

Medicare Claims Processing Manual

Chapter 12 - Physicians/Nonphysician Practitioners Crosswalk

Crosswalk

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
12	10		B3-2020		General
12	20		B3-15000		Medicare Physicians Fee Schedule (MPFS)
12	20.1		B3-15006		Method for Computing Fee Schedule Amount
12	20.2				Relative Value Units (RVUs)
12	20.3		B3-15010		Bundled Services/Supplies
12	20.4		B3-15024		Summary of Adjustments to Fee Schedule Computations
12	20.4.1		B3-15032		Participating Versus Nonparticipating Differential
12	20.4.2		B3-15036		Site of Service Payment Differential
12	20.4.3		B3-15044		Assistant at Surgery Services
12	20.4.4		B3-15900.2		Supplies
12	20.4.5		B3-15055		Allowable Adjustments
12	20.4.6		B3-15028		Payment Change Due to Unusual Circumstances (Modification 50)

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
					(Modifier 52)
12	20.5		B3-15054		No Adjustments in Fee Schedule Amounts
12	20.6		B3-15058	B-03-007	Update Factor for Fee Schedule Services
12	20.7		B3-15064		Comparability of Payment Provision of Delegation of Authority By CMS to Railroad Retirement Board
12	30		B3-15068		Correct Coding Policy
12	30.1		B3-15100		Digestive System (Codes 40000-49999)
12	30.2		B3-15200		Urinary and Male Genital Systems (Codes 50010-55899)
12	30.3		B3-15300		Otolaryngology and Audiology/Speech/Language Tests and Treatments (Codes V5299, V5362-V5364, 69000-69979, and 92502-92599)
12	30.4		B3-15360		Echocardiography Services (Codes 93303 - 93350)
12	30.5		B3-15400		Chemotherapy Administration (Codes 96400-96549)
12	30.6		B3-15501- B3-15501.1		Evaluation and Management Service Codes - General (Codes 99201-99499)
12	30.6.1				Selection of Level of Evaluation and Management Service
12	30.6.2				Billing for Medically Necessary Visit on Same Occasion as Preventive Medicine Service

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
12	30.6.3		B3-4820 - 4824		Payment for Immunosuppressive Therapy Management
12	30.6.4				E and M Services Furnished Incident to Physician's Service by Nonphysician Practitioners
12					Physicians in Group Practice
12	30.6.6		B3-4820 - 4824		Payment for Evaluation and Management Services Provided During Global Period of Surgery
12	30.6.7		B3-15502		Payment for Office/Outpatient Visits (Codes 99201-99215)
12	30.6.8		B3-15504		Payment for Hospital Observation Services (Codes 99217-99220)
12	30.6.9		B3-15505 - B3-15505.2		Payment for Inpatient Hospital Visits - General (Codes 99221 - 99239)
12	30.6.9.1				Payment for Initial Hospital Care Services (Codes 99221 - 99223)
12	30.6.9.2				Subsequent Hospital Visit and Hospital Discharge Management (Codes 99231-99239)
12	30.6.10		B3-15506		Consultations (Codes 99241 - 99275)
12	30.6.11		B3-15507		Emergency Department Visits (Codes 99281-99288)
12	30.6.12		B3-15508		Critical Care Visits and Neonatal Intensive Care (Codes 99291-99292)

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
12	30.6.13		B3-15509 - B3-15509.1		Nursing Facility Visits (Codes 99301-99313)
12	30.6.14		B3-15510		Home Care and Domiciliary Care Visits (Codes 99348-99349)
12	30.6.15		B3-15511 - B3-15511.3		Prolonged Services and Standby Services (Codes 99354-99360)
12	30.6.15.1				Prolonged Services (Codes 99354 – 99359) (ZZZ codes)
12	30.6.15.2				Prolonged Services Without Face-to-Face Service (Codes 99358-99359)
12	30.6.15.3				Physician Standby Service (Code 99360)
12	30.6.16		B3-15512		Case Management Services (Codes 99362 and 99371-99373)
12	30.6.17		B3-15515, B3-15066		Home Services (Codes 99341 - 99350)
12	40		B3-4820		Surgeons and Global Surgery
12	40.1		B3-4821, B3-15900.2, B3-15011, B3-4820- B3-4831		Definition of a Global Surgical Package
12	40.2		B3-4822		Billing Requirements for Global Surgeries

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
12	40.3		B3-4823		Claims Review for Global Surgeries
12	40.4		B3-4824, B3-4825, B3-7100-B3-7120.7		Adjudication of Claims for Global Surgeries
12	40.5		B3-4825		Postpayment Issues
12	40.6		B3-4826, B3-15038, B3-15056, B3-4826		Claims for Multiple Surgeries
12	40.7		B3-4827, B3-15040		Claims for Bilateral Surgeries
12	40.8		B3-4828, B3-15046		Claims for Co-Surgeons and Team Surgeons
12	40.9		B3-4829		Procedures Billed With Two or More Surgical Modifiers
12	50		B3-4830, B3-15018. B3-15018.K, B3-4830C, B3-4830D		Payment Conditions for Anesthesiology Services
12	60		B3-15020	AB-01-47 (CR1499)	Payment Conditions for Pathology Services
12	70		B3-15022		Payment Conditions for Radiology Services
12	80		B3-15014		Services of Physicians Furnished in Providers or to Patients of Providers
12	80.1		B3-2220		Coverage of Physicians' Services Provided in Comprehensive Outpatient Rehabilitation Facilities

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
					Comprehensive Outpatient Rehabilitation Facility
12	80.2		B3-2260- B3-2260.3		Rural Health Clinic and Federally Qualified Health Center Services
12	80.3		B3-15026		Unusual Travel (CPT Code 99082)
12	90				Physicians Practicing in Special Settings
12	90.1		B3-2020.5		Physicians in Federal Hospitals
12	90.2				Physician Billing for End-Stage Renal Disease Services
12	90.2.1		B3-1506.2 - B3-15062.1		Inpatient Hospital Visits with Dialysis Patients
12	90.3		B3-2265, B3-2265.4		Physicians' Services Performed in Ambulatory Surgical Centers (ASC)
12	90.4		B3-3350, B3-15052		Billing and Payment in a Health Professional Shortage Areas (HPSAs)
12	90.4.1		B3-3350.1		Informing the Physician Community
12	90.4.2		B3-3350.2		Detailing HPSA Locations
12	90.4.3		B3-3350.3		Claims Coding Requirements
12	90.4.4		B3-3350.4		Payment
12	90.4.5		B3-3350.5		Services Eligible for HPSA Bonus Payments

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
12	90.4.6		B3-3350.6		Remittance Messages
12	90.4.7		B3-3350.7		Postpayment Review
12	90.4.8		B3-3350.8, B3-13320, B3-13320.1, B3-13322.3		Reporting
12	100		B3-2020.7, B3-8201, B3-15016		Teaching Physician Services
12	100.1				Payment for Physician Services in Teaching Settings Under the MPFS
12	100.1.1				Evaluation and Management (E/M) Services
12	100.1.2				Surgical Procedures
12	100.1.3				Psychiatry
12	100.1.4				Time-Based Codes
12	100.1.5				Other Complex or High-Risk Procedures
12	100.1.6				Miscellaneous
12	100.1.7		B3-15016		Assistants at Surgery in Teaching Hospitals
12	100.1.8		B3-8204, B3-15016		Physician Billing in the Teaching Setting

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
12	100.2		B3-2020.8, B3-8030		Interns and Residents
12	110		B3-16001, B3-2156, B3-15004, B3-4112, B3-15024		Physician Assistant (PA) Services Payment Methodology
12	110.1		B3-16001		Limitations for Assistant-at-Surgery Services
12	110.2		B3-4112, B3-2472.4		Mental Health Limitation
12	110.3		B3-16001, B3-15044, B3-2156	PM-B-99-16	PA Billing to Carrier
12	120		B3-16002, B3-2158- B3-2160, B3-4112, B3-2472-2472.4		Nurse Practitioner (NP) And Clinical Nurse Specialist (CNS) Services
12	120.1		B3-2158E, B3-2160E, B3-3040.4		Direct Billing and Payment
12	130		B3-16004, B3-5257		Nurse-Midwife Services
12	130.1		B3-16004A, B3-16004B, B3-5257B, B3-3040.4, B3-17001.1		Payment for Services
12	130.2		B3-16004C, B3-5257C		Global Allowances
12	140		B3-16003, B3-16003 A, B3-3040.4, B3-4172		Certified Registered Nurse Anesthetist (CRNA) Services

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
12	140.1		B3-16003, B3-4172.1		Qualified Anesthetists
12	140.1.1		B3-4172.2		Issuance of UPINs
12	140.1.2		B3-4172.3		Annual Review of CRNA Certifications
12	140.2		B3-16003C, B3-4830A		Entity or Individual to Whom CRNA Fee Schedule is Payable
12	140.3		B3-16003D and E		CRNA Fee Schedule Payment
12	140.3.1		B3-16003F		CRNA Conversion Factors Used on or After January 1, 1997
12	140.3.2		B3-15018G		Anesthesia Time and Calculation of Anesthesia Time Units
12	140.3.3				Billing Modifiers
12	140.3.4		B3-4172.5		General Billing Instructions
12	140.4				CRNA Special Billing and Payment Situations
12	140.4.1				An Anesthesiologist and CRNA Work Together
12	140.4.2		B3-4172.6		CRNA and an Anesthesiologist in a Single Anesthesia Procedure
12	140.4.3		B3-16003H		Payment for Medical or Surgical Services Furnished by CRNAs

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
12	140.4.4		B3-16003I,	PM B-01-69	Conversion Factors for Anesthesia Services of CRNAs Furnished on or After January 1, 1992
12	150		B3-2152, B3-17000		Clinical Social Worker (CSW) Services
12	160		B3-2150, B3-2070.2		Independent Psychologist Services
12	160.1				Payment
12	170		B3-2150		Clinical Psychologist Services
12	170.1		B3-2150, B3-17001.1		Payment
12	180		B3-15513	B-00-65	Care Plan Oversight Services
12	180.1		B3-15513	B-00-65	Care Plan Oversight Billing Requirements
12	190	A3-3497, A3-3660.2	B3-4159, B3-15516	AB-01-69, AB-02-05	Medicare Payment for Telehealth Services
12	190.1				Background
12	190.2				Eligibility Criteria
12	190.3				List of Medicare Telehealth Services
12	190.4				Conditions of Payment
12	190.5				Payment Methodology for Physician/Practitioner at the Distant Site
12	190.6				Originating Site Facility Fee Payment Methodology

Chap.	Sect.	Int. Pub. 13	Carrier Pub. 14-3	PMs	Description
12	190.6.1				Submission of Telehealth Claims for Distant Site Practitioners
12	190.6.2				Exception for Sotre and Forward (Non-interactive) Telehealth
12	190.7				Carrier Editing of Telehealth Claims
12	200		B3-15050		Allergy Testing and Immunotherapy
12	210		B3-2470		Outpatient Mental Health Limitation
12	210.1		B3-2472-B3-2472.5		Application of the Limitation