



Medicare Fee-For-Service (FFS) Contingency Plan Announced!

Effective May 23, 2007, Medicare FFS is establishing a contingency plan for implementing the National Provider Identifier (NPI). In this plan, as soon as Medicare considers the number of claims submitted with an NPI for primary providers (Billing, pay-to and rendering providers) is sufficient, Medicare (after advance notification to providers) will begin rejecting claims without an NPI for primary providers, perhaps as early as July 1, 2007. For more information on this contingency plan, please visit the NPI dedicated website at <http://www.cms.hhs.gov/nationalprovidentstand/>.

MLN Matters Number: MM5614 **Revised**

Related Change Request (CR) #: 5614

Related CR Release Date: May 29, 2007

Effective Date: January 1, 2007

Related CR Transmittal #: R1258CP

Implementation Date: July 2, 2007

Update to the 2007 Medicare Physician Fee Schedule Database (MPFSDB)

Note: This article was changed on July 9, 2007, to reference MM5635. MM5635 implemented HCPCS coding changes for Immune Globulin. **On and after July 1, 2007, HCPCS code J1567 (injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg) will no longer be payable by Medicare.** There is a reference to J1567 on page 3 of this article. To view the new HCPCS codes for Immune Globulin, please go to <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5635.pdf> on the CMS website.

Provider Types Affected

Physicians and providers who submit claims to Medicare contractors (Fiscal intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), carriers) for services rendered to Medicare beneficiaries that are paid based on the MPFSDB.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

CPT only copyright 2006 American Medical Association. All rights reserved.

Provider Action Needed



STOP – Impact to You

Payment files for the MPFS were issued based on the December 1, 2006 Medicare Physician Fee Schedule Final Rule. CR5614, amends those files and includes new/revised codes for the Physician Quality Reporting Initiative (PQRI)



CAUTION – What You Need to Know

Physicians and providers may want to pay particular attention to **Attachment 1** of CR5614 that identifies the changes included in the July Update to the 2007 MPFSDB—the **highlights of attachment 1** are:

- Effective for dates of service on or after July 1, 2007 Category II modifier 8P will be recognized in addition to Category II modifiers 1P, 2P and 3P. (NOTE: Modifier 8P is intended to be used as a “reporting modifier” to allow the reporting of circumstances when an action described in a measure’s numerator is not performed and the reason is not otherwise specified.)
- Effective for dates of service on or after January 1, 2007, Medicare contractors will update their systems to reflect 11 base units for CPT code 00797.
- This CR 5614 lists the new Category II HCPCS codes that will be added to the MPFSDB with a status indicator of “M” for the PQRI.



GO – What You Need to Do

Make certain that your billing staffs are aware of these changes.

Background

Section 1848 (c)(4) of the Social Security Act provides for the establishment of the policies needed in order to implement relative values for physicians’ services. CR 5614 is the official document that announces these changes in the Medicare schedule. Rather than duplicate all the additions, deletions and changes in this article, the Centers for Medicare & Medicaid Services (CMS) directs you to **CR5614, which contains lengthy lists of these items**. CR5614 is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1258CP.pdf> on the CMS website.

As mentioned above, the key portion of CR5614 is Attachment 1, which includes the following information:

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

CPT only copyright 2006 American Medical Association. All rights reserved.

- Several changes retroactive to January 1, 2007. The changes are for the following CPT/HCPCS codes:
 - 00797 (base units set to 11);
 - 0115T, 0116T, and 0117T (procedure status is now N);
 - 19301 (short descriptor is Partial mastectomy);
 - 33208 (work RVUs set to 8.72);
 - 75365-TC (diagnostic indicator set to 02); and
 - 77422, 77423, G9041, G9042, G9043, G9044 (PE RVU changes).
- Codes 0024T and 0133T are assigned a procedure status of I effective for dates of service on or after July 1, 2007.
- As previously mentioned, modifier 8P is added for the PQRI program.
- The list of G codes that are no longer used for the PQRI program as of July 1, 2007.
- The list of new CPT Category II codes, new G codes and the new/revised descriptors for the codes that will be used for the PQRI, effective for dates of service on or after July 1, 2007.
- Information on Category III codes (0178T through 0180T (all of which deal with electrocardiograms), 0181T (corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report), and 0182T (High dose rate_electronic brachytherapy, per fraction), which are effective for dates of service on or after July 1, 2007.
- Effective July 1, 2007, HCPCS codes J1567, J7611, J7612, J7613, and J7614 will be assigned a procedure status of I. **(See note above regarding J1567.)**
- Information related to HCPCS codes Q4087 through Q4095, which are added to the MPFSDB as of July 1, 2007 with a status indicator of E.

Also, attachment 3 (which is informational only) states that the Performance Payment Indicator has been changed to '1' for the extensive list of carrier priced codes identified in attachment 3.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

CPT only copyright 2006 American Medical Association. All rights reserved.

Additional Information

For complete details regarding this Change Request (CR) please see the official instruction (CR5614) issued to your Medicare carrier, FI, or A/B MAC. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R1258CP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier, FI or A/B MAC, at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

CPT only copyright 2006 American Medical Association. All rights reserved.