

# Medicare B Update!

A Newsletter for Connecticut and Florida Medicare Part B Providers

## 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.

Continued on page 2...

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#### Routing Suggestions:

- Physician/Provider
- Office Manager
- Billing/Vendor
- Nursing Staff
- Other \_\_\_\_\_

Your carrier will not search their files for claims paid incorrectly from October 1, 2005, through December 31, 2005, but will adjust claims brought to their attention.

In addition, your carrier will manually adjust their systems and the 2005 MPFSDB to reflect a multiple procedure indicator of a "0" for CPT codes 20931, 20937, and 20938 and a bilateral surgical indicator of a "1" for CPT codes 63035, 63043, 63044, 64480, and 64484.

CR4399 instructs that:

- Your carrier/intermediary should reinstate the bilateral surgical indicators for codes 63035, 63043, 63044, 64480, and 64484 to a "1" effective January 1, 2006.
- For services performed on or after March 17, 2005, Medicare will not pay for carotid artery stenting (CAS) with embolic protection claims that have procedure code 37216 (Transcatheter placement of intravascular stent(s) without distal embolic protection).
- CPT code 43842 (Gastric restrictive procedure, without gastric bypass, for morbid obesity, vertical banded gastroplasty) is non-covered for Medicare effective for services on or after February 21, 2006.
- Your carrier/intermediary should manually update the HCPCS file to reflect a coverage indicator of "C" for category II codes 0001F through 4018F.
- The descriptors for Category II modifiers 1P and 2P have been modified, effective for dates of service on or after January 1, 2006, as follows:
  - 1P – Performance Measure Exclusion Modifier due to Medical Reasons
  - 2P – Performance Measure Exclusion Modifier due to Patient Reasons
- Effective for dates of service on or after April 1, 2006, the Category II modifier 3P (Performance Measure Exclusion Modifier due to System Reasons) is recognized. Those system reasons include resources to perform the services were unavailable, insurance coverage/payer-related limitations, and other reasons attributable to the health care delivery system.

**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> 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/> 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

Related CR Transmittal #: R897CP

Implementation Date: April 3, 2006

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

### Bilateral Indicator:

11300 Bilateral Indicator = 9  
 11301 Bilateral Indicator = 9  
 11302 Bilateral Indicator = 9  
 11303 Bilateral Indicator = 9  
 11305 Bilateral Indicator = 9  
 11306 Bilateral Indicator = 9  
 11307 Bilateral Indicator = 9  
 11308 Bilateral Indicator = 9  
 11310 Bilateral Indicator = 9  
 11311 Bilateral Indicator = 9  
 11312 Bilateral Indicator = 9  
 11313 Bilateral Indicator = 9

### Bilateral Indicator:

63035 Bilateral Indicator = 1  
 63043 Bilateral Indicator = 1  
 63044 Bilateral Indicator = 1  
 64480 Bilateral Indicator = 1  
 64484 Bilateral Indicator = 1

### Malpractice Relative Value Unit (RVU):

22523 Malpractice RVU = 1.71  
 22524 Malpractice RVU = 1.60  
 22525 Malpractice RVU = 0.82

### PC/TC Indicator:

36598 PC/TC Indicator = 9

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

### Status Code Indicator:

37216 Procedure Status = N

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**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.**

- G9041 Long Descriptor: 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)  
Short Descriptor: Lo-vis svc OT, 15 min  
Procedure Status = A  
WRVU=0.44  
Non-Facility PE RVU=0.29  
Facility PE RVU=0.29  
Malpractice RVU=0.01  
PC/TC=0  
Site of Service = 1  
Global Surgery = XXX  
Multiple Procedure Indicator = 0  
Bilateral Surgery Indicator = 0  
Assistant at Surgery Indicator = 0  
Co-Surgery Indicator = 0  
Team Surgery Indicator = 0  
Diagnostic Indicator = 09  
Type of Service = 1  
Diagnostic Family Imaging Indicator: 99
- G9042 Long Descriptor: 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)  
Short Descriptor: Lo-vis svc CO&M, 15 min  
Procedure Status = A  
WRVU=0.10  
Non-Facility PE RVU=0.29  
Facility PE RVU=0.29  
Malpractice RVU=0.01  
PC/TC=0  
Site of Service = 1  
Global Surgery = XXX  
Multiple Procedure Indicator = 0  
Bilateral Surgery Indicator = 0  
Assistant at Surgery Indicator = 0  
Co-Surgery Indicator = 0  
Team Surgery Indicator = 0  
Diagnostic Indicator = 09  
Type of Service = 1  
Diagnostic Family Imaging Indicator: 99
- G9043 Long Descriptor: 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)  
Short Descriptor: Lo-vis svc CLVT, 15 min  
Procedure Status = A  
WRVU=0.10  
Non-Facility PE RVU=0.29
- G9043 Facility PE RVU=0.29  
Malpractice RVU=0.01  
PC/TC=0  
Site of Service = 1  
Global Surgery = XXX  
Multiple Procedure Indicator = 0  
Bilateral Surgery Indicator = 0  
Assistant at Surgery Indicator = 0  
Co-Surgery Indicator = 0  
Team Surgery Indicator = 0  
Diagnostic Indicator = 09  
Type of Service = 1  
Diagnostic Family Imaging Indicator: 99
- G9044 Long Descriptor: 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)  
Short Descriptor: Lo-vis svc CRTchr, 15 min  
Procedure Status = A  
WRVU=0.10  
Non-Facility PE RVU=0.23  
Facility PE RVU=0.23  
Malpractice RVU=0.01  
PC/TC=0  
Site of Service = 1  
Global Surgery = XXX  
Multiple Procedure Indicator = 0  
Bilateral Surgery Indicator = 0  
Assistant at Surgery Indicator = 0  
Co-Surgery Indicator = 0  
Team Surgery Indicator = 0  
Diagnostic Indicator = 09  
Type of Service = 1  
Diagnostic Family Imaging Indicator: 99
- G8006 Short Descriptor: AMI pt recd aspirin at arriv  
Procedure Status: M  
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: 9  
Type of Service: 1  
Diagnostic Family Imaging Indicator: 99

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

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	G8080	ESRD pt inelig for HCT/Hgb
G8008	AMI pt ineligible for aspiri	G8081	ESRD pt w/ auto AV fistula
G8009	AMI pt recd Bblock at arr	G8082	ESRD pt w other fistula
G8010	AMI pt did not rec bblock	G8093	COPD pt rec smoking cessat
G8011	AMI pt inelig Bbloc at arriv	G8094	COPD pt w/o smoke cessat int
G8012	Pneum pt recv antibiotic 4 h	G8099	Osteopo pt given Ca+VitD sup
G8013	Pneum pt w/o antibiotic 4 hr	G8100	Osteop pt inelig for Ca+VitD
G8014	Pneum pt not elig antibiotic	G8103	New dx osteo pt w/antiresorp
G8015	Diabetic pt w/ HBA1c>9%	G8104	Osteo pt inelig for antireso
G8016	Diabetic pt w/ HBA1c<or=9%	G8106	Bone dens meas test perf
G8017	DM pt inelig for HBA1c measu	G8107	Bone dens meas test inelig
G8018	Care not provided for HbA1c	G8108	Pt receiv influenza vacc
G8019	Diabetic pt w/LDL>= 100mg/dl	G8109	Pt w/o influenza vacc
G8020	Diab pt w/LDL< 100mg/dl	G8110	Pt inelig for influenza vacc
G8021	Diab pt inelig for LDL meas	G8111	Pt receiv mammogram
G8022	Care not provided for LDL	G8112	Pt not doc mammogram
G8023	DM pt w BP>=140/80	G8113	Pt ineligible mammography
G8024	Diabetic pt wBP<140/80	G8114	Care not provided for mamogr
G8025	Diabetic pt inelig for BP me	G8115	Pt receiv pneumo vacc
G8026	Diabet pt w no care re BP me	G8116	Pt did not rec pneumo vacc
G8027	HF p w/LVSD on ACE-I/ARB	G8117	Pt was inelig for pneumo vac
G8028	HF pt w/LVSD not on ACE-I/AR	G8126	Pt treat w/antidepress 12wks
G8029	HF pt not elig for ACE-I/ARB	G8127	Pt not treat w/antidepress 12w
G8030	HF pt w/LVSD on Bblocker	G8128	Pt inelig for antidepress med
G8031	HF pt w/LVSD not on Bblocker	G8129	Pt treat w/antidepress for 6m
G8032	HF pt not elig for Bblocker	G8130	Pt not treat w/antidepress 6m
G8033	PMI-CAD pt on Bblocker	G8131	Pt inelig for antidepress med
G8034	PMI-CAD pt not on Bblocker	G8152	Pt w/AB 1 hr prior to incisi
G8035	PMI-CAD pt inelig Bblocker	G8153	Pt not doc for AB 1 hr prior
G8036	AMI-CAD pt doc on antiplatelet	G8154	Pt ineligi for AB therapy
G8037	AMI-CAD pt not docu on antip	G8155	Pt recd thromboemb prophylax
G8038	AMI-CAD inelig antiplate mea	G8156	Pt did not rec thromboembo
G8039	CAD pt w/LDL>100mg/dl	G8157	Pt ineligi for thrombolism
G8040	CAD pt w/LDL<or=100mg/dl	G8158	Pt recd CABG w/ IMA
G8041	CAD pt not eligible for LDL	G8159	Pt w/CABG w/o IMA
G8051	Osteoporosis assess	G8160	Pt inelig for CABG w/IMA
G8052	Osteopor pt not assess	G8161	Iso CABG pt rec preop bblock
G8053	Pt inelig for osteopor meas	G8162	Iso CABG pt w/o preop Bblock
G8054	Falls assess not docum 12 mo	G8163	Iso CABG pt inelig for preo
G8055	Falls assess w/ 12 mon	G8164	Iso CABG pt w/prolng intub
G8056	Not elig for falls assessmen	G8165	Iso CABG pt w/o prolng intub
G8057	Hearing assess receive	G8166	Iso CABG req surg rexp
G8058	Pt w/o hearing assess	G8167	Iso CABG w/o surg explo
G8059	Pt inelig for hearing assess	G8170	CEA/ext bypass pt on aspirin
G8060	Urinary incont pt assess	G8171	Pt w/carot endarct/ext bypas
G8061	Pt not assess for urinary in	G8172	CEA/ext bypass pt not on asp
G8062	Pt not elig for urinary inco	G8182	CAD pt care not prov LDL
G8075	ESRD pt w/ dialy of URR>=65%	G8183	HF/atrial fib pt on warfarin
G8076	ESRD pt w/ dialy of URR<65%	G8184	HF/atrial fib pt inelig warf
G8077	ESRD pt not elig for URR/KtV	G8185	Osteoarth pt w/ assess pain
G8078	ESRD pt w/Hct>or=33	G8186	Osteoarth pt inelig assess
G8079	ESRD pt w/Hct<33		

3046F	Most recent hemoglobin A1c level > 9.0% (DM)	3078F	Most recent diastolic blood pressure < 80 mm Hg (DM, HTN)
3047F	Most recent hemoglobin A1c level = 9.0% (DM)	3079F	Most recent diastolic blood pressure 80-89 mm Hg (DM, HTN)
3048F	Most recent LDL-C < 100 mg/dL (DM)	3080F	Most recent diastolic blood pressure = 90 mm Hg (DM, HTN)
3049F	Most recent LDL-C 100-129 mg/dL (DM)	4006F	Beta-blocker therapy prescribed (HF, CAD)
3050F	Most recent LDL-C = 130 mg/dL (DM)	4009F	Angiotensin converting enzyme (ACE) inhibitor for Angiotensin Receptor Blocker (ARB) therapy prescribed (HF, CAD)
3076F	Most recent systolic blood pressure < 140 mm Hg (DM, HTN)		
3077F	Most recent systolic blood pressure = 140 mm Hg (DM, HTN)		

**PC/TC Indicators**

0144T=1	0148T=1
0145T=1	0149T=1
0146T=1	0150T=1
0147T=1	0151T=1

**Connecticut Fees**

Code/Mod	Par	Non-Par	Limiting charge
22523	672.50	638.88	734.71
22524	643.70	611.52	703.24
22525	304.90	289.66	333.10

**Florida Fees**

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
22523	630.78	670.83	720.52	599.24	637.29	684.49	689.13	732.88	787.17
22524	602.89	640.71	687.58	572.75	608.67	653.20	658.66	699.98	751.18
22525	289.63	307.69	330.29	275.15	292.31	313.78	316.42	336.15	360.84

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