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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-02-112

Date: JULY 31, 2002

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## CHANGE REQUEST 2282

**SUBJECT: Final Update to the 2002 Medicare Physician Fee Schedule Database (MPFSDB)**

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

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

[MU00.@BF12390.MPFS.CY02.UP3.C00000.V0807](mailto:MU00.@BF12390.MPFS.CY02.UP3.C00000.V0807)

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

SNF Abstract File

[MU00.@BF12390.MPFS.CY02.UP3.SNF.V0807.FI](mailto:MU00.@BF12390.MPFS.CY02.UP3.SNF.V0807.FI)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY02.UP3.ABSTR.V0807.FI](mailto:MU00.@BF12390.MPFS.CY02.UP3.ABSTR.V0807.FI)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY02.UP3.SUPL.V0807.FI](mailto:MU00.@BF12390.MPFS.CY02.UP3.SUPL.V0807.FI)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY02.UP3.MAMMO.V0807.FI](mailto:MU00.@BF12390.MPFS.CY02.UP3.MAMMO.V0807.FI)

Hospice File

[MU00.@BF12390.MPFS.CY02.UP3.ALL.V0807.RHHI](mailto:MU00.@BF12390.MPFS.CY02.UP3.ALL.V0807.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 Final Update to the 2002 Medicare Physician Fee Schedule Database are as follows:

A4206	Procedure Status = B
A4207	Procedure Status = B
A4208	Procedure Status = B
A4209	Procedure Status = B
A4213	Procedure Status = B
A4214	Procedure Status = B
A4215	Procedure Status = B

**CMS Pub. 60AB**

A9502	Procedure Status = E
A9504	Procedure Status = E
A9507	Procedure Status = E
A9508	Procedure Status = E
A9510	Procedure Status = E
A9511	Procedure Status = E
A9600	Procedure Status = E
A9605	Procedure Status = E
A9700	Procedure Status = E

G0245 FYI – The corrected long descriptor of HCPCS code G0245 will read;

Initial physician evaluation *and management* of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include:

1. The diagnosis of LOPS.
2. A patient history.
3. A physical examination that consists of at least the following elements:
  - (a) Visual inspection of the forefoot, hindfoot, and toe web spaces,
  - (b) Evaluation of a protective sensation,
  - (c) Evaluation of foot structure and biomechanics,
  - (d) Evaluation of vascular status and skin integrity, and
  - (e) Evaluation and recommendation of footwear,
4. Patient education.

G0246 FYI – The corrected long descriptor of HCPCS code G0246 will read;

Follow-up physician evaluation *and management* of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following:

1. A patient history.
2. A physical examination that includes:
  - (a) Visual inspection of the forefoot, hindfoot, and toe web spaces,
  - (b) Evaluation of protective sensation,
  - (c) Evaluation of foot structure and biomechanics,
  - (d) Evaluation of vascular status and skin integrity, and
  - (e) Evaluation and recommendation of footwear,
3. Patient education.

G0247 Global Period = ZZZ  
Effective Date: Effective for services performed on or after July 1, 2002

G0248 Facility PE RVU = 3.06  
 G0248 Non-Facility PE RVU = 3.06

G0249 Facility PE RVU = 3.28  
 G0249 Non-Facility PE RVU = 3.28

G0250 Facility PE RVU = 0.06  
 G0250 Non-Facility PE RVU = 0.06

CPT Code:	G0252	G0252	G0252
Short Desc:	PET Imaging Initial dx		
Mod:		26	TC
ProcStat:	C	A	C
RVU Work:	0.00	1.50	0.00
Fac PE RVU:	0.00	0.60	0.00
Non-Fac PE RVU:	0.00	0.60	0.00
MP RVU:	0.00	0.04	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	09
No Rel Code:	0	0	0
TOS:	4	4	4

Effective Date: Effective for services performed on or after October 1, 2002

CPT Code:	G0253	G0253	G0253
Short Desc:	PET image brst dection recur		
Mod:		26	TC
ProcStat:	C	A	C
RVU Work:	0.00	1.50	0.00
Fac PE RVU:	0.00	0.60	0.00
Non-Fac PE RVU:	0.00	0.60	0.00
MP RVU:	0.00	0.04	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	09

No Rel Code:	0	0	0
TOS:	4	4	4

Effective Date: Effective for services performed on or after October 1, 2002

CPT Code:	G0254	G0254	G0254
Short Desc:	PET image brst eval to tx		
Mod:		26	TC
ProcStat:	C	A	C
RVU Work:	0.00	1.50	0.00
Fac PE RVU:	0.00	0.60	0.00
Non-Fac PE RVU:	0.00	0.60	0.00
MP RVU:	0.00	0.04	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	09
No Rel Code:	0	0	0
TOS:	4	4	4

Effective Date: Effective for services performed on or after October 1, 2002

CPT Code:	G0255	G0255	G0255
Short Desc:	Sensory nerve conduct test		
Mod:		26	TC
ProcStat:	N	N	N
RVU Work:	0.00	1.50	0.00
Fac PE RVU:	0.00	0.60	0.00
Non-Fac PE RVU:	0.00	0.60	0.00
MP RVU:	0.00	0.04	0.00
PC/TC:	1	1	1
SOS:	9	9	9
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:	9	9	9
Bilt Surg:	9	9	9
Asst Surg:	9	9	9
Co Surg:	9	9	9
Team Surg:	9	9	9
Bill Med:	9	9	9
Diag Supv:	09	09	01
No Rel Code:	9	9	9
TOS:	4	4	4

Effective Date: Effective for services performed on or after October 1, 2002

J7316	Procedure Status = G
CPT Code:	Q3030
Short Desc:	Sodium hyaluronate injection
Mod:	
ProcStat:	E
RVU Work:	0.00
Fac PE RVU:	0.00
Non-Fac PE RVU:	0.00
MP 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
Bill Med:	9
Diag Supv:	09
No Rel Code:	9
TOS:	1, P

#### Bilateral Surgery Indicator Changes

20526	Bilateral Surgery Indicator = 1
24300	Bilateral Surgery Indicator = 1
24332	Bilateral Surgery Indicator = 1
25259	Bilateral Surgery Indicator = 1
25275	Bilateral Surgery Indicator = 1
25430	Bilateral Surgery Indicator = 1
25651	Bilateral Surgery Indicator = 1
25652	Bilateral Surgery Indicator = 1
25671	Bilateral Surgery Indicator = 1
26340	Bilateral Surgery Indicator = 1
29824	Bilateral Surgery Indicator = 1
36002	Bilateral Surgery Indicator = 1
36533	Bilateral Surgery Indicator = 1
36534	Bilateral Surgery Indicator = 1
36535	Bilateral Surgery Indicator = 1
36820	Bilateral Surgery Indicator = 1
37208	Bilateral Surgery Indicator = 1
38220	Bilateral Surgery Indicator = 1
38221	Bilateral Surgery Indicator = 1
61862	Bilateral Surgery Indicator = 1
61880	Bilateral Surgery Indicator = 1
61885	Bilateral Surgery Indicator = 1
61888	Bilateral Surgery Indicator = 1
63043	Bilateral Surgery Indicator = 1
63044	Bilateral Surgery Indicator = 1
64821	Bilateral Surgery Indicator = 1
64822	Bilateral Surgery Indicator = 1
64823	Bilateral Surgery Indicator = 1
69300	Bilateral Surgery Indicator = 1
75685	Bilateral Surgery Indicator = 3

75685 – TC	Bilateral Surgery Indicator = 3
75685 – 26	Bilateral Surgery Indicator = 3
0005T	Bilateral Surgery Indicator = 1
0006T	Bilateral Surgery Indicator = 1
0007T	Bilateral Surgery Indicator = 1
0012T	Bilateral Surgery Indicator = 1
0013T	Bilateral Surgery Indicator = 1
0014T	Bilateral Surgery Indicator = 1
0016T	Bilateral Surgery Indicator = 1
0017T	Bilateral Surgery Indicator = 1
0020T	Bilateral Surgery Indicator = 1

76012  
 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 76012, 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 76012 have been reinstated effective January 1, 2002. Carriers need not search their files for claims paid incorrectly in 2001, but should adjust those brought to their attention.

The following information will not appear on the aforementioned files that will be placed on the Network Data Mover. Contractors should “hard-key” this record for 2001.

CPT Code:	76012	76012	76012
Short Desc:	Percut vertebroplasty fluor		
Mod:		26	TC
ProcStat:	C	A	C
RVU Work:	0.00	1.31	0.00
Fac PE RVU:	0.00	0.49	0.00
Non-Fac PE RVU:	0.00	0.49	0.00
MP RVU:	0.00	0.23	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	03
No Rel Code:	0	0	0

76013  
 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 76013, 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 76013 have been reinstated effective January 1, 2002. Carriers need not search their files for claims paid incorrectly in 2001, but should adjust those brought to their attention.

The following information will not appear on the aforementioned files that will be placed on the Network Data Mover. Contractors should “hard-key” this record for 2001.

CPT Code:	76013	76013	76013
Short Desc:	Percut vertebroplasty, ct		
Mod:		26	TC
ProcStat:	C	A	C
RVU Work:	0.00	1.38	0.00
Fac PE RVU:	0.00	0.52	0.00
Non-Fac PE RVU:	0.00	0.52	0.00
MP RVU:	0.00	0.48	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	03
No Rel Code:	0	0	0

75952

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 75952, 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 75952 have been reinstated effective January 1, 2002. Carriers need not search their files for claims paid incorrectly in 2001, but should adjust those brought to their attention.

The following information will not appear on the aforementioned files that will be placed on the Network Data Mover. Contractors should “hard-key” this record for 2001.

CPT Code:	75952	75952	75952
Short Desc:	Endovasc repair abdom aorta		
Mod:		26	TC
ProcStat:	C	A	C
RVU Work:	0.00	4.00	0.00
Fac PE RVU:	0.00	1.60	0.00
Non-Fac PE RVU:	0.00	1.60	0.00
MP RVU:	0.00	0.68	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	03
No Rel Code:	0	0	0

75953

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 75953, 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 75953 have been reinstated effective January 1, 2002. Carriers need not search their files for claims paid incorrectly in 2001, but should adjust those brought to their attention.

The following information will not appear on the aforementioned files that will be placed on the Network Data Mover. Contractors should “hard-key” this record for 2001.

CPT Code:	75953	75953	75953
Short Desc:	Abdom aneurysm endovas rpr		
Mod:		26	TC
ProcStat:	C	A	C
RVU Work:	0.00	1.36	0.00
Fac PE RVU:	0.00	0.54	0.00
Non-Fac PE RVU:	0.00	0.54	0.00
MP RVU:	0.00	0.68	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	03
No Rel Code:	0	0	0

76075

Short Descriptor: Dual energy x-ray study

76075 – TC

Short Descriptor: Dual energy x-ray study

76075 – 26

Short Descriptor: Dual energy x-ray study

CPT Code:	78459	78459	78459
Short Desc:	Heart muscle imaging (PET)		
Mod:		26	TC
ProcStat:	C	R	C
RVU Work:	0.00	1.50	0.00
Fac PE RVU:	0.00	0.60	0.00
Non-Fac PE RVU:	0.00	0.60	0.00
MP RVU:	0.00	0.04	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, 2002

78478	Global Period = XXX
78478 – TC	Global Period = XXX
78478 – 26	Global Period = XXX

78480	Global Period = XXX
78480 – TC	Global Period = XXX
78480 – 26	Global Period = XXX

92270	Diagnostic Supervision = 01
92270 – TC	Diagnostic Supervision = 01

92275	Diagnostic Supervision = 01
92275 – TC	Diagnostic Supervision = 01

92285	Diagnostic Supervision = 01
92285 – TC	Diagnostic Supervision = 01

92286	Diagnostic Supervision = 01
92286 – TC	Diagnostic Supervision = 01

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

**The *implementation date* for this PM is October 7, 2002.**

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

**This PM may be discarded after October 7, 2003.**

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

**If you have any questions related to the intermediary/supplemental files, contact Linda Gregory at (410) 786-6138.**