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# Program Memorandum Intermediaries/Carriers

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

Transmittal AB-03-119

Date: AUGUST 8, 2003

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CHANGE REQUEST 2853

**SUBJECT: Final 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). The Centers for Medicare and Medicaid Services (CMS) will make the updated files available to carriers and intermediaries on the CMS Mainframe Telecommunications System on August 5, 2003.

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

[MU00.@BF12390.MPFS.CY03.UP3.C00000.V0805](#)

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

SNF Abstract File

[MU00.@BF12390.MPFS.CY03.UP3.SNF.V0805.FI](#)

Railroad Board File

[MU00.@BF12390.MPFS.CY03.UP3.V0805.RRB](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY03.UP3.ABSTR.V0805.FI](#)

Therapy/CORF Supplemental File

[MU00.@BF12390.MPFS.CY03.UP3.SUPL.V0805.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY03.UP3.MAMMO.V0805.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY03.UP3.ALL.V0805.RHHI](#)

In accordance with the Medicare Carriers Manual, Part 3, §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.

Intermediaries or Carriers shall inform affected provider communities by posting relevant portions of this instruction on their websites within two weeks of the issuance date of this instruction. In addition, this same information shall be published in your next regularly scheduled bulletin. If you

**CMS Pub. 60AB**

have a listserv that targets the affected provider communities, you must use it to notify subscribers that information about Final Update to the 2003 Medicare Physician Fee Schedule- CR 2853 is available on your Web site.

Initiators Please Note: If the two week limitation for website posting is not appropriate for your instruction due to the volume and/or complexity of changes or the importance of getting this information out to providers, please put a timeframe in the language that you feel is reasonable. We need to stay away from "as soon as possible" since that could vary among the contractors and all providers should receive the Web site notification around the same time.

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

<u>CPT Code</u>	<u>Revision</u>
G0027	Procedure Status = X Work RVU = 0.00 Non-Facility Practice Expense RVU = 0.00 Facility Practice Expense RVU = 0.00 Malpractice RVU = 0.00 PC/TC: 9 SOS: 9 Global: XXX Pre-Op: 0.00 Intra-Op: 0.00 Post-Op: 0.00 Mult Surg: 9 Bilt Surg: 9 Asst Surg: 9 Co Surg: 9 Team Surg: 9 Diag Supv: 09 <b>NOTE:</b> This service was inadvertently deleted from the MFSDDB and is now being reinstated retroactive to March 1, 2003. Carriers should manually remove their current end date. Additionally, carriers should manually update their January/February 2003 file
G0105 – 53	Procedure Status = A Work RVU = 0.96 Non-Facility Practice Expense RVU = 1.82 Facility Practice Expense RVU = 0.52 Malpractice RVU = 0.05 PC/TC: 0 SOS: 1 Global: XXX Pre-Op: 0.00 Intra-Op: 0.00 Post-Op: 0.00 Mult Surg: 2 Bilt Surg: 0 Asst Surg: 1 Co Surg: 0 Team Surg: 0 Diag Supv: 09 <b>NOTE:</b> This coding information is <u>advance</u> notice for contractors. Currently, this service is carrier priced. This coding change will not be part of this MPFSDB file update. The change to make this service payable under the

MPFSDB is effective for services on or after January 1, 2004, and will be part of the 2004 update. A separate instruction regarding claims processing and payment of incomplete screening colonoscopies will be released shortly giving additional guidance

G0121- 53

Procedure Status = A  
 Work RVU = 0.96  
 Non-Facility Practice Expense RVU = 1.82  
 Facility Practice Expense RVU = 0.52  
 Malpractice RVU = 0.05  
 PC/TC: 0  
 SOS: 1  
 Global: XXX  
 Pre-Op: 0.00  
 Intra-Op: 0.00  
 Post-Op: 0.00  
 Mult Surg: 2  
 Bilt Surg: 0  
 Asst Surg: 1  
 Co Surg: 0  
 Team Surg: 0  
 Diag Supv: 09

**NOTE:** This coding information is advance notice for contractors. Currently, this service is carrier priced. This coding change will not be part of this MPFSDB file update. The change to make this service payable under the MPFSDB is effective for services on or after January 1, 2004 and will be part of the 2004 update. A separate instruction regarding claims processing and payment of incomplete screening colonoscopies will be released shortly giving additional guidance

G0248

Diagnostic Supervision Indicator = 01

G0249

Diagnostic Supervision Indicator = 01

G0275

Long Description: Renal angiography, non-selective, one or both kidneys, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of any catheter in the abdominal aorta at or near the origins (ostia) of the renal arteries, injection of dye, flush aortogram, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure).

Effective Date: Effective for services performed on or after January 1, 2003.

**NOTE:** Carriers should manually revise the long descriptor associated with the January/February 2003 MFSDDB File.

G0278

Long Description: Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure).

Effective Date: Effective for services performed on or after January 1, 2003.

**NOTE:** Carriers should manually revise the long descriptor associated with the January/February 2003 MFSDDB File.

CPT Code:	G0296	G0296	G0296
Short Desc:	PET imge restag thyrod cancer		
Mod:		26	TC
ProcStat:	C	A	C
RVU Work:	0.00	1.87	0.00
Fac PE RVU:	0.00	0.73	0.00
Non-Fac PE RVU:	0.00	0.73	0.00
MP RVU:	0.00	0.07	0.00
PC/TC:	1	1	1
SOS:	1	1	1
Global:	XXX	XXX	XXX
Pre-Op:	0.00	0.00	0.00
Intra-Op:	0.00	0.00	0.00
Post-Op:	0.00	0.00	0.00
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
Bill Med:	0	0	0
Diag Supv:	09	09	01
No Rel Code:	0	0	0

Effective Date: Effective for services performed on or after October 1, 2003

Q3000

Short Descriptor: Rubidium RB-82  
 Procedure Status = E  
 Work RVU = 0.00  
 Non-Facility Practice Expense RVU = 0.00  
 Facility Practice Expense RVU = 0.00  
 Malpractice RVU = 0.00  
 PC/TC: 9  
 SOS: 9  
 Global: XXX  
 Pre-Op: 0.00  
 Intra-Op: 0.00  
 Post-Op: 0.00  
 Mult Surg: 9  
 Bilt Surg: 9  
 Asst Surg: 9  
 Co Surg: 9  
 Team Surg: 9  
 Diag Supv: 09  
 Type of Service: 4

Effective Date: Effective for services performed on or after January 1, 2003

**NOTE:** This code is for Outpatient Hospital services only. The analogous code to be used by carriers is HCPCS Code A4641.

Q4052

Short Descriptor: Octreotide injection, depot  
 Procedure Status = E  
 Work RVU = 0.00  
 Non-Facility Practice Expense RVU = 0.00  
 Facility Practice Expense RVU = 0.00  
 Malpractice RVU = 0.00  
 PC/TC: 9  
 SOS: 9  
 Global: XXX  
 Pre-Op: 0.00  
 Intra-Op: 0.00

Post-Op:	0.00
Mult Surg:	9
Bilt Surg:	9
Asst Surg:	9
Co Surg:	9
Team Surg:	9
Diag Supv:	09

Effective for services performed on or after July 1, 2003.

Q4053

Short Descriptor: Injection, PegFilgrastim 1mg  
 Procedure Status = E  
 Work RVU = 0.00  
 Non-Facility Practice Expense RVU = 0.00  
 Facility Practice Expense RVU = 0.00  
 Malpractice RVU = 0.00  

PC/TC:	9
SOS:	9
Global:	XXX
Pre-Op:	0.00
Intra-Op:	0.00
Post-Op:	0.00
Mult Surg:	9
Bilt Surg:	9
Asst Surg:	9
Co Surg:	9
Team Surg:	9
Diag Supv:	09

Effective for services performed on or after July 1, 2003.

Q4076

Short Descriptor: Dopamine hcl 40 mg  
 Procedure Status = E  
 Work RVU = 0.00  
 Non-Facility Practice Expense RVU = 0.00  
 Facility Practice Expense RVU = 0.00  
 Malpractice RVU = 0.00  

PC/TC:	9
SOS:	9
Global:	XXX
Pre-Op:	0.00
Intra-Op:	0.00
Post-Op:	0.00
Mult Surg:	9
Bilt Surg:	9
Asst Surg:	9
Co Surg:	9
Team Surg:	9
Diag Supv:	09
Type of Service:	1

Effective Date: Effective for services performed on or after October 1, 2003.

Q4077

Short Descriptor: Trepstinil, 1 mg  
 Procedure Status = E  
 Work RVU = 0.00  
 Non-Facility Practice Expense RVU = 0.00  
 Facility Practice Expense RVU = 0.00  
 Malpractice RVU = 0.00  

PC/TC:	9
SOS:	9
Global:	XXX

Pre-Op: 0.00  
 Intra-Op: 0.00  
 Post-Op: 0.00  
 Mult Surg: 9  
 Bilt Surg: 9  
 Asst Surg: 9  
 Co Surg: 9  
 Team Surg: 9  
 Diag Supv: 09  
 Type of Service: 1

Effective Date: Effective for services performed on or after October 1, 2003.

Q4078

Short Descriptor: Ammonia N-13, per dose  
 Procedure Status = X  
 Work RVU = 0.00  
 Non-Facility Practice Expense RVU = 0.00  
 Facility Practice Expense RVU = 0.00  
 Malpractice RVU = 0.00  
 PC/TC: 9  
 SOS: 9  
 Global: XXX  
 Pre-Op: 0.00  
 Intra-Op: 0.00  
 Post-Op: 0.00  
 Mult Surg: 9  
 Bilt Surg: 9  
 Asst Surg: 9  
 Co Surg: 9  
 Team Surg: 9  
 Diag Supv: 09

Effective Date: Effective for services performed on or after October 1, 2003

0025T

Bilateral Indicator = 2

Effective Date: Effective for services performed on or after January 1, 2002.  
**NOTE:** Carriers should manually change the bilateral indicator on both the January/February 2003 MFSDB File as well as the 2002 MFSDB File.

52347

Endobase Code = 52010

72198

Effective Date: The 2<sup>nd</sup> Update to the Medicare Physician Fee Schedule identified the effective date of the procedure status change, from a non-covered to a covered status, for CPT code 72198, 72198 TC, and 72198 26 as March 1, 2003. The correct effective date of this coverage status change is July 1, 2003. This change has already been effectuated via a Joint Signature Letter. The inclusion of this revision in this final update to the 2003 MFSDB is informational only.

78306

Multiple Procedure Indicator = 0

78306 – 26

Multiple Procedure Indicator = 0

78306 – TC

Multiple Procedure Indicator = 0

78320

Multiple Procedure Indicator = 0

78320 – 26

Multiple Procedure Indicator = 0

78320 – TC	Multiple Procedure Indicator = 0
92136 – 26	Bilateral Procedure Indicator = 2
93012	Facility Practice Expense RVU = 5.99

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

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

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after October 1, 2004.**

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