

Medicare B Update!

A Newsletter for Connecticut and Florida Medicare Part B Providers

2003 Healthcare Common Procedure Coding System and Medicare Physician Fee Schedule Database Update

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This special issue is available only on FCSO's provider education Web sites www.connecticutmedicare.com and www.floridamedicare.com

This Medicare B Update! Special Issue is published by the Medicare Communication & Education department of First Coast Service Options, Inc. (FCSO) to provide timely and useful information to Medicare Part B providers in Connecticut and Florida. Questions concerning this publication or its contents may be directed in writing to:

Medicare Part B Publications
P.O. Box 45270
Jacksonville, FL 32232-5270

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The Medicare B Update! should be shared with all healthcare practitioners and managerial members of the provider/supplier staff. Publications issued beginning in 1997 are available at no cost from our provider Web sites: www.connecticutmedicare.com and www.floridamedicare.com.

Routing Suggestions:

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

ANNUAL HCPCS UPDATE

Effective for Services Rendered on or After January 1, 2003

The Centers for Medicare & Medicaid Services' (CMS) Healthcare Common Procedure Coding System (HCPCS) is used to administer the Medicare Part B program for all carriers. The HCPCS is updated annually to reflect changes in the practice of medicine and provisions of healthcare. When filing claims for dates of service beginning January 1, 2003, refer to the coding changes in this publication. For dates of service in 2002, continue to use 2002 procedure codes.

The purpose of this section is to provide an overview of changes to the HCPCS coding structure for 2003. This publication only covers specific coding changes. Related billing and reimbursement changes will be posted to our provider education Web sites at www.connecticutmedicare.com and www.floridamedicare.com, and in future issues of the *Medicare B Update!* This information will also be shared with the Connecticut Medical Association, the Florida Medical Association, all county medical societies, and all active specialty associations. Stay in contact with these organizations and read their bulletins for additional HCPCS information.

Description of HCPCS Coding Levels

Procedure code additions, deletions and revisions are being made to all three levels of the HCPCS coding structure for 2003. The three levels of procedure codes are:

Level I -Numeric Codes (CPT)

Level I codes and modifiers include five-digit numeric codes (for example, procedure code 71010). These codes describe various physician and laboratory procedures and are contained in the American Medical Association's *Current Procedural Terminology (CPT)*.

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Level II -Alpha Numeric (CMS-Assigned)

Level II codes and modifiers include alphanumeric codes (for example, procedure code A6255) assigned by CMS. These codes describe various nonphysician and a relatively few number of physician services. These procedure codes begin with a letter in the A-V range and are used for durable medical equipment (DME), ambulance services, prosthetics, orthotics, ostomy supplies, etc.

Level III -Alpha Numeric (Locally-Assigned)

Level III codes and modifiers include alphanumeric codes assigned by the local Medicare Part B carrier, First

Coast Service Options, Inc. (FCSO). Level III codes describe procedures not included in Level I or Level II and begin with an alpha prefix of W-Z. Many Level III, or locally assigned, codes are being discontinued as part of the standardization of the Medicare program.

The 2003 HCPCS Update Additions

The procedure/modifier codes listed under "Modifiers/Procedure Codes Added for 2003" (pages 4-5) are newly identified codes and should be used only for services rendered on or after January 1, 2003.

Revisions

The procedure/modifier codes listed under "Modifiers/Procedure Codes Revised for 2003" (pages 5-6) include codes in which the descriptor or administrative instructions have changed from 2002. When using these codes, please be sure to refer to the 2003 HCPCS or *CPT* to ensure you are using the accurate procedure code for the service performed.

Discontinued Procedures

The procedure/modifier codes listed under "Modifiers/Procedure Codes Discontinued for 2003" (page 7) should not be used for service dates after December 31, 2002. However, FCSO Medicare will continue to accept claims for certain discontinued procedure codes with 2003 service dates received prior to April 1, 2003.

Effective for claims received on or after April 1, 2003, services performed in 2003 that are billed using discontinued codes will be denied payment when submitted to Medicare Part B. In these instances, providers will be notified that a discontinued procedure code was submitted and a valid procedure code must be used.

When billing for services listed in the discontinued code section, the procedure code(s) indicated in the "Codes to Report" column must be used. If more than one replacement code or no replacement code exists, refer to the appropriate coding book for additional guidelines.

A Word About Coverage

Procedure codes that are noncovered by Medicare due to statute are not represented on these lists. However, inclusion of a code on the lists does not necessarily constitute Medicare coverage. For example, a code may be noncovered based on local medical review policy (LMRP). Diagnostic tests that are noncovered due to LMRP are noncovered whether purchased or personally performed.

Carrier Jurisdiction

The lists of procedures that are added, revised, or discontinued for 2002 are complete with no regard to carrier jurisdiction. The majority of procedure codes in HCPCS are processed by the local Medicare Part B carrier, FCSO. However, some procedure codes listed represent services that should be billed to the Durable Medical Equipment Regional Carrier (DMERC), not the local carrier. The DMERC that serves Connecticut is HealthNow (www.healthnow.org); for Florida, it is Palmetto Government Benefits Administrators (www.palmettogba.com). It is the responsibility of the billing provider to submit claims to the appropriate carrier.

Use of Unlisted Procedure Codes

If you are unable to find a procedure code which most closely relates to the service rendered, then an "unlisted or not otherwise classified" procedure code may be submitted with a complete narrative description of the service rendered and supporting documentation. To ensure accurate processing in these instances, the following documentation should be provided:

Type of Service Performed	Clarification/Documentation Needed
Surgery, surgical assistant	Operative report or office records (if anesthesia performed in an office setting)
Orthotic/prosthetic device	Physician's orders
Laboratory/pathology	Laboratory/pathology report
Radiology	Radiology report

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

Reminder for Electronic Media Claim (EMC) Billers

Unlisted and not otherwise classified procedure codes may be submitted in two ways:

- If the unlisted or not otherwise classified procedure code can be submitted with a brief descriptor, the required information may be indicated in the appropriate narrative record. If you are unsure if your system has this capability, contact your vendor.
- If the unlisted or not otherwise classified procedure code requires documentation (e. g., pathology or operative reports), the service must be submitted on a paper Form CMS-1500.

Questions or Concerns?

Providers are encouraged to refer to all available resource materials for specific procedure coding instructions and claims filing information. Medicare's reference materials include the *Medicare B Update!* and special bulletins.

If you have any questions about these coding changes, contact our provider customer service department toll-free at:

Connecticut: (866) 419-9455
Florida: (866) 454-9007

Acquiring the 2003 Coding Books

Because of the many changes to the HCPCS coding structure, providers are strongly encouraged to purchase the 2003 *CPT* (Level I) book and/or the 2003 HCPCS (Level II) coding book. The 2003 edition of *CPT* may be purchased from the American Medical Association online at www.ama-assn.org/catalog, by calling 1-800-621-8335, or by writing:

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

The 2003 HCPCS Alpha-Numeric Hardcopy

Additionally the 2003 alpha-numeric hardcopy, titled *2003 Alpha-Numeric Healthcare Common Procedure Coding System*, may be secured from:

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

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

Grace Period for 2003 HCPCS Update

The 2003 HCPCS update is effective for services provided on or after January 1, 2003. The Centers for Medicare & Medicaid Services extends a 90-day grace period for certain services, when either 2002 or 2003 *CPT* and HCPCS codes and modifiers are accepted by Medicare carriers, durable medical equipment regional carriers (DMERCs), and fiscal intermediaries (FIs). This

grace period applies to claims received prior to April 1, 2003 that include codes discontinued for dates of service January 1, 2003 or later.

Effective January 1, 2003 through March 31, 2003, providers may use 2002 and/or 2003 *CPT* and HCPCS codes and modifiers. Effective April 1, 2003, only 2003 codes and modifiers will be accepted by Medicare.

Modifiers and Procedure Codes Added for 2003

MODIFIERS	A4407	A6509	D6603	E1231	H2001
	A4408	A6510	D6604	E1232	J0287
AU	A4409	A6511	D6605	E1233	J0288
AV	A4410	A6512	D6606	E1234	J0289
AW	A4413	A7025	D6607	E1235	J0592
AX	A4414	A7026	D6608	E1236	J0636
BA	A4415	A7030	D6609	E1237	J0637
BO	A4422	A7031	D6610	E1238	J0880
EY	A4450	A7032	D6611	E1802	J1051
H9	A4452	A7033	D6612	G0256	J1094
HA	A4458	A7034	D6613	G0257	J1564
HB	A4521	A7035	D6614	G0259	J1652
HC	A4522	A7036	D6615	G0260	J1756
HD	A4523	A7037	D6793	G0261	J1815
HE	A4524	A7038	D6985	G0262	J1817
HF	A4525	A7039	D7111	G0263	J2324
HG	A4526	A7042	D7140	G0264	J2501
HH	A4527	A7043	D7261	G0265	J2788
HI	A4528	A7044	D7282	G0266	J2916
HJ	A4529	A9512	D7287	G0267	J3315
HK	A4530	A9513	D7411	G0268	J3487
HL	A4531	A9514	D7412	G0269	J3590
HM	A4532	A9515	D7413	G0270	J7317
HN	A4533	A9516	D7414	G0271	J7342
HO	A4534	A9517	D7415	G0272	J7350
HP	A4535	A9518	D7472	G0273	J7633
HQ	A4536	A9519	D7473	G0274	J9010
HR	A4537	A9520	D7485	G0275	K0581
HS	A4538	A9521	D7671	G0278	K0582
HT	A4606	A9522	D7771	G0279	K0583
HU	A4609	A9523	D7972	G0280	K0584
HV	A4610	A9524	D9450	G0281	K0585
HW	A4632	A9603	E0117	G0282	K0586
HX	A4633	A9699	E0203	G0283	K0587
HY	A4634	B4100	E0445	G0288	K0588
HZ	A4639	C1015	E0454	G0289	K0589
JW	A4653	C1020	E0461	G0290	K0590
KB	A4930	C1021	E0483	G0291	K0591
QJ	A4931	C1022	E0484	G0292	K0592
ST	A4932	C2614	E0618	G0293	K0593
SU	A6011	C2632	E0619	G0294	K0594
SV	A6410	C9120	E0636	G0295	K0595
TS	A6411	C9121	E0691	H0031	K0596
TT	A6412	D0180	E0692	H0032	K0597
TU	A6421	D2390	E0693	H0033	L0450
TV	A6422	D2391	E0694	H0034	L0452
TW	A6424	D2392	E0701	H0035	L0454
	A6426	D2393	E0761	H0036	L0456
	A6428	D2394	E1011	H0037	L0458
CMS	A6430	D4241	E1012	H0038	L0460
ASSIGNED	A6432	D4261	E1013	H0039	L0462
	A6434	D4265	E1014	H0040	L0464
A4266	A6436	D4275	E1015	H0041	L0466
A4267	A6438	D4276	E1016	H0042	L0468
A4268	A6440	D4342	E1017	H0043	L0470
A4269	A6501	D5670	E1018	H0044	L0472
A4281	A6502	D5671	E1020	H0045	L0474
A4282	A6503	D6053	E1025	H0046	L0476
A4283	A6504	D6054	E1026	H0047	L0478
A4284	A6505	D6253	E1027	H0048	L0480
A4285	A6506	D6600	E1037	H1010	L0482
A4286	A6507	D6601	E1038	H1011	L0484
A4405	A6508	D6602	E1161	H2000	L0486
A4406					

L0488	T1028	21046	38214	58294	85380
L0490	T1029	21047	38215	58545	87255
L1652	T1030	21048	38242	58546	87267
L1836	T1031	21049	43201	58552	87271
L1901	T1500	21742	43236	58553	88174
L3651	T1502	21743	44206	58554	88175
L3652	T1999	29827	44207	61316	89055
L3701	T2007	29873	44208	61322	92601
L3762	V5095	29899	44210	61323	92602
L3909	V5298	33215	44211	61517	92603
L3911		33224	44212	61623	92604
L4386	CPT	33225	44238	62148	92605
L5781	0027T	33226	44239	62160	92606
L5782	0028T	33508	44701	62161	92607
L5848	0029T	34833	45335	62162	92608
L5995	0030T	34834	45340	62163	92609
L6025	0031T	34900	45381	62164	92610
L6638	00326	35572	45386	62165	92611
L6646	0032T	36416	46706	62264	92612
L6647	0033T	36511	49419	64416	92613
L6648	0034T	36512	49904	64446	92614
L7367	0035T	36513	50542	64447	92615
L7368	0036T	36514	50543	64448	92616
Q3021	0037T	36515	50562	66990	92617
Q3022	0038T	36516	51701	75901	92700
Q3023	0039T	36536	51702	75902	93580
Q3025	0040T	36537	51703	75954	93581
Q3026	0041T	37182	51798	76071	95990
S0114	0042T	37183	55866	76496	96920
S0195	0043T	37500	56820	76497	96921
S2130	0044T	37501	56821	76498	96922
S9562	00539	38204	57420	76801	99026
S9590	00541	38205	57421	76802	99027
S9802	00640	38206	57455	76811	99293
S9803	00834	38207	57456	76812	99294
T1022	00836	38208	57461	76817	99299
T1023	00921	38209	58146	83880	99600
T1024	01829	38210	58290	84302	
T1025	01991	38211	58291	85004	
T1026	01992	38212	58292	85032	
T1027	20612	38213	58293	85049	

Modifiers and Procedure Codes Revised for 2003

MODIFIERS	A4388	A5062	D7270	E0574	J2790
	A4389	A5063	D7280	E0730	J3070
GN	A4391	A5071	D7291	E0782	J3240
GO	A4462	A5072	D7410	E1637	J7626
GP	A4580	A5073	D7450	E1639	L0500
K0	A4590	A6266	D7451	G0144	L0510
Q3	A4595	D0150	D7460	G0145	L1843
	A4624	D2140	D7461	G0204	L1844
CMS	A4656	D2150	D7471	G0206	L3260
ASSIGNED	A4657	D2160	D7530	G0239	L4350
	A4660	D2161	D7550	H0002	L4360
A0080	A4663	D2710	D7670	H0004	L4370
A0090	A4670	D3221	D7770	H0017	L4380
A0100	A4712	D4210	D9220	H0018	L7510
A0120	A4927	D4211	D9221	H0019	Q0183
A0170	A4928	D4240	D9241	H0023	S0088
A0424	A5051	D4260	D9242	H0024	S0091
A4301	A5052	D4273	E0441	H0025	S0092
A4364	A5053	D4341	E0442	H0030	S0093
A4372	A5054	D4355	E0443	J1056	S9123
A4373	A5061	D4910	E0444	J1825	S9347
A4387					T1013

CPT					
	20552	44127	64408	76006	89300
	20553	44397	64410	76070	89310
00320	20600	45136	64412	76075	89320
00580	20605	45305	64413	76076	89321
00942	20660	45307	64415	76085	90669
01382	20805	45308	64417	76125	92597
01400	21030	45309	64418	76355	93012
01464	21034	45315	64420	76360	93268
01622	21040	45317	64421	76370	93529
01630	21740	45320	64425	76380	93613
01732	23410	45321	64430	76499	93620
01740	23412	45345	64435	76705	94640
01830	24345	46220	64445	76775	94664
01961	24516	46230	64450	76805	95004
01962	25075	46608	64505	76810	95010
01964	25076	46610	64508	76815	95015
01968	25320	46612	64510	76816	95024
01969	26115	46614	64520	76818	95027
01996	26116	47371	64530	76830	95028
11301	27235	49200	64821	76999	95812
11400	27244	49201	66984	77301	95813
11401	27425	49420	69424	77305	95816
11402	27730	49421	70450	77310	95819
11403	27759	49491	70480	77315	95822
11404	27870	49505	70486	77321	95824
11406	29540	49507	70490	77326	95827
11420	31032	49550	71250	77327	95861
11421	31625	49580	71552	77328	95867
11422	31628	49590	72125	77778	95868
11423	31629	49905	72127	78162	95869
11424	31630	52001	72128	78206	95875
11426	31631	52351	72130	78271	96150
11440	31635	52352	72131	78290	96410
11441	31640	52354	72133	83921	96422
11442	31656	52355	72156	83950	96425
11443	33216	53440	72157	84482	96520
11444	33217	53442	72158	85007	96530
11446	33218	54162	72159	85008	99289
11600	33220	54406	72191	85009	99290
11601	34800	54411	72192	85013	99295
11602	34812	55870	72194	85014	99296
11603	34813	56501	72197	85018	99298
11604	34825	57452	72198	85025	99504
11606	36400	57454	73200	85027	99551
11620	36405	57460	73202	85041	99552
11621	36406	58140	73206	85044	99553
11622	36410	58145	73220	85045	99554
11623	36415	58260	73222	85048	99555
11624	36420	58262	73223	85378	99556
11626	36425	58263	73225	85379	99557
11640	36440	58267	73700	85525	99558
11641	36450	58270	73702	86880	99559
11642	36455	58550	73706	86885	99560
11643	36540	60212	73720	86886	99561
11644	36825	61340	73721	86930	99562
11646	36830	61624	73723	86931	99563
15756	37140	61626	74022	86932	99564
17000	37760	61700	74150	87045	99565
17304	38220	61751	74170	87140	99566
17305	38221	62201	74175	87169	99567
17306	43122	62263	74183	87207	99568
17307	43204	62284	74230	87254	99569
17310	43245	64400	74328	88045	
20526	43313	64402	75953	88143	
20550	44126	64405	75989	89060	

Modifiers and Procedure Codes Discontinued for 2003**CMS ASSIGNED**

A4360		G0201 XREF 92507	K0577
A4370		G0240	K0578
A4374		G0241	K0579 XREF A4422
A4386		J0286	K0580
A4454		J0635	L0300
A4460		J1050	L0310
A4464		J1095	L0315
A4572	XREF L0210	J1561	L0317
A4801	XREF J1644	J1755	L0320
A5123		J1820 XREF J1815	L0321
A6263		J2500	L0330
A6264		J2915	L0331
A6265		J7316 XREF J7317	L0340
A6405		K0021 XREF E0971	L0350
A6406		K0034 XREF E0951	L0360
E0608	XREF E0618	K0101 XREF E0958	L0370
E0690		K0183 XREF A7034	L0380
E1638	XREF E0210	K0184 XREF A7032, A7033	L0390
G0002	XREF 51702, 51703	K0185 XREF A7035	L0391
G0004	XREF 93268	K0186 XREF A7036	L0400
G0005	XREF 93270	K0187 XREF A7037	L0410
G0006	XREF 93271	K0188 XREF A7038	L0420
G0007	XREF 93272	K0189 XREF A7039	L0430
G0015	XREF 93012	K0551 XREF E1020	L0440
G0026		K0561 XREF A4405	L0900 XREF L0500
G0027	XREF 89310	K0562 XREF A4406	L0910 XREF L0510
G0050	XREF 51798	K0563 XREF A4407	L0920 XREF L0500
G0131	XREF 76070	K0564 XREF A4408	L0930 XREF L0510
G0132	XREF 76071	K0565 XREF A4409	L0940 XREF L0500
G0185	XREF 0016T	K0566 XREF A4410	L0950 XREF L0510
G0187		K0567	L0986
G0192		K0568	L3218
G0193	XREF 92612	K0569 XREF A4413	L3223
G0194	XREF 92614	K0570 XREF A4414	L5660
G0195	XREF 92610	K0571 XREF A4415	L5662
G0196	XREF 92611	K0572 XREF A4450	L5663
G0197	XREF 92607	K0573 XREF A4452	L5664
G0198	XREF 92609	K0574	Q0184 XREF J7342
G0199	XREF 92607, 92608	K0575	Q3017
G0200	XREF 92506	K0576	Q3030 XREF J7317

CPT

00869		85595	TO REPORT, USE 85049
21041	TO REPORT, SEE 21040, 21046-21047	86915	TO REPORT, SEE 38210-38213
36520	TO REPORT, SEE 35611-36512	87198	TO REPORT, USE 87271
36521	TO REPORT, USE 36516	87199	TO REPORT, USE 87267
38231	TO REPORT, USE 38205-38206	88144	
44209	TO REPORT, USE 44238	88145	
53670	TO REPORT, SEE 51701, 51702	90709	
53675	TO REPORT, USE 51703	92525	TO REPORT, SEE 92610-92611
58551	TO REPORT, SEE 58545, 58546	92598	
80090	TO REPORT, SEE CODES FOR SPECIFIC TESTS	92599	TO REPORT, USE 92700
85021		94650	
85022		94651	
85023	TO REPORT, USE 85007 AND 85027	94652	
85024	TO REPORT, USE 85025	94665	
85031	TO REPORT, USE 85014, 85018 AND 85032	99297	TO REPORT, USE 99296
85585	TO REPORT, USE 85008	99508	TO REPORT, USE 95806-95811
85590	TO REPORT, USE 85032	99539	TO REPORT, USE 99600

MEDICARE PHYSICIAN FEE SCHEDULE

Calendar Year 2003 Medicare Physician Fee Schedule Implementation

The Medicare Physician Fee Schedule (MPFS) regulation was published on or about December 31, 2002, with a March 1, 2003, effective date. Unfortunately, under current law, the 2003 fee schedule includes a negative update. This negative update reflects a defect in the statutory formula for computing the sustainable growth rate, which has been affected by unanticipated changes in economic conditions. Regrettably, the Centers for Medicare & Medicaid Services does not have the legal authority to correct this flaw. The Administration has worked with Congress throughout 2002 to correct the provision of law, which results in the reduction in physician payments. The Administration will continue to work with Congress to make changes that could have a positive impact on physician payments in the coming years. Given this commitment, we hope that physicians/practitioners will choose to participate in the Medicare program in 2003, and into the future.

Since the publication of the final regulation was delayed past November 1, 2002, implementation plans for the calendar year (CY) 2003 MPFS have been modified. Specifically:

- The participation enrollment period will commence on January 9, 2003, and run through February 28, 2003. The material will be released by the Part B carriers on or about January 2, 2003 to ensure delivery by January 9. Physicians/practitioners will have until February 28, 2003 to make their participation decision. **Please note that this enrollment period differs from what you will see in mailed materials. This is because the enrollment materials were printed before this change.**
- The CY 2003 payment rates for physician/practitioner services will be effective March 1, 2003.
- Claims for physician/practitioner services in January and February 2003 that are *processed* before March 1, 2003 will be paid at the *CY 2002 payment rates*.
- Claims for physician/practitioner services in January and February 2003 that cannot be processed before February 28, 2003, will be paid at the *CY 2003 payment rates*. Therefore, physicians/practitioners are encouraged to submit January and February claims to their carriers as quickly as possible.
- Beginning in July 2003, MPFS services with January and February 2003 **dates of service** and with 2002 HCPCS will be processed and paid at the 2002 rates. MPFS services for January and February 2003 services paid at the 2003 rates (because they were processed March 1, 2003 or later), will be automatically adjusted by Medicare carriers in July 2003. These automatic adjustments will pay the difference between what was paid and what should have been paid for January and February 2003 MPFS services based on the 2002 rates. Physicians/practitioners will be reminded about this change for July 2003 in a subsequent announcement. Further information on adjustments for changes in participation status will be forthcoming.
- Physicians/practitioners are encouraged not to use the new CY 2003 HCPCS codes for MPFS services performed during the months of January and February 2003. Those services should be submitted with the HCPCS codes used to bill them during CY 2002. If the new HCPCS codes are submitted before March 1, 2003, carriers will hold claims until March 1, 2003 and then pay the code at the 2003 rate.
(Note that fiscal intermediaries will return claims to providers for services performed in January and February 2003 that contain new 2003 HCPCS codes that are payable on the physician fee schedule. Providers are encouraged to use the HCPCS previously used in CY2002 to bill for the service furnished.)
- Physicians/practitioners should bill January and February 2003 services separately from services for other time periods. In addition, if a January or February 2003 service must be billed with a new HCPCS, it should be billed on a separate claim so that other services, with 2002 HCPCS, will not be held.
- The CY 2003 payment amounts for all other services (i.e., services not paid under the physician fee schedule) are effective January 1, 2003.

Medicare Physician Fee Schedule Payment Policy Indicators

Due to the delay in release of the 2003 Medicare physician fee schedule, the section containing specific national policy indicators for each procedure code (and modifier, where applicable) on the Medicare physician fee schedule database (MPFSDB) is not available at this time. The indicator report will be posted to the "Special Release Articles" section of FCSO's provider education Web sites at a later date.

2003 FEES FOR INJECTABLE DRUGS AND BIOLOGICALS

Standardizing Prices for Medicare Covered Drugs

On January 1, 2003, the Centers for Medicare & Medicaid Services (CMS) implemented a single drug pricer (SDP) for drugs and biologicals (hereinafter "drugs") with respect to drugs covered under Medicare Part B and priced by local carriers.

In the past, CMS has received much criticism concerning excessive expenditures related to the payment rates for the approximately 400 drugs that are currently paid based on 95% average wholesale price (AWP); i.e., physicians' offices, outpatient hospitals, dialysis centers, etc. Currently, this payment rate is set at 95 percent of the drug's AWP; however, these payments have sometimes varied depending upon the individual local carrier's application of the payment methodology. Accordingly, CMS is establishing the SDP to correct identified differences amongst its local carriers and is establishing a uniform Medicare payment allowance as contemplated by the regulation (42 C.F.R. 405.517). Drug prices will be established centrally and will be more closely monitored. As a result, physicians and other practitioners will each receive the same payment for the same drug regardless of where their claim for the drug is submitted.

CMS will continue, in accordance with its longstanding practice, to set a price for each drug based on 95% of AWP, and will continue to rely on published compilations (e.g., *RedBook* and *First Data Bank*) to identify wholesale drug prices. Carriers, with the exception of DMERCs, and fiscal intermediaries will be furnished with drug pricing files from CMS and will begin processing claims they receive, for each drug identified on the file, on the basis of the prices shown on these files.

CMS believes that this initiative reflects an innovative approach to resolving some of the problems relating to the pricing of Medicare-covered drugs.

Effective January 1, 2003, drug claims are paid on the basis of the SDP files. These amounts are furnished below.

CODE	PAR	NONPAR	CODE	PAR	NONPAR	CODE	PAR	NONPAR
90281	NC	NC	90665	NC	NC	90743	24.36	24.36
90283	NC	NC	90669	NC	NC	90744	24.36	24.36
90287	NC	NC	90675	139.76	132.77	90746	55.46	55.46
90288	NC	NC	90676	86.10	81.80	90747	110.92	110.92
90291	NC	NC	90680	NC	NC	90748	NC	NC
90296	NC	NC	90690	NC	NC	90749	IC	IC
90371	649.80	617.31	90691	NC	NC	A9500	117.85	111.96
90375	72.85	69.21	90692	NC	NC	A9502	115.92	110.12
90376	75.84	72.05	90693	NC	NC	A9503	IC	IC
90378	NC	NC	90700	NC	NC	A9504	460.00	437.00
90379	NC	NC	90701	NC	NC	A9505	41.82	39.73
90384	NC	NC	90702	NC	NC	A9507	2122.90	2016.76
90385	NC	NC	90703	8.32	7.90	A9508	48.00	45.60
90386	NC	NC	90704	NC	NC	A9510	55.20	52.44
90389	NC	NC	90705	NC	NC	A9511	IC	IC
90393	NC	NC	90706	NC	NC	A9512	IC	IC
90396	NC	NC	90707	NC	NC	A9513	IC	IC
90399	NC	NC	90708	NC	NC	A9514	IC	IC
90476	NC	NC	90709	NC	NC	A9515	IC	IC
90477	NC	NC	90710	NC	NC	A9516	IC	IC
90581	NC	NC	90712	NC	NC	A9517	IC	IC
90585	NC	NC	90713	NC	NC	A9518	IC	IC
90586	NC	NC	90716	NC	NC	A9519	IC	IC
90632	NC	NC	90717	NC	NC	A9520	IC	IC
90633	NC	NC	90718	NC	NC	A9521	IC	IC
90634	NC	NC	90719	NC	NC	A9522	IC	IC
90636	NC	NC	90720	NC	NC	A9523	IC	IC
90645	NC	NC	90721	NC	NC	A9524	IC	IC
90646	NC	NC	90723	IC	IC	A9600	933.00	886.35
90647	NC	NC	90725	NC	NC	A9603	IC	IC
90648	NC	NC	90727	NC	NC	A9605	987.79	938.40
90657	4.01	4.01	90732	13.10	13.10	A9699	IC	IC
90658	8.02	8.02	90733	NC	NC	A9700	IC	IC
90659	8.02	8.02	90735	NC	NC	J0120	NC	NC
90660	NC	NC	90740	110.92	110.92	J0130	513.02	487.37

CODE	PAR	NONPAR	CODE	PAR	NONPAR	CODE	PAR	NONPAR
J0150	37.76	35.87	J0745	0.48	0.46	J1564	0.86	0.82
J0151	223.19	212.03	J0760	7.07	6.72	J1565	16.55	15.72
J0170	2.08	1.98	J0770	54.15	51.44	J1570	35.25	33.49
J0190	3.16	3.00	J0780	2.45	2.33	J1580	1.95	1.85
J0200	19.04	18.09	J0800	92.93	88.28	J1590	0.91	0.86
J0205	37.53	35.65	J0835	16.76	15.92	J1600	13.52	12.84
J0207	427.34	405.97	J0850	702.33	667.21	J1610	43.32	41.15
J0210	11.88	11.29	J0880	23.69	22.51	J1620	201.98	191.88
J0256	2.09	1.99	J0895	14.81	14.07	J1626	18.54	17.61
J0270	3.81	3.62	J0900	1.63	1.55	J1630	7.32	6.95
J0275	NC	NC	J0945	0.87	0.83	J1631	24.94	23.69
J0280	1.05	1.00	J0970	1.62	1.54	J1642	0.06	0.06
J0282	20.08	19.08	J1000	0.81	0.77	J1644	0.35	0.33
J0285	11.06	10.51	J1020	2.55	2.42	J1645	15.44	14.67
J0286	88.66	84.23	J1030	5.09	4.84	J1650	5.53	5.25
J0287	21.85	20.76	J1040	10.17	9.66	J1652	8.27	7.86
J0288	15.20	14.44	J1050	9.96	9.46	J1655	3.83	3.64
J0289	35.80	34.01	J1051	NC	NC	J1670	114.00	108.30
J0290	1.65	1.57	J1055	NC	NC	J1700	0.34	0.32
J0295	7.42	7.05	J1056	25.64	24.36	J1710	5.57	5.29
J0300	2.39	2.27	J1060	4.43	4.21	J1720	1.73	1.64
J0330	NC	NC	J1070	5.15	4.89	J1730	122.95	116.80
J0350	2693.80	2559.11	J1080	8.94	8.49	J1742	261.82	248.73
J0360	17.81	16.92	J1094	0.29	0.28	J1745	65.70	62.41
J0380	1.27	1.21	J1095	2.31	2.19	J1750	17.91	17.01
J0390	19.68	18.70	J1100	0.10	0.10	J1755	13.07	12.42
J0395	182.40	173.28	J1110	30.29	28.78	J1756	0.66	0.63
J0456	24.68	23.45	J1120	29.64	28.16	J1785	3.75	3.56
J0460	0.83	0.79	J1160	1.79	1.70	J1790	1.58	1.50
J0470	23.67	22.49	J1165	0.86	0.82	J1800	11.63	11.05
J0475	215.41	204.64	J1170	1.55	1.47	J1810	9.44	8.97
J0476	79.80	75.81	J1180	9.02	8.57	J1815	0.10	0.10
J0500	15.90	15.11	J1190	226.08	214.78	J1817	IC	IC
J0515	3.90	3.70	J1200	1.61	1.53	J1820	1.81	1.72
J0520	5.34	5.07	J1205	10.49	9.97	J1825	233.99	222.30
J0530	10.64	10.11	J1212	41.75	39.66	J1830	NC	NC
J0540	20.89	19.85	J1230	0.75	0.71	J1835	35.12	33.36
J0550	44.75	42.51	J1240	0.39	0.37	J1840	3.30	3.13
J0560	5.65	5.37	J1245	21.89	20.80	J1850	0.49	0.47
J0570	5.65	5.37	J1250	3.86	3.67	J1885	IC	IC
J0580	11.31	10.74	J1260	14.24	13.53	J1890	10.26	9.75
J0585	4.66	4.43	J1270	4.58	4.35	J1910	NC	NC
J0587	8.79	8.35	J1320	2.40	2.28	J1940	1.01	0.96
J0592	0.97	0.92	J1325	18.06	17.16	J1950	508.48	483.06
J0600	40.09	38.09	J1327	12.83	12.19	J1955	34.20	32.49
J0610	1.12	1.06	J1330	0.42	0.40	J1956	19.66	18.68
J0620	5.99	5.69	J1364	3.51	3.33	J1960	3.76	3.57
J0630	38.41	36.49	J1380	0.48	0.46	J1980	8.23	7.82
J0635	13.82	13.13	J1390	0.95	0.90	J1990	24.99	23.74
J0636	1.38	1.31	J1410	56.75	53.91	J2000	NC	NC
J0637	31.47	29.90	J1435	0.19	0.18	J2010	3.32	3.15
J0640	17.52	16.64	J1436	70.30	66.78	J2020	38.33	36.41
J0670	1.99	1.89	J1438	NC	NC	J2060	3.14	2.98
J0690	1.74	1.65	J1440	185.90	176.60	J2150	5.23	4.97
J0692	8.13	7.72	J1441	314.07	298.37	J2175	0.56	0.53
J0694	10.69	10.16	J1450	92.68	88.05	J2180	4.61	4.38
J0696	14.92	14.17	J1452	950.00	902.50	J2210	3.88	3.69
J0697	6.42	6.10	J1455	12.08	11.48	J2250	1.41	1.34
J0698	10.45	9.93	J1460	11.40	10.83	J2260	51.58	49.00
J0702	3.89	3.70	J1470	22.80	21.66	J2270	0.72	0.68
J0704	2.26	2.15	J1480	34.20	32.49	J2271	13.85	13.16
J0706	3.24	3.08	J1490	45.60	43.32	J2275	2.38	2.26
J0710	2.67	2.54	J1500	57.00	54.15	J2300	1.44	1.37
J0713	6.75	6.41	J1510	68.40	64.98	J2310	2.26	2.15
J0715	4.96	4.71	J1520	79.80	75.81	J2320	5.21	4.95
J0720	6.81	6.47	J1530	91.20	86.64	J2321	10.40	9.88
J0725	1.62	1.54	J1540	102.60	97.47	J2322	12.64	12.01
J0735	55.16	52.40	J1550	114.00	108.30	J2324	144.40	137.18
J0740	803.70	763.51	J1560	IC	IC	J2352	88.69	84.26
J0743	15.87	15.08	J1561	42.75	40.61	J2355	256.63	243.80
J0744	14.83	14.09	J1563	55.20	52.44	J2360	5.42	5.15

CODE	PAR	NONPAR	CODE	PAR	NONPAR	CODE	PAR	NONPAR
J2370	2.13	2.02	J3303	1.01	0.96	J7517	2.68	2.55
J2400	NC	NC	J3305	142.50	135.38	J7520	7.13	6.77
J2405	6.09	5.79	J3310	7.14	6.78	J7525	118.80	112.86
J2410	2.80	2.66	J3315	415.24	394.48	J7599	IC	IC
J2430	275.50	261.72	J3320	26.80	25.46	J7608	IC	IC
J2440	5.93	5.63	J3350	84.23	80.02	J7618	IC	IC
J2460	0.98	0.93	J3360	3.77	3.58	J7619	IC	IC
J2500	25.09	23.84	J3364	56.61	53.78	J7622	IC	IC
J2501	5.02	4.77	J3365	511.50	485.92	J7624	IC	IC
J2510	9.05	8.60	J3370	7.41	7.04	J7626	IC	IC
J2515	0.55	0.52	J3395	1458.25	1385.34	J7628	IC	IC
J2540	3.76	3.57	J3400	11.86	11.27	J7629	IC	IC
J2543	4.87	4.63	J3410	0.83	0.79	J7631	IC	IC
J2545	93.81	89.12	J3420	1.26	1.20	J7633	IC	IC
J2550	2.24	2.13	J3430	2.45	2.33	J7635	IC	IC
J2560	1.62	1.54	J3470	20.58	19.55	J7636	IC	IC
J2590	NC	NC	J3475	0.13	0.12	J7637	IC	IC
J2597	4.12	3.91	J3480	0.08	0.08	J7638	IC	IC
J2650	0.31	0.29	J3485	1.02	0.96	J7639	IC	IC
J2670	NC	NC	J3487	217.43	206.56	J7641	IC	IC
J2675	3.68	3.50	J3490	IC	IC	J7642	IC	IC
J2680	13.89	13.20	J3520	NC	NC	J7643	IC	IC
J2690	11.03	10.48	J3530	NC	NC	J7644	IC	IC
J2700	0.80	0.76	J3535	NC	NC	J7648	IC	IC
J2710	2.32	2.20	J3570	NC	NC	J7649	IC	IC
J2720	0.76	0.72	J7030	10.77	10.23	J7658	IC	IC
J2725	24.40	23.18	J7040	5.39	5.12	J7659	IC	IC
J2730	102.96	97.81	J7042	9.44	8.97	J7668	IC	IC
J2760	32.59	30.96	J7050	2.70	2.56	J7669	IC	IC
J2765	1.90	1.80	J7051	0.76	0.72	J7680	IC	IC
J2770	105.12	99.86	J7060	7.51	7.13	J7681	IC	IC
J2780	1.43	1.36	J7070	11.45	10.88	J7682	IC	IC
J2788	35.91	34.11	J7100	25.11	23.85	J7683	IC	IC
J2790	105.45	100.18	J7110	14.21	13.50	J7684	IC	IC
J2792	20.55	19.52	J7120	12.45	11.83	J7699	IC	IC
J2795	NC	NC	J7130	NC	NC	J7799	IC	IC
J2800	3.80	3.61	J7190	0.87	0.87	J8499	NC	NC
J2810	NC	NC	J7191	2.04	2.04	J8510	1.99	1.89
J2820	29.06	27.61	J7192	1.26	1.26	J8520	2.95	2.80
J2910	15.93	15.13	J7193	1.12	1.12	J8521	9.82	9.33
J2912	0.49	0.47	J7194	0.37	0.37	J8530	1.93	1.83
J2915	40.85	38.81	J7195	1.12	1.12	J8560	45.26	43.00
J2916	8.17	7.76	J7197	1.05	1.05	J8600	2.38	2.26
J2920	1.58	1.50	J7198	1.43	1.43	J8610	3.41	3.24
J2930	1.92	1.82	J7199	IC	IC	J8700	5.70	5.42
J2940	45.56	43.28	J7300	NC	NC	J8999	IC	IC
J2941	NC	NC	J7302	NC	NC	J9000	50.96	48.41
J2950	0.46	0.44	J7308	NC	NC	J9001	378.34	359.42
J2993	1306.25	1240.94	J7310	4750.00	4512.50	J9010	511.22	485.66
J2995	126.67	120.34	J7316	35.57	33.79	J9015	699.20	664.24
J2997	35.63	33.85	J7317	142.27	135.16	J9017	31.35	29.78
J3000	6.35	6.03	J7320	223.25	212.09	J9020	62.61	59.48
J3010	1.97	1.87	J7330	15162.00	14403.90	J9031	174.63	165.90
J3030	26.56	25.23	J7340	29.30	27.84	J9040	289.37	274.90
J3070	5.23	4.97	J7342	14.92	14.17	J9045	135.97	129.17
J3100	2612.50	2481.88	J7350	IC	IC	J9050	127.26	120.90
J3105	29.39	27.92	J7500	1.25	1.25	J9060	42.74	40.60
J3120	0.57	0.54	J7501	59.84	59.84	J9062	213.73	203.04
J3130	16.25	15.44	J7502	5.22	4.96	J9065	53.39	50.72
J3140	0.40	0.38	J7504	290.31	290.31	J9070	5.98	5.68
J3150	0.94	0.89	J7505	777.31	777.31	J9080	11.34	10.77
J3230	3.97	3.77	J7506	0.12	0.12	J9090	23.81	22.62
J3240	566.68	538.35	J7507	3.15	2.99	J9091	47.64	45.26
J3245	462.16	439.05	J7508	15.75	14.96	J9092	95.27	90.51
J3250	1.55	1.47	J7509	0.50	0.50	J9093	5.98	5.68
J3260	6.38	6.06	J7510	0.04	0.04	J9094	11.64	11.06
J3265	1.42	1.35	J7511	325.09	308.84	J9095	24.42	23.20
J3280	4.34	4.12	J7513	425.11	403.85	J9096	48.86	46.42
J3301	1.52	1.44	J7515	1.38	1.31	J9097	97.75	92.86
J3302	0.20	0.19	J7516	26.40	25.08	J9100	5.94	5.64

CODE	PAR	NONPAR	CODE	PAR	NONPAR	CODE	PAR	NONPAR
J9110	23.75	22.56	J9291	869.34	825.87	Q2021	131.96	125.36
J9120	13.87	13.18	J9293	266.18	252.87	Q2022	0.95	0.90
J9130	12.68	12.05	J9300	2101.88	1996.79	Q3000	IC	IC
J9140	22.56	21.43	J9310	475.00	451.25	Q3001	IC	IC
J9150	80.04	76.04	J9320	136.71	129.87	Q3002	28.21	26.80
J9151	64.60	61.37	J9340	116.97	111.12	Q3003	391.23	371.67
J9160	1210.30	1149.78	J9350	729.76	693.27	Q3004	29.94	28.44
J9165	14.41	13.69	J9355	54.95	52.20	Q3005	IC	IC
J9170	328.36	311.94	J9357	526.68	500.35	Q3006	IC	IC
J9180	719.78	683.79	J9360	4.10	3.89	Q3007	105.27	100.01
J9181	10.45	9.93	J9370	33.98	32.28	Q3008	IC	IC
J9182	104.50	99.27	J9375	52.16	49.55	Q3009	IC	IC
J9185	326.69	310.36	J9380	160.36	152.34	Q3010	IC	IC
J9190	2.82	2.68	J9390	99.28	94.32	Q3011	162.53	154.40
J9200	129.57	123.09	J9600	2603.67	2473.49	Q3012	IC	IC
J9201	121.01	114.96	J9999	IC	IC	Q3025	78.00	74.10
J9202	446.49	424.17	Q0136	12.69	12.06	Q3026	NC	NC
J9206	151.81	144.22	Q0144	NC	NC	Q3030	142.27	135.16
J9208	150.38	142.86	Q0183	14.92	14.92	Q9920	12.69	12.06
J9209	36.48	34.66	Q0184	14.92	14.92	Q9921	12.69	12.06
J9211	466.59	443.26	Q0187	1596.00	1596.00	Q9922	12.69	12.06
J9212	4.09	3.89	Q2001	NC	NC	Q9923	12.69	12.06
J9213	34.88	33.14	Q2002	14.25	13.54	Q9924	12.69	12.06
J9214	13.50	12.82	Q2003	2.27	2.16	Q9925	12.69	12.06
J9215	7.86	7.47	Q2004	IC	IC	Q9926	12.69	12.06
J9216	NC	NC	Q2005	404.83	384.59	Q9927	12.69	12.06
J9217	611.56	580.98	Q2006	380.00	361.00	Q9928	12.69	12.06
J9218	NC	NC	Q2007	64.10	60.90	Q9929	12.69	12.06
J9219	5399.80	5129.81	Q2008	10.93	10.38	Q9930	12.69	12.06
J9230	12.01	11.41	Q2009	9.84	9.35	Q9931	12.69	12.06
J9245	416.77	395.93	Q2010	33.67	31.99	Q9932	12.69	12.06
J9250	0.46	0.44	Q2011	1.03	0.98	Q9933	12.69	12.06
J9260	5.51	5.23	Q2012	139.33	132.36	Q9934	12.69	12.06
J9265	162.17	154.06	Q2013	15.11	14.35	Q9935	12.69	12.06
J9266	1427.38	1356.01	Q2014	15.78	14.99	Q9936	12.69	12.06
J9268	1926.60	1830.27	Q2017	240.63	228.60	Q9937	12.69	12.06
J9270	93.80	89.11	Q2018	55.15	52.39	Q9938	12.69	12.06
J9280	96.96	92.11	Q2019	1538.42	1461.50	Q9939	12.69	12.06
J9290	413.72	393.03	Q2020	IC	IC	Q9940	12.69	12.06

IC = individual consideration

NC = noncovered

Source: CMS Transmittal AB-02-174, CR 2381

2003 FEES FOR CONNECTICUT CLINICAL PSYCHOLOGISTS AND CLINICAL SOCIAL WORKERS

2003 Fee Schedule for Clinical Psychologists' and Clinical Social Workers' Services

The following are the 2003 Medicare physician fee schedule allowances for Clinical Psychologists and Clinical Social Workers in Connecticut.

CODE	CP ALLOW	CSW ALLOW	FAC
90801	151.29	113.47	
	142.09	106.57	*
90802	160.85	120.64	
	152.06	114.05	*
90804	65.35	49.01	
	60.55	45.41	*
90805	71.56	53.67	
	68.36	51.27	*
90806	97.69	73.27	
	93.69	70.27	*
90808	145.66	109.25	
	140.87	105.65	*
90810	70.14	52.61	
	66.14	49.61	*
90812	106.01	79.51	
	99.62	74.72	*
90814	152.86	114.65	
	148.06	111.05	*
90816	65.60	49.20	
90818	98.38	73.78	
90821	145.98	109.49	
90823	69.99	52.49	
90826	104.33	78.25	
90828	152.71	114.53	
90829	155.32	116.49	
90846	94.60	70.95	
	94.20	70.65	*
90847	115.53	86.65	
	113.13	84.85	*
90849	32.96	24.72	
	31.76	23.82	*
90853	32.16	24.12	
	31.36	23.52	*
90857	35.95	26.96	
	33.95	25.46	*
90880	123.60	92.70	
	109.61	82.21	*
90901	49.95	37.46	
	23.16	17.37	*
90911	68.85	51.64	
	48.06	36.05	*
96100	74.99	NC	
96105	74.99	NC	
96111	74.99	NC	
96115	74.99	NC	
96117	74.99	NC	
97532	24.31	NC	
97533	25.91	NC	

* these amounts apply when performed in a facility setting

NC = Noncovered for this type of provider

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2003 CLINICAL LABORATORY FEES FOR CONNECTICUT

2003 Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment Method

In accordance with section 1833(h)(2)(A)(i) of the Social Security Act (the Act), the annual update to the local clinical laboratory fees for 2003 is 1.1 percent. Section 1833(a)(1)(D) of the Act provides that payment for a clinical laboratory test is the lesser of the actual charge billed for the test, the local fee, or the national limitation amount (NLA). For a cervical or vaginal smear test (pap smear), section 1833(h)(7) of the Act requires payment to be the lesser of the local fee or the NLA, but not less than a national minimum payment amount (described below). However, for a cervical or vaginal smear test (pap smear), payment may also not exceed the actual charge. The Part B deductible and coinsurance do not apply for services paid under the clinical laboratory fee schedule.

National Minimum Payment Amounts

For a cervical or vaginal smear test (Pap smear), section 1833(h)(7) of the Act requires payment to be the lesser of the local fee or the NLA, but not less than a national minimum payment amount. Also, payment may not exceed the actual charge. The 2003 national minimum payment amount is \$14.76 (\$14.60 plus 1.1 percent update for 2003). The affected codes for the national minimum payment amount are 88142, 88143, 88144, 88145, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0143, G0144, G0145, G0147, G0148, and P3000.

National Limitation Amounts (Maximum)

For tests for which NLAs were established before January 1, 2001, the NLA is 74 percent of the median of the local fees. For tests for which NLAs are first established on or after January 1, 2001, the NLA is 100 percent of the median of the local fees in accordance with section 1833(h)(4)(B)(viii) of the Act.

Public Comments

On August 5, 2002, CMS hosted a public meeting to solicit input on the payment relationship between valid 2002 codes and new 2003 CPT codes. The meeting announcement was published in the *Federal Register* on Friday November 23, 2001, pages 58743-58745. Recommendations were received from many attendees, including individuals representing laboratories, manufacturers, and medical societies. CMS posted a summary of the meeting and the tentative payment determinations on its web site at <http://www.cms.hhs.gov/paymentsystems>. Additional written comments from the public were accepted until September 30, 2002.

Comments after the release of the 2003 laboratory fee schedule can be submitted to the following address so that CMS may consider them for the development of

the 2004 laboratory fee schedule. A comment should be in written format and include clinical, coding, and costing information. To make it possible for CMS and its contractors to meet a January 1, 2004 implementation date, comments must be submitted by August 1, 2003.

Centers for Medicare & Medicaid Services (CMS)
Center for Medicare Management
Division of Ambulatory Services
Mailstop: C4-07-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Pricing Information

The 2003 laboratory fee schedule includes separately payable fees for certain specimen collection methods (codes G0001, P9612, and P9615). The fees have been established in accordance with section 1833(h)(4)(B) of the Act.

Instructions on separately payable fees for traveling to perform a specimen collection for either a nursing home or homebound patient were issued in June 1999. There are two codes: P9603 for a per mileage trip basis or code P9604 for a flat rate trip basis where the average round trip is generally less than 20 miles (or an average of 10 miles per leg of the trip). To bill either code requires documentation of the number of specimens performed per trip (for both Medicare and non-Medicare patients) to compute the Medicare prorated fee. Code P9604 requires the laboratory to determine the appropriateness of billing on an average round trip basis for all trips during a one-year time period. Thus, payment for travel under code P9604 is made to reasonably pay on average for a varying range of trip miles so that the laboratory should not also require payment with another basis. The payment for codes P9603 and P9604 reflects personnel and transportation costs. For dates of service January 1, 2003 through December 31, 2003, the personnel payment is \$.45 per mile updated in accordance with section 1833(h)(4)(B) of the Act. For dates of service January 1, 2003 through December 31, 2003, the standard mileage rate for transportation costs is \$0.36 (decreased from year 2002). More explanation of the development of the 2003 standard mileage rate will be available by late December at the Web site www.gsa.gov, search for privately owned vehicle reimbursement rates.

The 2003 laboratory fee schedule also includes codes that have a 'QW' modifier to both identify codes and determine payment for tests performed by a laboratory registered with only a certificate of waiver under the Clinical Laboratory Improvement Amendments of 1988 (CLIA).

For 2003, the CPT Editorial Panel revised specimen collection code 36415 to represent *Collection of venous blood by venipuncture* and added code 36416 *Collection of capillary blood specimen (e.g., finger, heel, ear stick)*. However, CMS must undertake further efforts before implementing codes 36415 and 36416. For 2003, the clinical laboratory fee schedule will continue to include code G0001 *Routine venipuncture for collection of specimen(s)* and laboratories should continue to bill code G0001 for Medicare payment of venous blood collection by venipuncture.

For 2003, the CPT Editorial Panel developed 12 new codes 38204 through 38215 for bone marrow or stem cell services and procedures. These codes describe numerous steps in the harvesting and transplantation of cells. However, due to concerns about beneficiary liability and implications for the Medicare physician fee schedule, new codes 38207 through 38215 will be invalid for Medicare purposes. Instead, the 2003 laboratory fee schedule will retain codes 88240 and 88241 related to the harvesting and transplantation of cells for diagnostic purposes and will include two new codes G0265 and G0266 for therapeutic purposes. Code 86915 is deleted and replaced by code G0267 for Medicare billing. G0267 is subject to laboratory reasonable charge payment methodology.

- G0265 Cryopreservation, freezing and storage of cells for therapeutic use, each cell line
- G0266 Thawing and expansion of frozen cells for therapeutic use, each cell line
- G0267 Bone marrow or peripheral stem cell harvest, modification or treatment to eliminate cell type(s) (e.g., T-cells, metastatic, carcinoma)

For 2003, the CPT Editorial Panel made changes in the reporting of automated complete blood count (CBC) parameters. Laboratories should review the coding changes to ensure claims accurately reflect automated CBC testing that was ordered and performed. CMS will monitor claims to detect potential misuse of these codes and may reevaluate these services in the future.

Based on comments regarding codes 87800 and 87801, the mappings were revised. Code 87800 has been mapped to two times code 87797 and code 87801 has been mapped to two times code 87798.

Organ or Disease Oriented Panels

Similar to prior years, the 2003 pricing amounts for certain organ or disease panel codes and evocative/suppression test codes were derived by summing the lower of the fee schedule amount or the NLA for each individual test code included in the panel code. The national limitation amount field on the data file is zero-filled.

Cervical or Vaginal Smear Tests (Pap smears)

For 2003, the CPT Editorial Panel created new codes 88174 and 88175 (and deleted codes 88144 and 88145) for cervical or vaginal smear tests performed for diagnostic purposes by automated testing systems with thin layer preparation. For the same tests performed for preventive or 'screening purposes', alpha-numeric HCPCS codes G0144 and G0145 are billed. For 2003, CMS revised the descriptor of codes G0144 and G0145 to match new codes 88174 and 88175.

Codes That Require Gap-Fill Amounts

Codes for which carriers are required to determine gap-fill amounts will be published in a future issue of the *Medicare B Update!*

Laboratory Costs Subject to Reasonable Charge Payment in 2003

The following codes relate to services subject to laboratory reasonable charge payment method. When these services are performed for a hospital outpatient, payment is made under the hospital outpatient bundled prospective payment system. Sections MIM 3628C and MCM 5114.1B provide reasonable charge payment instructions for other outpatient settings. When the reasonable charge payment method applies (for example, a service rendered for a nonpatient of a hospital), the inflation-indexed update is 1.1 percent for year 2003. The inflation-indexed update is calculated in accordance with section 1842(b)(3) of the Act and Section 42 CFR 405.509(b)(1).

Blood Products

P9010 P9011 P9012 P9016 P9017 P9019 P9020
P9021 P9022 P9023 P9031 P9032 P9033 P9034
P9035 P9036 P9037 P9038 P9039 P9040 P9041
P9043 P9044 P9045 P9046 P9047 P9048 P9050

Transfusion Medicine and Other Procedures

86850 86860 86870 86880 86885 86886 86890 86891
86900 86901 86903 86904 86905 86906 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 G0267

Source: CMS Transmittal AB-02-163, CR 2420

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PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE
86632	17.74	86781	18.50	87172	5.96	87420	16.76	87582	58.33	88272	30.33
86635	16.03	86784	17.55	87176	8.22	87425	16.76	87590	28.02	88273	30.33
86638	16.94	86787	18.00	87177	12.43	87427	16.76	87591	49.04	88274	30.33
86641	20.14	86790	18.00	87181	1.27	87430	16.76	87592	59.85	88275	30.33
86644	20.11	86793	18.43	87184	9.63	87449	16.76	87620	28.02	88280	35.07
86645	23.54	86800	20.28	87185	1.27	87449QW	16.76	87621	49.04	88283	95.84
86648	21.25	86803	19.94	87186	12.08	87450	13.39	87622	58.33	88285	26.54
86651	18.43	86804	21.64	87187	14.48	87451	13.39	87650	28.02	88289	48.11
86652	18.43	86805	73.05	87188	9.27	87470	28.02	87651	49.04	88371	31.05
86653	18.43	86806	66.49	87190	7.90	87471	49.04	87652	58.33	88372	31.79
86654	18.43	86807	55.29	87197	20.99	87472	59.85	87797	28.02	88400	3.51
86658	18.20	86808	41.47	87198	16.76	87475	28.02	87798	49.04	89050	6.61
86663	18.33	86812	36.06	87199	16.76	87476	49.04	87799	59.85	89051	7.70
86664	21.38	86813	81.02	87205	5.96	87477	59.85	87800	56.03	89055	5.96
86665	25.35	86816	38.92	87206	7.50	87480	28.02	87801	98.07	89060	9.99
86666	14.22	86817	89.95	87207	5.73	87481	49.04	87802	16.76	89125	6.03
86668	14.53	86821	78.88	87210	5.96	87482	58.33	87803	16.76	89160	5.15
86671	17.13	86822	51.07	87210QW	5.96	87485	28.02	87804	16.76	89190	6.64
86674	20.56	86880	7.50	87220	5.96	87486	49.04	87810	16.76	89300	12.45
86677	20.28	86885	7.99	87230	27.59	87487	59.85	87850	16.76	89300QW	12.45
86682	18.17	86886	7.23	87250	27.32	87490	28.02	87880	16.76	89310	12.03
86684	22.14	86900	4.17	87252	36.42	87491	49.04	87880QW	16.76	89320	16.84
86687	11.72	86903	13.19	87253	28.22	87492	22.93	87899	16.76	89321	16.84
86688	19.57	86904	13.28	87254	6.83	87495	28.02	87899QW	16.76	89325	14.91
86689	27.05	86905	5.34	87255	47.31	87496	49.04	87901	359.69	89329	29.30
86692	23.98	86906	10.83	87260	16.76	87497	59.85	87902	359.69	89330	13.83
86694	20.11	86940	11.46	87265	16.76	87510	28.02	87903	682.72	89355	4.67
86695	18.43	86941	16.92	87267	16.76	87511	49.04	87904	36.42	89365	6.74
86696	27.05	87001	18.47	87270	16.76	87512	58.33	88130	21.02		
86698	17.46	87003	23.52	87271	16.76	87515	28.02	88140	11.17		
86701	12.41	87015	9.33	87272	16.76	87516	49.04	88142	28.31		
86702	18.88	87040	13.00	87273	16.76	87517	59.85	88143	28.31		
86703	19.17	87045	13.18	87274	16.76	87520	28.02	88144	28.31		
86704	16.84	87046	3.30	87275	16.76	87521	49.04	88145	28.31		
86705	16.44	87070	10.53	87276	16.76	87522	59.85	88147	15.90		
86706	15.01	87071	6.59	87277	16.76	87525	28.02	88148	21.23		
86707	16.16	87073	6.59	87278	16.76	87526	49.04	88150	14.76		
86708	17.31	87075	13.22	87279	16.76	87527	58.33	88152	14.76		
86709	15.73	87076	11.29	87280	16.76	87528	28.02	88153	14.76		
86710	18.94	87077	11.29	87281	16.76	87529	49.04	88154	14.76		
86713	21.39	87077QW	11.29	87283	16.76	87530	59.85	88155	7.78		
86717	17.12	87081	9.26	87285	16.76	87531	28.02	88164	14.76		
86720	18.43	87084	12.03	87290	16.76	87532	49.04	88165	14.76		
86723	18.43	87086	11.28	87299	16.76	87533	58.33	88166	14.76		
86727	17.98	87088	11.31	87300	8.38	87534	28.02	88167	14.76		
86729	16.69	87101	10.77	87301	16.76	87535	49.04	88174	29.85		
86732	18.43	87102	11.74	87320	16.76	87536	118.89	88175	37.01		
86735	18.23	87103	12.60	87324	16.76	87537	28.02	88230	162.77		
86738	18.51	87106	14.42	87327	16.76	87538	49.04	88233	196.63		
86741	18.43	87107	14.42	87328	16.76	87539	59.85	88235	205.74		
86744	18.43	87109	21.50	87332	16.76	87540	28.02	88237	176.47		
86747	21.00	87110	27.37	87335	16.76	87541	49.04	88239	206.12		
86750	18.43	87116	15.10	87336	16.76	87542	58.33	88240	14.11		
86753	17.32	87118	15.29	87337	16.76	87550	28.02	88241	14.11		
86756	18.01	87140	7.79	87338	20.10	87551	49.04	88245	207.98		
86757	27.05	87143	17.51	87339	16.76	87552	59.85	88248	241.96		
86759	18.43	87147	7.23	87340	14.43	87555	28.02	88249	241.96		
86762	20.11	87149	28.02	87341	14.43	87556	49.04	88261	246.93		
86765	18.00	87152	7.31	87350	16.10	87557	59.85	88262	174.14		
86768	18.43	87158	7.31	87380	22.94	87560	28.02	88263	209.97		
86771	18.43	87164	15.01	87385	16.76	87561	49.04	88264	174.14		
86774	20.68	87166	15.78	87390	24.65	87562	59.85	88267	251.17		
86777	20.11	87168	5.96	87391	24.65	87580	28.02	88269	232.38		
86778	20.12	87169	5.96	87400	16.76	87581	49.04	88271	29.93		

DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES (DMEPOS)

Fee Schedule Update for 2003 for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Most claims for DMEPOS are processed by the durable medical equipment regional carriers (DMERCs). However, local carriers process claims for some procedure codes, and still others are considered “joint jurisdiction.” Either the local carrier or DMERC, depending on specific criteria, processes claims for joint jurisdiction codes. The articles that follow provide 2003 fee information for local carrier and joint jurisdiction procedure codes. For information concerning DMERC jurisdiction codes, please contact your durable medical equipment regional carrier. The DMERC that serves Connecticut is HealthNow (www.umd.nycpic.com).

The 2003 DMEPOS update factor is 1.1 percent for all items except oxygen and oxygen equipment. The 2003 covered item update for oxygen is 0 percent. It is possible that the DMEPOS update factors could be changed through the legislative process.

The 2003 local and joint jurisdiction DMEPOS codes and fees for Connecticut and Florida are provided on the following two pages.

New HCPCS Modifiers

The following new modifiers are being added to the HCPCS to identify supplies and equipment that may be covered under more than one DMEPOS benefit category:

- AU Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
- AV Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
- AW Item furnished in conjunction with a surgical dressing
- BA Item furnished in conjunction with parenteral and enteral nutrition (PEN) services

At this time, modifier BA, which replaces modifier XA, would only be used for claims for IV poles (code E0776) furnished in conjunction with parenteral and enteral nutrition (PEN) services. In addition, codes A4450 and A4452 for tape are the only codes that have been identified at this point that would require use of modifiers AU, AV, and AW.

These modifiers are to be used on claims for items identified by codes A4450, A4452, and E0776 furnished on or after January 1, 2003; however, a three-month grace period ending on March 31, 2003 will be allowed.

Note: Claims for HCPCS codes A4450, A4452, and E0776 should be submitted to the DMERC for processing.

In the future, other codes may be identified as codes that should be submitted with these modifiers; the Centers for Medicare & Medicaid Services (CMS) will prepare contractor instructions to address implementation of these modifiers for these codes at that time.

Source: CMS Transmittal AB-02-152, CR 2378

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CONNECTICUT DMEPOS FEES

2003 Local and Joint Jurisdiction DMEPOS Codes and Fees for Connecticut

PROC/MOD	FEE	PROC/MOD	FEE
A4290	104.86	A6252	3.25 *
A4561	18.63	A6253	6.34 *
A4562	46.38	A6254	1.21 *
A6021	21.02 *	A6255	3.03 *
A6022	21.02 *	A6257	1.53 *
A6023	190.30 *	A6258	4.30 *
A6024	6.19 *	A6259	10.94 *
A6154	14.38 *	A6263	0.29 * ^
A6196	7.35 *	A6264	0.49 * ^
A6197	16.44 *	A6265	0.12 * ^
A6199	5.29 *	A6266	1.92 *
A6200	9.50 *	A6402	0.12 *
A6201	20.80 *	A6403	0.43 *
A6202	34.88 *	A6405	0.33 * ^
A6203	3.35 *	A6406	0.80 * ^
A6204	6.23 *	A7042	138.99
A6207	7.34 *	A7043	19.71
A6209	7.48 *	E0749RR	256.13
A6210	19.92 *	E0752	361.63
A6211	29.37 *	E0754	865.16
A6212	9.70 *	E0756	6569.18
A6214	10.29 *	E0757	4693.57
A6216	0.05 *	E0758	4131.42
A6217	0.00 *	E0759	546.09
A6219	0.95 *	E0781RR	264.87 **
A6220	2.58 *	E0782NU	3287.02
A6222	2.13 *	E0782RR	328.71
A6223	2.42 *	E0782UE	2465.26
A6224	3.61 *	E0783NU	7373.94
A6229	3.61 *	E0783RR	737.40
A6231	4.66 *	E0783UE	5530.46
A6232	6.88 *	E0785	361.74
A6233	19.19 *	E0786NU	7192.83
A6234	6.54 *	E0786RR	719.28
A6235	16.82 *	E0786UE	5394.62
A6236	27.25 *	L8600	505.14
A6237	7.91 *	L8603	351.17
A6238	22.79 *	L8606	172.59
A6240	12.24 *	L8610	469.40
A6241	2.57 *	L8612	575.41
A6242	6.07 *	L8613	250.55
A6243	12.31 *	L8614	15354.57
A6244	39.28 *	L8619	6591.62
A6245	7.27 *	L8630	360.25
A6246	9.92 *	L8641	374.30
A6247	23.78 *	L8642	227.70
A6248	16.24 *	L8658	326.35
A6251	1.99 *	L8670	446.41

* Local carrier has jurisdiction over claim if it is a supply or accessory for an implanted prosthetic device (e.g., pleural catheter or LVAS) or implanted DME (e.g., infusion pump) or repair of an implanted prosthetic device or implanted DME.

** Local carrier has jurisdiction over the claim if the infusion is performed in the physician's office or if the infusion is initiated and completed in the physician's office on the same day.

^ Deleted Code, fee provided for grace period processing only

Inclusion or exclusion of a fee schedule amount for an item or service does not imply any health insurance

2003 FEES FOR FLORIDA CLINICAL PSYCHOLOGISTS AND CLINICAL SOCIAL WORKERS

2003 Fee Schedule for Clinical Psychologists' and Clinical Social Workers' Services

The following are the 2003 Medicare physician fee schedule allowances for Clinical Psychologists and Clinical Social Workers in Florida.

CLINICAL PSYCHOLOGIST CODE	CLINICAL PSYCHOLOGIST			CLINICAL SOCIAL WORKER LOC 01/02	CLINICAL SOCIAL WORKER			
	LOC 01/02	LOC 03	LOC 04		LOC 03	LOC 04	FAC	
90801	136.00	142.27	146.86	102.00	106.70	110.15		
	128.48	134.17	138.49	96.36	100.63	103.87	*	
90802	144.83	151.56	156.57	108.62	113.67	117.43		
	137.63	143.82	148.56	103.22	107.87	111.42	*	
90804	58.81	61.60	63.67	44.11	46.20	47.75		
	54.89	57.37	59.30	41.17	43.03	44.48	*	
90806	88.04	92.04	95.01	66.03	69.03	71.26		
	84.77	88.51	91.37	63.58	66.38	68.53	*	
90808	131.52	137.65	142.29	98.64	103.24	106.72		
	127.60	133.42	137.92	95.70	100.07	103.44	*	
90810	63.18	66.09	68.26	47.38	49.57	51.20		
	59.90	62.57	64.62	44.93	46.93	48.47	*	
90812	95.46	100.00	103.38	71.59	75.00	77.53		
	90.23	94.36	97.56	67.67	70.77	73.17	*	
90814	137.85	144.25	149.06	103.39	108.19	111.80		
	133.92	140.03	144.70	100.44	105.02	108.53	*	
90816	59.18	61.92	63.98	44.38	46.44	47.98		
90818	88.73	92.72	95.69	66.55	69.54	71.77		
90819	93.25	97.47	100.73	69.94	73.10	75.55		
90821	131.78	137.67	142.09	98.84	103.25	106.57		
90823	63.22	66.06	68.21	47.41	49.55	51.16		
90826	94.09	98.26	101.36	70.57	73.70	76.02		
90828	137.89	144.22	149.01	103.42	108.17	111.76		
90829	140.67	146.92	151.72	105.50	110.19	113.79		
90845	81.76	85.40	88.18	61.32	64.05	66.14		
90846	85.40	89.24	92.13	64.05	66.93	69.10		
	85.07	88.89	91.77	63.80	66.67	68.83	*	
90847	104.21	108.97	112.54	78.16	81.73	84.41		
	102.25	106.86	110.35	76.69	80.14	82.76	*	
90849	29.50	30.84	31.78	22.13	23.13	23.84		
	28.52	29.78	30.69	21.39	22.34	23.02	*	
90853	28.84	30.13	31.05	21.63	22.60	23.29		
	28.19	29.43	30.32	21.14	22.07	22.74	*	
90857	32.27	33.92	35.15	24.20	25.44	26.36		
	30.63	32.16	33.33	22.97	24.12	25.00	*	
90880	110.74	116.03	119.84	83.06	87.02	89.88		
	99.28	103.70	107.10	74.46	77.78	80.33	*	
90901	42.85	45.71	47.44	32.14	34.28	35.58		
	20.92	22.12	23.06	15.69	16.59	17.30	*	
90911	60.56	64.25	66.77	45.42	48.19	50.08		
	43.55	45.94	47.85	32.66	34.45	35.89	*	
96100	63.83	71.37	76.80	NC	NC	NC		
96105	63.83	71.37	76.80	NC	NC	NC		
96111	63.83	71.37	76.80	NC	NC	NC		
96115	63.83	71.37	76.80	NC	NC	NC		
96117	63.83	71.37	76.80	NC	NC	NC		
97532	21.82	22.85	23.60	NC	NC	NC		
97533	23.13	24.26	25.06	NC	NC	NC		

* these amounts apply when performed in a facility setting

NC = Noncovered for this type of provider

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2003 CLINICAL LABORATORY FEES FOR FLORIDA

2003 Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment Method

In accordance with section 1833(h)(2)(A)(i) of the Social Security Act (the Act), the annual update to the local clinical laboratory fees for 2003 is 1.1 percent. Section 1833(a)(1)(D) of the Act provides that payment for a clinical laboratory test is the lesser of the actual charge billed for the test, the local fee, or the national limitation amount (NLA). For a cervical or vaginal smear test (pap smear), section 1833(h)(7) of the Act requires payment to be the lesser of the local fee or the NLA, but not less than a national minimum payment amount (described below). However, for a cervical or vaginal smear test (pap smear), payment may also not exceed the actual charge. The Part B deductible and coinsurance do not apply for services paid under the clinical laboratory fee schedule.

National Minimum Payment Amounts

For a cervical or vaginal smear test (Pap smear), section 1833(h)(7) of the Act requires payment to be the lesser of the local fee or the NLA, but not less than a national minimum payment amount. Also, payment may not exceed the actual charge. The 2003 national minimum payment amount is \$14.76 (\$14.60 plus 1.1 percent update for 2003). The affected codes for the national minimum payment amount are 88142, 88143, 88144, 88145, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0143, G0144, G0145, G0147, G0148, and P3000.

National Limitation Amounts (Maximum)

For tests for which NLAs were established before January 1, 2001, the NLA is 74 percent of the median of the local fees. For tests for which NLAs are first established on or after January 1, 2001, the NLA is 100 percent of the median of the local fees in accordance with section 1833(h)(4)(B)(viii) of the Act.

Public Comments

On August 5, 2002, CMS hosted a public meeting to solicit input on the payment relationship between valid 2002 codes and new 2003 CPT codes. The meeting announcement was published in the *Federal Register* on Friday November 23, 2001, pages 58743-58745. Recommendations were received from many attendees, including individuals representing laboratories, manufacturers, and medical societies. CMS posted a summary of the meeting and the tentative payment determinations on its web site at <http://www.cms.hhs.gov/paymentsystems>. Additional written comments from the public were accepted until September 30, 2002.

Comments after the release of the 2003 laboratory fee schedule can be submitted to the following address so that CMS may consider them for the development of the

2004 laboratory fee schedule. A comment should be in written format and include clinical, coding, and costing information. To make it possible for CMS and its contractors to meet a January 1, 2004 implementation date, comments must be submitted by August 1, 2003.

Centers for Medicare & Medicaid Services (CMS)
Center for Medicare Management
Division of Ambulatory Services
Mailstop: C4-07-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Pricing Information

The 2003 laboratory fee schedule includes separately payable fees for certain specimen collection methods (codes G0001, P9612, and P9615). The fees have been established in accordance with section 1833(h)(4)(B) of the Act.

Instructions on separately payable fees for traveling to perform a specimen collection for either a nursing home or homebound patient were issued in June 1999. There are two codes: P9603 for a per mileage trip basis or code P9604 for a flat rate trip basis where the average round trip is generally less than 20 miles (or an average of 10 miles per leg of the trip). To bill either code requires documentation of the number of specimens performed per trip (for both Medicare and non-Medicare patients) to compute the Medicare prorated fee. Code P9604 requires the laboratory to determine the appropriateness of billing on an average round trip basis for all trips during a one-year time period. Thus, payment for travel under code P9604 is made to reasonably pay on average for a varying range of trip miles so that the laboratory should not also require payment with another basis. The payment for codes P9603 and P9604 reflects personnel and transportation costs. For dates of service January 1, 2003 through December 31, 2003, the personnel payment is \$.45 per mile updated in accordance with section 1833(h)(4)(B) of the Act. For dates of service January 1, 2003 through December 31, 2003, the standard mileage rate for transportation costs is \$0.36 (decreased from year 2002). More explanation of the development of the 2003 standard mileage rate will be available by late December at the Web site www.gsa.gov, search for privately owned vehicle reimbursement rates.

The 2003 laboratory fee schedule also includes codes that have a 'QW' modifier to both identify codes and determine payment for tests performed by a laboratory registered with only a certificate of waiver under the Clinical Laboratory Improvement Amendments of 1988 (CLIA).

For 2003, the CPT Editorial Panel revised specimen collection code 36415 to represent *Collection of venous blood by venipuncture* and added code 36416 *Collection of capillary blood specimen (e.g., finger, heel, ear stick)*. However, CMS must undertake further efforts before implementing codes 36415 and 36416. For 2003, the clinical laboratory fee schedule will continue to include code G0001 *Routine venipuncture for collection of specimen(s)* and laboratories should continue to bill code G0001 for Medicare payment of venous blood collection by venipuncture.

For 2003, the CPT Editorial Panel developed 12 new codes 38204 through 38215 for bone marrow or stem cell services and procedures. These codes describe numerous steps in the harvesting and transplantation of cells. However, due to concerns about beneficiary liability and implications for the Medicare physician fee schedule, new codes 38207 through 38215 will be invalid for Medicare purposes. Instead, the 2003 laboratory fee schedule will retain codes 88240 and 88241 related to the harvesting and transplantation of cells for diagnostic purposes and will include two new codes G0265 and G0266 for therapeutic purposes. Code 86915 is deleted and replaced by code G0267 for Medicare billing. G0267 is subject to laboratory reasonable charge payment methodology.

- G0265 Cryopreservation, freezing and storage of cells for therapeutic use, each cell line
- G0266 Thawing and expansion of frozen cells for therapeutic use, each cell line
- G0267 Bone marrow or peripheral stem cell harvest, modification or treatment to eliminate cell type(s) (e.g., T-cells, metastatic, carcinoma)

For 2003, the CPT Editorial Panel made changes in the reporting of automated complete blood count (CBC) parameters. Laboratories should review the coding changes to ensure claims accurately reflect automated CBC testing that was ordered and performed. CMS will monitor claims to detect potential misuse of these codes and may reevaluate these services in the future.

Based on comments regarding codes 87800 and 87801, the mappings were revised. Code 87800 has been mapped to two times code 87797 and code 87801 has been mapped to two times code 87798.

Organ or Disease Oriented Panels

Similar to prior years, the 2003 pricing amounts for certain organ or disease panel codes and evocative/suppression test codes were derived by summing the lower of the fee schedule amount or the NLA for each individual test code included in the panel code. The national limitation amount field on the data file is zero-filled.

Cervical or Vaginal Smear Tests (Pap smears)

For 2003, the CPT Editorial Panel created new codes 88174 and 88175 (and deleted codes 88144 and 88145) for cervical or vaginal smear tests performed for diagnostic purposes by automated testing systems with thin layer preparation. For the same tests performed for preventive or 'screening purposes', alpha-numeric HCPCS codes G0144 and G0145 are billed. For 2003, CMS revised the descriptor of codes G0144 and G0145 to match new codes 88174 and 88175.

Codes That Require Gap-Fill Amounts

Codes for which carriers are required to determine gap-fill amounts will be published in a future issue of the *Medicare B Update!*

Laboratory Costs Subject to Reasonable Charge Payment in 2003

The following codes relate to services subject to laboratory reasonable charge payment method. When these services are performed for a hospital outpatient, payment is made under the hospital outpatient bundled prospective payment system. Sections MIM 3628C and MCM 5114.1B provide reasonable charge payment instructions for other outpatient settings. When the reasonable charge payment method applies (for example, a service rendered for a nonpatient of a hospital), the inflation-indexed update is 1.1 percent for year 2003. The inflation-indexed update is calculated in accordance with section 1842(b)(3) of the Act and Section 42 CFR 405.509(b)(1).

Blood Products

P9010 P9011 P9012 P9016 P9017 P9019 P9020
P9021 P9022 P9023 P9031 P9032 P9033 P9034
P9035 P9036 P9037 P9038 P9039 P9040 P9041
P9043 P9044 P9045 P9046 P9047 P9048 P9050

Transfusion Medicine and Other Procedures

86850 86860 86870 86880 86885 86886 86890 86891
86900 86901 86903 86904 86905 86906 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 G0267

Source: CMS Transmittal AB-02-163, CR 2420

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PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE
83615	8.44	83950	89.99	84305	27.55	85004	9.04	85400	12.36	86225	19.20
83625	17.88	83970	57.67	84307	21.61	85007	4.81	85410	10.77	86226	16.92
83632	28.24	83986	5.00	84311	9.77	85008	4.81	85415	13.25	86235	25.06
83633	7.69	83986QW	5.00	84315	3.50	85009	5.19	85420	9.13	86243	28.68
83634	11.17	83992	20.54	84375	12.22	85013	3.31	85421	14.23	86255	16.84
83655	16.91	84022	21.76	84376	7.69	85014	3.31	85441	5.88	86256	16.84
83661	27.56	84030	7.69	84377	7.69	85014QW	3.31	85445	9.52	86277	21.99
83662	26.43	84035	5.11	84378	11.17	85018	3.31	85460	10.81	86280	11.44
83663	13.22	84060	10.32	84379	11.17	85018QW	3.31	85461	9.26	86294	27.41
83664	6.61	84061	11.06	84392	6.64	85021	7.80	85475	12.40	86294QW	27.41
83670	12.80	84066	13.50	84402	35.57	85022	7.67	85520	13.25	86300	28.50
83690	9.62	84075	7.23	84403	36.08	85023	11.84	85525	13.25	86301	28.50
83715	15.73	84078	10.20	84425	12.22	85024	11.83	85530	13.25	86304	28.50
83716	17.30	84080	20.66	84430	16.26	85025	10.86	85536	9.04	86308	7.23
83718	11.44	84081	23.09	84432	22.44	85027	9.04	85540	12.02	86308QW	7.23
83718QW	11.44	84085	9.42	84436	9.61	85031	8.27	85547	12.02	86309	9.04
83719	16.26	84087	11.31	84437	7.94	85032	6.01	85549	26.21	86310	10.30
83721	13.33	84100	6.63	84439	12.60	85041	4.20	85555	9.34	86316	28.50
83727	24.02	84105	6.50	84442	20.66	85044	6.01	85557	18.66	86317	20.95
83735	9.36	84106	5.99	84443	23.47	85045	5.59	85576	30.01	86318	18.09
83775	10.30	84110	11.80	84445	24.31	85046	7.80	85585	4.02	86318QW	18.09
83785	34.36	84119	12.03	84446	19.81	85048	3.55	85590	6.01	86320	31.32
83788	24.35	84120	20.55	84449	21.05	85049	6.25	85595	6.25	86325	31.24
83789	24.35	84126	35.59	84450	7.22	85130	16.62	85597	25.12	86327	31.70
83805	24.63	84127	16.28	84460	7.40	85170	5.05	85610	5.49	86329	19.62
83825	22.72	84132	6.42	84460QW	7.40	85175	6.35	85610QW	5.49	86331	16.75
83835	23.67	84133	6.01	84466	17.84	85210	8.12	85611	5.51	86332	34.05
83840	22.81	84134	20.38	84478	8.04	85220	24.66	85612	13.37	86334	31.21
83857	15.01	84135	26.73	84478QW	8.04	85230	25.02	85613	13.37	86336	21.77
83858	18.72	84138	26.46	84479	9.04	85240	25.02	85635	13.76	86337	29.92
83864	27.82	84140	23.53	84480	19.81	85244	28.53	85651	4.96	86340	21.06
83866	13.76	84143	31.89	84481	21.97	85245	32.06	85652	3.77	86341	27.65
83872	8.19	84144	29.15	84482	21.97	85246	32.06	85660	7.71	86343	17.41
83873	24.04	84146	27.08	84484	13.75	85247	32.06	85670	8.07	86344	11.16
83874	18.04	84150	34.88	84485	10.01	85250	26.60	85675	6.50	86353	68.49
83880	47.43	84152	25.70	84488	10.01	85260	25.02	85705	11.17	86359	4.47
83883	19.00	84153	25.70	84490	10.01	85270	25.02	85730	8.38	86360	9.77
83885	7.94	84154	25.70	84510	12.22	85280	27.04	85732	9.04	86361	5.86
83887	33.09	84155	5.12	84512	7.58	85290	22.83	85810	16.32	86376	20.33
83890	3.56	84160	7.23	84520	5.51	85291	12.42	86000	9.75	86378	27.51
83891	3.56	84165	15.01	84525	4.02	85292	7.28	86001	7.30	86382	23.62
83892	3.56	84181	23.80	84540	6.64	85293	7.28	86003	7.30	86384	15.91
83893	3.56	84182	25.15	84545	9.23	85300	8.12	86005	11.14	86403	14.24
83894	3.56	84202	10.67	84550	6.31	85301	15.11	86021	21.03	86406	14.87
83896	3.56	84203	10.67	84560	6.64	85302	16.80	86022	25.66	86430	7.93
83897	3.56	84206	18.72	84577	17.43	85303	19.32	86023	17.40	86431	7.93
83898	23.42	84207	26.00	84578	4.54	85305	16.20	86038	16.89	86590	12.22
83901	23.42	84210	15.17	84580	9.92	85306	21.41	86039	15.60	86592	5.96
83902	15.17	84220	7.28	84583	7.02	85307	21.41	86060	10.20	86593	6.16
83903	23.42	84228	7.94	84585	21.66	85335	17.99	86063	8.07	86602	8.11
83904	23.42	84233	89.99	84586	26.81	85337	14.56	86140	7.23	86603	17.98
83905	23.42	84234	90.64	84588	47.43	85345	6.01	86141	18.09	86606	21.03
83906	23.42	84235	73.12	84590	16.20	85347	5.95	86146	23.12	86609	18.00
83912	3.56	84238	51.09	84591	16.20	85348	5.20	86147	23.12	86611	8.11
83915	15.58	84244	30.73	84597	9.77	85360	11.17	86148	22.44	86612	18.03
83916	27.42	84252	17.81	84600	22.45	85362	9.62	86155	22.33	86615	18.43
83918	21.19	84255	35.67	84620	16.55	85366	12.03	86156	9.36	86617	21.64
83919	21.19	84260	21.19	84630	15.91	85370	14.83	86157	11.27	86618	21.05
83921	21.19	84270	11.17	84681	26.81	85378	9.97	86160	16.78	86618QW	21.05
83925	27.19	84275	10.28	84702	21.03	85379	14.22	86161	16.78	86619	18.69
83930	9.24	84285	32.90	84703	10.49	85380	14.22	86162	28.39	86622	12.48
83935	9.52	84295	6.72	84703QW	10.49	85384	11.87	86171	14.00	86625	18.33
83937	28.73	84300	6.79	84830	14.02	85385	11.87	86185	12.50	86628	11.31
83945	17.99	84302	6.79	85002	6.29	85390	6.63	86215	18.51	86631	16.52

PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE	PROC	FEE
86632	17.74	86781	18.50	87172	5.96	87420	16.76	87582	58.33	88272	35.39
86635	16.03	86784	11.31	87176	8.22	87425	16.76	87590	17.79	88273	44.89
86638	16.94	86787	18.00	87177	12.43	87427	16.76	87591	41.65	88274	48.63
86641	15.86	86790	18.00	87181	1.17	87430	16.76	87592	59.85	88275	56.11
86644	20.11	86793	18.33	87184	9.63	87449	16.76	87620	17.79	88280	35.07
86645	23.54	86800	22.22	87185	1.17	87449QW	16.76	87621	41.65	88283	95.84
86648	21.25	86803	19.94	87186	12.08	87450	13.39	87622	58.33	88285	26.54
86651	18.43	86804	21.64	87187	14.48	87451	13.39	87650	17.79	88289	40.56
86652	18.43	86805	73.05	87188	8.12	87470	17.79	87651	41.65	88371	31.05
86653	18.43	86806	66.49	87190	7.90	87471	41.65	87652	58.33	88372	31.79
86654	18.43	86807	55.29	87197	20.99	87472	59.85	87797	17.79	88400	3.51
86658	18.20	86808	41.47	87198	16.76	87475	17.79	87798	41.65	89050	6.61
86663	18.33	86812	36.06	87199	16.76	87476	41.65	87799	59.85	89051	7.70
86664	21.38	86813	81.02	87205	5.96	87477	59.85	87800	35.58	89055	5.96
86665	25.35	86816	38.92	87206	7.50	87480	17.79	87801	83.30	89060	9.99
86666	8.11	86817	89.95	87207	8.37	87481	41.65	87802	16.76	89125	6.03
86668	14.53	86821	78.88	87210	5.96	87482	58.33	87803	16.76	89160	5.15
86671	17.13	86822	51.07	87210QW	5.96	87485	17.79	87804	16.76	89190	6.64
86674	19.64	86880	7.50	87220	5.96	87486	41.65	87810	16.76	89300	12.45
86677	20.28	86885	7.99	87230	27.59	87487	59.85	87850	16.76	89300QW	12.45
86682	18.17	86886	7.23	87250	27.32	87490	17.79	87880	16.76	89310	12.03
86684	22.14	86900	4.17	87252	36.42	87491	41.65	87880QW	16.76	89320	16.84
86687	11.72	86903	8.46	87253	28.22	87492	48.84	87899	16.76	89321	16.84
86688	19.57	86904	13.28	87254	6.83	87495	17.79	87899QW	16.76	89325	14.91
86689	27.05	86905	5.34	87255	47.31	87496	41.65	87901	359.69	89329	29.30
86692	23.98	86906	10.83	87260	16.76	87497	59.85	87902	359.69	89330	13.83
86694	20.11	86940	11.46	87265	16.76	87510	17.79	87903	682.72	89355	4.67
86695	18.43	86941	13.27	87267	16.76	87511	41.65	87904	36.42	89365	7.69
86696	27.05	87001	18.47	87270	16.76	87512	58.33	88130	21.02		
86698	17.46	87003	23.52	87271	16.76	87515	17.79	88140	11.17		
86701	12.41	87015	9.33	87272	16.76	87516	41.65	88142	28.21		
86702	18.88	87040	14.42	87273	16.76	87517	59.85	88143	28.21		
86703	19.17	87045	13.18	87274	16.76	87520	17.79	88144	28.21		
86704	16.84	87046	3.30	87275	16.76	87521	41.65	88145	28.21		
86705	16.44	87070	12.03	87276	16.76	87522	59.85	88147	14.76		
86706	15.01	87071	6.59	87277	16.76	87525	17.79	88148	14.76		
86707	16.16	87073	6.59	87278	16.76	87526	41.65	88150	14.76		
86708	17.31	87075	13.22	87279	16.76	87527	58.33	88152	14.76		
86709	15.73	87076	11.29	87280	16.76	87528	17.79	88153	14.76		
86710	18.94	87077	11.29	87281	16.76	87529	41.65	88154	14.76		
86713	21.39	87077QW	11.29	87283	16.76	87530	59.85	88155	8.37		
86717	17.12	87081	9.26	87285	16.76	87531	17.79	88164	14.76		
86720	18.43	87084	12.03	87290	16.76	87532	41.65	88165	14.76		
86723	18.43	87086	11.28	87299	16.76	87533	58.33	88166	14.76		
86727	17.98	87088	11.31	87300	8.38	87534	17.79	88167	14.76		
86729	16.69	87101	10.77	87301	16.76	87535	41.65	88174	29.39		
86732	18.43	87102	11.74	87320	16.76	87536	98.47	88175	34.70		
86735	18.23	87103	12.60	87324	16.76	87537	17.79	88230	162.77		
86738	18.51	87106	14.42	87327	16.76	87538	41.65	88233	196.63		
86741	18.43	87107	14.42	87328	16.76	87539	59.85	88235	205.74		
86744	18.43	87109	21.50	87332	16.76	87540	17.79	88237	176.47		
86747	21.00	87110	23.73	87335	16.76	87541	41.65	88239	206.12		
86750	13.00	87116	15.10	87336	16.76	87542	58.33	88240	14.11		
86753	17.32	87118	15.29	87337	16.76	87550	17.79	88241	14.11		
86756	18.01	87140	7.79	87338	17.19	87551	41.65	88245	190.23		
86757	27.05	87143	17.51	87339	16.76	87552	59.85	88248	241.96		
86759	18.43	87147	7.23	87340	14.43	87555	17.79	88249	241.96		
86762	20.11	87149	17.79	87341	14.43	87556	41.65	88261	246.93		
86765	18.00	87152	7.31	87350	16.10	87557	59.85	88262	174.14		
86768	16.26	87158	7.31	87380	22.94	87560	17.79	88263	190.23		
86771	18.33	87164	15.01	87385	16.76	87561	41.65	88264	174.14		
86774	20.68	87166	15.78	87390	15.61	87562	59.85	88267	251.17		
86777	20.11	87168	5.96	87391	15.61	87580	17.79	88269	190.23		
86778	20.12	87169	5.96	87400	16.76	87581	41.65	88271	20.22		

DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES (DMEPOS)

Fee Schedule Update for 2003 for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Most claims for DMEPOS are processed by the durable medical equipment regional carriers (DMERCs). However, local carriers process claims for some procedure codes, and still others are considered "joint jurisdiction." Either the local carrier or DMERC, depending on specific criteria, processes claims for joint jurisdiction codes. The articles that follow provide 2003 fee information for local carrier and joint jurisdiction procedure codes. For information concerning DMERC jurisdiction codes, please contact your durable medical equipment regional carrier. The DMERC that serves Florida is Palmetto Government Benefits Administrators (www.palmettogba.com).

The 2003 DMEPOS update factor is 1.1 percent for all items except oxygen and oxygen equipment. The 2003 covered item update for oxygen is 0 percent. It is possible that the DMEPOS update factors could be changed through the legislative process.

The 2003 local and joint jurisdiction DMEPOS codes and fees for Connecticut and Florida are provided on the following two pages.

New HCPCS Modifiers

The following new modifiers are being added to the HCPCS to identify supplies and equipment that may be covered under more than one DMEPOS benefit category:

- AU Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
- AV Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
- AW Item furnished in conjunction with a surgical dressing
- BA Item furnished in conjunction with parenteral and enteral nutrition (PEN) services

At this time, modifier BA, which replaces modifier XA, would only be used for claims for IV poles (code E0776) furnished in conjunction with parenteral and enteral nutrition (PEN) services. In addition, codes A4450 and A4452 for tape are the only codes that have been identified at this point that would require use of modifiers AU, AV, and AW.

These modifiers are to be used on claims for items identified by codes A4450, A4452, and E0776 furnished on or after January 1, 2003; however, a three-month grace period ending on March 31, 2003 will be allowed.

Note: Claims for HCPCS codes A4450, A4452, and E0776 should be submitted to the DMERC for processing.

In the future, other codes may be identified as codes that should be submitted with these modifiers; the Centers for Medicare & Medicaid Services (CMS) will prepare contractor instructions to address implementation of these modifiers for these codes at that time.

Source: CMS Transmittal AB-02-152, CR 2378

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FLORIDA DMEPOS FEES

2003 Local and Joint Jurisdiction DMEPOS Codes and Fees for Florida

PROC/MOD	FEE	PROC/MOD	FEE
A4290	139.81	A6252	3.25 *
A4561	19.22	A6253	6.34 *
A4562	47.78	A6254	1.21 *
A6021	21.02 *	A6255	3.03 *
A6022	21.02 *	A6257	1.53 *
A6023	190.30 *	A6258	4.30 *
A6024	6.19 *	A6259	10.94 *
A6154	13.93 *	A6263	0.29 * ^
A6196	7.35 *	A6264	0.49 * ^
A6197	16.44 *	A6265	0.12 * ^
A6199	5.29 *	A6266	1.92 *
A6200	9.50 *	A6402	0.12 *
A6201	20.80 *	A6403	0.43 *
A6202	34.88 *	A6405	0.33 * ^
A6203	3.35 *	A6406	0.80 * ^
A6204	6.23 *	A7042	138.99
A6207	7.34 *	A7043	19.71
A6209	7.48 *	E0749RR	217.71
A6210	19.92 *	E0752	372.52
A6211	29.37 *	E0754	916.00
A6212	9.70 *	E0756	6767.01
A6214	10.29 *	E0757	4834.90
A6216	0.05 *	E0758	4255.80
A6217	0.00 *	E0759	558.88
A6219	0.95 *	E0781RR	242.46 **
A6220	2.58 *	E0782NU	3867.08
A6222	2.13 *	E0782RR	386.72
A6223	2.42 *	E0782UE	2900.31
A6224	3.61 *	E0783NU	7373.94
A6229	3.61 *	E0783RR	737.40
A6231	4.66 *	E0783UE	5530.46
A6232	6.88 *	E0785	425.58
A6233	19.19 *	E0786NU	7192.83
A6234	6.54 *	E0786RR	719.28
A6235	16.82 *	E0786UE	5394.62
A6236	27.25 *	L8600	500.79
A6237	7.91 *	L8603	351.71
A6238	22.79 *	L8606	184.62
A6240	12.24 *	L8610	513.68
A6241	2.57 *	L8612	541.78
A6242	6.07 *	L8613	242.57
A6243	12.31 *	L8614	15353.47
A6244	39.28 *	L8619	6586.07
A6245	7.27 *	L8630	270.19
A6246	9.92 *	L8641	293.24
A6247	23.78 *	L8642	240.71
A6248	16.24 *	L8658	251.57
A6251	1.99 *	L8670	446.41

* Local carrier has jurisdiction over claim if it is a supply or accessory for an implanted prosthetic device (e.g., pleural catheter or LVAS) or implanted DME (e.g., infusion pump) or repair of an implanted prosthetic device or implanted DME.

** Local carrier has jurisdiction over the claim if the infusion is performed in the physician's office or if the infusion is initiated and completed in the physician's office on the same day.

^ Deleted Code, fee provided for grace period processing only

Inclusion or exclusion of a fee schedule amount for an item or service does not imply any health insurance

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*** ATTENTION BILLING MANAGER***

