| CMS Manual System | Department of Health & Human Services (DHHS) |
|---|---|
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 1152 | Date: JANUARY 11, 2007 |
| | Change Request 5459 |

*NOTE:  Transmittal 1143, dated December 22, 2006 is rescinded and replaced herewith.  There was a change on attachment 1 to the Type of Service (TOS) for G0377.  The TOS has been corrected to read "1".  CWF will have this change in production on January 15, 2007.  All other information remains the same.*

**Subject: Emergency Update to the 2007 Medicare Physician Fee Schedule Database**

**I. SUMMARY OF CHANGES:** Payment files were issued to carriers based upon the December 1, 2006, Medicare Physician Fee Schedule Final Rule. This change request amends those payment files.

**New / Revised Material**
**Effective Date: January 1, 2007**
**Implementation Date: January 2, 2007**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| R/N/D | Chapter / Section / Subsection / Title |
|---|---|
| N/A | |

**III. FUNDING:**
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – One-Time Notification

| Pub. 100-04 | Transmittal: 1152 | Date: January 11, 2007 | Change Request:  5459 |
|---|---|---|---|

*NOTE***:**  *Transmittal 1143, dated December 22, 2006 is rescinded and replaced herewith.  There was a change on attachment 1 to the Type of Service (TOS) for G0377.  The TOS has been corrected to read "1".  CWF will have this change in production on January 15, 2007.  All other information remains the same.*

**SUBJECT:  Emergency Update to the 2007 Medicare Physician Fee Schedule Database**

**Effective Date**:  **January 1, 2007**

**Implementation Date:  January 2, 2007**

## I.    GENERAL INFORMATION

**A.    Background:**  Payment files were issued to carriers based upon the December 1, 2006, Medicare Physician Fee Schedule Final Rule.  This change request amends those payment files.

**B.    Policy:**  Section 1848(c)(4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services.

## II.    BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement*

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A / B MAC | DME MAC | FI | CARRIER | DMERC | RHHI | Shared-System Maintainers | | | | OTHER |
| | | | | | | | | FISS | MCS | VMS | CWF | |
| 5459.1 | The physician fee schedule status indicators for oncology demonstration codes G9050 to G9062 for 2007 are "I"; these codes are invalid for Medicare use in 2007.  Contractors shall not make payment for these codes for services provided after December 31, 2006. | X | | | X | | | | | | | |
| 5459.2 | Oncology demonstration codes G9076, G9081, G9082, G9118, G9119, G9120, G9121, G9122, and G9127 have been deleted.  Contractors shall not make payment for these codes for services provided after December 31, 2006. | X | | | X | | | | | | | |
| 5459.3 | Active codes previously used for the Oncology demonstration in the range G9063 to G9139 have status indicators of "M" on the Medicare physician fee schedule database.  (Note:  See | X | | | X | | | | | | | |

| Number | Requirement | A/B MAC | DME MAC | FI | CARRIER | DMERC | RHHI | FISS | MCS | VMS | CWF | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | requirement above for discontinued codes within this range).  Billers may report these codes for oncology disease status in 2007. Contractors shall not make payment for these codes for services provided after December 31, 2006. | | | | | | | | | | | |
| 5459.4 | Category II codes 3047F, 3076F and Category III code 0152T have been deleted for 2007. Contractors shall manually enter an end date of December 31, 2006 for these codes on the HCPCS file. | X | | X | X | | | | | X | | |
| 5459.5 | G codes G0377 and G8348 through G8368 are included in Attachment 1.  However, these codes are not on the 2007 HCPCS file. Contractors shall manually add these codes to their systems.  Status and payment indicators for these codes are listed in Attachment 1. | X | | X | X | | | | | X | | |
| 5459.5.1 | Contractors shall link payment for HCPCS code G0377 to CPT code 90471 (such as payment is made for G0008, G0009 and G0010).  This code is effective for services performed on or after January 1, 2007 through December 31, 2007. | X | | X | X | | | | | X | | |
| 5459.6 | Q codes Q4083, Q4084, Q4085 and Q4086 are included in Attachment 1.  However, these codes are not on the 2007 HCPCS file. Contractors shall manually add these codes to their systems.  Status and payment indicators for these codes are listed in Attachment 1. (Note:  Corresponding ASP amounts will be reflected in updated 2007 ASP pricing files to be posted on the CMS website.) | X | | | X | | | | | X | | |
| 5459.7 | Carriers shall recalculate carrier priced codes using the new update and submit to Mary Anne Stevenson at Mary.Stevenson@cms.hhs.gov. | X | | | X | | | | | | | |
| 5459.8 | Contractors shall retrieve the corrected payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. Files were made available on December 14, 2006. | X | | X | X | | | | | | | |
| 5459.9 | Notification of successful receipt shall be sent | X | | X | X | | | | | | | |

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | DME MAC | FI | CARRIER | DMERC | RHHI | FISS | MCS | VMS | CWF | OTHER |
| | via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (e.g., carrier/fiscal intermediary name and number). | | | | | | | | | | | |
| | | | | | | | | | | | | |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | DME MAC | FI | CARRIER | DMERC | RHHI | FISS | MCS | VMS | CWF | OTHER |
| 5459.10 | A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | X | | X | X | | | | | | | |

## IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**
*Use "Should" to denote a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---|---|
| | |

**B. For all other recommendations and supporting information, use the space below:**

**V. CONTACTS**

**Pre-Implementation Contact(s):** For Issues related to the MPFSBD: Gaysha Brooks, Gaysha.Brooks@cms.hhs.gov, 410 786-9649.

For Issues Related to HCPCS codes G8348 through G8368: Marsha Mason-Wonsley, Marsha.Masonwonsley@cms.hhs.gov, 410 786-9375

For Issues Related to HCPCS codes Q4083 through Q4086: Cindy Hake, Cynthia.Hake@cms.hhs.gov, 410 786-3404.

**Post-Implementation Contact(s):** Appropriate Regional Office.

**VI. FUNDING**

**A.**
No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

**B.**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment

Changes included in the Emergency Update to the 2007 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

CPT/HCPCS       ACTION

**The 2007 MPFSDB file contained incorrect Diagnostic Supervision Indicators for the codes listed below.  They have been corrected to read as follows:**

| CPT/HCPCS | ACTION |
|---|---|
| G0389-TC | Diagnostic Indicator = 01 |
| 70554-TC | Diagnostic Indicator = 02 |
| 70555-TC | Diagnostic Indicator = 02 |
| 72291-TC | Diagnostic Indicator = 03 |
| 72292-TC | Diagnostic Indicator = 03 |
| 76776-TC | Diagnostic Indicator = 01 |
| 76813 | Diagnostic Indicator = 03 |
| 76813-TC | Diagnostic Indicator = 03 |
| 76814 | Diagnostic Indicator = 03 |
| 76814-TC | Diagnostic Indicator = 03 |
| 76998-TC | Diagnostic Indicator = 03 |
| 77001-TC | Diagnostic Indicator = 03 |
| 77002-TC | Diagnostic Indicator = 03 |
| 77003-TC | Diagnostic Indicator = 03 |
| 77011-TC | Diagnostic Indicator = 03 |
| 77012-TC | Diagnostic Indicator = 03 |
| 77014-TC | Diagnostic Indicator = 02 |
| 77021-TC | Diagnostic Indicator = 03 |
| 77031-TC | Diagnostic Indicator = 03 |
| 77032-TC | Diagnostic Indicator = 03 |
| 77053-TC | Diagnostic Indicator = 03 |
| 77054-TC | Diagnostic Indicator = 03 |
| 77058-TC | Diagnostic Indicator = 02 |
| 77059-TC | Diagnostic Indicator = 02 |
| 77071 | Diagnostic Indicator = 03 |
| 77072-TC | Diagnostic Indicator = 01 |
| 77073-TC | Diagnostic Indicator = 01 |
| 77074-TC | Diagnostic Indicator = 01 |
| 77075-TC | Diagnostic Indicator = 01 |
| 77076-TC | Diagnostic Indicator = 01 |
| 77077-TC | Diagnostic Indicator = 01 |
| 77078-TC | Diagnostic Indicator = 01 |
| 77079 | Diagnostic Indicator = 01 |
| 77079-TC | Diagnostic Indicator = 01 |
| 77080-TC | Diagnostic Indicator = 01 |

| 77081-TC | Diagnostic Indicator = 01 |
| 77082-TC | Diagnostic Indicator = 01 |
| 77083-TC | Diagnostic Indicator = 01 |
| 77084-TC | Diagnostic Indicator = 01 |
| 92640 | Diagnostic Indicator = 05 |
| 96020-TC | Diagnostic Indicator = 03 |

**Incorrect Multiple Procedure and Diagnostic Family Imaging Indicators were assigned to the CPT codes listed below. They have been corrected to read as follows:**

G0389
Multiple Procedure Indicator = 0
Diagnostic Family Imaging Indicator = 99

G0389 – TC
Multiple Procedure Indicator = 0
Diagnostic Family Imaging Indicator = 99

70554
Multiple Procedure Indicator = 0
Diagnostic Family Imaging Indicator = 99

70554 – TC
Multiple Procedure Indicator = 0
Diagnostic Family Imaging Indicator = 99

70555
Multiple Procedure Indicator = 0
Diagnostic Family Imaging Indicator = 99

70555 – TC
Multiple Procedure Indicator = 0
Diagnostic Family Imaging Indicator = 99

76776
Multiple Procedure Indicator = 0
Diagnostic Family Imaging Indicator = 99

76776 – TC
Multiple Procedure Indicator = 0
Diagnostic Family Imaging Indicator = 99

**Incorrect work, practice expense (PE) and/or malpractice relative value units (RVUs) were assigned to the CPT and HCPCS codes listed below. They have been corrected to read as follows (Note: Transitional Non-Facility/Facility PE RVU refers to the PE values for 2007):**

44180
Work = 15.19
Transitional Non-Facility PE RVU = 6.09
Fully Implemented Non-Facility PE RVU (**Informational Only**) = 5.65
Transitional Facility PE RVU = 6.09
Fully Implemented Facility PE RVU (**Informational Only**) = 5.65

44186
Work = 10.30

| | |
|---|---|
| | Transitional Non-Facility PE RVU = 4.70 |
| | Fully Implemented Non-Facility PE RVU **(Informational Only)** = 4.43 |
| | Transitional Facility PE RVU = 4.70 |
| | Fully Implemented Facility PE RVU **(Informational Only)** = 4.43 |
| | |
| 73223 | Transitional Non-Facility PE RVU = 23.38 |
| | Fully Implemented Non-Facility PE RVU = 16.74 **(Informational Only)** |
| | Transitional Facility PE RVU = 23.38 |
| | Fully Implemented Facility PE RVU = 16.74 **(Informational Only)** |
| | |
| 73223 – 26 | Transitional Non-Facility PE RVU = 0.69 |
| | Fully Implemented Non-Facility PE RVU = 0.61 **(Informational Only)** |
| | Transitional Facility PE RVU = 0.69 |
| | Fully Implemented Facility PE RVU = 0.61 **(Informational Only)** |
| | |
| 76775 | Transitional Non-Facility PE RVU = 1.77 |
| | Fully Implemented Non-Facility PE RVU = 2.23 **(Informational Only)** |
| | Transitional Facility PE RVU = 1.77 |
| | Fully Implemented Facility PE RVU = 2.23 **(Informational Only)** |
| | |
| 76775 – TC | Transitional Non-Facility PE RVU = 1.58 |
| | Fully Implemented Non-Facility PE RVU = 2.06 **(Informational Only)** |
| | Transitional Facility PE RVU = 1.58 |
| | Fully Implemented Facility PE RVU = 2.06 **(Informational Only)** |
| | |
| 76775 -26 | Fully Implemented Non-Facility PE RVU = 0.17 **(Informational Only)** |
| | Fully Implemented Facility PE RVU = 0.17 **(Informational Only)** |
| | |
| 93503 | Status Indicator = A |
| | Work = 2.91 |
| | Transitional Non-Facility PE RVU = 0.63 |
| | Fully Implemented Non-Facility PE RVU **(Informational Only)** = 0.47 |
| | Transitional Facility PE RVU = 0.63 |
| | Fully Implemented Facility PE RVU **(Informational Only)** = 0.47 |
| | Malpractice = 0.20 |
| | |
| 93539 | Status Indicator = A |
| | Work = 0.40 |
| | Transitional Non-Facility PE RVU = 0.18 |
| | Fully Implemented Non-Facility PE RVU **(Informational Only)** = 0.22 |
| | Transitional Facility PE RVU = 0.18 |
| | Fully Implemented Facility PE RVU **(Informational Only)** = 0.22 |
| | Malpractice = 0.01 |
| 93540 | Status Indicator = A |
| | Work = 0.43 |
| | Transitional Non-Facility PE RVU = 0.19 |
| | Fully Implemented Non-Facility PE RVU **(Informational Only)** = 0.24 |

Transitional Facility PE RVU = 0.19
Fully Implemented Facility PE RVU (**Informational Only**) = 0.24
Malpractice = 0.01

93541          Status Indicator = A
               Work = 0.29
               Transitional Non-Facility PE RVU = 0.12
               Fully Implemented Non-Facility PE RVU (**Informational Only**) = 0.15
               Transitional Facility PE RVU = 0.12
               Fully Implemented Facility PE RVU (**Informational Only**) = 0.15
               Malpractice = 0.01

93542          Status Indicator = A
               Work = 0.29
               Transitional Non-Facility PE RVU = 0.12
               Fully Implemented Non-Facility PE RVU (**Informational Only**) = 0.15
               Transitional Facility PE RVU = 0.12
               Fully Implemented Facility PE RVU (**Informational Only**) = 0.15
               Malpractice = 0.01

93543          Status Indicator = A
               Work = 0.29
               Transitional Non-Facility PE RVU = 0.12
               Fully Implemented Non-Facility PE RVU (**Informational Only**) = 0.16
               Transitional Facility PE RVU = 0.12
               Fully Implemented Facility PE RVU (**Informational Only**) = 0.16
               Malpractice = 0.01

93544          Status Indicator = A
               Work = 0.25
               Transitional Non-Facility PE RVU = 0.11
               Fully Implemented Non-Facility PE RVU (**Informational Only**) = 0.13
               Transitional Facility PE RVU = 0.11
               Fully Implemented Facility PE RVU (**Informational Only**) = 0.13
               Malpractice = 0.01

93545          Status Indicator = A
               Work = 0.40
               Transitional Non-Facility PE RVU = 0.18
               Fully Implemented Non-Facility PE RVU (**Informational Only**) = 0.22
               Transitional Facility PE RVU = 0.18
               Fully Implemented Facility PE RVU (**Informational Only**) = 0.22
               Malpractice = 0.01

95060          Transitional Non-Facility PE RVU = 0.44
               Fully Implemented Non-Facility PE RVU = 0.72 (**Informational Only**)
               Transitional Facility PE RVU = 0.44

|  | Fully Implemented Facility PE RVU = 0.72 **(Informational Only)** |
|---|---|

95065         Transitional Non-Facility PE RVU = 0.31
                   Fully Implemented Non-Facility PE RVU = 0.65 **(Informational Only)**
                   Transitional Facility PE RVU = 0.31
                   Fully Implemented Facility PE RVU = 0.65 **(Informational Only)**

G0389         Transitional Non-Facility PE RVU = 1.77
                   Fully Implemented Non-Facility PE RVU = 2.23 **(Informational Only)**
                   Transitional Facility PE RVU = 1.77
                   Fully Implemented Facility PE RVU = 2.23 **(Informational Only)**

G0389 – TC    Transitional Non-Facility PE RVU = 1.58
                   Fully Implemented Non-Facility PE RVU = 2.06 **(Informational Only)**
                   Transitional Facility PE RVU = 1.58
                   Fully Implemented Facility PE RVU = 2.06 **(Informational Only)**

G0389 – 26    Fully Implemented Non-Facility PE RVU = 0.17 **(Informational Only)**
                   Fully Implemented Facility PE RVU = 0.17 **(Informational Only)**

**As a result of the Tax Relief and Health Care Act of 2006, effective January 1, 2007, the following G code will be added to the MPFSDB with a status indicator of "X". Payment for this code should be linked to CPT code 90471 (such as payment is made for G0008, G0009 and G0010). This code is effective for services performed on or after January 1, 2007 through December 31, 2007. This code is not on the 2007 HCPCS file and contractors shall manually add this code to their systems. (Note: CWF will have this change in production on January 15, 2007.)**

**G0377**
Long Descriptor: Administration of vaccine for Part D drug
Short Descriptor: Administra Part D vaccine

| | |
|---|---|
| Procedure Status: | X |
| WRVU: | 0.00 |
| 2007 Transitional Non-Facility PE RVU: | 0.00 |
| Fully Implemented Non-Facility PE RVU (**Informational Only**): | 0.00 |
| 2007 Transitional Facility PE RVU (N/A): | 0.00 |
| Fully Implemented Facility PE RVU (N/A) (**Informational Only**): | 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 |
| Non-Facility PE used for OPPS Payment Amount: | 0.00 |
| Facility PE used for OPPS Payment Amount: | 0.00 |
| MP used for OPPS Payment Amount: | 0.00 |

**Effective January 1, 2007, the following G codes will be added to the MPFSDB with a status indicator of "M". The payment indicators are identical for all services. Thus, the payment indicators will only be listed for the first service (G8348). The following codes are effective for services performed on or after January 1, 2007. (Note: These codes are not on the 2007 HCPCS file and contractors shall manually add these codes to their systems):**

**G8348**
Long Descriptor: Internal carotid stenosis patient in the 30-99% range documented to have reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement

| Short Descriptor: Int carotid stenosis meas | |
| Procedure Status: | M |
| WRVU: | 0.00 |
| 2007 Transitional Non-Facility PE RVU: | 0.00 |
| Fully Implemented Non-Facility PE RVU (**Informational Only**): | 0.00 |
| 2007 Transitional Facility PE RVU: | 0.00 |
| Fully Implemented Facility PE RVU (**Informational Only**): | 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 |
| Non-Facility PE used for OPPS Payment Amount: | 0.00 |
| Facility PE used for OPPS Payment Amount: | 0.00 |
| MP used for OPPS Payment Amount: | 0.00 |

**G8349**
Long Descriptor:  Patient was not an eligible candidate for documentation of presence or absence of alarm symptoms

Short Descriptor:  Pt inelig for doc of alarm

**G8350**
Long Descriptor:  Patient documented to have had 12-lead ECG performed
Short Descriptor:  Pt doc 12 lead ECG

**G8351**
Long Descriptor:  Patient not documented to have had ECG
Short Descriptor:  Pt not doc ECG

**G8352**
Long Descriptor:  Clinician documented that patient was not an eligible candidate for ECG
Short Descriptor:  Pt inelig for ECG

**G8353**
Long Descriptor:  Patient documented to have received or taken aspirin 24 hours before emergency department arrival or during emergency department stay

Short Descriptor:  Pt doc rec aspirin 24hrs ER

**G8354**
Long Descriptor:  Patient not documented to have received or taken aspirin 24 hours before emergency department arrival or during emergency department stay

Short Descriptor:  Pt not rec aspirin prior ER

**G8355**
Long Descriptor:  Clinician documented that patient was not an eligible candidate to receive aspirin

Short Descriptor:  Clin doc pt inelig aspirin

**G8356**
Long Descriptor:  Patient documented to have had ECG performed
Short Descriptor:  Pt doc to have ECG

**G8357**
Long Descriptor:  Patient not documented to have had ECG
Short Descriptor:  Pt not doc to have ECG

**G8358**
Long Descriptor:  Clinician documented that patient was not an eligible candidate for ECG

Short Descriptor: Clin doc pt inelig ECG

**G8359**
Long Descriptor: Patient documented to have had vital signs recorded and reviewed
Short Descriptor: Pt doc vital signs recorded

**G8360**
Long Descriptor: Patient not documented to have vital signs recorded and reviewed
Short Descriptor: Pt not doc vital signs recor

**G8361**
Long Descriptor: Patient documented to have oxygen saturation assessed
Short Descriptor: Pt doc to have 02 SAT assess

**G8362**
Long Descriptor: Patient not documented to have oxygen saturation assessed
Short Descriptor: Pt not doc 02 SAT assess

**G8363**
Long Descriptor: Clinician documented that patient was not an eligible candidate for oxygen saturation assessment

Short Descriptor: Clin doc pt inelig 02 SAT

**G8364**
Long Descriptor: Patient documented to have mental status assessed
Short Descriptor: Pt doc mental status assess

**G8365**
Long Descriptor: Patient not documented to have mental status assessed
Short Descriptor: Pt not doc mental status

**G8366**
Long Descriptor: Patient documented to have appropriate empiric antibiotic prescribed
Short Descriptor: Pt doc to have empiric AB

**G8367**
Long Descriptor: Patient not documented to have appropriate empiric antibiotic prescribed
Short Descriptor: Pt not doc have empiric AB

**G8368**
Long Descriptor: Clinician documented that patient was not an eligible candidate for appropriate empiric antibiotic

Short Descriptor: Clin doc pt inelig empiri AB

**After carefully examining Section 1847A of the Social Security Act, CMS has decided to establish separate payment for sodium hyaluronate products that have come onto the market since October 2003. In order to facilitate that separate payment, we are creating 4 interim Q codes that will be effective January 1, 2007. Corresponding ASP amounts will be reflected in updated 2007 ASP pricing files to be posted on the CMS website. The payment indicators are identical for all services. Thus, the payment indicators will only be listed for the first service (Q4083). The following codes are effective for services performed on or after January 1, 2007 (Note: These codes are not on the 2007 HCPCS file and contractors shall manually add these codes to their systems):**

**Q4083**
Long Descriptor: Hyaluronan Or Derivative, Hyalgan Or Supartz, For Intra-Articular Injection, Per Dose

Short Descriptor: Hyalgan/supartz inj per dose
| | |
|---|---|
| Procedure Status: | E |
| WRVU: | 0.00 |
| 2007 Transitional Non-Facility PE RVU: | 0.00 |
| Fully Implemented Non-Facility PE RVU (**Informational Only**): | 0.00 |
| 2007 Transitional Facility PE RVU: | 0.00 |
| Fully Implemented Facility PE RVU (**Informational Only**): | 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 |
| Non-Facility PE used for OPPS Payment Amount: | 0.00 |
| Facility PE used for OPPS Payment Amount: | 0.00 |
| MP used for OPPS Payment Amount: | 0.00 |

**Q4084**
Long Descriptor: Hyaluronan Or Derivative, Synvisc, For Intra-Articular Injection, Per Dose
Short Descriptor: Synvisc inj per dose

**Q4085**
Long Descriptor: Hyaluronan Or Derivative, Euflexxa, For Intra-Articular Injection, Per Dose
Short Descriptor: Euflexxa inj per dose

**Q4086**

Long Descriptor:  Hyaluronan Or Derivative, Orthovisc, For Intra-Articular Injection, Per Dose
Short Descriptor:  Orthovisc inj per dose

**Effective January 1, 2007, the following HCPCS codes will be assigned to status indicator "E" in the Medicare Physician Fee Schedule Database:**

Q9958                      Procedure Status = E
Q9959                      Procedure Status = E
Q9960                      Procedure Status = E
Q9961                      Procedure Status = E
Q9962                      Procedure Status = E
Q9963                      Procedure Status = E
Q9964                      Procedure Status = E

**Effective January 1, 2007, the following HCPCS code will be assigned to status indicator "I" in the Medicare Physician Fee Schedule Database:**

J7319                      Procedure Status = I

**The following codes are either bundled or not valid for Medicare purposes.  Values for these codes have been established as a courtesy to the general public.  These codes will remain bundled or not valid for Medicare purposes even though relative value units have been established.  These changes do not apply to the carriers and no systems changes are necessary.**

38204                      Transitional Non-Facility PE RVU = 0.91
                           Fully Implemented Non-Facility PE RVU = 0.91 **(Informational Only)**
                           Transitional Facility PE RVU = 0.91
                           Fully Implemented Facility PE RVU = 0.91 **(Informational Only)**

38207                      WRVU = 0.89
                           Transitional Non-Facility PE RVU = 0.41
                           Fully Implemented Non-Facility PE RVU = 0.41 **(Informational Only)**
                           Transitional Facility PE RVU = 0.41
                           Fully Implemented Facility PE RVU = 0.41 **(Informational Only)**

38208                      Transitional Non-Facility PE RVU = 0.25
                           Fully Implemented Non-Facility PE RVU = 0.25 **(Informational Only)**
                           Transitional Facility PE RVU = 0.25
                           Fully Implemented Facility PE RVU = 0.25 **(Informational Only)**

38209                      Transitional Non-Facility PE RVU = 0.11
                           Fully Implemented Non-Facility PE RVU = 0.11 **(Informational Only)**
                           Transitional Facility PE RVU = 0.11
                           Fully Implemented Facility PE RVU = 0.11 **(Informational Only)**

38210                      WRVU = 1.57

Transitional Non-Facility PE RVU = 0.72
Fully Implemented Non-Facility PE RVU = 0.72 **(Informational Only)**
Transitional Facility PE RVU = 0.72
Fully Implemented Facility PE RVU = 0.72 **(Informational Only)**

38211          WRVU = 1.42
Transitional Non-Facility PE RVU = 0.65
Fully Implemented Non-Facility PE RVU = 0.65 **(Informational Only)**
Transitional Facility PE RVU = 0.65
Fully Implemented Facility PE RVU = 0.65 **(Informational Only)**

38212          WRVU = 0.94
Transitional Non-Facility PE RVU = 0.43
Fully Implemented Non-Facility PE RVU = 0.43 **(Informational Only)**
Transitional Facility PE RVU = 0.43
Fully Implemented Facility PE RVU = 0.43 **(Informational Only)**

38213          Transitional Non-Facility PE RVU = 0.11
Fully Implemented Non-Facility PE RVU = 0.11 **(Informational Only)**
Transitional Facility PE RVU = 0.11
Fully Implemented Facility PE RVU = 0.11 **(Informational Only)**

38214          WRVU = 0.81
Transitional Non-Facility PE RVU = 0.37
Fully Implemented Non-Facility PE RVU = 0.37 **(Informational Only)**
Transitional Facility PE RVU = 0.37
Fully Implemented Facility PE RVU = 0.37 **(Informational Only)**

38215          WRVU = 0.94
Transitional Non-Facility PE RVU = 0.43
Fully Implemented Non-Facility PE RVU = 0.43 **(Informational Only)**
Transitional Facility PE RVU = 0.43
Fully Implemented Facility PE RVU = 0.43 **(Informational Only)**

Attachment 2
Filenames for Revised Payment Files

The revised filenames for the Emergency Update to the 2007 Medicare Physician Fee Schedule Database for carriers are:

MU00.@BF12390.MPFS.CY07.CF.C00000.V1214

MU00.@BF12390.MPFS.CY07.CF.CALABS.V1214     (for 00510, 00973)

MU00.@BF12390.MPFS.CY07.CF.OPPSCAP.V1214

Purchased Diagnostic File
MU00.@BF12390.MPFS.CY07.CF.PURDIAG.V1214

Anesthesia
MU00.@BF12390.MPFS.CY07.CF.ANES.V1214

The revised filenames for the Emergency Update to the 2007 Medicare Physician Fee Schedule Database for intermediaries are:

SNF Abstract File
MU00.@BF12390.MPFS.CY07.CF.SNF.V1214.FI

Therapy/CORF Abstract File
MU00.@BF12390.MPFS.CY07.CF.ABSTR.V1214.FI

Mammography Abstract File
MU00.@BF12390.MPFS.CY07.CF.MAMMO.V1214.FI

Therapy/CORF Supplemental File:
MU00.@BF12390.MPFS.CY07.CF.SUPL.V1214.FI

Hospice File
MU00.@BF12390.MPFS.CY07.CF.ALL.V1214.RHHI