

MLN Matters Number: MM5015

Related Change Request (CR) #: 5015

Related CR Release Date: April 14, 2006

Effective Date: July 1, 2006

Related CR Transmittal #: R906CP

Implementation Date: July 3, 2006

## Full Replacement for Change Request (CR) 4266, Revision for Health Professional Shortage Area (HPSA) and Physician Scarcity Area (PSA) Bonus Billing for Some Globally Billed Services. CR4266 Is Rescinded

### Provider Types Affected

Physicians billing Medicare carriers for the Health Professional Shortage Area (HPSA) and Physician Scarcity Area (PSA) bonus

### Provider Action Needed

This article is based on Change Request (CR) 5015, which will allow physicians to submit global services and receive the HPSA and PSA bonuses without having to submit the professional component and technical component (PC/TC) separately.

### Background

Currently, components of services with a professional component/technical component of four must be submitted separately in order to receive the HPSA and PSA bonus payments. CR5015 is similar to CR4266 (Transmittal 834) in that it also allows you to submit the global service and receive the bonus payment on all professional component/technical component (PC/TC) 4 codes.

However, CR5015 further instructs that payment is excluded for the following Current Procedural Terminology (CPT) code:

**CPT Code 93015** (cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision; with interpretation and report)

**Note:** The "technical component" of services relates to facilities, equipment, and technical staff required for the delivery of those services, and the "professional

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component” consists of fees paid to the physician for providing those services. When combined, the “professional and technical” components of a service are referred to as “global” service.

CR5015 instructs that, effective for claims received on or after July 1, 2006:

- When your carrier receives a claim for a service with a PC/TC of 4, **except for CPT Code 93015**; and
- The service is provided in a HPSA or PSA bonus payment area; then
- Your claim will be accepted.

The bonus payment amount is calculated based on the payment amount for the associated professional component code.

Your carrier will make any necessary revision to their systems to be able to calculate the bonus payment just for the professional component of the service. This action will be taken for bonuses paid automatically as well as bonuses paid based on the submission of the QB, QU, AR, or AQ modifiers.

Because there are two associated professional components to 93015, your carrier will follow the instructions in the *Medicare Claims Processing Manual* and **return claims for 93015 as unprocessable**. The services must then be resubmitted as separate components in order to receive the bonus on the appropriate professional component.

Carriers will continue to allow the option of withholding HPSA/PSA bonuses if that is requested by physicians and the carriers will not pay the bonus on PCTC 4 to physicians who have already notified them of their decision to not receive HPSA/PSA bonuses.

**Note:** CR5015 does not affect current HPSA or PSA payment policy.

## Implementation

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The implementation date for the instruction is July 3, 2006.

## Additional Information

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The revised *Medicare Claims Processing Manual* - Publication 100.4, Chapter 12 (Physician Practitioner Billing), Section 90.4.5 (Services Eligible for HPSA and Physician Scarcity Bonus Payments), is attached to CR5015, which is the official instruction issued to your carrier regarding this change. That instruction may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R906CP.pdf> on the CMS website.

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If you have any questions, please contact your carrier at their toll-free number, which may be found at <http://www.cms.hhs.gov/apps/contacts/> on the CMS website.

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