CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 897

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: MARCH 29, 2006

Change Request 4399

NOTE: Transmittal 889, dated March 17, 2006 is rescinded and replaced with Transmittal 897, dated March 29, 2006. The following business requirements were added/modified to clarify instructions to contractors: 4399.3.1, 4399.4.1, 4399.6, 4399.6.1, 4399.7, 4399.7.1, 4399.8, and 4399.8.1. All other information remains the same.

SUBJECT: April Update to the 2006 Medicare Physician Fee Schedule Database

I. SUMMARY OF CHANGES: Payment files were issued to carriers based upon the November 21, 2005, Medicare Physician Fee Schedule Final Rule. This Change Request 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.

NEW/REVISED MATERIAL:

EFFECTIVE DATE: January 1, 2006

IMPLEMENTATION DATE: April 3, 2006

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

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 2006 operating budgets.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 897	Date: March 29, 2006	Change Request 4399

NOTE: Transmittal 889, dated March 17, 2006 is rescinded and replaced with Transmittal 897, dated March 29, 2006. The following business requirements were added/modified to clarify instructions to contractors: 4399.3.1, 4399.4.1, 4399.6, 4399.6.1, 4399.7, 4399.7.1, 4399.8, and 4399.8.1. All other information remains the same.

SUBJECT: April Update to the 2006 Medicare Physician Fee Schedule Database

I. GENERAL INFORMATION

A. Background: Payment files were issued to carriers based upon the November 21, 2005, Medicare Physician Fee Schedule Final Rule. This Change Request 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.

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

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4399.1	In the October 2005 update to the Medicare Physician Fee Schedule Database (MPFSDB) the bilateral surgical indicators were inadvertently changed from "1" to "0" for CPT codes 63035, 63043, 63044, 64480, and 64484. This change request reinstates the bilateral surgical indicators for these codes to a "1" effective January 1, 2006. Carriers need not search their files for claims paid incorrectly from October 1, 2005 through December 31, 2005, but shall adjust claims brought to their attention.			X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4399.1.1	Carriers shall manually adjust their systems and the 2005 MPFSDB to reflect a bilateral surgical procedure indicator of a "1" for CPT codes 63035, 63043, 63044, 64480, and 64484.			X						
4399.2	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. Carriers need not search their files for claims paid incorrectly from October 1, 2005 through December 31, 2005, but shall adjust claims brought to their attention.			X						
4399.2.1	Carriers shall manually adjust their systems and the 2005 MPFSDB to reflect a multiple procedure indicator of a "0" for CPT codes 20931, 20937, and 20938.			X						
4399.3	There is a pending correction to Change Request 3811, Transmittal 531, Pub. 100-04, dated April 22, 2005. Based on this pending correction, effective for services performed on or after March 17, 2005, contractors shall 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).			X		X				
4399.3.1	For dates of service January 1, 2005 through March 16, 2005, CPT code 37216 shall be processed as an "R" status. Carriers shall manually update their systems to reflect a non-coverage status for dates of service on or after March 17, 2005 for this code.			X		X				

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4399.4	Based on a pending change request, contractors shall note that CPT code 43842 (Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty) is non-covered for Medicare effective for services performed on or after February 21, 2006.	X		X		X				
4399.4.1	For dates of service January 1, 2006 through February 20, 2006, CPT code 43842 shall be processed as an "A" status. Carriers shall manually update their systems to reflect a non-coverage status for dates of service on or after February 21, 2006 for this code.	X		X		X				
4399.5	Contractors shall manually update their HCPCS file to reflect a coverage indicator of "C" for Category II codes 0001F through 4018F.			X						
4399.6	The descriptors for Category II modifiers 1P and 2P have been revised and effective for dates of service on or after January 1, 2006, should read as follows: **1P** - Performance Measure Exclusion Modifier due to Medical Reasons Includes: • not indicated (absence of organ/limb, already received/performed, other) • contraindicated (patient allergic history, potential adverse drug interaction, other) **2P** - Performance Measure Exclusion Modifier due to Patient Reasons Includes: • patient declined, • economic, social, or religious reasons, • other patient reasons			X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4399.6.1	The descriptors listed above for Category II modifiers 1P and 2P supersedes the descriptors previously listed in Change Request 4269, Transmittal 810, Pub. 100-04, dated January 13, 2006. Carriers shall manually update their systems to reflect the revised descriptors listed above for modifiers 1P and 2P.			X						
4399.7	Effective for dates of service on or after April 1, 2006, the following Category II modifier will be recognized in addition to Category II modifiers 1P and 2P (**NOTE:** These are statistical modifiers): **3P** -- Performance Measure Exclusion Modifier due to System Reasons: Includes: • Resources to perform the services not available • Insurance coverage/payor-related limitations • Other reasons attributable to health care delivery system			X						
4399.7.1	Carriers shall manually update their systems to reflect this new Category II modifier (3P).			X						
4399.8	Carriers and CWF shall apply TOS 1 to the following HCPCS codes: G9041, G9042, G9043 and G9044. **NOTE**: This change supersedes the TOS of Q that was designated in CR 4322.			X					X	
4399.8.1	Carriers and CWF shall apply TOS 4 to the following Category III Codes: 0144T and 0145T.			X					X	

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4399.9	Unless otherwise stated in this transmittal, changes identified in Attachment 1 will be retroactive to January 1, 2006. Contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X		X						
4399.10	Contractors shall retrieve the revised payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. Files will be available for retrieval on March 17, 2006.	X		X						
4399.11	Effective April 1, 2005, the CWF implemented a new edit to check for duplicate claims for referred clinical diagnostic laboratory and purchased diagnostic services submitted by physicians/suppliers to more than one carrier. (See Change Request 3551, Transmittal 124, Pub. 100-20, dated October 29, 2004.) Beginning on April 1, 2006, CMS will provide a separate file update to the CWF maintainer to add or delete the abstract file codes that are subject to this edit as part of the regularly quarterly update process for the Medicare Physician Fee Schedule National Abstract File for Purchased Diagnostic Tests and Interpretations. CWF shall retrieve the revised payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. Files will be available for retrieval on March 17, 2006.								X	
4399.12	Notification of successful receipt shall be sent 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).	X		X		X			X	

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4399.13	Per Change Request 4165, Transmittal 191, Pub. 100-20, dated November 3, 2005, the April physician fee schedule files will report fees for South Dakota under the new carrier number of 00889. All contractors shall recognize this new numbering scheme.	X	X	X		X	X			

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4399.14	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2006 **Implementation Date:** April 3, 2006 **Pre-Implementation Contact(s):** MPFSDB Issues: Gaysha Brooks, (410) 786-9649; CWF Duplicate Claims Edit File: Susan Webster, (410) 786-3384 **Post-Implementation Contact(s):** Regional Office	**No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.**

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

2 Attachments

Attachment 1

Changes included in the April Update to the 2006 Medicare Physician Fee Schedule Database are as follows:

CPT/HCPCS	ACTION
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
22523	Malpractice RVU = 1.71
22524	Malpractice RVU = 1.60
22525	Malpractice RVU = 0.82
36598	PC/TC Indicator = 9

Based on a pending correction to Change Request 3811, effective for dates of service on or after March 17, 2005, contractors shall 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). Contractors need not search their files to retract payment for claims already paid that contained CPT code 37216. However, contractors shall adjust claims brought to their attention.

37216	Procedure Status = N

Effective for services performed on or after March 17, 2005.

Based on a pending change request, contractors shall note that CPT code 43842 (Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty) is non-covered for Medicare effective for services performed on or after February 21, 2006. Contractors need not search their files to retract payment for claims already paid that contained CPT code 43842. However, contractors shall adjust claims brought to their attention.

43842 Procedure Status = N
Effective for services performed on or after February 21, 2006.

In the October 2005 update to the Medicare Physician Fee Schedule Database (MPFSDB) the bilateral surgical indicators were inadvertently changed from "1" to "0" for CPT codes 63035, 63043, 63044, 64480, and 64484. This change request reinstates the bilateral surgical indicators for these codes to a "1" effective January 1, 2006. Carriers need not search their files for claims paid incorrectly from October 1, 2005 through December 31, 2005, but should adjust claims brought to their attention. Carriers shall manually adjust their systems and the 2005 MPFSDB to reflect a bilateral surgical procedure indicator of a "1" for CPT codes 63035, 63043, 63044, 64480, and 64484.

63035 Bilateral Indicator = 1

63043 Bilateral Indicator = 1

63044 Bilateral Indicator = 1

64480 Bilateral Indicator = 1

64484 Bilateral Indicator = 1

The following G-codes (G9041 through G9044) are for use under the Low Vision Demonstration project per Change Request 3816, Transmittal 23, dated May 6, 2005, and Change Request 4294, Transmittal 37, dated January 20, 2006. This demonstration is limited to services provided in specific demonstration locales.

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

Effective for services performed on or after April 1, 2006.

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

Effective for services performed on or after April 1, 2006.

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
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

Effective for services performed on or after April 1, 2006.

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

Effective for services performed on or after April 1, 2006.

<u>Performance Measurement Codes (Existing Category II codes 0001F through 4018F, HCPCS codes G8006 through G8186, and New Category II codes 3046F through 3050F and 3076F through 3080F)</u>

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:

Existing Category II codes **0001F through 4018F** (Payment modifiers for these codes will remain unchanged.)

G8006 through G8186 will be added to the MPFSDB with a status indicator of "M". The payment indicators are identical for all services in this code range. Thus, the payment indicators will only be listed for the first service (HCPCS code G8006) in this range.

HCPCS Code:	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

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 Bbloc 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 HbA1c
G8019	Diabetic pt w/LDL>= 100mg/dl
G8020	Diab pt w/LDL< 100mg/dl
G8021	Diab pt inelig for LDL meas
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 w 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/LDL>100mg/dl
G8040	CAD pt w/LDL<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 inelig for antidepres med
G8129	Pt treat w/antidepres for 6m
G8130	Pt not treat w/antidepres 6m
G8131	Pt inelig for antidepres med
G8152	Pt w/AB 1 hr prior to incisi
G8153	Pt not doc for AB 1 hr prior
G8154	Pt ineligi for AB therapy
G8155	Pt recd thromboemb prophylax
G8156	Pt did not rec thromboembo
G8157	Pt ineligi for thrombolism
G8158	Pt recd CABG w/ IMA
G8159	Pt w/CABG w/o IMA
G8160	Pt inelig for CABG w/IMA
G8161	Iso CABG pt rec preop bblock
G8162	Iso CABG pt w/o preop Bblock
G8163	Iso CABG pt inelig for preo
G8164	Iso CABG pt w/prolng intub
G8165	Iso CABG pt w/o prolng intub
G8166	Iso CABG req surg rexpo
G8167	Iso CABG w/o surg explo
G8170	CEA/ext bypass pt on aspirin
G8171	Pt w/carot endarct/ext bypas
G8172	CEA/ext bypass pt not on asp
G8182	CAD pt care not prov LDL
G8183	HF/atrial fib pt on warfarin
G8184	HF/atrial fib pt inelig warf
G8185	Osteoarth pt w/ assess pain
G8186	Osteoarth pt inelig assess

<u>New Category II codes (3046F through 3050F and 3076F through 3080F)</u>
Effective April 1, 2006, the following Category II codes will be added to the MPFSDB with a status indicator of "M". The payment indicators are identical for all services in these code ranges. Thus, the payment indicators will only be listed for the first service (Category II code 3046F).

3046F

Long Descriptor:	Most recent hemoglobin A1c level > 9.0% (DM^4)
Short Descriptor:	Hemoglobin A1c level > 9.0%
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
Effective for services performed on or after April 1, 2006.

3047F
Long Descriptor: Most recent hemoglobin A1c level ≤ 9.0% (DM[4])
Short Descriptor: Hemoglobin A1c level ≤ 9.0%
Effective for services performed on or after April 1, 2006.

3048F
Long Descriptor: Most recent LDL-C <100 mg/dL (DM[4])
Short Descriptor: LDL-C <100 mg/dL
Effective for services performed on or after April 1, 2006.

3049F
Long Descriptor: Most recent LDL-C 100-129 mg/dL (DM[4])
Short Descriptor: LDL-C 100-129 mg/dL
Effective for services performed on or after April 1, 2006.

3050F
Long Descriptor: Most recent LDL-C ≥ 130 mg/dL (DM[4])
Short Descriptor: LDL-C ≥ 130 mg/dL
Effective for services performed on or after April 1, 2006.

3076F
Long Descriptor: Most recent systolic blood pressure < 140 mm Hg (DM[4], HTN[1])
Short Descriptor: Syst bp < 140 mm hg
Effective for services performed on or after April 1, 2006.

3077F
Long Descriptor: Most recent systolic blood pressure ≥ 140 mm Hg (DM[4], HTN[1])
Short Descriptor: Syst bp ≥ 140 mm hg
Effective for services performed on or after April 1, 2006.

3078F
Long Descriptor: Most recent diastolic blood pressure < 80 mm Hg (DM[4], HTN[1])
Short Descriptor: Diast bp < 80 mm hg
Effective for services performed on or after April 1, 2006.

3079F
Long Descriptor: Most recent diastolic blood pressure 80-89 mm Hg (DM[4], HTN[1])

Short Descriptor: Diast bp 80-89 mm hg
Effective for services performed on or after April 1, 2006.

3080F
Long Descriptor: Most recent diastolic blood pressure ≥ 90 mm Hg (DM[4], HTN[1])
Short Descriptor: Diast bp ≥ 90 mm hg
Effective for services performed on or after April 1, 2006.

New descriptors have been created for Category II code 4006F and 4009F and are effective to when the codes were implemented (January 1, 2005).

4006F
Long Descriptor: Beta-blocker therapy prescribed (HF[1], CAD[1])

4009F
Long Descriptor: Angiotensin converting enzyme (ACE) inhibitor for Angiotensin Receptor Blocker (ARB) therapy prescribed (HF[1], CAD[1])
Short Descriptor: ACE/ARB inhibitor therapy Rx

[1]Physician Consortium for Performance Improvement, http://www.physicianconsortium.org
[4]National Diabetes Quality Improvement Alliance, http://www.nationaldiabetesalliance.org

Professional and Technical components (PC/TC) have been established for Category III codes 0144T through 0151T. The payment indicators are identical for all services in this code range. Thus, the payment indicators will only be listed for the first service (Category III code 0144T (PC)) in this range.

0144T - 26 Short Descriptor: CT heart wo dye; qual calc
Procedure Status = C
WRVU = 0.00
Non-Facility PE RVU = 0.00
Facility PE RVU = 0.00
Malpractice RVU = 0.00
PC/TC = 1
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 = 4
Diagnostic Family Imaging Indicator: 99

0144T – TC CT heart wo dye; qual calc

0145T – 26	CT heart w/wo dye funct
0145T – TC	CT heart w/wo dye funct
0146T – 26	CCTA w/wo dye
0146T – TC	CCTA w/wo dye
0147T – 26	CCTA w/wo, quan calcium
0147T – TC	CCTA w/wo, quan calcium
0148T – 26	CCTA w/wo, strxr
0148T – TC	CCTA w/wo, strxr
0149T – 26	CCTA w/wo, strxr quan calc
0149T – TC	CCTA w/wo, strxr quan calc
0150T – 26	CCTA w/wo, disease strxr
0150T – TC	CCTA w/wo, disease strxr
0151T – 26	CT heart funct add-on
0151T – TC	CT heart funct add-on

Since PC/TC components are being established for Category III codes 0144T through 0151T, the PC/TC indicator for the global portions of these codes will be changed to 1, as noted below.

0144T	PC/TC = 1
0145T	PC/TC = 1
0146T	PC/TC = 1
0147T	PC/TC = 1
0148T	PC/TC = 1
0149T	PC/TC = 1
0150T	PC/TC = 1
0151T	PC/TC = 1

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. Carriers need not search their files for claims paid incorrectly from October 1, 2005 through December 31, 2005, but shall adjust claims brought to their attention. Carriers

shall manually adjust their systems and the 2005 MPFSDB to reflect a multiple procedure indicator of a “0” for CPT codes 20931, 20937, and 20938.

Attachment 2
Filenames for Revised Payment Files

The revised filenames for the April Update to the 2006 Medicare Physician Fee Schedule Database for carriers are:

MU00.@BF12390.MPFS.CY06.UP1.C00000.V0317

Purchased Diagnostic File
MU00.@BF12390.MPFS.CY06.UP1.PURDIAG.V0317

CWF Duplicate Claims Edit File
MU00.@BF12390.MPFS.CY06.UP1.PURDIAG.CWF0317

The revised filenames for the April Update to the 2006 Medicare Physician Fee Schedule Database for intermediaries are:

SNF Abstract File
MU00.@BF12390.MPFS.CY06.UP1.SNF.V0317.FI

Therapy/CORF Abstract File
MU00.@BF12390.MPFS.CY06.UP1.ABSTR.V0317.FI

Therapy/CORF Supplemental File:
MU00.@BF12390.MPFS.CY06.UP1.SUPL.V0317.FI

Mammography Abstract File
MU00.@BF12390.MPFS.CY06.UP1.MAMMO.V0317.FI

Hospice File
MU00.@BF12390.MPFS.CY06.UP1.ALL.V0317.RHHI