

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1482	Date: March 21, 2008
	Change Request 5980

Subject: April Update to the 2008 Medicare Physician Fee Schedule Database

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the 2008 Medicare Physician Fee Schedule Final Rule. This change request amends those payment files and includes new/revised codes for the Physician Quality Reporting Initiative.

New / Revised Material

Effective Date: January 1, 2008

Implementation Date: April 7, 2008

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:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted 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.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1482	Date: March 21, 2008	Change Request: 5980
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SUBJECT: April Update to the 2008 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2008

Implementation Date: April 7, 2008

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the 2008 Medicare Physician Fee Schedule Final Rule. This change request (CR) amends those payment files and includes new/revised codes for the Physician Quality Reporting Initiative. Payment files associated with this CR include the new MAC conversions.

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 M A C	D M M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
5980.1	Contractors shall manually end-date code G0377 effective December 31, 2007.	X			X					X
5980.1.1	Contractors shall manually remove code G0377 from the 2008 MPFSDB File.	X			X					
5980.2	Contractors shall manually add Category II code 3218F to the October 1, 2007 MPFSDB File. The short descriptor and payment indicators are listed below: Short Descriptor: RNA tstng hep C docd-done 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	X			X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	Global Surgery: XXX Multiple Procedure Indicator: 9 Bilateral Surgery Indicator : 9 Assistant at Surgery Indicator: 9 Co-Surgery Indicator: 9 Team Surgery Indicator: 9 Physician Supervision Diagnostic Indicator: 9 Type of Service: 1 Diagnostic Family Imaging Indicator: 9										
5980.3	Contractors shall manually remove Category II code 3219F from the October 1, 2007 MPFSDB File and from the procedure code file.	X			X						
5980.4	This requirement was deleted by CMS.										
5980.5	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	X						
5980.6	Contractors shall retrieve the revised payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. Contractors will be notified via email when these files are available for retrieval.	X		X	X						
5980.7	CMS will send CWF two files to facilitate duplicate billing edits: 1) Purchased Diagnostic and 2) Duplicate Radiology Editing. CWF shall install these files into their systems. CWF will be notified via email when these files have been sent to them.									X	
5980.8	Contractors shall send notification of successful receipt via email 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)
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		A / B M A C	D M E M A C	F I X	C A R R I E R X	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5980.9	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 this space:

V. CONTACTS

Pre-Implementation Contact(s): Gaysha Brooks, Gaysha.Brooks@cms.hhs.gov, (410) 786-9649

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

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

B. For Medicare Administrative Contractors (MACs):

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 allotted 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 1

Changes included in the April Update to the 2008 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

The following codes are included in File A (changes retroactive to January 1, 2008):

<u>CPT/HCPCS</u>	<u>ACTION</u>
64400	Bilateral Indicator = 1
64402	Bilateral Indicator = 1
64405	Bilateral Indicator = 1
64408	Bilateral Indicator = 1
64410	Bilateral Indicator = 1
64413	Bilateral Indicator = 1
64415	Bilateral Indicator = 1
64416	Bilateral Indicator = 1
64417	Bilateral Indicator = 1
64421	Bilateral Indicator = 1
64425	Bilateral Indicator = 1
64430	Bilateral Indicator = 1
64435	Bilateral Indicator = 1
64445	Bilateral Indicator = 1
64446	Bilateral Indicator = 1
64447	Bilateral Indicator = 1
64448	Bilateral Indicator = 1
64449	Bilateral Indicator = 1
93501	Transitional Non-Facility PE RVU = 18.46 Fully Implemented Non-Facility PE RVU = 18.85 (Informational Only) Transitional Facility PE RVU = 18.46

Fully Implemented Facility PE RVU = 18.85 (Informational Only)

93501 TC Transitional Non-Facility PE RVU = 17.10
Fully Implemented Non-Facility PE RVU = 17.29 (Informational Only)
Transitional Facility PE RVU = 17.10
Fully Implemented Facility PE RVU = 17.29 (Informational Only)

93508 Transitional Non-Facility PE RVU = 21.84
Fully Implemented Non-Facility PE RVU = 28.99 (Informational Only)
Transitional Facility PE RVU = 21.84
Fully Implemented Facility PE RVU = 28.99 (Informational Only)

93508 TC Transitional Non-Facility PE RVU = 19.72
Fully Implemented Non-Facility PE RVU = 26.83 (Informational Only)
Transitional Facility PE RVU = 19.72
Fully Implemented Facility PE RVU = 26.83 (Informational Only)

93510 Transitional Non-Facility PE RVU = 33.72
Fully Implemented Non-Facility PE RVU = 28.29 (Informational Only)
Transitional Facility PE RVU = 33.72
Fully Implemented Facility PE RVU = 28.29 (Informational Only)

93510 TC Transitional Non-Facility PE RVU = 31.50
Fully Implemented Non-Facility PE RVU = 26.02 (Informational Only)
Transitional Facility PE RVU = 31.50
Fully Implemented Facility PE RVU = 26.02 (Informational Only)

93526 Transitional Non-Facility PE RVU = 43.20
Fully Implemented Non-Facility PE RVU = 35.27 (Informational Only)
Transitional Facility PE RVU = 43.20
Fully Implemented Facility PE RVU = 35.27 (Informational Only)

93526 TC Transitional Non-Facility PE RVU = 40.12
Fully Implemented Non-Facility PE RVU = 32.12 (Informational Only)
Transitional Facility PE RVU = 40.12
Fully Implemented Facility PE RVU = 32.12 (Informational Only)

93642 Procedure Status = A
Work RVU = 4.88
Transitional Non-Facility PE RVU = 8.38
Fully Implemented Non-Facility PE RVU = 7.37 (Informational Only)
Transitional Facility PE RVU = 8.38
Fully Implemented Facility PE RVU = 7.37 (Informational Only)
Malpractice RVU = 0.57

J7307 Procedure Status = I

The following codes are included in File B (changes effective for dates of service on or after April 1, 2008):

New Category II codes for the Physician Quality Reporting Initiative (PQRI)

Effective for dates of service on or after April 1, 2008, 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. Thus, the payment indicators will only be listed for the first service (Category II code 0525F).

CPT Code: 0525F
 Long Descriptor: Initial visit for episode
 Short Descriptor: Initial visit for episode

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
 Physician Supervision Diagnostic Indicator: 9
 Type of Service: 1
 Diagnostic Family Imaging Indicator: 99
 Effective for services performed on or after April 1, 2008

Code	Long Descriptor	Short Descriptor
0526F	Subsequent visit for episode	Subs visit for episode
1130F	Back pain and function assessed, including all of the following: Pain assessment AND functional status AND patient history, including notation of presence or absence of “red flags” (warning signs) AND assessment of prior treatment and response, AND employment status	Bk pain + fxn assessed
1134F	Episode of back pain lasting six weeks or less	Epsd bk pain for =< 6 wks
1135F	Episode of back pain lasting longer than six weeks	Epsd bk pain for > 6 wks

1136F	Episode of back pain lasting 12 weeks or less	Epsd bk pain for <= 12 wks
1137F	Episode of back pain lasting longer than 12 weeks	Epsd bk pain for > 12 wks
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications	Bk pn xm on init visit date
2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back pain episode lasting longer than six weeks	Doc mntl tst b/4 bk trxmnt
3330F	Imaging study ordered	Imaging study ordered (bkp)
3331F	Imaging study not ordered	Bk imaging tst not ordered
3340F	Mammogram assessment category of "incomplete: need additional imaging evaluation", documented	Mammo assess inc xray docd
3341F	Mammogram assessment category of "negative", documented	Mammo assess negative docd
3342F	Mammogram assessment category of "benign", documented	Mammo assess bengn docd
3343F	Mammogram assessment category of "probably benign", documented	Mammo probably bengn docd
3344F	Mammogram assessment category of "suspicious", documented	Mammo assess susp docd
3345F	Mammogram assessment category of "highly suggestive of malignancy", documented	Mammo assess hghlymalig doc
3350F	Mammogram assessment category of "known biopsy proven malignancy", documented	Mammo bx proven malig docd
4240F	Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain lasting longer than 12 weeks	Instr xrcz 4bk pn >12 weeks
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks	Sprvsd xrcz bk pn >12 weeks
4245F	Patient counseled during the initial visit to maintain or resume normal activities	Pt instr nrml lifest
4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer	Pt instr-no bd rest>= 4 days

4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 30 minutes immediately after anesthesia end time	Wrmng 4 surg - normothermia
5060F	Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam interpretation	Fndngs mammo 2pt w/in 3 days
5062F	Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation	Doc f2fmammo fndng in 3 days
6040F	Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented	Appro rad ds dvcs techs docd
6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented	Radxps in end rprrt4fluro pxd
7020F	Mammogram assessment category [eg, Mammography Quality Standards Act (MQSA), Breast Imaging Reporting and Data System (BI-RADS [®]), or FDA approved equivalent categories] entered into an internal database to allow for analysis of abnormal interpretation (recall) rate	Mammo assess cat in dbase
7025F	Patient information entered into a reminder system with a target due date for the next mammogram	Pt infosys alarm 4 nxt mammo

Codes with Revised Descriptors

Editorial changes were made to the long and/or short descriptors for the following PQRI codes.

Code	Long Descriptor Change	Short Descriptor Change
0505F	N/A	Hemodialysis plan docd
0507F	N/A	Periton dialysis plan docd
0509F	N/A	Urine incon plan docd
0513F	N/A	Elev bp plan of care docd
0514F	N/A	Care plan hgb docd esa pt
0516F	N/A	Anemia plan of care docd
0517F	N/A	Glaucoma plan of care docd

0518F	N/A	Fall plan of care docd
0519F	N/A	Pland chemo docd b/4 txmnt
0521F	N/A	Plan of care 4 pain docd
1040F	N/A	DSM-IV info MDD docd
1100F	N/A	Ptfalls assess-docd ge2+/yr
1101F	N/A	Pt falls assess-docd le1/yr
1119F	N/A	Init eval for condition
1121F	N/A	Subs eval for condition
1123F	N/A	ACP discuss/dscn mkr docd
1124F	N/A	ACP discuss-no dscnmkr docd
1125F	N/A	Amnt pain noted pain prsnt
1126F	N/A	Amnt pain noted none prsnt
1128F	N/A	Subs episode for condition
2030F	N/A	H2O stat docd normal
2031F	N/A	H2O stat docd dehydrated
2035F	N/A	Tymp memb motion examd
3073F	N/A	Pre-surg eye measures docd
3095F	N/A	Central dexa results docd
3110F	N/A	Pres/absn hmrhg/lesion docd
3215F	N/A	Pt immunity to hep A docd
3216F	N/A	Pt immunity to hep B docd
3218F	N/A	RNA tstng hep C docd-done
3220F	N/A	Hep C quant rna tstng docd
3260F	N/A	Pt cat/pn cat/hist grd docd
3265F	N/A	RNA tstng HepC vir ord/docd
3266F	N/A	HepC gn tstng docd b/4txmnt
3268F	N/A	PSA/T/GLSC docd b/4 txmnt
3271F	N/A	Low risk prostate cancer
3272F	N/A	Med risk prostate cancer
3273F	N/A	High risk prostate cancer
3288F	N/A	Fall risk assessment docd
3292F	N/A	HIV tstng asked/docd/revwd
3300F	N/A	AJCC stage docd b/4 thxpy
3301F	N/A	Cancer stage docd metast
3302F	N/A	AJCC stage 0 docd
3303F	N/A	AJCC stage IA docd
3304F	N/A	AJCC stage IB docd
3305F	N/A	AJCC stage IC docd
3306F	N/A	AJCC stage IIA docd
3307F	N/A	AJCC stage IIB docd
3308F	N/A	AJCC stage IIC docd
3309F	N/A	AJCC stage IIIA docd
3310F	N/A	AJCC stage IIIB docd
3311F	N/A	AJCC stage IIIC docd
3312F	AJCC Cancer Stage IV, documented	Ajcc stage iv docd

3317F	N/A	Path rpt malig cancer docd
3318F	N/A	Path rpt malig cancer docd
3319F	N/A	X-ray/CT/Ultrsnd et al ordd
3320F	N/A	No Xray/CT/ et al ordd
4005F	N/A	Pharm thx for op rxd
4040F	Pneumococcal vaccine-administered or previously received	Pneumoc vac/admin/rcvd
4056F	N/A	Approp oral rehyd recommd
4062F	N/A	Pt referral psych docd
4067F	N/A	Pt referral for ECT docd
4070F	N/A	Dvt prophylx recvd day 2
4084F	N/A	Aspirin recvd w/in 24 hrs
4100F	N/A	Biphos thxpy vein ord/recvd
4120F	N/A	Antibiot rxd/given
4124F	N/A	Antibiot not rxd/given
4130F	N/A	Topical prep rx AOE
4152F	N/A	Docd pegintf/rib thxy consd
4164F	N/A	Adjv hrmnl thxpy Rxd
4167F	N/A	Hd Bed tilted 1st day vent
4168F	N/A	Pt care ICU&vent w/in 24hrs
4171F	N/A	Pt rcvng ESA thxpy
4172F	N/A	Pt not rcvng ESA thxpy
4174F	N/A	Couns potent Glauc impct
4176F	N/A	Talk re UV light pt/crgvr
4177F	N/A	Talk pt/crgvr re AREDS prev
4178F	N/A	AntiD glbln rcvd w/in 26wks
4180F	N/A	Adjv thxpyRxd/rcvd Stg3A-C
4181F	N/A	Conformal radn thxpy rcvd
4182F	N/A	No conformal radn thxpy
4185F	N/A	Continuous PPI or H2RA rcvd
4186F	N/A	No Cont PPI or H2RA rcvd
4187F	N/A	Anti rheum DrugthxpyRxd/gvn
4189F	N/A	Approp digoxin tstng done
6030F	N/A	Max sterile barriers follwd

J1751 Procedure Status = I

J1752 Procedure Status = I

J7602 Procedure Status = I

J7603 Procedure Status = I

Reinstatement of “J” Codes

The following HCPCS codes (J7611 through J7614) have been reinstated and will be added to the MPFSDB with a status indicator of “E”. These codes are effective for dates of service on or after April 1, 2008. 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 J7611).

HCPCS Code: J7611
 Long Descriptor: Albuterol, Inhalation Solution, FDA-Approved Final Product, Non-Compounded, Administered through DME, Concentrated Form, 1mg

Short Descriptor: Albuterol non-comp con

Procedure Status: E
 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
 Physician Supervision Diagnostic Indicator: 9
 Type of Service: 1 and P
 Diagnostic Family Imaging Indicator: 99
 Effective for services performed on or after April 1, 2008

Code	Long Descriptor	Short Descriptor
J7612	Levalbuterol, Inhalation Solution, FDA-Approved Final Product, Non-Compounded, Administered through DME, Concentrated Form, 0.5 mg	Levalbuterol non-comp con
J7613	Albuterol, Inhalation Solution, FDA-Approved Final Product, Non-Compounded, Administered through DME, Unit Dose, 1 mg	Albuterol non-comp unit
J7614	Levalbuterol, Inhalation Solution, Fa-Approved Final Product, Non-	Levalbuterol non-comp unit

	Compounded, Administered through DME, Unit Dose, 0.5 mg	
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New “Q” Codes

Effective for dates of service on or after April 1, 2008, the following HCPCS codes (Q4096 through Q4098) will be added to the MPFSDB with a status indicator of “E”. 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 Q4096) in this range.

HCPCS Code: Q4096
 Long Descriptor: Injection, Von Willebrand Factor Complex, Human, Ristocetin Cofactor (Not Otherwise Specified), Per I.U. VWF:RCO

Short Descriptor: VWF complex, not Humate-P

Procedure Status: E
 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
 Physician Supervision Diagnostic Indicator: 9
 Type of Service: 1 and P
 Diagnostic Family Imaging Indicator: 99
 Effective for services performed on or after April 1, 2008

Code	Long Descriptor	Short Descriptor
Q4097	Injection, Immune Globulin (Privigen), Intravenous, Non-Lyophilized (E.G., Liquid), 500 mg	Inj IVIG Privigen 500 mg
Q4098	Injection, Iron Dextran, 50 mg	Inj iron dextran
Q4099	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	Formoterol fumarate, inh

Attachment 2
Filenames for Revised Payment Files

The revised filenames for the April Update to the 2008 Medicare Physician Fee Schedule Database for carriers are:

File A (changes retroactive to January 1, 2008):

[MU00.@BF12390.MPFS.CY08.RV2.C00000.V0221](#)

File B (changes effective April 1, 2008):

[MU00.@BF12390.MPFS.CY08.RV2B.C00000.V0221](#)

Purchased Diagnostic File

[MU00.@BF12390.MPFS.CY08.RV2.PURDIAG.V0221](#)

The revised filenames for the April Update to the 2008 Medicare Physician Fee Schedule Database for intermediaries are:

SNF Abstract File

[MU00.@BF12390.MPFS.CY08.RV2.SNF.V0221.FI](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY08.RV2.ABSTR.V0221.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY08.RV2.MAMMO.V0221.FI](#)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY08.RV2.SUPL.V0221.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY08.RV2.ALL.V0221.RHHI](#)