Medicare B Update!

A Newsletter for Connecticut and Florida Medicare Part B Providers

October 2005 Update to the Medicare Physician Fee Schedule Database

CMS has issued the following "Medlearn Matters... Information for Medicare Providers" article.

Note: This article was revised because CR4031 was revised on September 9, 2005. The CR release date and transmittal number (see above) were changed in the article to coincide with the revised CR. All other information in the article remains the same.

Provider Types Affected

Physicians and providers billing Medicare carriers or intermediaries for services paid under the Medicare physician fee schedule

Provider Action Needed

Physicians, suppliers, and providers should be aware of the changes to the Medicare physician fee schedule database and identify those changes that affect their practice.

Background

CR4031 amends payment files issued to Medicare carriers and intermediaries based upon the November 15, 2004, final rules for the 2005 Medicare physician fee schedule database.

Additional Information

The changes to the fee schedule involve numerous *CPT*/HCPCS codes. While many of these changes are effective retroactive to January 1, 2005, please note that your carrier/FI will not reprocess claims already processed, unless you request them to do so.

The complete details of these changes to the October update to the 2005 Medicare fee schedule database are described in an attachment to CR 4031, which is the official instruction issued to your carrier/intermediary. That instruction may be viewed by going to the CMS website at *http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp*.

This special issue is available only on FCSO's provider education websites
http://www.connecticutmedicare.com *and* http://www.floridamedicare.com

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

FIRST COAST
SERVICE OPTIONS, INC.
A CMS Contracted Intermediary & Carrier

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 websites: *www.connecticutmedicare.com* and *www.floridamedicare.com*.

Routing Suggestions:

❑ Physician/Provider

❑ Office Manager

❑ Billing/Vendor

❑ Nursing Staff

❑ Other _____

October 2005 Medicare Physician Fee Schedule Database Update (continued)

From that Web page, look for CR 4031 in the CR NUM column on the right, and click on the file for that CR.

If you have any questions, please contact your Medicare carrier/intermediary at their toll-free number, which may be found on the CMS website at *http://www.cms.hhs.gov/medlearn/tollnums.asp*.

The toll-free number for First Coast Service Options, Inc. Medicare Part B Customer Service Center is 1-866-454-9007.

Related Change Request (CR) Number: 4031
Related CR Release Date: September 9, 2005
Related CR Transmittal Number: 672
Effective Date: January 1, 2005
Implementation Date: October 3, 2005

Source: CMS Pub. 100-4, Transmittal 672, CR 4031

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October 2005 Medicare Physician Fee Schedule Database Update

Changes for Dates of Service on or after January 1, 2005, unless otherwise specified

CPT	Action
0016T	Multiple Procedure Indicator = 2
0017T	Multiple Procedure Indicator = 2
0037T	Multiple Procedure Indicator = 2
19297	Bilateral Indicator = 0
19340	Multiple Procedure Indicator = 2
20931	Multiple Procedure Indicator = 2
	Bilateral Indicator = 0
20937	Multiple Procedure Indicator = 2
	Bilateral Indicator = 0
20938	Multiple Procedure Indicator = 2
	Bilateral Indicator = 0
22216	Bilateral Indicator = 0
22226	Bilateral Indicator = 0
27358	Bilateral Indicator = 0
27692	Bilateral Indicator = 0
28285	Bilateral Indicator = 1
29866	Multiple Procedure Indicator = 2
29867	Multiple Procedure Indicator = 2
29868	Multiple Procedure Indicator = 2
32000	Bilateral Indicator = 1
32002	Bilateral Indicator = 1
32501	Bilateral Indicator = 0
33141	Bilateral Indicator = 0
33508	Bilateral Indicator = 0
35390	Bilateral Indicator = 0
35500	Bilateral Indicator = 0
35600	Bilateral Indicator = 0
35681	Bilateral Indicator = 0
35685	Bilateral Indicator = 0
35686	Bilateral Indicator = 0
35700	Bilateral Indicator = 0
36215	Bilateral Indicator = 0
36216	Bilateral Indicator = 0
36217	Bilateral Indicator = 0
36476	Multiple Procedure Indicator = 0
36479	Multiple Procedure Indicator = 0

CPT/HCPCS	Action
37208	Bilateral Indicator = 0
43240	Endoscopic Base Code = 43235
49568	Bilateral Indicator = 0
50320	Multiple Procedure Indicator = 2
54640	Assistant at Surgery Indicator = 0
57267	Bilateral Indicator = 0
61609	Bilateral Indicator = 0
61610	Bilateral Indicator = 0
61611	Bilateral Indicator = 0
61612	Bilateral Indicator = 0
61864	Bilateral Indicator = 0
61868	Bilateral Indicator = 0
63035	Bilateral Indicator = 0
63043	Bilateral Indicator = 0
63044	Bilateral Indicator = 0
63304	Co-Surgery Indicator = 1
63308	Co-Surgery Indicator = 1
64450	Bilateral Indicator = 1
64480	Bilateral Indicator = 0
64484	Bilateral Indicator = 0
66990	Bilateral Indicator = 0
67320	Bilateral Indicator = 0
67331	Bilateral Indicator = 0
67332	Bilateral Indicator = 0
67334	Bilateral Indicator = 0
67335	Bilateral Indicator = 0
67340	Bilateral Indicator = 0
69300	Multiple Procedure Indicator = 2
73706	Bilateral Indicator = 3
73706-TC	Bilateral Indicator = 3
73706-26	Bilateral Indicator = 3
G0289	Multiple Procedure Indicator = 2
Q1001	Short Descriptor: Ntiol category 1
	Procedure Status = I

Note: Effective for services performed on **or after May 19, 2005**

October 2005 Medicare Physician Fee Schedule Database Update (continued)

HCPCS   **Action**

Q1002   Short Descriptor: Ntiol category 2
Procedure Status = I

Note: Effective for services performed **on or after
May 19, 2005**

Q4080   Long Descriptor: Iloprost, inhalation solution,
administered through DME, 20 mcg
Short Descriptor: Iloprost inhalation solution
Procedure Status = E
WRVU = 0.00
Non-Facility PE RVU = 0.00
Facility PE RVU = 0.00
Malpractice RVU = 0.00
PC/TC = 9
Site of Service = 9
Global Surgery = XXX
Multiple Procedure Indicator = 9
Bilateral Surgery Indicator = 9
Assistant at Surgery Indicator = 9
Co-Surgery Indicator = 9
Team Surgery Indicator = 9
Diagnostic Indicator = 09
Type of Service = 1

Note: Effective for services performed **on or after
July 1, 2005**

Q9958   Long Descriptor: High osmolar contrast material, up
to 149 mg/ml iodine concentration, per ml
Short Descriptor: HOCM<=149mg/ml iodine, 1ml
Procedure Status = B
WRVU = 0.00
Non-Facility PE RVU = 0.00
Facility PE RVU = 0.00
Malpractice RVU = 0.00
PC/TC = 9
Site of Service = 9
Global Surgery = XXX
Multiple Procedure Indicator = 9
Bilateral Surgery Indicator = 9
Assistant at Surgery Indicator = 9
Co-Surgery Indicator = 9
Team Surgery Indicator = 9
Diagnostic Indicator = 09
Type of Service = 4

Note: Effective for services performed **on or after
July 1, 2005**

Q9959   Long Descriptor: High osmolar contrast material,
150 – 199 mg/ml iodine concentration, per ml
Short Descriptor: HOCM 150-199mg/ml iodine, 1ml
Procedure Status = B
WRVU = 0.00
Non-Facility PE RVU = 0.00
Facility PE RVU = 0.00
Malpractice RVU = 0.00
PC/TC = 9
Site of Service = 9
Global Surgery = XXX
Multiple Procedure Indicator = 9

HCPCS   **Action**

Bilateral Surgery Indicator = 9
Assistant at Surgery Indicator = 9
Co-Surgery Indicator = 9
Team Surgery Indicator = 9
Diagnostic Indicator = 09
Type of Service = 4

Note: Effective for services performed **on or after
July 1, 2005**

Q9960   Long Descriptor: High osmolar contrast material,
200 – 249 mg/ml iodine concentration, per ml
Short Descriptor: HOCM 200-249mg/ml iodine, 1ml
Procedure Status = B
WRVU = 0.00
Non-Facility PE RVU = 0.00
Facility PE RVU = 0.00
Malpractice RVU = 0.00
PC/TC = 9
Site of Service = 9
Global Surgery = XXX
Multiple Procedure Indicator = 9
Bilateral Surgery Indicator = 9
Assistant at Surgery Indicator = 9
Co-Surgery Indicator = 9
Team Surgery Indicator = 9
Diagnostic Indicator = 09
Type of Service = 4

Note: Effective for services performed **on or after
July 1, 2005**

Q9961   Long Descriptor: High osmolar contrast material,
250 – 299 mg/ml iodine concentration, per ml
Short Descriptor: HOCM 250-299mg/ml iodine, 1ml
Procedure Status = B
WRVU = 0.00
Non-Facility PE RVU = 0.00
Facility PE RVU = 0.00
Malpractice RVU = 0.00
PC/TC = 9
Site of Service = 9
Global Surgery = XXX
Multiple Procedure Indicator = 9
Bilateral Surgery Indicator = 9
Assistant at Surgery Indicator = 9
Co-Surgery Indicator = 9
Team Surgery Indicator = 9
Diagnostic Indicator = 09
Type of Service = 4

Note: Effective for services performed **on or after
July 1, 2005**

Q9962   Long Descriptor: High osmolar contrast material,
300 – 349 mg/ml iodine concentration, per ml
Short Descriptor: HOCM 300-349mg/ml iodine, 1ml
Procedure Status = B
WRVU = 0.00
Non-Facility PE RVU = 0.00
Facility PE RVU = 0.00
Malpractice RVU = 0.00

October 2005 Medicare Physician Fee Schedule Database Update (continued)

HCPCS   Action

PC/TC = 9
Site of Service = 9
Global Surgery = XXX
Multiple Procedure Indicator = 9
Bilateral Surgery Indicator = 9
Assistant at Surgery Indicator = 9
Co-Surgery Indicator = 9
Team Surgery Indicator = 9
Diagnostic Indicator = 09
Type of Service = 4

Note: Effective for services performed **on or after July 1, 2005**

Q9963 Long Descriptor: High osmolar contrast material, 350 – 399 mg/ml iodine concentration, per ml

Short Descriptor: HOCM 350-399mg/ml iodine,1ml
Procedure Status = B
WRVU = 0.00
Non-Facility PE RVU = 0.00
Facility PE RVU = 0.00
Malpractice RVU = 0.00
PC/TC = 9
Site of Service = 9
Global Surgery = XXX
Multiple Procedure Indicator = 9
Bilateral Surgery Indicator = 9
Assistant at Surgery Indicator = 9
Co-Surgery Indicator = 9

HCPCS   Action

Team Surgery Indicator = 9
Diagnostic Indicator = 09
Type of Service = 4

Note: Effective for services performed **on or after July 1, 2005**

Q9964 Long Descriptor: High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml
Short Descriptor: HOCM>=400mg/ml iodine,1ml
Procedure Status = B
WRVU = 0.00
Non-Facility PE RVU = 0.00
Facility PE RVU = 0.00
Malpractice RVU = 0.00
PC/TC = 9
Site of Service = 9
Global Surgery = XXX
Multiple Procedure Indicator = 9
Bilateral Surgery Indicator = 9
Assistant at Surgery Indicator = 9
Co-Surgery Indicator = 9
Team Surgery Indicator = 9
Diagnostic Indicator = 09
Type of Service = 4

Note: Effective for services performed **on or after July 1, 2005**

Source: CMS Pub. 100-4, Transmittal 661, CR 4031