Medicare Carriers Manual Part 3 – Claims Process

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

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HEADER SECTION NUMBERS PAGES TO INSERT PAGES TO DELETE

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NEW/REVISED MATERIAL--EFFECTIVE DATE: Not Applicable IMPLEMENTATION DATE: Not Applicable

<u>Chapter XV, Fee Schedule for Physicians' Services,</u> This chapter is being deleted and the related instructions are issued in the Medicare Claims Processing Manual. The table of contents is replaced with a crosswalk from the old Part 3 to the related instruction in the Internet-only manual (IOM). For each included cross-reference, we provide the old manual number and the IOM number (e.g., 100-4 for Medicare Claims Processing Manual), and the IOM chapter and section (§) numbers.

The IOM can be found at http://www.cms.hhs.gov/manuals

These instructions should be implemented within your current operating budget.

CHAPTER XV - FEE SCHEDULE FOR PHYSICIAN' SERVICES

NOTE: Chapter XV has been moved to the new CMS Manual System, in the Medicare Claims Processing Manual (Pub 100-4). The new manual can be found at http://www.cms.hhs.gov/manuals. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Fee Schedule for Physicians' Services	15000	100-4, 12-§20, 23- §30
Physicians' Services Paid Under Fee Schedule	15002	100-4, 23-§30
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Method for Computing Fee Schedule Amount	15006	100-4, 12-§20.1
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Supervising Physicians in Teaching Setting	15016	100-4, 12-§100, 100.1.7, 100.1.8
Payment Conditions for Anesthesiology Services	15018	100-4, 12-§50, 50K, 140.3.2
Payment Conditions for Pathology Services	15020	100-4, 12-§60
Ordering of Diagnostic Tests	15021	30.6.10B
ICD-9-CM Coding for Diagnostic Tests	15021.1	100-4, 13-§10, 100-4, 23-§10, 10.1, 10.1.1, 10.1.2, 10.1.3, 10.1.4, 10.1.5, 10.1.6, 10.1.7
Payment Conditions for Radiology Services	15022	100-4, 12-§70, 13- §20, 90
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Summary of Adjustments to Fee Schedule Computations	15024	100-4, 12-§20.4, 110
Unusual Travel	15026	100-4, 12-§80.3
Unusual Circumstances	15028	100-4, 12-§20.4.6
Supplies	15030	
Participating Versus Nonparticipating Physician Differential	15032	100-4, 12-§20.4.1
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Site-of-Service Payment Differential	15036	100-4, 12-§20.4.2
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Optometry Services	15039	100-2, 16-§90

	Old §	Pub, Chapter, & §
Bilateral Surgery	15040	100-4, 12-§40.7
General	15040.1	100-4, 12-§40.7A
Bilateral Surgery Indicators	15040.2	100-4, 12-§40.7A
Assistant at Surgery Services	15044	100-4, 12-§20.4.3, 110.3
Co-Surgeons/Surgical Team	15046	100-4, 12-§40.8
Preoperative Services	15047	100-4, 12-§30.6.6.1
Purchased Diagnostic Tests	15048	100-4, 13-§20.2.4, 16-§40.2
Ocular Photodynamic Therapy (OPT)	15049	100-3, 1-§80.2
Allergy Testing and Immunotherapy	15050	100-4, 12-§200
HPSA Bonus Payments	15052	100-4, 12-§90.4
No Adjustments	15054	100-4, 12-§20.5
Allowable Adjustments	15055	100-4, 12-§20.4.5
Multiple Adjustments	15056	100-4, 12-§40.6
Update Factor for Fee Schedule Services	15058	100-4, 12-§20.6
Monthly Capitation Payment Method for Physicians' Services Furnished to Patients on Maintenance Dialysis	15060	100-4, 8-§140
Services Included and Excluded From Monthly Capitation Payment	15060.1	100-4, 8-§140
Billing and Payment Procedures	15060.2	100-4, 8-§140
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Urinary and Male Genital Systems	15200	100-4, 12-§30.2
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	Old §	Pub, Chapter, & §
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Evaluation and Management Service Codes - General	15501	100-4, 12-§30.6
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Case Management Services	15512	100-4, 12-§30.6.16
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Preventive Medicine Services (Excluding Immunizations), Newborn Services, and Other Evaluation and Management Services	15514	100-4, 12-§30.6
Home Services	15515	100-4, 12-§30.6.14.1
Medicare Payment for Telehealth Services	15516	100-4, 12-§190ff.
Medicare Physician Fee Schedule Database (MPFSDB) 2000 File Layout	15900	Deleted-obsolete
Medicare Physician Fee Schedule Database (MPFSDB) 2002 File Layout	15900.1	100-4, 23-§30.2
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	Old §	Pub, Chapter, & §
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Hearing Aid Exclusion	15903	100-2, 16-§90