
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-03-070

Date: MAY 9, 2003

CHANGE REQUEST 2734

SUBJECT: Second Update to the 2003 Medicare Physician Fee Schedule Database

The Division of Practitioner Service has identified various inconsistencies in the 2003 Medicare Physician Fee Schedule Database (MPFSDB). CMS will make the updated files available to carriers and intermediaries on CMS's Mainframe Telecommunications System on May 7, 2003.

The file name for this Second Update to the 2003 Medicare Physician Fee Schedule Database for carriers is;

[MU00.@BF12390.MPFS.CY03.UP2.C00000.V0507](#)

The file names for this Second Update to the 2003 Medicare Physician Fee Schedule Database for intermediaries are;

SNF Abstract File

[MU00.@BF12390.MPFS.CY03.UP2.SNF.V0507.FI](#)

Railroad Board File

[MU00.@BF12390.MPFS.CY03.UP2.V0507.RRB](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY03.UP2.ABSTR.V0507.FI](#)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY03.UP2.SUPL.V0507.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY03.UP2.MAMMO.V0507.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY03.UP2.ALL.V0507.RHHI](#)

In accordance with the Medicare Carriers Manual Part 3 Section 15902, carriers should give providers 30 days notice before implementing revised payment amounts. Unless otherwise stated in this transmittal, changes will be effective for claims with dates of service March 1, 2003 or later.

Carriers and/or intermediaries need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, carriers and fiscal intermediaries should adjust claims brought to their attention.

The HPBSS standard system and associated carriers are waived from implementing this CR due to their upcoming transition to the MCS system. Carriers are required to implement the CR once they transition to MCS.

CMS Pub. 60AB

Changes included in this Second Update to the 2003 Medicare Physician Fee Schedule Database are as follows:

<u>CPT Code</u>	<u>Revision</u>
G0124	Facility PE RVU = 0.19 Non Facility PE RVU = 0.19
G0141	Facility PE RVU = 0.19 Non Facility PE RVU = 0.19
<u>CPT Code</u>	<u>Revision</u>
G0219	Work RVU = 0.00 Facility PE RVU = 0.00 Non-Facility PE RVU = 0.00 Malpractice RVU = 0.00
G0219 – 26	Work RVU = 0.00 Facility PE RVU = 0.00 Non-Facility PE RVU = 0.00 Malpractice RVU = 0.00
G0247	Long Description: Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include if present, at least the following: (1) local care of superficial (i.e. wounds superficial to fascia and muscle) wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails
G0255	Work RVU = 0.00 Facility PE RVU = 0.00 Non-Facility PE RVU = 0.00 Malpractice RVU = 0.00
G0255 – 26	Work RVU = 0.00 Facility PE RVU = 0.00 Non-Facility PE RVU = 0.00 Malpractice RVU = 0.00
G0272	Multiple Procedure Indicator = 0 Effective for services performed on or after January 1, 2003
G0289	EndoBase Code = Remove 29870 Effective for services performed on or after January 1, 2003
J3370	Description: Vancomycin hcl injection Proc Stat = E PC/TC = 9

SOS = 9
 Mult Surg = 9
 Bilt Surg = 9
 Asst Surg = 9
 Co Surg = 9
 Team Surg = 9

J7308 Procedure Status = D
 Effective for services performed on or after January 1, 2003

P3001 Facility PE RVU = 0.19
 Non Facility PE RVU = 0.19

V5274 Procedure Status = N
 Effective for services performed on or after January 1, 2003

17004 Multiple Procedure Indicator = 0

17304 Multiple Procedure Indicator = 0

36470 Bilateral Indicator = 1

36471 Bilateral Indicator = 1

51798 Facility PE RVU = 0.58
 Non-Facility PE RVU = 0.58

53853 Facility PE RVU = 3.67
 Non-Facility PE RVU = 38.96

55870 Descriptor: Electroejaculation

65220 Non-Facility PE RVU = 3.50

66821 Facility PE RVU = 3.39
 Non-Facility PE RVU = 3.83

66984 Facility PE RVU = 7.65
 Non-Facility PE RVU = 7.65

67820 Non-Facility PE RVU = 1.14

67825 Non-Facility PE RVU = 1.62

CPT Code(s):	72198	72198 – 26	72198 - TC
Description:	Mr angio pelvis w/o&w/dye		
Proc Stat:	A	A	A
Work RVU:	1.80	1.80	0.00
Non Facility PE RVU:	11.86	0.70	11.16
Facility PE RVU:	11.86	0.70	11.16
Malpractice RVU:	0.57	0.08	0.49

PC/TC:	1	1	1
SOS:	1	1	1
Mult Surg:	0	0	0
Bilt Surg:	0	0	0
Asst Surg:	0	0	0
Co Surg:	0	0	0
Team Surg:	0	0	0

<u>CPT Code</u>	<u>Revision</u>
76519	Facility PE RVU = 1.93 Non-Facility PE RVU = 1.93
76519 - TC	Facility PE RVU = 1.68 Non-Facility PE RVU = 1.68
87271	Short Descriptor: Cytomegalovirus

CPT Code(s):	90871
Description:	Electroconvulsive therapy
Proc Stat:	N
RVU Work:	0.00
Non-Fac PE RVU:	0.00
Fac PE RVU:	0.00
Malpractice RVU:	0.00
PC/TC:	9
SOS:	9
Mult Surg:	9
Bilt Surg:	9
Asst Surg:	9
Co Surg:	9
Team Surg:	9
Effective for services performed on or after April 1, 2003	

<u>CPT Code</u>	<u>Revision</u>
92014	Non-Facility PE RVU = 1.37
92081	Facility PE RVU = 0.89 Non-Facility PE RVU = 0.89
92081 – TC	Facility PE RVU = 0.73 Non-Facility PE RVU = 0.73
92083	Facility PE RVU = 1.37 Non-Facility PE RVU = 1.37
92083 – TC	Facility PE RVU = 1.14 Non-Facility PE RVU = 1.14
92135	Facility PE RVU = 1.32 Non-Facility PE RVU = 1.32
92135 – TC	Facility PE RVU = 1.16

	Non-Facility PE RVU = 1.16
92235	Facility PE RVU = 2.69 Non-Facility PE RVU = 2.69
92235 – TC	Facility PE RVU = 2.31 Non-Facility PE RVU = 2.31
92250	Facility PE RVU = 1.55 Non-Facility PE RVU = 1.55
92250 – TC	Facility PE RVU = 1.35 Non-Facility PE RVU = 1.35
92601 – 92604	Diagnostic Supervision Indicator = 05
94014	Facility PE RVU = 0.98 Non-Facility PE RVU = 0.98
94015	Facility PE RVU = 0.81 Non-Facility PE RVU = 0.81

CPT Code: 90801

Description: Psychiatric diagnostic interview examination

The psychiatric diagnostic interview examination as identified by CPT code 90801 was added to the list of Medicare telehealth services through the Physician Fee Schedule for Calendar Year 2003 final rule. The final rule is effective for services furnished on or after March 1, 2003. Therefore, the effective date for payment of the psychiatric diagnostic interview examination as a telehealth service, e.g., 90801 modifier GT, is March 1, 2003.

Transmittal AB-02-160, Change Request 2403, dated November 8, 2002 previously indicated that the addition of the psychiatric diagnostic interview examination to the list of Medicare telehealth services was effective January 1, 2003.

In situations where a critical access hospital (CAH) has elected payment method II for CAH patients, intermediaries should make payment for telehealth services provided by the physician or practitioner according to § 415.22 of the Medicare Hospital Manual. In all other cases, telehealth services provided by the physician or practitioner at the distant site are billed to the carrier.

Carriers

Carriers should deny psychiatric diagnostic interview examination telehealth claims with dates of service prior to March 1, 2003.

Intermediaries

Intermediaries should reject psychiatric diagnostic interview examination telehealth claims with dates of service prior to March 1, 2003.

Carriers and Intermediaries

Payment for psychiatric diagnostic interview examination telehealth services should be made at the 2003 payment rates for such claims with dates of service beginning on or after March 1, 2003. For psychiatric diagnostic interview examination telehealth claims with dates of service before March 1, 2003, use MSN message 16.13 "The code(s) your provider used is/are not valid for the date of service billed." Additionally, carriers and intermediaries should use Remittance Advice (RA) Remark Code N56. Code N56 is being modified to read: Procedure code billed is not correct/valid for the services billed or the date of service billed. This modification will be posted to our website or at <http://www.wpc-edi.com> by March 31, 2003.

Provider Education

Contractors must post the information contained in this PM, excluding the claims processing instructions on their websites within two weeks of receiving this PM and publish in their next regularly scheduled bulletins. In addition, if you have a list-serv that targets the affected provider communities, you should use your list-serv to notify subscribers that important information about Telehealth Services-Psychiatric Diagnostic Interview Examination is available on your website.

The *effective date* for this Program Memorandum (PM) is March 1, 2003.

The *implementation date* for this PM is July 1, 2003.

These instructions should be implemented within your current operating budget.

This PM may be discarded after July 1, 2004.

If you have any questions, contact Rick Ensor at (410) 786-5617.