

Medicare B Update!

MMA - Second Update to the 2004 Medicare Physician Fee Schedule Database

Provider Types Affected
Physicians, suppliers, and providers

Provider Action Needed
Physicians, suppliers, and providers should note the changes to the Medicare Physician Fee Schedule Database, and identify those changes that impact their practice.

Background
This instruction corrects errors in payment files issued to carriers based upon the November 7, 2003 and January 7, 2004 Final Rules for the 2004 Medicare Physician Fee Schedule Database. Details of the changes in this second update of the year may be found in the Additional Information section below. Also, unless otherwise stated, these changes are retroactive to January 1, 2004. However, carriers and fiscal intermediaries will not search their files to either retract payment for claims already paid or to retroactively pay claims based on the corrected rates. Carriers will adjust claims brought to their attention by the provider.

Implementation
The implementation date for this instruction is July 6, 2004.

Additional Information
The official instruction issued to your carrier regarding this change may be found at: http://www.cms.hhs.gov/manuals/pm_trans/R173CP.pdf

Changes included in this instruction to the 2nd Update to the 2004 Medicare Physician Fee Schedule Database are shown on the following pages.

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

Routing Suggestions:

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

Changes to 2nd Update to the 2004 Medicare Physician Fee Schedule Database

CPT/HCPCS	ACTION
A9603	Procedure Status = F Note: Effective for services performed on or after January 1, 2004. Currently, A9603 is not on the 2004 Medicare Physician Fee Schedule Database.
G0295	Description change: Electromagnetic therapy, to one or more areas, for wound care other than described in G0329, or for other uses Note: Description change effective for services performed on or after July 1, 2004.
G0321	Short Descriptor: ESRDrelatedsvs home mo 2-11y WRVU = 8.11 Non-Facility PE RVU = 3.92 Facility PE RVU = 3.92 Malpractice RVU = 0.29
G0322	WRVU = 6.90 Non-Facility PE RVU = 3.67 Facility PE RVU = 3.67 Malpractice RVU = 0.23
G0329	Description: Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care. Short Descriptor: Electromagntic tx for ulcers Procedure Status = A WRVU = 0.06 Non-Facility PE RVU = 0.17 Facility PE RVU = 0.17 Malpractice RVU = 0.01 PC/TC = 7 Site of Service = 1 Global = XXX Multiple Procedure Indicator = 0 Bilateral Procedure Indicator = 0 Assistant at Surgery Indicator = 0 Co-Surgery Indicator = 0 Team Surgery Indicator = 0 Type of Service = 1, U, W Note: Effective for services performed on or after July 1, 2004.
28304	Bilateral Surgery Indicator = 1
28305	Bilateral Surgery Indicator = 1
28306	Bilateral Surgery Indicator = 1
28307	Bilateral Surgery Indicator = 1
28308	Bilateral Surgery Indicator = 1
31629	WRVU = 4.09 Non-Facility PE RVU = 12.79 Facility PE RVU = 1.45
36416	Procedure Status = B
61863	Non-Facility PE RVU = 11.80 Facility PE RVU = 11.80
61867	Non-Facility PE RVU = 18.08 Facility PE RVU = 18.08
63048	Bilateral Surgery Indicator = 0
73218	Bilateral Surgery Indicator = 3
73218TC	Bilateral Surgery Indicator = 3

7321826	Bilateral Surgery Indicator = 3
73219	Bilateral Surgery Indicator = 3
73219TC	Bilateral Surgery Indicator = 3
7321926	Bilateral Surgery Indicator = 3
73222	Bilateral Surgery Indicator = 3
73222TC	Bilateral Surgery Indicator = 3
7322226	Bilateral Surgery Indicator = 3
73223	Bilateral Surgery Indicator = 3
73223TC	Bilateral Surgery Indicator = 3
7322326	Bilateral Surgery Indicator = 3
73718	Bilateral Surgery Indicator = 3
73718TC	Bilateral Surgery Indicator = 3
7371826	Bilateral Surgery Indicator = 3
73719	Bilateral Surgery Indicator = 3
73719TC	Bilateral Surgery Indicator = 3
7371926	Bilateral Surgery Indicator = 3
73720	Bilateral Surgery Indicator = 3
73720TC	Bilateral Surgery Indicator = 3
7372026	Bilateral Surgery Indicator = 3
73722	Bilateral Surgery Indicator = 3
73722TC	Bilateral Surgery Indicator = 3
7372226	Bilateral Surgery Indicator = 3
73723	Bilateral Surgery Indicator = 3
73723TC	Bilateral Surgery Indicator = 3
7372326	Bilateral Surgery Indicator = 3
73725	Bilateral Surgery Indicator = 3
73725TC	Bilateral Surgery Indicator = 3
7372526	Bilateral Surgery Indicator = 3
78804	Non-Facility PE RVU = 11.47 Facility PE RVU = 11.47 Multiple Surgery Indicator = 9
78804TC	Non-Facility PE RVU = 11.10 Facility PE RVU = 11.10 Multiple Surgery Indicator = 9
7880426	Multiple Surgery Indicator = 9
88358	Non-Facility PE RVU = 0.56 Facility PE RVU = 0.56
8835826	Non-Facility PE RVU = 0.42 Facility PE RVU = 0.42
88358TC	Non-Facility PE RVU = 0.14 Facility PE RVU = 0.14
95144	Non-Facility PE RVU = 0.19

Should you have any questions regarding these changes, contact your carrier/intermediary at their toll-free number, which may be found at: <http://www.cms.hhs.gov/medlearn/tollnums.asp>

Related Change Request (CR) #: 3286
 Medlearn Matters Number: MM3286
 Related CR Release Date: May 7, 2004
 Related CR Transmittal #: 173
 Effective Date: January 1, 2004
 Implementation Date: July 6, 2004

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Complete definitions of the national policy indicators for each procedure code (and modifier, where applicable) on the MPFSDB were provided in the First Quarter 2004 *Medicare B Update!* (pages 10-14).

Changes to Medicare Allowance for Certain Procedures

For the procedure codes listed with changes to the relative value units (RVUs), allowances are revised as follows:

Connecticut

CODE/MOD	PAR	NPAR	L Chg
G0321	497.24	472.38	543.23
G0322	436.93	415.08	477.35
G0329	10.04	9.54	10.97
31629	717.96	682.06	784.37
	228.50	217.07	249.64 *
61863	1419.88	1348.89	1551.22
61867	2173.93	2065.23	2375.02
78804	548.86	521.42	599.63
78804 TC	489.55	465.07	534.83
88358	68.03	64.63	74.32
88358 TC	8.48	8.06	9.26
88358 26	59.99	56.99	65.54
95144	10.90	10.36	11.91

Florida

CODE/MOD	PARTICIPATING			NONPARTICIPATING			LIMITING CHARGE		
	LOC 01/02	LOC 03	LOC 04	LOC 01/02	LOC 03	LOC 04	LOC 01/02	LOC 03	LOC 04
G0321	455.00	471.19	487.30	432.25	447.63	462.94	497.09	514.78	532.38
G0322	398.15	412.49	426.25	378.24	391.87	404.94	434.98	450.65	465.68
G0329	8.72	9.37	9.85	8.28	8.90	9.36	9.53	10.24	10.76
31629	612.04	649.54	671.71	581.44	617.06	638.12	668.65	709.62	733.84
	211.50	218.52	226.29	200.92	207.59	214.98	231.06	238.73	247.22 *
61863	1351.86	1476.94	1611.46	1284.27	1403.09	1530.89	1476.91	1613.56	1760.52
61867	2033.67	2175.63	2325.03	1931.99	2066.85	2208.78	2221.78	2376.88	2540.10
78804	461.18	498.64	521.53	438.12	473.71	495.45	503.84	544.76	569.77
78804 TC	406.27	441.96	462.87	385.96	419.86	439.73	443.85	482.84	505.69
88358	64.25	69.45	75.02	61.04	65.98	71.27	70.19	75.87	81.96
88358 TC	8.26	10.00	11.77	7.85	9.50	11.18	9.02	10.92	12.86
88358 26	55.99	59.45	63.25	53.19	56.48	60.09	61.17	64.95	69.10
95144	9.42	10.13	10.63	8.95	9.62	10.10	10.29	11.07	11.61

* = THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING

Source: CMS Change Request 3286, Transmittal 173, MM3286