CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1326	**Date: AUGUST 30, 2007**
	Change Request 5714

Subject: October Update to the 2007 Medicare Physician Fee Schedule Database

I. SUMMARY OF CHANGES: Payment files were issued to carriers and intermediaries based upon the December 1, 2006, Medicare Physician Fee Schedule Final Rule. This change request amends those payment files and includes new codes for the Physician Quality Reporting Initiative.

New / Revised Material
Effective Date: January 1, 2007
Implementation Date: October 1, 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:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1326	Date: August 30, 2007	Change Request: 5714

SUBJECT: October Update to the 2007 Medicare Physician Fee Schedule Database

Effective Date: January 1, 2007

Implementation Date: October 1, 2007

I. GENERAL INFORMATION

A. Background: Payment files were issued to carriers and intermediaries based upon the December 1, 2006, Medicare Physician Fee Schedule Final Rule. This change request amends those payment files and includes new codes for the Physician Quality Reporting Initiative.

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 MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5714.1	Effective January 28, 2005, CPT code 78609 became a non-covered service for Medicare purposes. Contractors shall manually update their systems to reflect the following changes for years 2005 and 2006: 78609 - Status Indicator = N 78609 TC – Status Indicator = N 78609 26 – Status Indicator = N (**This change is retroactive to January 28, 2005**.) **Note**: The implementation date for this change is October 1, 2007, which supersedes the implementation date of January 7, 2008, previously listed in Transmittal 1301 (Change Request 5665), dated July 20, 2007.	X			X							
5714.2	The short descriptor for G8370 was listed incorrectly in Transmittal 1258 (Change Request 5614), dated May 29, 2007.	X		X	X							

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	Contractors shall manually correct the short descriptor on the Medicare Physician Fee Schedule Database to read: Short Descriptor = Asthma pt w survey not docum **Note**: This change is retroactive to July 1, 2007.											
5714.3	Contractors shall, in accordance with Pub 100-4, Chapter 23, Section 30.1, give providers 30 days notice before implementing the changes identified in Attachment 1. Unless otherwise stated in this transmittal, changes will be retroactive to January 1, 2007.	X			X							
5714.4	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							
5714.5	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 August 23, 2007.	X		X	X							
5714.6	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	
5714.7	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/	DM	FI	CA	DM	RH	Shared-System Maintainers	OTHER

								FISS	MCS	VMS	CWF	
5714.8	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, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC),* use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. *For Medicare Administrative Contractors (MAC)*, use the following statement:

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.

Attachments

Attachment 1

Changes included in the October Update to the 2007 Medicare Physician Fee Schedule Database are as follows:

The following codes are included in File A (changes retroactive to January 1, 2007):

CPT/HCPCS	ACTION
16035	Global Period = 000 Pre Op = 0.00 Intra Op = 0.00 Post Op = 0.00
20690	Bilateral Indicator = 0
38740	Bilateral Indicator = 1
38745	Bilateral Indicator = 1
54150	Transitional Non-Facility PE RVU = 3.38 Transitional Facility PE RVU = 0.73
64412	Bilateral Indicator = 1
64418	Bilateral Indicator = 1
64613	Bilateral Indicator = 1

As stated in Transmittal 1301 (Change Request 5665) dated July 20, 2007, effective January 28, 2005, CPT code 78609 became a non-covered service for Medicare purposes. Contractors shall manually update their systems to reflect the following changes for years 2005 and 2006:

78609	Procedure Status = N
78609 – TC	Procedure Status = N
78609 – 26	Procedure Status = N

(Effective for dates of service on or after January 28, 2005)
Note: The implementation date for this change is October 1, 2007, which supersedes the implementation date of January 7, 2008, previously listed in Transmittal 1301 (Change Request 5665), dated July 20, 2007. The status change for CPT code 78609 for 2007 is included on File A of this update.

The following codes are included in File B (changes effective for dates of service on or after October 1, 2007):

New Category II codes for the Physician Quality Reporting Initiative (PQRI)
Effective for dates of service on or after October 1, 2007, 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 1116F).

CPT Code:	1116F
Long Descriptor:	Auricular or periauricular pain assessed
Short Descriptor:	Auric/peri pain assessed
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 October 1, 2007

Code	Long Descriptor	Short Descriptor
2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry	Tymp memb motion exam'd
3215F	Patient has documented immunity to Hepatitis A	Pt immunity to hep a doc'd
3216F	Patient has documented immunity to Hepatitis B	Pt immunity to hep b doc'd
3219F	Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C	Hep c geno tstng doc'd done
3220F	Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment	Hep c quant rna tstng doc'd

3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion	Note hring tst w/in 6 mon
3260F	pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report	Pt cat/pn cat/hist grd doc'd
4130F	Topical preparations (including OTC) prescribed for acute otitis externa	Topical prep rx, aoe
4131F	Systemic antimicrobial therapy prescribed	Syst antimicrobial thx rx
4132F	Systemic antimicrobial therapy not prescribed	No syst antimicrobial thx rx
4133F	Antihistamines or decongestants prescribed or recommended	Antihist/decong rx/recom
4134F	Antihistamines or decongestants neither prescribed nor recommended	No antihist/decong rx/recom
4135F	Systemic corticosteroids prescribed	Systemic corticosteroids rx
4136F	Systemic corticosteroids not prescribed	Syst corticosteroids not rx
4150F	Patient receiving antiviral treatment for Hepatitis C	Pt recvng antivir txmnt hepc
4151F	Patient not receiving antiviral treatment for Hepatitis C	Pt not recvng antiv hep c
4152F	Documentation that combination peginterferon and ribavirin therapy considered	Doc'd pegintf/rib thxy consd
4153F	Combination peginterferon and ribavirin therapy prescribed	Combo pegintf/rib rx
4154F	Hepatitis A vaccine series recommended	Hep a vac series recommended
4155F	Hepatitis A vaccine series previously received	Hep a vac series prev recvd
4156F	Hepatitis B vaccine series recommended	Hep b vac series recommended
4157F	Hepatitis B vaccine series previously received	Hep b vac series prev recvd
4158F	Patient education regarding risk of alcohol consumption performed	Pt edu re: alcoh drnkng done
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment	Contrcp talk b/4 antiv txmnt

The short descriptor for G8370 was listed incorrectly in Transmittal 1258 (Change Request 5614), dated May 29, 2007. Carriers shall manually correct the short descriptor to read:

G8370 Short Descriptor = Asthma pt w survey not docum
Note: This change is retroactive to July 1, 2007

Attachment 2
Filenames for Revised Payment Files

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

File A (changes retroactive to January 1, 2007):
MU00.@BF12390.MPFS.CY07.RV4A.C00000.V0809

File B (changes effective October 1, 2007):
MU00.@BF12390.MPFS.CY07.RV4B.C00000.V0809

Purchased Diagnostic File
MU00.@BF12390.MPFS.CY07.RV4.PURDIAG.V0809

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

SNF Abstract File
MU00.@BF12390.MPFS.CY07.RV4.SNF.V0809.FI

Therapy/CORF Abstract File
MU00.@BF12390.MPFS.CY07.RV4.ABSTR.V0809.FI

Mammography Abstract File
MU00.@BF12390.MPFS.CY07.RV4.MAMMO.V0809.FI

Therapy/CORF Supplemental File:
MU00.@BF12390.MPFS.CY07.RV4.SUPL.V0809.FI

Hospice File
MU00.@BF12390.MPFS.CY07.RV4.ALL.V0809.RHHI