

Medicare B Update!

A Newsletter for Florida Medicare Part B Providers

In This Issue:

The Health Care Financing Administration (HCFA) provides quarterly updates to the Medicare Physician Fee Schedule Database. This *Special Issue Medicare B Update!* outlines those changes that are effective for services performed on or after April 1, 2001 (unless otherwise noted).

In addition, the Benefits Improvement and Protection Act of 2000 (BIPA) provides new procedure codes and payment methodologies for mammographies. These new codes are being implemented in conjunction with the standard quarterly release (see page 3).

Also included in this special issue is an updated overpayment interest rate (below), and in honor of cervical health month, an article devoted to the benefit of Pap tests.

First Update to the 2001 Medicare Physician Fee Schedule Database

These changes to the Medicare Physician Fee Schedule Database (MPFSDB) are effective for services processed on or after April 1, 2001. Unless otherwise stated, the changes are effective for services performed on or after January 1, 2001.

The bilateral surgery indicator has been changed for CPT codes 34812 and 34820 from "0" (150 percent payment adjustment *does not* apply) to "1" (150 percent payment adjustment *applies*).

The CPT codes for reporting intestinal transplantation for services provided on or after April 1, 2001 were explained in the 2nd Quarter *Medicare B Update!* (page 20); please refer to that article for more information. The MPFSDB status for these codes follows:

44132 = E (excluded from MPFSDB by regulation) *Payment for this code is made by the intermediary to the facility where the organ is procured.*

44133, 44135, 44136 = R (Restricted coverage. Special coverage instructions apply)

These codes are processed on an individual consideration basis, and must be submitted with appropriate documentation. Documentation must include: operative report, history and physical, and progress notes.

A new HCPCS code (**Q3013, Injection, verteporfin, 15 mg**) is being established for the provision of verteporfin (Visudyne™) for use in Ocular Photodynamic Therapy (OPT), **effective July 1, 2001**. The allowance for verteporfin remains \$1458.25. Please refer to the 2nd Quarter *Medicare B Update!* (pages 21 and 61-63) for more information regarding OPT.

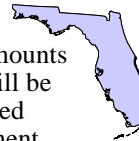
Providers should continue to report the provision of verteporfin using code J3490 (unclassified drugs) for services performed **prior to July 1**. The name, strength, and dosage must be reported in block 19 of form HCFA-1500 (or electronic equivalent).

continued on next page

Overpayment Interest Rate

Medicare assesses interest on overpaid amounts that are not refunded timely. Interest will be assessed if the overpaid amount is not refunded within 30 days from the date of the overpayment demand letter. The interest rate on overpayments is based on the higher of the private consumer rate (PCR) or the current value of funds (CVF) rate.

Effective February 7, 2001, the interest rate applied to Medicare overpayments will remain at 14.125 percent. Previous interest rates may be found in past issues of the *Medicare B Update!* on our provider website, www.FloridaMedicare.com.



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 _____

COVERAGE/REIMBURSEMENT

The relative value units associated with the CPT codes listed below have been changed, resulting in the following fee schedule allowance changes. Also listed below are allowances for the new mammography HCPCS codes (see next page).

Code/Mod	PAR FEE			NONPAR FEE			LIMITING CHARGE		
	Loc 01/02	Loc 03	Loc 04	Loc 01/02	Loc 03	Loc 04	Loc 01/02	Loc 03	Loc 04
G0202	129.54	139.80	147.44	123.06	132.81	140.07	141.52	152.73	161.08
G0202 TC	75.66	83.13	88.38	71.88	78.97	83.96	82.66	90.82	96.56
G0202 26	53.88	56.67	59.04	51.19	53.84	56.09	58.86	61.91	64.50
G0203	84.23	84.23	84.23	84.23	84.23	84.23	96.86	96.86	96.86
G0203 TC	50.44	55.42	57.28	47.92	52.65	57.28	55.11	60.55	65.87
G0203 26	26.95	26.95	26.95	26.95	26.95	26.95	30.99	30.99	30.99
G0204	129.54	139.80	147.44	123.06	132.81	140.07	141.52	152.73	161.08
G0204 TC	75.66	83.13	88.38	71.88	78.97	83.96	82.66	90.82	96.56
G0204 26	53.88	56.67	59.04	51.19	53.84	56.09	58.86	61.91	64.50
G0205	84.23	84.23	84.23	80.02	80.02	80.02	92.02	92.02	92.02
G0205 TC	57.28	57.28	57.28	54.42	54.42	54.42	62.58	62.58	62.58
G0205 26	26.95	26.95	26.95	25.60	25.60	25.60	29.44	29.44	29.44
G0206	70.89	76.58	80.87	67.35	72.75	76.83	77.45	83.66	88.35
G0206 TC	40.88	44.95	47.81	38.84	42.70	45.42	44.66	49.11	52.23
G0206 26	30.01	31.63	33.06	28.51	30.05	31.41	32.79	34.56	36.12
G0207	70.89	76.58	80.87	67.35	72.75	76.83	77.45	83.66	88.35
G0207 TC	40.88	44.95	47.81	38.84	42.70	45.42	44.66	49.11	52.23
G0207 26	30.01	31.63	33.06	28.51	30.05	31.41	32.79	34.56	36.12
34812	373.90	397.08	417.75	355.20	377.23	396.86	408.49	433.81	456.39
34820	539.70	573.02	602.69	512.72	544.37	572.56	589.62	626.02	658.44
70540	483.50	525.37	553.39	459.32	499.10	525.72	528.22	573.97	604.58
70540 26	60.04	63.09	65.58	57.04	59.94	62.30	65.59	68.93	71.65
70542	571.27	620.75	653.93	542.71	589.71	621.23	624.11	678.17	714.42
70542 26	68.62	71.86	74.51	65.19	68.27	70.78	74.97	78.51	81.40
70543	1022.40	1112.46	1172.63	971.28	1056.84	1114.00	1116.97	1215.36	1281.10
70543 26	92.44	97.30	101.45	87.82	92.43	96.38	100.99	106.30	110.83
71550	492.27	535.40	564.75	467.66	508.63	536.51	537.80	584.92	616.99
71550 26	66.33	69.62	72.27	63.01	66.14	68.66	72.47	76.06	78.95
71551	579.31	630.01	664.49	550.34	598.51	631.27	632.90	688.29	725.96
71551 26	74.67	78.31	81.34	70.94	74.39	77.27	81.58	85.55	88.86
71552	1021.27	1108.48	1165.31	970.21	1053.06	1107.04	1115.74	1211.01	1273.10
71552 26	98.25	103.12	107.20	93.34	97.96	101.84	107.34	112.66	117.12
72195	484.66	527.19	556.20	460.43	500.83	528.39	529.49	575.96	607.65
72195 26	63.07	66.10	68.61	59.92	62.79	65.18	68.90	72.21	74.96
72196	565.90	615.54	649.43	537.60	584.76	616.96	618.25	672.48	709.50
72196 26	77.21	81.05	84.19	73.35	77.00	79.98	84.35	88.55	91.98
72197	1032.17	1123.88	1185.84	980.56	1067.69	1126.55	1127.65	1227.84	1295.53
72197 26	99.24	104.52	109.06	94.28	99.29	103.61	108.42	114.19	119.15
73218	476.26	517.55	545.25	452.45	491.67	517.99	520.31	565.42	595.69
73218 26	57.14	59.96	62.32	54.28	56.96	59.20	62.43	65.51	68.08
73219	571.64	621.14	654.34	543.06	590.08	621.62	624.52	678.60	714.87
73219 26	68.99	72.25	74.92	65.54	68.64	71.17	75.37	78.93	81.85
73220	904.29	985.00	1039.93	859.08	935.75	987.93	987.94	1076.11	1136.12
73220 26	93.17	98.08	102.27	88.51	93.18	97.16	101.79	107.15	111.73
73221	481.33	523.02	550.95	457.26	496.87	523.40	525.85	571.40	601.91
73221 26	57.87	60.75	63.14	54.98	57.71	59.98	63.22	66.37	68.98
73222	571.27	620.75	653.93	542.71	589.71	621.23	624.11	678.17	714.42
73222 26	68.62	71.86	74.51	65.19	68.27	70.78	74.97	78.51	81.40
73223	1022.40	1112.46	1172.63	971.28	1056.84	1114.00	1116.97	1215.36	1281.10
73223 26	92.44	97.30	101.45	87.82	92.43	96.38	100.99	106.30	110.83
73718	476.26	517.55	545.25	452.45	491.67	517.99	520.31	565.42	595.69
73718 26	57.14	59.96	62.32	54.28	56.96	59.20	62.43	65.51	68.08
73719	571.27	620.75	653.93	542.71	589.71	621.23	624.11	678.17	714.42
73719 26	68.62	71.86	74.51	65.19	68.27	70.78	74.97	78.51	81.40
73720	904.29	985.00	1039.93	859.08	935.75	987.93	987.94	1076.11	1136.12
73720 26	93.17	98.08	102.27	88.51	93.18	97.16	101.79	107.15	111.73
73721	481.33	523.02	550.95	457.26	496.87	523.40	525.85	571.40	601.91
73721 26	57.87	60.75	63.14	54.98	57.71	59.98	63.22	66.37	68.98
73722	571.64	621.14	654.34	543.06	590.08	621.62	624.52	678.60	714.87
73722 26	68.99	72.25	74.92	65.54	68.64	71.17	75.37	78.93	81.85
73723	1022.40	1112.46	1172.63	971.28	1056.84	1114.00	1116.97	1215.36	1281.10
73723 26	92.44	97.30	101.45	87.82	92.43	96.38	100.99	106.30	110.83
74181	492.27	535.40	564.75	467.66	508.63	536.51	537.80	584.92	616.99
74181 26	66.33	69.62	72.27	63.01	66.14	68.66	72.47	76.06	78.95
74182	579.31	630.01	664.49	550.34	598.51	631.27	632.90	688.29	725.96
74182 26	74.67	78.31	81.34	70.94	74.39	77.27	81.58	85.55	88.86
74183	1032.17	1123.88	1185.84	980.56	1067.69	1126.55	1127.65	1227.84	1295.53
74183 26	99.24	104.52	109.06	94.28	99.29	103.61	108.42	114.19	119.15

Payment Revisions for Diagnostic and Screening Mammograms Performed With New Technologies

Section 104 of the Benefits Improvement and Protection Act of 2000 (BIPA), entitled “Modernization of Screening Mammography Benefit,” provides for new payment methodologies for both diagnostic and screening mammograms that utilize advanced new technology for the period April 1, 2001 through December 31, 2001. Under this provision, payment for technologies that directly take digital images would equal 150 percent of the amount that would otherwise be paid for a bilateral diagnostic mammography. For technologies that convert standard film images to digital form, payment will be derived from the statutory screening mammography limit plus an additional payment of \$15.00.

All coinsurance, deductible, and payment policy rules that currently apply to both diagnostic and screening mammographies also apply to the new diagnostic and screening mammography codes respectively.

Four new HCPCS codes (G0202, G0203, G0204, and G0205) have been added to the 2001 Medicare Physician Fee Schedule Database (MPFSDB). Additionally, two HCPCS codes for Unilateral Diagnostic Mammograms have also been created. Although the BIPA did not address the creation of new HCPCS codes for unilateral diagnostic mammograms, codes G0206 and G0207 have been established for clarification purposes.

Screening Codes

G0202	Screening Mammography producing direct digital image, bilateral, all views
G0203	Screening Mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views

Codes G0202 and G0203 are statutorily excluded from the Medicare Physician Fee Schedule until January 1, 2002. Fee allowances for these procedures for services provided April 1, 2001 through December 31, 2001 may be found on the preceding page, although these services are not paid under the MPFSDB (therefore, MPFSDB indicators do not apply).

Diagnostic Codes

G0204	Diagnostic Mammography, direct digital image, bilateral, all views
G0205	Diagnostic Mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views
G0206	Diagnostic mammography, direct digital image, unilateral, all views
G0207	Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, unilateral, all views

These codes will be paid for as part of the Medicare Physician Fee Schedule effective for services provided on or after April 1, 2001. Fee allowances for these procedures may be found on the preceding page.

Applicable MPFSDB policy indicators for codes G0204-G0207 are:

Procedure status: A (Active code)
 PC/TC: 1 (Diagnostic tests or radiology service)
 Global surgery: XXX (Global concept does not apply)
 Bilateral surgery:

Codes G0204 and G0205 = 2 (150% payment adjustment for bilateral procedure does not apply [relative values are already based on the procedure being performed as bilateral])
 Codes G0206 and G0207 = 0 (150% payment adjustment for bilateral procedure does not apply [if procedure is reported with modifier 50 or LT and RT, payment is based on the allowance for a *single* code])

Cervical Cancer Month and the Benefit of Pap Tests

Congress designated January as cervical health month. The Pap test is the most effective way to screen for cervical cancer. Medicare helps pay for screening Pap tests every 3 years. Beneficiaries do not pay co-insurance or deductible for a Pap test; however, they are liable for the 20% co-payment for a pelvic exam.

The National Cancer Institute (NCI) estimates that about 12,800 cases of newly diagnosed invasive cervical cancer will occur in the United States each year and that about 4,600 of the women affected will die. Research has shown that many women aged 65 and older have not had a Pap test or pelvic exam in the past 3 years because they vastly underestimate their risk for cervical cancer, or their providers do not recommend them. The fact is that women aged 65 and older account for 25 percent of all cervical cancer cases, and for 41 percent of all deaths from cervical cancer. Pap tests can detect abnormal cervical cell changes before they become cancerous. It is one of the stated goals of Healthy People 2010 to increase to 90 percent the number of women who receive screening Pap tests and to further reduce cervical cancer deaths. The following article provided by HCFA alerts readers to the significance of Pap tests, discusses some of the medical myths surrounding Pap tests and women over age 65, and provides mortality and morbidity rate information.

Pap Test for Women Aged 65 and Older: Dispelling the Myths

While controlling blood pressure and preventing bone loss are common health concerns for women ages 65 and older, getting Pap tests is not. However, statistics show that regularly scheduled cervical cancer screening also should be a priority for older women: Women ages 65 and older have the highest incidence and mortality rates for cervical cancer. They also have the lowest screening rates.

The National Cancer Institute (NCI) conducted in-depth interviews with general and family practitioners at the 1997 American Academy of Family Physicians

(AAFP) Conference. The purpose of these interviews was to identify what prevents family and general practitioners from performing Pap tests on women ages 65 and older, and to create and test effective messages and communication channels to encourage physicians interest in Pap tests for women ages 65 and older.

Comments made during the interviews uncovered some “myths” that physicians believe to be true, or claim that their patients believe to be true. The following quotes are actual comments expressed during the interviews.

Myth:

“Cancer of the cervix is mostly a disease of young women.”

Facts:

According to the 1996 National Institutes of Health Consensus Panel on Cervical Cancer, women ages 65 and older account for nearly 25 percent of all diagnosed cervical cancer cases and 41 percent of cervical cancer deaths in the United States. In addition, more than one-half of all women ages 65 and older have not had a Pap test in the past 3 years.

Frequently, post-menopausal women may still need to get a Pap test. It is also important to note that Pap tests should be done in conjunction with pelvic exams. Pelvic exams aid in the detection of abnormalities such as cancer of the endometrial lining of the uterus and ovarian cancer.

Since very few older women visit gynecologists, their general practitioners or internists may need to perform Pap tests or refer women to an appropriate health care provider.

Myth:

“For women 65 and older who are not sexually active and have never had an abnormal Pap test, I tell them that...they do not have to have a Pap test.”

Facts:

Some women who are not now sexually active may still need Pap tests. Cervical cancer is caused by the human papillomavirus (HPV)—a sexually transmitted virus—which is why it is so important to screen women who are or have ever been sexually active. Keep in mind that older women who are not currently sexually active may have been infected years before. HPV can live in the body for years, even a lifetime, without any indication.

Myth:

“By the time women reach age 65, a lot of them have had hysterectomies, and therefore a Pap test would actually not be very important.”

Facts:

Many women ages 65 and older have had hysterectomies. Some women who have had hysterectomies still need to get Pap tests. When determining whether a woman who

has had a total hysterectomy should have a Pap test, the reason for the hysterectomy must be considered. If the woman had a hysterectomy because of benign problems such as endometrial bleeding or benign fibroids, then she does not need to have regular Pap tests. However, if the hysterectomy was performed because of cervical abnormalities such as cervical neoplasia, then regularly scheduled Pap tests are recommended. For women who have had supracervical hysterectomies, and therefore still have cervixes, regularly scheduled Pap tests are appropriate.

“From the personal [side], I think if you could save one life, think of the opportunity as a physician to make a difference.”

For many older women, lack of information and cost stop them from having Pap tests. Educating women about the purpose of the Pap test and why it is important to have regularly scheduled Pap tests is crucial.

Medicare helps pay for a screening Pap test once every 3 years. Medicare may pay more often if necessary. For Medicare information, call 1-800-MEDICARE (1-800-633-4227) or visit Medicare’s Web site at www.medicare.gov.

NCI’s Cancer Information Service (CIS) offers free cervical cancer information packages for health care providers. For the latest, most accurate information about cervical cancer and Pap tests, both women and health care providers can call the CIS at 1-800-4-CANCER.

CERVICAL CANCER INCIDENCE RATES

(per 100,000 U.S. women)

Women under age 65.....	7.0
Women age 65 and older.....	14.9

CERVICAL CANCER MORTALITY RATES

(per 100,000 U.S. women)

Women under age 65.....	2.1
Women age 65 and older.....	8.7

HAD A PAP TEST IN THE LAST 3 YEARS

(U.S. women)

Women ages 18-64.....	83.3%
Women age 65 and older.....	59.8%

MEDICARE B UPDATE!

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