First Update to the 2006 Medicare Physician Fee Schedule Database

**CMS has issued the following “MLN Matters article. Information for Medicare FFS Health Care Professionals.**

**Provider Types Affected**

Physicians, suppliers, and providers billing Medicare carriers, and/or fiscal intermediaries (FIs) for services paid under the Medicare Physician Fee Schedule (MPFS).

**Provider Action Needed**

This article is based on Change Request (CR) 4399, which informs your carrier/intermediary that payment files were issued to carriers based upon the November 21, 2005, Medicare Physician Fee Schedule Final Rule. CR4399 amends those payment files and includes new G-codes for the Low Vision Rehabilitation Demonstration Project and new Category II codes 3046F through 3050F and 3076F through 3080F.

**Background**

The Social Security Act (Section 1848(c)(4); [http://www.ssa.gov/OP_Home/ssact/title18/1848.htm](http://www.ssa.gov/OP_Home/ssact/title18/1848.htm)), authorizes the Centers for Medicare & Medicaid Services (CMS) to establish ancillary policies necessary to implement relative values for physicians’ services. CMS issued payment files to carriers/intermediaries based upon the November 21, 2005, MPFS Final Rule.

**Note:** CR 4399 amends those payment files and includes new G-codes for the Low Vision Rehabilitation Demonstration Project and new Category II codes 3046F through 3050F and 3076F through 3080F.

In the October 2005 update to the Medicare Physician Fee Schedule Database (MPFSDB) the multiple procedure indicators were inadvertently changed from a “0” to a “2” for CPT codes 20931, 20937, and 20938. The emergency update to the 2006 MPFSDB reinstated the multiple procedure indicators for these codes to a “0” effective January 1, 2006. Also, in the October 2005 update to the MPFSDB, the bilateral surgical indicators were inadvertently changed from “1” to “0” for CPT codes 63035, 63043, 63044, 64480, and 64484. This CR reinstates the bilateral surgical indicators for these codes to a “1” effective January 1, 2006.

**This special issue is available only on FCSO’s provider education websites [http://www.connecticutmedicare.com](http://www.connecticutmedicare.com) and [http://www.floridamedicare.com](http://www.floridamedicare.com)**

**Routing Suggestions:**
- Physician/Provider
- Office Manager
- Billing/Vendor
- Nursing Staff
- Other ________

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April 2006
Changes for Dates of Service on or after January 1, 2006:

**Bilateral Indicator:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Bilateral Indicator</th>
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<tbody>
<tr>
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**Bilateral Indicator:**

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<tr>
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<tr>
<td>63035</td>
<td>1</td>
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<tr>
<td>63043</td>
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<tr>
<td>63044</td>
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<td>64480</td>
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<tr>
<td>64484</td>
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**Malpractice Relative Value Unit (RVU):**

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<thead>
<tr>
<th>Code</th>
<th>Malpractice RVU</th>
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<tr>
<td>22523</td>
<td>1.71</td>
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<tr>
<td>22524</td>
<td>1.60</td>
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<tr>
<td>22525</td>
<td>0.82</td>
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**PC/TC Indicator:**

<table>
<thead>
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<th>PC/TC Indicator</th>
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</thead>
<tbody>
<tr>
<td>36598</td>
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</tbody>
</table>

Note: Your carrier/intermediary will not search their files to either retract payment for claims already paid or to retroactively pay claims. However, your carrier/intermediary will adjust claims brought to their attention.

Unless otherwise stated in CR4399, changes are retroactive to January 1, 2006.

Implementation

The implementation date for this instruction is April 3, 2006.

Additional Information

Other changes included in the April update of the MPFS are attached to CR4399. To see that official instruction issued to your carrier/intermediary, go to [http://www.cms.hhs.gov/Transmittals/downloads/R897CP.pdf](http://www.cms.hhs.gov/Transmittals/downloads/R897CP.pdf) on the CMS website.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at [http://www.cms.hhs.gov/apps/contacts/](http://www.cms.hhs.gov/apps/contacts/) on the CMS website.

MLN Matters Number: MM4399
Related Change Request (CR) #:4399
Related CR Release Date: March 29, 2006
Effective Date: January 1, 2006
Implementation Date: April 3, 2006

Changes for Dates of Service on or after March 17, 2005

**Status Code Indicator:**

<table>
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<td>37216</td>
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</table>
### Connecticut and Florida First Update 2006 MPFSDB

#### Changes for Dates of Service on or after February 21, 2006

**Status Code Indicator:**

43842  Procedure Status = N

#### Changes for Dates of Service on or after April 1, 2006.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Long Description</th>
<th>Status Code</th>
<th>WRVU</th>
<th>Non-Facility PE RVU</th>
<th>Facility PE RVU</th>
<th>Malpractice RVU</th>
<th>PC/TC</th>
<th>Site of Service</th>
<th>Global Surgery</th>
<th>Multiple Procedure Indicator</th>
<th>Bilateral Surgery Indicator</th>
<th>Assistant at Surgery Indicator</th>
<th>Co-Surgery Indicator</th>
<th>Diagnostic Indicator</th>
<th>Type of Service</th>
<th>Diagnostic Family Imaging Indicator</th>
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<tbody>
<tr>
<td>G9041</td>
<td>Low vision rehabilitation services, qualified occupational therapist, direct face-to-face, one-on-one, each 15 minutes (FOR USE IN THE LOW VISION DEMONSTRATION PROJECT, PER CHANGE REQUEST 4294)</td>
<td>N</td>
<td>0.44</td>
<td>0.29</td>
<td>0.29</td>
<td>0.01</td>
<td>0</td>
<td>1</td>
<td>XXX</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>99</td>
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<tr>
<td>G9042</td>
<td>Low vision rehabilitation services, certified orientation and mobility specialist, direct face-to-face one-on-one, each 15 minutes (FOR USE IN THE LOW VISION DEMONSTRATION PROJECT, PER CHANGE REQUEST 4294)</td>
<td>N</td>
<td>0.10</td>
<td>0.29</td>
<td>0.29</td>
<td>0.01</td>
<td>0</td>
<td>1</td>
<td>XXX</td>
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<td>0</td>
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<tr>
<td>G9043</td>
<td>Low vision rehabilitation services, certified low vision therapist, direct face-to-face one-on-one, each 15 minutes (FOR USE IN THE LOW VISION DEMONSTRATION PROJECT, PER CHANGE REQUEST 4294)</td>
<td>N</td>
<td>0.10</td>
<td>0.29</td>
<td>0.29</td>
<td>0.01</td>
<td>0</td>
<td>1</td>
<td>XXX</td>
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<td>0</td>
<td>99</td>
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<tr>
<td>G9044</td>
<td>Low vision rehabilitation services, qualified rehabilitation teacher, direct face-to-face one-on-one, each 15 minutes (FOR USE IN THE LOW VISION DEMONSTRATION PROJECT, PER CHANGE REQUEST 4294)</td>
<td>N</td>
<td>0.10</td>
<td>0.23</td>
<td>0.23</td>
<td>0.01</td>
<td>0</td>
<td>1</td>
<td>XXX</td>
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<tr>
<td>G8006</td>
<td>AMI pt recd aspirin at arriv</td>
<td>M</td>
<td>0.00</td>
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The procedure status indicator for the following codes will be changed to “M” (Measurement codes, used for reporting purposes only. There are no RVUs and no payment amounts for these codes. Medicare uses them to aid with performance measurement. No separate payment is made. These codes should be billed with a zero ($0.00) charge and are denied) on the MPFSDB:

- G8007 AMI pt did not receiv aspiri
- G8008 AMI pt ineligible for aspiri
- G8009 AMI pt recd Bblock at arr
- G8010 AMI pt did not rec bblock
- G8011 AMI pt inelig Bblock at arriv
- G8012 Pneum pt recv antibiotic 4 h
- G8013 Pneum pt w/o antibiotic 4 hr
- G8014 Pneum pt not elig antibiotic
- G8015 Diabetic pt w/ HBA1c>9%
- G8016 Diabetic pt w/ HBA1c<or=9%
- G8017 DM pt inelig for HBA1c measu
- G8018 Care not provided for LDL
- G8019 Diabetic pt w/LD>100mg/dl
- G8020 Diab pt w/LD<100mg/dl
- G8021 Diab pt inelig for LDL meaus
- G8022 Care not provided for LDL
- G8023 DM pt w BP=140/80
- G8024 Diabetic pt wBP<140/80
- G8025 Diabetic pt inelig for BP me
- G8026 Diabet pt no care re BP me
- G8027 HF p w/LVSD on ACE-I/ARB
- G8028 HF pt w/LVSD not on ACE-I/AR
- G8029 HF pt not elig for ACE-I/ARB
- G8030 HF pt w/LVSD on Bblocker
- G8031 HF pt w/LVSD not on Bblocker
- G8032 HF pt not elig for Bblocker
- G8033 PMI-CAD pt on Bblocker
- G8034 PMI-CAD pt not on Bblocker
- G8035 PMI-CAD pt inelig Bblocker
- G8036 AMI-CAD pt doc on antiplatel
- G8037 AMI-CAD pt not docu on antip
- G8038 AMI-CAD inelig antiplate mea
- G8039 CAD pt w/LD>100mg/dl
- G8040 CAD pt w/LD<or=100mg/dl
- G8041 CAD pt not eligible for LDL
- G8051 Osteoporosis assess
- G8052 Osteopor pt not assess
- G8053 Pt inelig for osteopor meas
- G8054 Falls assess not docum 12 mo
- G8055 Falls assess w/ 12 mon
- G8056 Not elig for falls assessmen
- G8057 Hearing assess receive
- G8058 Pt w/o hearing assess
- G8059 Pt inelig for hearing assess
- G8060 Urinary incont pt assess
- G8061 Pt not assess for urinary in
- G8062 Pt not elig for urinary inco
- G8075 ESRD pt w/dialy of URR>=65%
- G8076 ESRD pt w/dialy of URR<65%
- G8077 ESRD pt not elig for URR/KtV
- G8078 ESRD pt w/Hct>or=33
- G8079 ESRD pt w/Hct<33

- G8080 ESRD pt inelig for HCT/Hgb
- G8081 ESRD pt w/ auto AV fistula
- G8082 ESRD pt w other fistula
- G8093 COPD pt rec smoking cessat
- G8094 COPD pt w/o smoke cessat int
- G8099 Osteopo pt given Ca+VitD sup
- G8100 Osteop pt inelig for Ca+VitD
- G8103 New dx osteo pt w/antiresorp
- G8104 Osteo pt inelig for antireso
- G8106 Bone dens meas test perf
- G8107 Bone dens meas test inelig
- G8108 Pt receiv influenza vacc
- G8109 Pt w/o influenza vacc
- G8110 Pt inelig for influenza vacc
- G8111 Pt receiv mammogram
- G8112 Pt not doc mammogram
- G8113 Pt ineligible mammography
- G8114 Care not provided for mamogr
- G8115 Pt receiv pneumo vacc
- G8116 Pt did not rec pneumo vacc
- G8117 Pt was inelig for pneumo vac
- G8126 Pt treat w/antidepress12wks
- G8127 Pt not treat w/antidepres12w
- G8128 Pt elig for antidespes med
- G8129 Pt treat w/antidepres for 6m
- G8130 Pt not treat w/antidespes 6m
- G8131 Pt inelig for antidespes med
- G8132 Pt treat w/antidepres for 6m
- G8133 Pt not treat w/antidepres for 6m
- G8134 Pt inelig for antidespes med
- G8135 Pt receiv thromboemb prophylax
- G8136 Pt receiv CABB w/IMA
- G8137 Pt receiv CABG w/IMA
- G8138 Pt receiv CABG w/IMA
- G8139 Pt receiv CABG w/IMA
- G8140 Pt receiv CABG w/IMA
- G8141 Pt receiv CABG w/IMA
- G8142 Pt receiv CABG w/IMA
- G8143 Pt receiv CABG w/IMA
- G8144 Pt receiv CABG w/IMA
- G8145 Pt receiv CABG w/IMA
- G8146 Pt receiv CABG w/IMA
- G8147 Pt receiv CABG w/IMA
- G8148 Pt receiv CABG w/IMA
- G8149 Pt receiv CABG w/IMA
- G8150 Pt receiv CABG w/IMA
- G8151 Pt receiv CABG w/IMA
- G8152 Pt receiv CABG w/IMA
- G8153 Pt receiv CABG w/IMA
- G8154 Pt receiv CABG w/IMA
- G8155 Pt receiv CABG w/IMA
- G8156 Pt receiv CABG w/IMA
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- G8158 Pt receiv CABG w/IMA
- G8159 Pt receiv CABG w/IMA
- G8160 Pt receiv CABG w/IMA
- G8161 Pt receiv CABG w/IMA
- G8162 Pt receiv CABG w/IMA
- G8163 Pt receiv CABG w/IMA
- G8164 Pt receiv CABG w/IMA
- G8165 Pt receiv CABG w/IMA
- G8166 Pt receiv CABG w/IMA
- G8167 Pt receiv CABG w/IMA
- G8168 Pt receiv CABG w/IMA
- G8169 Pt receiv CABG w/IMA
- G8170 Pt receiv CABG w/IMA
- G8171 Pt receiv CABG w/IMA
- G8172 Pt receiv CABG w/IMA
- G8173 Pt receiv CABG w/IMA
- G8174 Pt receiv CABG w/IMA
- G8175 Pt receiv CABG w/IMA
- G8176 Pt receiv CABG w/IMA
- G8177 Pt receiv CABG w/IMA
- G8178 Pt receiv CABG w/IMA
- G8179 Pt receiv CABG w/IMA
- G8180 Pt receiv CABG w/IMA
- G8181 Pt receiv CABG w/IMA
- G8182 Pt receiv CABG w/IMA
- G8183 Pt receiv CABG w/IMA
- G8184 Pt receiv CABG w/IMA
- G8185 Pt receiv CABG w/IMA
- G8186 Pt receiv CABG w/IMA
**Connecticut and Florida**

<table>
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<th>Code/Mod</th>
<th>Par</th>
<th>Non-Par</th>
<th>Limiting charge</th>
</tr>
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<tr>
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<td>672.50</td>
<td>638.88</td>
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<td>304.90</td>
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**Florida Fees**

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<td>Loc 04 Loc 01/02</td>
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<td>630.78</td>
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**PC/TC Indicators**

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**Connecticut and Florida First Update 2006 MPFSDB**

<table>
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<th>Limiting charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>3046F</td>
<td>Most recent hemoglobin A1c level &gt; 9.0% (DM)</td>
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<tr>
<td>3047F</td>
<td>Most recent hemoglobin A1c level = 9.0% (DM)</td>
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</tr>
<tr>
<td>3048F</td>
<td>Most recent LDL-C &lt;100 mg/dL (DM)</td>
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<td>3049F</td>
<td>Most recent LDL-C 100-129 mg/dL (DM)</td>
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<td>3050F</td>
<td>Most recent LDL-C = 130 mg/dL (DM)</td>
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<td>Most recent systolic blood pressure &lt; 140 mm Hg (DM, HTN)</td>
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<td>3077F</td>
<td>Most recent systolic blood pressure = 140 mm Hg (DM, HTN)</td>
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<td>3078F</td>
<td>Most recent diastolic blood pressure &lt; 80 mm Hg (DM, HTN)</td>
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<td>3079F</td>
<td>Most recent diastolic blood pressure 80-89 mm Hg (DM, HTN)</td>
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<td>3080F</td>
<td>Most recent diastolic blood pressure = 90 mm Hg (DM, HTN)</td>
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<tr>
<td>4006F</td>
<td>Beta-blocker therapy prescribed (HF, CAD)</td>
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<tr>
<td>4009F</td>
<td>Angiotensin converting enzyme (ACE) inhibitor for Angiotensin Receptor Blocker (ARB) therapy prescribed (HF, CAD)</td>
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<td></td>
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