3.27	85421	14.07	86215	18.32	86628	11.19	86757	26.75
84402	35.19	85018	3.27	85441	5.81	86225	18.99	86631	16.35	86759	18.23
84403	35.68	85018 QW	3.27	85445	9.42	86226	16.73	86632	17.55	86762	19.89
84425	12.09	85021	7.72	85460	10.69	86235	24.78	86635	15.85	86765	17.81
84430	16.08	85022	7.59	85461	9.17	86243	28.36	86638	16.75	86768	16.08
84432	22.20	85023	11.71	85475	12.26	86255	16.66	86641	15.69	86771	18.13
84436	9.50	85024	11.70	85520	13.11	86256	16.66	86644	19.89	86774	20.45
84437	7.85	85025	10.74	85525	13.11	86277	21.75	86645	23.28	86777	19.89
84439	12.46	85027	8.95	85530	13.11	86280	11.31	86648	21.02	86778	19.90
84442	20.44	85031	8.18	85535	8.95	86300	28.19	86651	18.23	86781	18.30
84443	23.21	85041	4.16	85536	8.95	86301	28.19	86652	18.23	86784	11.19
84445	24.05	85044	5.94	85540	11.88	86304	28.19	86653	18.23	86787	17.81
84446	19.60	85045	5.54	85547	11.88	86308	7.15	86654	18.23	86790	17.81
84449	20.82	85046	7.72	85549	25.92	86308 QW	7.15	86658	18.01	86793	18.13
84450	7.14	85048	3.52	85555	9.24	86309	8.95	86663	18.13	86800	21.98
84460	7.32	85130	16.44	85557	18.46	86310	10.19	86664	21.14	86803	19.73
84466	17.65	85170	5.00	85576	29.69	86316	28.19	86665	25.07	86804	21.40
84478	7.95	85175	6.28	85585	3.98	86317	20.72	86666	8.02	86805	72.26
84478 QW	7.95	85210	8.03	85590	5.94	86318	17.89	86668	14.38	86806	65.76
84479	8.95	85220	24.39	85595	6.18	86318 QW	17.89	86671	16.95	86807	54.69
84480	19.60	85230	24.75	85597	24.84	86320	30.98	86674	19.43	86808	41.02
84481	21.73	85240	24.75	85610	5.43	86325	30.90	86677	20.05	86812	35.66
84482	21.73	85244	28.22	85610 QW	5.43	86327	31.35	86682	17.97	86813	80.13
84484	13.60	85245	31.72	85611	5.45	86329	19.40	86683	3.50	86816	38.49
84485	9.90	85246	31.72	85612	13.22	86331	16.56	86683 QW	3.50	86817	88.98
84488	9.90	85247	31.72	85613	13.22	86332	33.68	86684	21.90	86821	78.03
84490	9.90	85250	26.31	85635	13.61	86334	30.87	86687	11.60	86822	50.52
84510	12.09	85260	24.75	85651	4.91	86337	29.59	86688	19.37	86880	7.42
84512	7.50	85270	24.75	85652	3.73	86340	20.83	86689	26.75	86885	7.90
84520	5.45	85280	26.74	85660	7.63	86341	27.34	86692	23.72	86886	7.15
84525	3.98	85290	22.58	85670	7.98	86343	17.22	86694	19.89	86900	4.12
84540	6.56	85291	12.28	85675	6.43	86344	11.04	86695	18.23	86903	8.37
84545	9.12	85292	7.20	85705	11.05	86353	67.75	86696	26.75	86904	13.14
84550	6.25	85293	7.20	85730	8.30	86359	4.42	86698	17.28	86905	5.28
84560	6.56	85300	8.03	85732	8.95	86360	9.66	86701	12.28	86906	10.71
84577	17.24	85301	14.95	85810	16.14	86361	5.80	86702	18.69	86940	11.33

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2001 CLINICAL LABORATORY FEE SCHEDULE

PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE
86941	13.13	87158	7.23	87281	16.58	87490	17.60	87582	57.69	88237	174.55
87001	18.27	87163	15.30	87283	16.58	87491	41.20	87590	17.60	88239	203.88
87003	23.26	87164	14.84	87285	16.58	87492	48.31	87591	41.20	88240	13.96
87015	9.23	87166	15.61	87290	16.58	87495	17.60	87592	59.20	88241	13.96
87040	14.27	87168	5.90	87299	16.58	87496	41.20	87620	17.60	88245	188.16
87045	13.04	87169	5.90	87300	8.29	87497	59.20	87621	41.20	88248	239.32
87046	3.26	87172	5.90	87301	16.58	87510	17.60	87622	57.69	88249	239.32
87060	10.68	87174	11.90	87320	16.58	87511	41.20	87650	17.60	88261	244.24
87070	11.90	87175	14.86	87324	16.58	87512	57.69	87651	41.20	88262	172.25
87071	6.52	87176	8.13	87327	16.58	87515	17.60	87652	57.69	88263	188.16
87072	11.16	87177	12.30	87328	16.58	87516	41.20	87797	17.60	88264	172.25
87072 QW	11.16	87181	1.16	87332	16.58	87517	59.20	87798	41.20	88267	248.44
87073	6.52	87184	9.53	87335	16.58	87520	17.60	87799	59.20	88269	188.16
87075	13.08	87185	1.16	87336	16.58	87521	41.20	87800	17.60	88271	20.00
87076	11.16	87186	11.94	87337	16.58	87522	59.20	87801	41.20	88272	35.00
87076 QW	11.16	87187	14.33	87339	16.58	87525	17.60	87810	16.58	88273	44.40
87077	11.16	87188	8.03	87339 QW	16.58	87526	41.20	87850	16.58	88274	48.10
87077 QW	11.16	87190	7.81	87340	14.27	87527	57.69	87880	16.58	88275	55.50
87081	9.16	87192	8.03	87341	14.27	87528	17.60	87880 QW	16.58	88280	34.68
87082	10.13	87197	20.76	87350	15.92	87529	41.20	87899	16.58	88283	94.79
87083	11.61	87205	5.90	87380	22.69	87530	59.20	87899 QW	16.58	88285	26.26
87084	11.90	87206	7.42	87385	16.58	87531	17.60	87901	355.78	88289	40.12
87085	11.90	87207	8.28	87390	15.44	87532	41.20	87903	675.29	88291	3.52
87086	11.16	87208	7.47	87391	15.44	87533	57.69	87904	36.02	88371	30.71
87087	8.94	87210	5.90	87400	8.29	87534	17.60	88130	20.79	88372	31.44
87088	11.18	87211	7.15	87420	16.58	87535	41.20	88140	11.05	88400	3.47
87101	10.66	87220	5.90	87425	16.58	87536	97.40	88142	27.90	89050	6.53
87102	11.61	87230	27.28	87427	16.58	87537	17.60	88143	27.90	89051	7.61
87103	12.46	87250	27.02	87430	16.58	87538	41.20	88144	27.90	89060	9.88
87106	14.27	87252	36.02	87449	16.58	87539	59.20	88145	27.90	89125	5.96
87107	14.27	87253	27.91	87450	13.25	87540	17.60	88147	14.60	89160	5.09
87109	21.26	87254	6.76	87451	13.25	87541	41.20	88148	14.60	89190	6.56
87110	23.47	87260	16.58	87470	17.60	87542	57.69	88150	7.15	89300	12.32
87116	14.93	87265	16.58	87471	41.20	87550	17.60	88152	7.15	89310	11.89
87117	15.99	87270	16.58	87472	59.20	87551	41.20	88153	7.15	89320	16.66
87118	15.13	87272	16.58	87475	17.60	87552	59.20	88154	7.15	89321	16.66
87140	7.71	87273	16.58	87476	41.20	87555	17.60	88155	8.28	89325	14.75
87143	17.32	87274	16.58	87477	59.20	87556	41.20	88164	7.15	89329	28.98
87145	11.05	87275	16.58	87480	17.60	87557	59.20	88165	7.15	89330	13.68
87147	7.15	87276	16.58	87481	41.20	87560	17.60	88166	7.15	89355	4.62
87149	17.60	87277	16.58	87482	57.69	87561	41.20	88167	7.15	89365	7.61
87151	7.76	87278	16.58	87485	17.60	87562	59.20	88230	161.00		
87152	7.23	87279	16.58	87486	41.20	87580	17.60	88233	194.49		
87155	6.71	87280	16.58	87487	59.20	87581	41.20	88235	203.50		

2001 Carrier-Priced Fee Schedule Services

The following carrier-priced fee schedule allowances (pricing calculated by the local carrier) were not included in the 2001 Medicare Part B Physician and Non-Physician Fee Schedule because they had not been calculated at the time the book was produced.

CODE/MOD	PARTICIPATING FEE SCHEDULE			NONPARTICIPATING FEE SCHEDULE			LIMITING CHARGE		
	LOC 01/02	LOC 03	LOC 04	LOC 01/02	LOC 03	LOC 04	LOC 01/02	LOC 03	LOC 04
G0030	146.45	153.85	159.93	139.13	146.16	151.93	160.00	168.08	174.72
G0030 TC	87.87	92.31	95.95	83.48	87.69	91.16	96.00	100.85	104.83
G0031	197.60	207.45	215.47	187.72	197.08	204.70	215.88	226.64	235.41
G0031 TC	118.56	124.47	129.29	112.63	118.25	122.82	129.53	135.98	141.24
G0032	146.45	153.85	159.93	139.13	146.16	151.93	160.00	168.08	174.72
G0032 TC	87.87	92.31	95.95	83.48	87.69	91.16	96.00	100.85	104.83
G0033	197.60	207.45	215.47	187.72	197.08	204.70	215.88	226.64	235.41
G0033 TC	118.56	124.47	129.29	112.63	118.25	122.82	129.53	135.98	141.24
G0034	146.45	153.85	159.93	139.13	146.16	151.93	160.00	168.08	174.72
G0034 TC	87.87	92.31	95.95	83.48	87.69	91.16	96.00	100.85	104.83
G0035	197.60	207.45	215.47	187.72	197.08	204.70	215.88	226.64	235.41
G0035 TC	118.56	124.47	129.29	112.63	118.25	122.82	129.53	135.98	141.24
G0036	146.45	153.85	159.93	139.13	146.16	151.93	160.00	168.08	174.72
G0036 TC	87.87	92.31	95.95	83.48	87.69	91.16	96.00	100.85	104.83
G0037	197.60	207.45	215.47	187.72	197.08	204.70	215.88	226.64	235.41
G0037 TC	118.56	124.47	129.29	112.63	118.25	122.82	129.53	135.98	141.24
G0038	146.45	153.85	159.93	139.13	146.16	151.93	160.00	168.08	174.72
G0038 TC	87.87	92.31	95.95	83.48	87.69	91.16	96.00	100.85	104.83
G0039	197.60	207.45	215.47	187.72	197.08	204.70	215.88	226.64	235.41
G0039 TC	118.56	124.47	129.29	112.63	118.25	122.82	129.53	135.98	141.24
G0040	146.45	153.85	159.93	139.13	146.16	151.93	160.00	168.08	174.72
G0040 TC	87.87	92.31	95.95	83.48	87.69	91.16	96.00	100.85	104.83
G0041	197.60	207.45	215.47	187.72	197.08	204.70	215.88	226.64	235.41
G0041 TC	118.56	124.47	129.29	112.63	118.25	122.82	129.53	135.98	141.24
G0042	146.45	153.85	159.93	139.13	146.16	151.93	160.00	168.08	174.72
G0042 TC	87.87	92.31	95.95	83.48	87.69	91.16	96.00	100.85	104.83
G0043	197.60	207.45	215.47	187.72	197.08	204.70	215.88	226.64	235.41
G0043 TC	118.56	124.47	129.29	112.63	118.25	122.82	129.53	135.98	141.24
G0044	146.45	153.85	159.93	139.13	146.16	151.93	160.00	168.08	174.72
G0044 TC	87.87	92.31	95.95	83.48	87.69	91.16	96.00	100.85	104.83
G0045	197.60	207.45	215.47	187.72	197.08	204.70	215.88	226.64	235.41
G0045 TC	118.56	124.47	129.29	112.63	118.25	122.82	129.53	135.98	141.24
G0046	146.45	153.85	159.93	139.13	146.16	151.93	160.00	168.08	174.72
G0046 TC	87.87	92.31	95.95	83.48	87.69	91.16	96.00	100.85	104.83
G0047	197.60	207.45	215.47	187.72	197.08	204.70	215.88	226.64	235.41
G0047 TC	118.56	124.47	129.29	112.63	118.25	122.82	129.53	135.98	141.24
G0160	975.54	1034.47	1083.24	926.76	982.75	1029.08	1065.78	1130.16	1183.44
G0161	294.33	319.88	338.23	279.61	303.89	321.32	321.56	349.47	369.52
G0161 TC	214.07	234.98	249.54	203.37	223.23	237.06	233.87	256.72	272.62
G0161 26	80.27	84.90	88.69	76.26	80.66	84.26	87.69	92.75	96.89
G0167	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
G0185	-	-	-	-	-	-	-	-	-
G0186	-	-	-	-	-	-	-	-	-
G0187	-	-	-	-	-	-	-	-	-
G0188	-	-	-	-	-	-	-	-	-
G0188 TC	-	-	-	-	-	-	-	-	-
G0188 26	-	-	-	-	-	-	-	-	-
G0193	-	-	-	-	-	-	-	-	-
G0194	-	-	-	-	-	-	-	-	-
G0195	-	-	-	-	-	-	-	-	-
G0196	-	-	-	-	-	-	-	-	-
R0070	82.27	82.27	82.27	78.15	78.15	78.15	89.88	89.88	89.88
R0075	82.27	82.27	82.27	78.15	78.15	78.15	89.88	89.88	89.88
01996	51.15	54.48	57.69	48.59	51.76	54.81	55.88	59.52	63.03
21088	6366.65	6366.65	6366.65	6048.32	6048.32	6048.32	6955.57	6955.57	6955.57
21088	4074.66	4074.66	4074.66	3870.93	3870.93	3870.93	4451.56	4451.56	4451.56
24940	-	-	-	-	-	-	-	-	-
26587	358.41	384.28	406.85	340.49	365.07	386.51	391.56	419.83	444.48
43496	IC	IC	IC	IC	IC	IC	IC	IC	IC
49906	IC	IC	IC	IC	IC	IC	IC	IC	IC
54440	492.39	522.74	547.70	467.77	496.60	520.32	537.94	571.09	598.36
58578	-	-	-	-	-	-	-	-	-

* = These amounts apply when service is performed in a facility setting

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CODE/MOD	PARTICIPATING FEE SCHEDULE			NONPARTICIPATING FEE SCHEDULE			LIMITING CHARGE			
	LOC 01/02	LOC 03	LOC 04	LOC 01/02	LOC 03	LOC 04	LOC 01/02	LOC 03	LOC 04	
58974	-	-	-	-	-	-	-	-	-	²
59898	-	-	-	-	-	-	-	-	-	²
62367	66.60	70.53	73.95	63.27	67.00	70.25	72.76	77.05	80.79	
62367 TC	39.96	42.31	44.37	37.96	40.20	42.15	43.66	46.23	48.47	
62368	103.30	109.53	115.00	98.14	104.05	109.25	112.86	119.66	125.64	
62368 TC	61.98	65.72	69.00	58.88	62.43	65.55	67.71	71.79	75.38	
74300	48.73	51.48	53.85	46.29	48.90	51.16	53.23	56.24	58.83	
74300 TC	29.23	30.89	32.31	27.77	29.34	30.69	31.94	33.74	35.30	
74301	28.07	29.57	30.85	26.67	28.10	29.31	30.67	32.31	33.70	
74301 TC	16.84	17.75	18.51	16.00	16.86	17.58	18.40	19.39	20.22	
76350	15.90	17.46	18.68	15.11	16.59	17.75	17.37	19.08	20.41	
77520	-	-	-	-	-	-	-	-	-	²
77522	-	-	-	-	-	-	-	-	-	²
77523	-	-	-	-	-	-	-	-	-	²
77525	-	-	-	-	-	-	-	-	-	²
78172	70.92	74.53	77.50	67.38	70.80	73.63	77.49	81.42	84.67	
78172 TC	42.56	44.72	46.50	40.43	42.48	44.18	46.49	48.85	50.80	
78282	51.50	54.38	56.83	48.93	51.66	53.98	56.26	59.40	62.08	
78282 TC	30.90	32.63	34.09	29.36	30.99	32.39	33.76	35.64	37.25	
78414	60.75	63.98	66.67	57.71	60.78	63.34	66.37	69.89	72.84	
78414 TC	36.45	38.38	40.01	34.63	36.47	38.00	39.82	41.94	43.71	
79300	214.95	226.25	235.78	204.20	214.94	223.99	234.83	247.18	257.58	
79300 TC	128.97	135.75	141.47	122.52	128.96	134.39	140.90	148.31	154.55	
79420	201.70	212.03	220.63	191.62	201.42	209.59	220.36	231.64	241.03	
79420 TC	121.02	127.22	132.38	114.97	120.85	125.76	132.21	138.98	144.62	
79900	-	-	-	-	-	-	-	-	-	²
86485	16.28	17.94	18.97	15.47	17.04	18.03	17.79	19.60	20.73	
86486	-	-	-	-	-	-	-	-	-	²
91132	-	-	-	-	-	-	-	-	-	²
91132 TC	-	-	-	-	-	-	-	-	-	²
91132 26	-	-	-	-	-	-	-	-	-	²
91133	-	-	-	-	-	-	-	-	-	²
91133 TC	-	-	-	-	-	-	-	-	-	²
91133 26	-	-	-	-	-	-	-	-	-	²
92992	-	-	-	-	-	-	-	-	-	²
92993	-	-	-	-	-	-	-	-	-	²
93318	-	-	-	-	-	-	-	-	-	²
93318 TC	-	-	-	-	-	-	-	-	-	²
93318 26	-	-	-	-	-	-	-	-	-	²
93621	1976.15	2091.80	2184.93	1877.34	1987.21	2075.68	2158.94	2285.29	2387.03	
93621 TC	1185.69	1255.08	1310.95	1126.41	1192.33	1245.41	1295.37	1371.17	1432.22	
93622	1987.58	2104.13	2198.08	1888.20	1998.92	2088.17	2171.43	2298.76	2401.40	
93622 TC	1192.55	1262.48	1318.85	1132.92	1199.35	1252.90	1302.86	1379.25	1440.84	
93623	436.53	461.98	482.63	414.70	438.88	458.49	476.90	504.71	527.27	
93623 TC	261.92	277.19	289.57	248.82	263.33	275.10	286.14	302.82	316.36	
94642	23.09	25.25	26.70	21.94	23.99	25.37	25.23	27.59	29.17	
94642	10.77	11.96	12.86	10.23	11.36	12.22	11.77	13.07	14.05	*
94772	-	-	-	-	-	-	-	-	-	²
94772 TC	-	-	-	-	-	-	-	-	-	²
94772 26	-	-	-	-	-	-	-	-	-	²
99082	1.99	1.99	1.99	1.89	1.89	1.89	2.18	2.18	2.18	

¹ = Code(s) discontinued for 2001; may only be used prior to April 1, 2001
² = Pricing will be determined on an individual consideration (IC) basis, or pricing was not available at press time and will be provided on our provider Website (www.FloridaMedicare.com) and in a future issue of the *Medicare B Update!*
 IC = Coverage and/or reimbursement determined on an individual consideration basis
 NC = Noncovered by Florida Medicare

2001 Locally-Assigned Procedures

Florida Medicare has locally assigned procedure codes W4125-W4158 for the provision of radionuclide materials. Allowances for these codes were published in the March/April 2000 *Medicare B Update!* (pages 15-16) and remain unchanged at this time.

* = These amounts apply when service is performed in a facility setting
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2001 Fee Schedule for Clinical Psychologists' and Clinical Social Workers' Services

The following are the 2001 Medicare fee schedule allowances for Clinical Psychologists and Clinical Social Workers.

CODE	CLINICAL PSYCHOLOGIST			CLINICAL SOCIAL WORKER			
	Loc 01/02	Loc 03	Loc 04	Loc 01/02	Loc 03	Loc 04	
90801	145.46	151.95	157.07	109.10	113.96	117.80	
	139.30	145.30	150.15	104.48	108.98	112.61	*
90802	151.25	157.91	163.31	113.44	118.43	122.48	
	146.54	152.83	158.02	109.91	114.62	118.52	*
90804	64.74	67.76	70.14	48.56	50.82	52.61	
	61.11	63.85	66.07	45.83	47.89	49.55	*
90805	72.52	75.81	78.39	54.39	56.86	58.79	
	68.17	71.12	73.50	51.13	53.34	55.13	*
90806	97.81	102.22	105.68	73.36	76.67	79.26	
	93.46	97.53	100.79	70.09	73.15	75.59	*
90808	147.40	154.22	159.65	110.55	115.67	119.74	
	143.05	149.53	154.77	107.29	112.15	116.08	*
90810	71.74	75.08	77.67	53.81	56.31	58.25	
	68.48	71.56	74.00	51.36	53.67	55.50	*
90812	104.22	109.07	112.92	78.17	81.80	84.69	
	99.51	103.98	107.62	74.63	77.98	80.72	*
90814	150.05	156.85	162.29	112.54	117.64	121.72	
	148.60	155.29	160.67	111.45	116.47	120.50	*
90816	67.32	70.45	72.91	50.49	52.84	54.68	
	63.33	66.15	68.44	47.50	49.61	51.33	*
90818	100.02	104.53	108.06	75.02	78.40	81.05	
	95.67	99.84	103.18	71.75	74.88	77.39	*
90821	149.84	156.61	161.90	112.38	117.46	121.43	
	145.13	151.53	156.61	108.85	113.65	117.46	*
90823	76.49	80.12	82.88	57.37	60.09	62.16	
	70.33	73.47	75.96	52.75	55.10	56.97	*
90826	107.39	112.24	115.98	80.54	84.18	86.98	
	101.60	105.98	109.47	76.20	79.48	82.10	*
90828	152.27	159.16	164.66	114.20	119.37	123.50	
	146.83	153.29	158.55	110.12	114.97	118.91	*
90829	159.32	166.43	172.10	119.49	124.82	129.07	
	152.08	158.61	163.95	114.06	118.96	122.96	*
90846	96.33	100.68	104.10	72.25	75.51	78.08	
	93.07	97.17	100.44	69.80	72.88	75.33	*
90847	114.26	119.38	123.46	85.70	89.53	92.59	
	111.00	115.86	119.79	83.25	86.89	89.84	*
90849	35.18	36.87	38.09	26.39	27.65	28.57	
	30.47	31.78	32.80	22.85	23.84	24.60	*
90853	34.46	36.09	37.28	25.84	27.07	27.96	
	30.47	31.78	32.80	22.85	23.84	24.60	*
90857	36.45	38.31	39.76	27.34	28.73	29.82	
	32.10	33.62	34.88	24.07	25.22	26.16	*
90880	114.60	119.79	123.90	85.95	89.84	92.92	
	109.89	114.71	118.61	82.42	86.03	88.96	*
90901	45.27	48.30	50.35	33.95	36.23	37.76	
	30.78	32.66	34.07	23.09	24.50	25.55	*
90911	69.96	74.25	77.37	52.47	55.69	58.03	
	56.56	59.78	62.31	42.42	44.84	46.73	*
96100	71.57	79.71	86.05	NC	NC	NC	
96105	71.57	79.71	86.05	NC	NC	NC	
96111	71.57	79.71	86.05	NC	NC	NC	
96115	71.57	79.71	86.05	NC	NC	NC	
96117	71.57	79.71	86.05	NC	NC	NC	
97532	25.24	26.46	27.38	NC	NC	NC	
	19.81	20.59	21.28	NC	NC	NC	*
97533	27.42	28.81	29.82	NC	NC	NC	
	19.81	20.59	21.28	NC	NC	NC	*
97770	26.69	28.02	29.01	NC	NC	NC	
	21.98	22.94	23.72	NC	NC	NC	*

* these amounts apply when performed in a facility setting

NC = Noncovered for this type of provider

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2001 Reasonable Charge Payment Methodology Fees

The following list includes the prevailing fees for services/items furnished January 1, 2001, and after. The prevailing fees are based on charge data collected during the 12-month period that ended June 30, 2000. The prevailing charge is the 75th percentile of the customary charges within a given locality. A minimum of four customaries is used to establish a locality prevailing allowance. For nonphysician services, the inflation-indexed charge (IIC) is used as an additional limitation in

determining the reasonable charge; the inflation index update for 2001 is 2.0 percent. The IIC is developed from the previous year's customary and prevailing charge amounts.

Laboratory Costs Subject to Reasonable Charge Payment Methodology

Blood products, transfusion medicine, and certain other procedures are paid on a reasonable charge basis (see page xx).

Note: The prevailing fees listed for these procedures represent the maximum allowance for the indicated procedure. However, the actual allowance for a particular provider may be lower based on their individual customaries or the billed amount.

CODE	LOC 01	LOC 02	LOC 03	LOC 04	CODE	LOC 01	LOC 02	LOC 03	LOC 04
A4580	51.64	51.85	55.02	52.89	86891	82.96	61.44	67.20	75.70
A4590	61.50	61.50	60.50	61.50	86900	9.97	8.46	7.47	11.65
P9010	56.00	56.00	56.00	56.00	86901	14.28	19.10	12.58	15.87
P9011	56.00	56.00	56.00	56.00	86903	8.19	8.19	8.19	8.19
P9012	22.81	24.06	26.44	29.55	86904	23.85	23.85	23.85	23.85
P9013	69.17	73.11	77.15	89.91	86905	6.22	6.22	6.22	6.22
P9014	17.73	18.67	20.53	23.02	86906	28.52	28.52	28.52	28.52
P9015	16.90	17.84	19.60	21.88	86915	97.58	97.58	97.58	97.58
P9016	88.14	85.03	89.59	89.59	86920	42.06	42.06	42.06	42.06
P9017	37.12	39.30	43.04	48.22	86921	57.04	57.04	57.04	57.04
P9018	20.22	21.47	23.44	26.13	86922	57.04	57.04	57.04	57.04
P9019	46.66	46.66	31.18	34.87	86927	17.84	17.84	19.50	21.98
P9020	30.38	32.04	35.26	39.51	86930	32.77	34.74	38.06	42.83
P9021	78.81	78.81	78.81	78.81	86931	16.80	17.84	19.50	21.98
P9022	56.00	56.00	56.00	56.00	86932	117.18	124.75	132.84	149.74
V2630	425.17	425.17	425.17	425.17	86950	80.78	80.78	80.78	80.78
V2631	279.99	279.99	279.99	279.99	86965	15.56	15.56	15.56	15.56
V2632	326.66	326.66	326.66	326.66	86970	36.50	36.50	36.50	36.50
86850	34.96	34.96	40.49	32.04	86971	61.18	61.18	61.18	61.18
86860	35.26	35.26	35.26	35.26	86972	67.30	67.30	67.30	67.30
86870	61.96	61.96	61.96	61.96	86975	21.57	21.57	21.57	21.57
86880	16.51	19.80	23.19	20.48	86976	9.13	9.13	9.13	9.13
86885	12.24	12.24	12.24	12.24	86977	24.47	24.47	24.47	24.47
86886	18.15	18.15	18.15	18.15	86978	67.15	67.15	65.59	67.15
86890	119.26	119.26	119.26	119.26					

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Allowances for Injectable Drugs

Medicare Part B allowances for certain injectable drugs have been updated effective for services processed on or after January 1, 2001. The new allowances are:

CODE	PAR ALLOW	NONPAR ALLOW	LIMITING CHARGE	CODE	PAR ALLOW	NONPAR ALLOW	LIMITING CHARGE	CODE	PAR ALLOW	NONPAR ALLOW	LIMITING CHARGE
A9508	IC	IC	IC	J1610	45.60	43.32	49.82	J9000	44.98	42.73	49.14
A9510	94.05	94.05	NA	J1620	192.36	182.74	210.15	J9020	59.69	56.71	65.21
A9700	IC	IC	IC	J1630	7.54	7.16	8.24	J9060	42.18	40.07	46.08
J0120	IC	IC	IC	J1644	0.35	0.33	0.38	J9090	24.12	22.91	26.35
J0150	31.68	30.10	34.61	J1645	14.57	13.84	15.92	J9110	33.85	32.16	36.98
J0190	IC	IC	IC	J1670	102.60	97.47	112.09	J9120	13.23	12.57	14.45
J0207	368.12	349.71	402.17	J1710	5.31	5.04	5.80	J9130	12.68	12.05	13.85
J0210	7.45	7.08	8.14	J1730	112.50	106.88	122.91	J9140	22.56	21.43	24.65
J0280	1.15	1.09	1.26	J1742	220.78	209.74	241.20	J9150	80.63	76.60	88.09
J0282	16.50	15.68	18.03	J1745	63.23	60.07	69.08	J9160	942.87	895.73	1,030.09
J0285	16.94	16.09	18.51	J1790	4.04	3.84	4.41	J9165	14.41	13.69	15.74
J0286	178.98	170.03	195.54	J1810	9.44	8.97	10.31	J9180	623.43	592.26	681.10
J0290	0.98	0.93	1.07	J1820	4.38	4.16	4.79	J9181	12.01	11.41	13.12
J0295	7.27	6.91	7.94	J1940	1.04	0.99	1.14	J9182	120.15	114.14	131.26
J0300	2.20	2.09	2.40	J1980	6.70	6.37	7.32	J9185	246.52	234.19	269.32
J0340	IC	IC	IC	J1990	24.66	23.43	26.94	J9190	2.72	2.58	2.97
J0350	2,693.80	2,559.11	2,942.98	J2010	0.93	0.88	1.02	J9200	129.56	123.08	141.54
J0360	13.06	12.41	14.27	J2260	31.41	29.84	34.32	J9206	117.81	111.92	128.71
J0380	1.21	1.15	1.32	J2321	6.31	5.99	6.89	J9212	3.90	3.71	4.26
J0390	18.85	17.91	20.59	J2322	24.39	23.17	26.65	J9215	7.86	7.47	8.59
J0400	IC	IC	IC	J2330	IC	IC	IC	J9216	199.50	189.53	217.95
J0460	3.62	3.44	3.95	J2352	123.61	117.43	135.04	J9218	NC	NC	NC
J0475	222.30	211.19	242.86	J2360	5.68	5.40	6.21	J9219	IC	IC	IC
J0476	79.80	75.81	87.18	J2410	2.72	2.58	2.97	J9230	11.44	10.87	12.50
J0500	15.00	14.25	16.39	J2440	9.50	9.03	10.38	J9260	5.51	5.23	6.02
J0510	IC	IC	IC	J2480	IC	IC	IC	J9270	93.79	89.10	102.47
J0515	3.72	3.53	4.06	J2510	\$6.23	\$5.92	\$6.81	J9280	124.52	118.29	136.04
J0520	IC	IC	IC	J2512	IC	IC	IC	J9291	869.25	825.79	949.66
J0530	7.32	6.95	8.00	J2540	0.63	0.60	0.69	J9350	632.55	600.92	691.06
J0550	30.82	29.28	33.67	J2543	15.39	14.62	16.81	J9360	3.83	3.64	4.18
J0560	10.07	9.57	11.00	J2560	3.18	3.02	3.47	J9370	32.07	30.47	35.04
J0570	6.65	6.32	7.27	J2590	1.06	1.01	1.16	J9375	52.15	49.54	56.97
J0580	36.99	35.14	40.41	J2650	0.96	0.91	1.05	Q0161	1.12	1.12	NA
J0590	IC	IC	IC	J2675	1.64	1.56	1.79	Q2001	NC	NC	NC
J0600	40.09	38.09	43.80	J2710	1.22	1.16	1.33	Q2002	14.25	13.54	15.57
J0610	1.22	1.16	1.33	J2730	83.70	79.52	91.44	Q2003	2.06	1.96	2.25
J0620	5.15	4.89	5.63	J2760	31.92	30.32	34.87	Q2004	IC	IC	IC
J0690	2.47	2.35	2.70	J2770	97.97	93.07	107.03	Q2005	353.87	336.18	386.60
J0696	14.94	14.19	16.32	J2780	1.90	1.80	2.08	Q2006	132.61	125.98	144.88
J0697	6.42	6.10	7.01	J2795	0.15	0.14	0.16	Q2007	28.38	26.96	31.01
J0704	1.69	1.61	1.85	J2910	14.57	13.84	15.92	Q2008	IC	IC	IC
J0720	6.88	6.54	7.52	J2912	1.16	1.10	1.27	Q2009	8.88	8.44	9.70
J0725	3.51	3.33	3.83	J2915	40.85	38.81	44.63	Q2010	28.63	27.20	31.28
J0730	0.26	0.25	0.28	J2993	1,306.25	1,240.94	1,427.08	Q2011	0.96	0.91	1.05
J0743	15.01	14.26	16.40	J2997	26.12	24.81	28.54	Q2012	139.33	132.36	152.22
J0745	1.06	1.01	1.16	J3010	1.62	1.54	1.77	Q2013	15.10	14.35	16.50
J0760	7.06	6.71	7.71	J3120	1.24	1.18	1.35	Q2014	15.77	14.98	17.23
J0770	39.90	37.91	43.59	J3130	2.03	1.93	2.22	Q2015	199.50	189.53	217.95
J0780	1.57	1.49	1.72	J3140	1.14	1.08	1.25	Q2016	NC	NC	NC
J0800	IC	IC	IC	J3150	1.09	1.04	1.19	Q2017	206.01	195.71	225.07
J0835	15.34	14.57	16.76	J3265	3.79	3.60	4.14	Q2018	78.19	74.28	85.42
J0850	370.50	351.98	404.77	J3302	2.41	2.29	2.63	Q2019	1,348.76	1,281.32	1,473.52
J0895	12.61	11.98	13.78	J3410	0.70	0.67	0.76	Q2020	149.05	141.60	162.84
J0900	1.63	1.55	1.78	J3420	0.77	0.73	0.84	Q2021	124.48	118.26	135.99
J0945	0.85	0.81	0.93	J3470	7.13	6.77	7.79	Q2022	0.95	0.90	1.04
J0970	2.28	2.17	2.49	J3475	0.77	0.73	0.84	Q3001	IC	IC	IC
J1060	2.42	2.30	2.64	J3480	2.66	2.53	2.91	Q3002	26.82	25.48	29.30
J1080	2.80	2.66	3.06	J3485	0.90	0.85	0.98	Q3003	IC	IC	IC
J1100	0.57	0.54	0.62	J7050	8.92	8.47	9.75	Q3004	31.35	29.78	34.25
J1110	13.77	13.08	15.04	J7060	9.74	9.25	10.64	Q3005	IC	IC	IC
J1160	2.35	2.23	2.57	J7070	11.32	10.75	12.37	Q3006	IC	IC	IC
J1165	0.90	0.85	0.98	J7130	IC	IC	IC	Q3007	54.34	51.62	59.37
J1170	1.28	1.22	1.40	J7194	0.52	0.52	NA	Q3008	IC	IC	IC
J1180	7.86	7.47	8.59	J7197	1.05	1.05	NA	Q3009	IC	IC	IC
J1190	169.15	160.69	184.80	J7310	4,750.00	4,512.50	5,189.38	Q3010	IC	IC	IC
J1364	11.63	11.05	12.71	J7315	136.80	129.96	149.45	Q3011	150.82	143.28	164.77
J1380	8.92	8.47	9.75	J7320	213.87	203.18	233.65	Q3012	IC	IC	IC
J1410	55.10	52.34	60.19	J7330	14,250.00	13,537.50	15,568.12	90378	717.39	717.39	NA
J1435	0.47	0.45	0.51	J7500	1.25	1.25	NA	90723	NC	NC	NC
J1450	83.85	79.66	91.61	J7501	78.57	78.57	NA	90732	17.09	17.09	NA
J1452	950.00	902.50	1,037.88	J7505	741.00	741.00	NA	90740	179.78	179.78	NA
J1455	12.04	11.44	13.15	J7520	6.50	6.17	7.10	90743	IC	IC	IC
J1563	76.00	72.20	83.03	J7525	113.14	107.48	123.61	90744	13.72	13.72	NA
J1580	3.58	3.40	3.91	J7618	IC	IC	IC	90747	52.35	52.35	NA
J1600	13.51	12.83	14.76	J7619	IC	IC	IC				

IC = Allowance is determined on an individual consideration basis
 NA = Concept does not apply
 NC = Noncovered by Medicare

2001 HCPCS Local Medical Review Policy Changes

The following tables outline changes to local medical review policies (LMRPs) necessitated by the 2001 HCPCS coding update. The LMRPs referenced are easily accessible on our provider Website, www.FloridaMedicare.com.

Procedure Codes Added for 2001	Local Medical Review Policy Changes
A0433, A0434	Add to Ground Ambulance Services policy (A0426)
E0786	Add to Implantable Infusion Pumps policy (E0782)
G0192	Add to The List of Medicare Noncovered Services policy (A9270) under National Noncoverage Decisions – Drugs and Biologicals
G0193*	Add to The List of Medicare Noncovered Services policy (A9270) under Local Noncoverage Decisions – Procedures
G0195, G0196	Add to Dysphagia/Swallowing Diagnosis and Therapy (70370) and Independent Diagnostic Testing Facility (IDTF) policies (00001)
G9016	Add to The List of Medicare Noncovered Services policy (A9270) under National Noncoverage Decisions – Procedures
J1563	Add to Intravenous Immune Globulin policy (J1561)
J9219	Add to Leuprolide Acetate policy (J1950)
P9031-P9044	Add to Transfusion Medicine policy (36430)
Q2001	Add to The List of Medicare Noncovered Services policy (A9270) under National Noncoverage Decisions – Drugs and Biologicals
Q2022	Add to Hemophilia Clotting Factors policy (J7190)
21199	Add to Cosmetic/Reconstructive Surgery policy (12000)
44132, 44133, 44135, 44136	Add to The List of Medicare Noncovered Services policy (A9270) under National Noncoverage Decisions – Procedures
44397, 45387	Add to Colonoscopy policy (44388)
64614	Add to Botulinum Toxin Injection (BOTOX) policy (J0585)
66982	Add to Cataract Extraction policy (66983) Change policy identification number to 66982
67221	Add to Anesthesia Services (Ocular Procedures) policy (00103)
70496, 70498	Add to Independent Diagnostic Testing Facility (IDTF) policy (00001)
70542, 70543	Add to Independent Diagnostic Testing Facility (IDTF) policy (00001)
71275	Add to Independent Diagnostic Testing Facility (IDTF) policy (00001)
71551, 71552, 72191, 72195, 72197	Add to Independent Diagnostic Testing Facility (IDTF) policy (00001)
73206	Add to Independent Diagnostic Testing Facility (IDTF) policy (00001)
73218, 73219, 73222, 73223	Add to Independent Diagnostic Testing Facility (IDTF) policy (00001)
73706	Add to Independent Diagnostic Testing Facility (IDTF) policy (00001)
73718, 73719	Add to Independent Diagnostic Testing Facility (IDTF) policy (00001)
73722, 73723	Add to Independent Diagnostic Testing Facility (IDTF) (00001) and Magnetic Resonance Imaging (MRI) of Any Joint of the Lower Extremities policies (73721)
74175	Add to Independent Diagnostic Testing Facility (IDTF) policy (00001)
74182, 74183	Add to Independent Diagnostic Testing Facility (IDTF) policy (00001)
76012, 76013	Add to Percutaneous Vertebroplasty policy (22899)
76819	Add to Independent Diagnostic Testing Facility (IDTF) policies (00001)
77522*, 77525*	Add to The List of Medicare Noncovered Services policy (A9270) under Local Noncoverage Decisions – Procedures

LOCAL AND FOCUSED MEDICAL REVIEW POLICIES

84152	Add to Complexed and Free Prostate Specific Antigen policy (84154) Change policy identification number to 84152
86294, 86300, 86304	Add to Tumor Markers policy (82105)
86301*	Add to Tumor Markers policy (82105) Add to The List of Medicare Noncovered Services policy (A9270) under Local Noncoverage Decisions – Procedures
89321	Add to Infertility policy (58340)
90740, 90743	Add to Hepatitis B Vaccine policy (90744) Change policy identification number to 90740
92586	Add to Independent Diagnostic Testing Facility (IDTF) (00001) and Brainstem Auditory Evoked Responses (BAER) policies (92585)
93318	Add to Transesophageal Echocardiogram policy (93312)
93368	Add to The List of Medicare Noncovered Services policy (A9270) under National Noncoverage Decisions – Procedures
97802, 97803, 97804	Add to The List of Medicare Noncovered Services policy (A9270) under National Noncoverage Decisions – Procedures
99172	Add to The List of Medicare Noncovered Services policy (A9270) under National Noncoverage Decisions – Procedures

Code Change	To Report See	Local Medical Review Policy Changes
A9270	G0194*	Revise The List of Medicare Noncovered Services policy (A9270) to reflect new code under Local Noncoverage Decisions – Procedures
A9270	83090	Revise The List of Medicare Noncovered Services policy (A9270) to reflect new code under Local Noncoverage Decisions – Laboratory Procedures
J3490	Q2016	Revise Self-Administered Drugs policy (J0001) to reflect new code (Q2016 was effective 7/1/2000) <i>NOTE: Self-Administered Drugs are noncovered.</i>
22899	22520, 22521, 22522	Revise Percutaneous Vertebroplasty policy (22899) to reflect new codes Change policy identification number to 22520
33999	33141	Revise Transmyocardial Revascularization policy (33140) to reflect new code

Procedure Codes Revised for 2001	Local Medical Review Policy Changes
G0108, G0109	Revise Diabetes Outpatient Self-Management Training policy (G0108) to reflect descriptor changes
J0895	Revise Chelation Therapy policy (J0470) to reflect descriptor change
J3010	Revise Implantable Infusion Pumps policy (E0782) to reflect descriptor change
L8603	Revise Collagen Implant policy (L8603) to reflect descriptor change
P9016, P9017, P9019, P9022	Revise Transfusion Medicine policy (36430) to reflect descriptor changes
00145	Revise Anesthesia Services (Ocular Procedures) policy (00103) to reflect descriptor change
62350	Revise Implantable Infusion Pumps policy (E0782) to reflect descriptor change
64612	Revise Botulinum Toxin Injection (BOTOX) policy (J0585) to reflect descriptor change
67220	Revise Anesthesia Services (Ocular Procedures) policy (00103) to reflect descriptor change
70336, 70540, 71550, 72040, 72070, 72072, 72074, 72080, 72100, 72110, 72170, 72196, 73070, 73090, 73100, 73220, 73221, 73550, 73590, 73600, 73620, 73720	Revise Independent Diagnostic Testing Facility (IDTF) policy (00001) to reflect descriptor changes
73721	Revise Independent Diagnostic Testing Facility (IDTF) (00001) and Magnetic Resonance Imaging (MRI) of Any Joint of the Lower Extremities policies (73721) to reflect descriptor change
74181, 76003, 76010, 76818	Revise Independent Diagnostic Testing Facility (IDTF) policy (00001) to reflect descriptor changes

LOCAL AND FOCUSED MEDICAL REVIEW POLICIES

77470	Revise Stereotactic Radiosurgery (61793) and Radiation Special Treatment Procedures policies (77470) to reflect descriptor change
77520*, 77523*	Revise The List of Medicare Noncovered Services policy (A9270) to reflect descriptor changes
77761, 77776, 77789, 77790	Revise Clinical Brachytherapy policy (77750) to reflect descriptor changes
78805	Revise Independent Diagnostic Testing Facility (IDTF) policy (00001) to reflect descriptor change
80100, 80101	Revise Qualitative Drug Screen policy (80100) to reflect descriptor changes
82270	Revise Fecal Occult Blood Testing policy (82270) to reflect descriptor change
82465, 82947	Revise Automated Multichannel Tests policy (80048) to reflect descriptor changes for procedure codes 82465 and 82947; Revise Lipid Profile/Cholesterol Testing policy (80061) to reflect descriptor change for procedure code 82465; Revise Blood Glucose Testing policy (82947) to reflect descriptor change for procedure code 82947
83013	Revise Breath Test For Helicobacter Pylori (H. Pylori) policy (78267) to reflect descriptor change
86316*	Add to The List of Medicare Noncovered Services policy (A9270) Revise Tumor Markers policy (82105) to reflect statement of noncoverage
87081	Delete entire Culture, Bacteria/Pathogenic policy (87081) Add procedure code 87081 to The List of Medicare Noncovered Services policy (A9270)
87086, 87088	Revise Urine Bacterial Culture policy (87086) to reflect descriptor changes
87101	Revise Culture, Fungi policy (87101) to reflect descriptor change
87186, 87207	Revise Clinical Pathology Consultations and Clinical Laboratory Interpretation Services policy (80500) to reflect descriptor changes
88331	Revise MOHS' Micrographic Surgery (MMS) policy (17304) and Surgical Pathology policy (88300) to reflect descriptor change
90669	Revise The List of Medicare Noncovered Services policy (A9270) to reflect descriptor change
90732	Revise Pneumococcal Vaccinations policy (90732) to reflect descriptor change
90744, 90747	Revise Hepatitis B Vaccine policy (90744) to reflect descriptor changes Change policy identification number to 90740
92585	Revise Independent Diagnostic Testing Facility (IDTF) policy (00001) and Brainstem Auditory Evoked Responses (BAER) policy (92585) to reflect descriptor change
95165	Revise Allergen Immunotherapy policy (95115) to reflect new definition of "dose"

Procedure Codes Discontinued for 2001	To Report See	Local Medical Review Policy Changes
A0320 A0322 A0324 A0326 A0328 A0330	A0428 A0429 A0428 A0426 A0429 A0427	Revise Ground Ambulance Services policy (A0320) to reflect new HCPCS codes mandated by the Medicare Ambulance Fee Schedule Change policy identification number to A0426
E0751	E0756	Remove procedure code E0751 from; add procedure code E0756 to the Sacral Neuromodulation policy (64555)
G0160, G0161	55873	Remove procedure codes G0160 and G0161 from; add procedure code 55873 to the Cryosurgical Ablation of the Prostate policy (G0160) Change policy identification number to 55873
G0172	G0177	Remove procedure code G0172 from; add procedure code G0177 to the Psychiatric Partial Hospitalization Program policy (PHPPROG)
J1562		Remove procedure code J1562 from the Intravenous Immune Globulin policy (J1561)
K0440 K0441 K0442 K0443 K0444 K0445 K0446 K0447 K0448 K0449 K0450 K0451	L8040 L8041 L8042 L8043 L8044 L8045 L8046 L8047 L8048 L8049 A4364 A4365	Remove reference to procedure codes K0440-K0451 from the Oral and Maxillofacial policy (21076)

LOCAL AND FOCUSED MEDICAL REVIEW POLICIES

P9013, P9018		Remove procedure codes P9013 and P9018 from the Transfusion Medicine policy (36430)
Q0082	G0176	Remove procedure code Q0082 from; add procedure code G0176 to the Psychiatric Partial Hospitalization Program policy (PHPPROG)
70541	70544, 70545, 70546, 70547, 70548, 70549	Remove procedure code 70541 from the Independent Diagnostic Testing Facility (IDTF) policy (00001) and the Magnetic Resonance Angiography (MRA) policy (70541); Add procedure codes 70544-70549 to the Independent Diagnostic Testing Facility (IDTF) policy (00001) and the Magnetic Resonance Angiography (MRA) policy (70541); Change policy identification number for the Magnetic Resonance Angiography (MRA) policy from 70541 to 70544
82251	82247, 82248	Remove procedure code 82251 from the Automated Multichannel Tests policy (80048) NOTE: Procedure codes 82247 and 82248 are already indicated in the policy
87082, 87083 87085	87081 87086	Delete entire Culture, Bacteria/Pathogenic policy (87081)
87087	87088	Remove procedure code 87087 from; add procedure code 87088 to the Urine Bacterial Culture policy (87086)
97770	97532, 97533	Remove procedure code 97770 from; add new procedure codes 97532 and 97533 to the Physical Medicine and Rehabilitation policy (97010) and Psychiatric Partial Hospitalization Program policy (PHPPROG)

Other Statutory Revisions for 2001	Codes	Local Medical Review Policy Changes
Status change: noncovered to covered	20979	Revise Osteogenic Stimulation policy (20974) Remove from The List of Medicare Noncovered Services policy (A9270)
Status change: covered to noncovered	90471 90472	Add to The List of Medicare Noncovered Services policy (A9270) under National Noncoverage Decisions – Procedures
Status change: covered to noncovered	92525	Revise Independent Diagnostic Testing Facility (IDTF) (00001) and Dysphagia/ Swallowing Diagnosis and Therapy (70370) policies Add to The List of Medicare Noncovered Services policy (A9270) under National Noncoverage Decisions – Procedures
Status change: covered to noncovered	92597 92598 99375 99378	Add to The List of Medicare Noncovered Services policy (A9270) under National Noncoverage Decisions – Procedures

NOTE: In the preceding tables, an asterisk (*) denotes services that are noncovered due to their being investigational or experimental.

MEDICARE B UPDATE!

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