

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1161	Date: JANUARY 24, 2007
	Change Request 5498

Subject: Additional Changes 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 and Transmittal 1143, Change Request 5459, Emergency Update to the 2007 Medicare Physician Fee Schedule Database. This change request amends those payment files and includes new outpatient prospective payment system (OPPS) payment amounts for codes subject to the OPPS cap and other miscellaneous corrections.

New / Revised Material

Effective Date: January 1, 2007

Implementation Date: February 26, 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:

One-Time Notification

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

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M M A C	F I M A C	C A R E R	D M R C	R E R I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	relative value unit (RVU) changes and codes subject to the OPPTS payment cap.											
5498.4	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							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M M A C	F I M A C	C A R E R	D M R C	R E R I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5498.5	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): Gaysha Brooks, Gaysha.Brooks@cms.hhs.gov, 410 786-9649 or Rick Ensor, Rick.Ensor@cms.hhs.gov, 410 786-4503.

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.

Attachments

Attachment 1

Changes included in this change request to the 2007 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

<u>CPT/HCPCS</u>	<u>ACTION</u>
31545	Bilateral Indicator = 1
31546	Bilateral Indicator = 1
70555 – 26	Work RVU = 2.54
76998 – 26	Work RVU = 1.20
77013 – 26	Work RVU = 3.99
77022 – 26	Work RVU = 4.24
77055 - Global	Work RVU = 0.70
77055 – 26	Work RVU = 0.70
93624 – 26	Status Indicator = A Work RVU = 4.80 Transitional Non-Facility PE RVU = 2.31 Fully Implemented Non-Facility PE RVU = 2.67 (Informational Only) Transitional Facility PE RVU = 2.31 Fully Implemented Facility PE RVU = 2.67 (Informational Only) Malpractice RVU = 0.33
96020 – 26	Work RVU = 3.43
G0103	Short Descriptor = PSA screening
S0147	Status Indicator = I
S0180	Status Indicator = I
S0345	Status Indicator = I
S0346	Status Indicator = I
S0347	Status Indicator = I
S2325	Status Indicator = I
S2344	Status Indicator = I
S3855	Status Indicator = I

Note: In addition to the changes listed above, all records subject to the OPPS payment cap are also included since these payment amounts have been changed. These codes can be identified by OPPS indicator = 1.

Attachment 2
Filenames for Revised Payment Files

The revised filenames for this update to the 2007 Medicare Physician Fee Schedule Database for carriers are:

[MU00.@BF12390.MPFS.CY07.RV1.C00000.V0110](#)

[MU00.@BF12390.MPFS.CY07.RV1.OPPSCAP.V0110](#) **(To be used for disclosure purposes only)**

Purchased Diagnostic File

[MU00.@BF12390.MPFS.CY07.RV1.PURDIAG.V0110](#)

The revised filenames for this update to the 2007 Medicare Physician Fee Schedule Database for intermediaries are:

SNF Abstract File (**Note:** The SNF Abstract File has been revised to remove the HCPCS codes which have a PCTC value of '0'.)

[MU00.@BF12390.MPFS.CY07.RV1.SNF.V0110.FI](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY07.RV1.ABSTR.V0110.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY07.RV1.MAMMO.V0110.FI](#)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY07.RV1.SUPL.V0110.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY07.RV1.ALL.V0110.RHHI](#)