
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 306

Date: OCTOBER 1, 2004

CHANGE REQUEST 3505

SUBJECT: Full Replacement of CR 3415, 3rd Update to the 2004 Medicare Physician Fee Schedule Database. CR 3415, is rescinded.

I. SUMMARY OF CHANGES: Payment files were issued to carriers based upon the November 7, 2003 and January 7, 2004, Final Rules. This CR amends those payment files and replaces CR 3415. CR 3415 included changes to the PC/TC indicator for CPT codes 96400, 96408, 96425, 96520, and 96530 from a 5 to 0. Changes to the PC/TC indicator for these codes should not have been included. The payment files were revised to reflect this change and were made available for retrieval from the CMS Mainframe Telecommunications System on September 1, 2004.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2004

IMPLEMENTATION DATE: October 4, 2004

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

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

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CBF	
3505.1	Contractors shall, in accordance with Pub 100-4, Chapter 23, Section 30.1, give providers 30 days notice before implementing the revised payment amounts identified in Attachment 1. Unless otherwise stated in this transmittal, changes will be retroactive to January 1, 2004.			X						
3505.2	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						
3505.3	Contractors retrieved the revised payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System on September 1, 2004.	X		X						
3505.4	A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X						

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions
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B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2004</p> <p>Implementation Date: October 4, 2004</p> <p>Pre-Implementation Contact(s): Gaysha Brooks, (410) 786-9649</p> <p>Post-Implementation Contact(s): Gaysha Brooks, (410) 786-9649</p>	<p>Medicare Contractors shall implement these instructions within their current operating budgets.</p>
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Attachments

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

Attachment 1

Changes included in this revised 3rd Update to the 2004 Medicare Physician Fee Schedule Database are as follows:

<u>CPT/HCPCS</u>	<u>ACTION</u>
G0336	<p>Description: PET imaging, brain imaging for the differential diagnosis of Alzheimer's disease with aberrant features vs. fronto-temporal dementia</p> <p>Short Descriptor: PET imaging brain Alzheimer's</p> <p>Procedure Status = C</p> <p>PC/TC = 1</p> <p>Site of Service = 1</p> <p>Global Surgery = XXX</p> <p>Multiple Procedure Indicator = 0</p> <p>Bilateral Procedure Indicator = 0</p> <p>Assistant at Surgery Indicator = 9</p> <p>Co-Surgery Indicator = 0</p> <p>Team Surgery Indicator = 0</p> <p>Type of Service = 4</p> <p>Diagnostic Supervision = 9</p>

Note: Effective for services performed on or after September 15, 2004

G0336 - TC	<p>Description: PET imaging, brain imaging for the differential diagnosis of Alzheimer's disease with aberrant features vs. fronto-temporal dementia</p> <p>Short Descriptor: PET imaging brain Alzheimer's</p> <p>Procedure Status = C</p> <p>PC/TC = 1</p> <p>Site of Service = 1</p> <p>Global Surgery = XXX</p> <p>Multiple Procedure Indicator = 0</p> <p>Bilateral Procedure Indicator = 0</p> <p>Assistant at Surgery Indicator = 9</p> <p>Co-Surgery Indicator = 0</p> <p>Team Surgery Indicator = 0</p> <p>Type of Service = 4</p> <p>Diagnostic Supervision = 9</p>
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Note: Effective for services performed on or after September 15, 2004

G0336 - 26	<p>Description: PET imaging, brain imaging for the differential diagnosis of Alzheimer's disease with aberrant features vs. fronto-temporal dementia</p> <p>Short Descriptor: PET imaging brain Alzheimer's</p> <p>Procedure Status = A</p> <p>WRVU = 1.50</p> <p>Non-Facility PE RVU = .51</p>
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Facility PE RVU = .51
Malpractice RVU = .05
PC/TC = 1
Site of Service = 1
Global Surgery = XXX
Multiple Procedure Indicator = 0
Bilateral Procedure Indicator = 0
Assistant at Surgery Indicator = 9
Co-Surgery Indicator = 0
Team Surgery Indicator = 0
Type of Service = 4
Diagnostic Supervision = 9

Note: Effective for services performed on or after September 15, 2004

G0341 Description: Percutaneous islet cell transplant, includes portal vein catheterization and infusion (To report imaging bill 75887 or 75885)

Short Descriptor: Percutaneous islet cell trans
Procedure Status = A
WRVU = 6.98
Non-Facility PE RVU = 2.73
Facility PE RVU = 2.73
Malpractice RVU = 0.48
PC/TC = 0
Site of Service = 1
Global Surgery = 000
Multiple Procedure Indicator = 2
Bilateral Procedure Indicator = 0
Assistant at Surgery Indicator = 9
Co-Surgery Indicator = 1
Team Surgery Indicator = 0
Type of Service = 2
Diagnostic Supervision = 9

Note: Effective for services performed on or after October 1, 2004

G0342 Description: Laparoscopy for Islet Cell Transplant, includes portal vein catheterization and infusion

Short Descriptor: Laparoscopy Islet cell Trans
Procedure Status = A
WRVU = 11.92
Non-Facility PE RVU = 5.32
Facility PE RVU = 5.32
Malpractice RVU = 1.46
PC/TC = 0
Site of Service = 1
Global Surgery = 090
Pre Op = 0.09

Intra Op = 0.81
Post Op = 0.10
Multiple Procedure Indicator = 2
Bilateral Procedure Indicator = 0
Assistant at Surgery Indicator = 2
Co-Surgery Indicator = 1
Team Surgery Indicator = 0
Type of Service = 2
Diagnostic Supervision = 9

Note: Effective for services performed on or after October 1, 2004

G0343 Description: Laparotomy for Islet Cell transplant, includes portal vein catheterization and infusion

Short Descriptor: Laparotomy Islet cell transp
Procedure Status = A
WRVU = 19.85
Non-Facility PE RVU = 8.82
Facility PE RVU = 8.82
Malpractice RVU = 2.05
PC/TC = 0
Site of Service = 1
Global Surgery = 090
Pre Op = 0.09
Intra Op = 0.81
Post Op = .10
Multiple Procedure Indicator = 2
Bilateral Procedure Indicator = 0
Assistant at Surgery Indicator = 2
Co-Surgery Indicator = 1
Team Surgery Indicator = 0
Type of Service = 2
Diagnostic Supervision = 9

Note: Effective for services performed on or after October 1, 2004

23410 Bilateral Status Indicator = 1
33979 Bilateral Status Indicator = 0
33980 Bilateral Status Indicator = 0
52320 Endobase Code = 52000
52325 Endobase Code = 52000
52327 Endobase Code = 52000
52327 Bilateral Status Indicator = 1

52330	Endobase Code = 52000
52332	Endobase Code = 52000
52334	Endobase Code = 52000
52341	Endobase Code = 52000
52342	Endobase Code = 52000
52343	Endobase Code = 52000
52344	Endobase Code = 52000
69440	Bilateral Surgery Indicator = 1
69450	Bilateral Surgery Indicator = 1
69501	Bilateral Surgery Indicator = 1
69502	Bilateral Surgery Indicator = 1
69505	Bilateral Surgery Indicator = 1
69511	Bilateral Surgery Indicator = 1
69530	Bilateral Surgery Indicator = 1
69535	Bilateral Surgery Indicator = 1
69540	Bilateral Surgery Indicator = 1
69550	Bilateral Surgery Indicator = 1
69552	Bilateral Surgery Indicator = 1
69554	Bilateral Surgery Indicator = 1
69601	Bilateral Surgery Indicator = 1
69602	Bilateral Surgery Indicator = 1
69603	Bilateral Surgery Indicator = 1
69604	Bilateral Surgery Indicator = 1
69605	Bilateral Surgery Indicator = 1
69610	Bilateral Surgery Indicator = 1
69620	Bilateral Surgery Indicator = 1

69631 Bilateral Surgery Indicator = 1
69632 Bilateral Surgery Indicator = 1
69633 Bilateral Surgery Indicator = 1
69635 Bilateral Surgery Indicator = 1
69636 Bilateral Surgery Indicator = 1
69637 Bilateral Surgery Indicator = 1
69641 Bilateral Surgery Indicator = 1
69642 Bilateral Surgery Indicator = 1
69643 Bilateral Surgery Indicator = 1
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69646 Bilateral Surgery Indicator = 1
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69661 Bilateral Surgery Indicator = 1
69662 Bilateral Surgery Indicator = 1
69666 Bilateral Surgery Indicator = 1
69667 Bilateral Surgery Indicator = 1
69670 Bilateral Surgery Indicator = 1
69700 Bilateral Surgery Indicator = 1
69711 Bilateral Surgery Indicator = 1
69714 Bilateral Surgery Indicator = 1
69715 Bilateral Surgery Indicator = 1
69717 Bilateral Surgery Indicator = 1
69718 Bilateral Surgery Indicator = 1

69720	Bilateral Surgery Indicator = 1
69725	Bilateral Surgery Indicator = 1
69740	Bilateral Surgery Indicator = 1
69745	Bilateral Surgery Indicator = 1
69799	Bilateral Surgery Indicator = 1
69801	Bilateral Surgery Indicator = 1
69802	Bilateral Surgery Indicator = 1
69805	Bilateral Surgery Indicator = 1
69806	Bilateral Surgery Indicator = 1
69820	Bilateral Surgery Indicator = 1
69840	Bilateral Surgery Indicator = 1
69905	Bilateral Surgery Indicator = 1
69910	Bilateral Surgery Indicator = 1
69915	Bilateral Surgery Indicator = 1
69930	Bilateral Surgery Indicator = 1
69949	Bilateral Surgery Indicator = 1
69950	Bilateral Surgery Indicator = 1
69955	Bilateral Surgery Indicator = 1
69960	Bilateral Surgery Indicator = 1
69970	Bilateral Surgery Indicator = 1
69979	Bilateral Surgery Indicator = 1
0001T	Co-Surgery Indicator = 2

Attachment 2

Filenames For Revised Payment Files for the 3rd Update to the 2004 Medicare Physician Fee Schedule Database (09/01/2004)

For carriers:

[MU00.@BF12390.MPFS.CY04.U3B.C00000.V0901](#)

For intermediaries:

SNF Abstract File

[MU00.@BF12390.MPFS.CY04.U3B.SNF.V0901.FI](#)

Railroad Board File

[MU00.@BF12390.MPFS.CY04.U3B.V0901.RRB](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY04.U3B.ABSTR.V0901.FI](#)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY04.U3B.SUPL.V0901.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY04.U3B.MAMMO.V0901.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY04.U3B.ALL.V0901.RHHI](#)