
Program Memorandum Intermediaries/Carriers

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

Transmittal AB-02-058

Date: MAY 1, 2002

CHANGE REQUEST 2161

SUBJECT: Second Update to the 2002 Medicare Physician Fee Schedule Database

The Division of Health Plan and Provider Data has identified various inconsistencies in the 2002 Medicare Physician Fee Schedule Database (MPFSDB). CMS will make the updated files available to carriers and intermediaries on CMS's Mainframe Telecommunications System, formerly the Network Data Mover (NDM), on May 7, 2002.

The file name for this Second Update to the 2002 Medicare Physician Fee Schedule Database for carriers is;

[MU00.@BF12390.MPFS.CY02.UP2.C00000.V0507](#)

The file names for this Second Update to the 2002 Medicare Physician Fee Schedule Database for intermediaries are;

SNF Abstract File

[MU00.@BF12390.MPFS.CY02.UP2.SNF.V0507.FI](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY02.UP2.ABSTR.V0507.FI](#)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY02.UP2.SUPL.V0507.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY02.UP2.MAMMO.V0507.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY02.UP2.ALL.V0507.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 January 1, 2002 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 should adjust claims brought to their attention.

Changes included in this Second Update to the 2002 Medicare Physician Fee Schedule Database are as follows:

CPT Code:	G0245
Short Desc:	Initial foot exam ptlops

CMS-Pub. 60AB

Proc Stat: R
 RVU Work: 0.88
 Non-Fac PE RVU: 0.77
 Fac PE RVU: 0.33
 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: 0
 Bilt Surg: 0
 Asst Surg: 0
 Co Surg: 0
 Team Surg: 0
 Diag Supv: 09
 TOS: 1

NOTE: Effective for services performed on or after July 1, 2002.

CPT Code: G0246
 Short Desc: Followup eval of foot pt lop
 Proc Stat: R
 RVU Work: 0.45
 Non-Fac PE RVU: 0.53
 Fac PE RVU: 0.17
 Malpractice RVU: 0.02
 PC/TC: 0
 SOS: 1
 Global: XXX
 Pre-Op: 0.00
 Intra-Op: 0.00
 Post-Op: 0.00
 Mult Surg: 0
 Bilt Surg: 0
 Asst Surg: 0
 Co Surg: 0
 Team Surg: 0
 Diag Supv: 09
 TOS: 1

NOTE: Effective for services performed on or after July 1, 2002.

CPT Code: G0247
 Short Desc: Routine footcare pt w lops
 Proc Stat: R
 RVU Work: 0.50
 Non-Fac PE RVU: 0.55
 Fac PE RVU: 0.22
 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: 0
 Bilt Surg: 0
 Asst Surg: 0
 Co Surg: 0

Team Surg: 0
 Diag Supv: 09
 TOS: 1

NOTE: Effective for services performed on or after July 1, 2002

CPT Code: G0248
 Short Desc: Demonstrate use home INR mon
 Proc Stat: R
 RVU Work: 0.00
 Non-Fac PE RVU: 2.81
 Fac PE RVU: 2.81
 Malpractice RVU: 0.01
 PC/TC: 3
 SOS: 1
 Global: XXX
 Pre-Op: 0.00
 Intra-Op: 0.00
 Post-Op: 0.00
 Mult Surg: 0
 Bilt Surg: 0
 Asst Surg: 0
 Co Surg: 0
 Team Surg: 0
 Diag Supv: 09
 TOS Indicator: 1

NOTE: Effective for services performed on or after July 1, 2002

CPT Code: G0249
 Short Desc: Provide test material,equipm
 Proc Stat: R
 RVU Work: 0.00
 Non-Fac PE RVU: 1.99
 Fac PE RVU: 1.99
 Malpractice RVU: 0.01
 PC/TC: 3
 SOS: 1
 Global: XXX
 Pre-Op: 0.00
 Intra-Op: 0.00
 Post-Op: 0.00
 Mult Surg: 0
 Bilt Surg: 0
 Asst Surg: 0
 Co Surg: 0
 Team Surg: 0
 Diag Supv: 09
 TOS Indicator: S

NOTE: Effective for services performed on or after July 1, 2002

CPT Code: G0250
 Short Desc: MD review interpret of test
 Proc Stat: R
 RVU Work: 0.18
 Non-Fac PE RVU: 0.08
 Fac PE RVU: 0.08
 Malpractice RVU: 0.01
 PC/TC: 2
 SOS: 1
 Global: XXX

Pre-Op: 0.00

Intra-Op: 0.00
 Post-Op: 0.00
 Mult Surg: 0
 Bilt Surg: 0
 Asst Surg: 0
 Co Surg: 0
 Team Surg: 0
 Diag Supv: 09
 TOS Indicator: 1

NOTE: Effective for services performed on or after July 1, 2002

CPT Code: G0251
 Long Desc: Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum 5 sessions per course of treatment

Short Desc: Stereotactic radiosurgery

Proc Stat: I
 RVU Work: 0.00
 Non-Fac PE RVU: 0.00
 Fac PE RVU: 0.00
 Malpractice RVU: 0.00
 PC/TC: 0
 SOS: 1
 Global: XXX
 Pre-Op: 0.00
 Intra-Op: 0.00
 Post-Op: 0.00
 Mult Surg: 0
 Bilt Surg: 0
 Asst Surg: 0
 Co Surg: 0
 Team Surg: 0
 Diag Supv: 09
 TOS Indicator: 6

NOTE: Effective for services performed on or after April 1, 2002

CPT Code: Q3019
 Short Desc: ALS emer trans no ALS servic
 Proc Stat: X
 RVU Work: 0.00
 Non-Fac PE RVU: 0.00
 Fac PE 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

NOTE: Effective for services performed on or after April 1, 2002

CPT Code: Q3020
 Short Desc: ALS nonemer trans no ALS ser
 Proc Stat: X

RVU Work: 0.00
 Non-Fac PE RVU: 0.00
 Fac PE 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

NOTE: Effective for services performed on or after April 1, 2002

CPT Code	Revision		
19000	Bilateral Procedure Indicator = 0		
19001	Bilateral Procedure Indicator = 0		
19120	Bilateral Procedure Indicator = 0		
19125	Bilateral Procedure Indicator = 0		
19290	Bilateral Procedure Indicator = 0		
37609	Bilateral Procedure Indicator = 1		
50320	Multiple Procedure Indicator = 0		
63030	Bilateral Procedure Indicator = 1		
76085	FYI – CPT code 76085, computer aided detection, screening, is identified as an add-on service that can only be used in conjunction with CPT code 76092, screening mammogram. CPT code 76092 is not subject to the Part B deductible, so CPT code 76085 is also not subject to the Part B deductible.		
90887	Procedure Status = B		
95824	FYI—In the 2001 Medicare Physician Fee Schedule Database the PC/TC indicator was inadvertently changed from a ‘1’ to a ‘2’ for CPT code 95824, and the related professional and technical portions of this service were deleted. The PC/TC indicator has subsequently been changed back to a ‘1’ and the professional and technical portions of CPT code 95824 have been reinstated effective January 1, 2002. Carriers may either change their 2001 files to reflect the PC/TC of ‘1’ or re-process these 2001 claims by hand. There were minimal billings for CPT code 95824 in 2001. The following information <u>will not appear</u> on the aforementioned files that will be placed on the Network Data Mover. Contractors should “hard-key” this record for 2001.		
CPT Code:	95824	95824	95824
Short Desc:	Electroencephalography		
Mod:		26	TC
ProcStat:	A	A	A
RVU Work:	0.74	0.74	0.00
Fac PE RVU:	0.80	0.38	0.42
Non-Fac PE RVU:	0.80	0.38	0.42
MP RVU:	0.05	0.03	0.02

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:	9	9	1
No Rel Code:	0	0	0

The *effective date* for this Program Memorandum (PM) is January 1, 2002.

The *implementation date* for this PM is July 1, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after July 1, 2003.

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