
Program Memorandum Carriers

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

Transmittal B-03-001

Date: JANUARY 17, 2003

CHANGE REQUEST 2530

SUBJECT: Emergency Update to the 2003 Medicare Physician Fee Schedule Database

The CMS has identified various inconsistencies in the 2003 Medicare Physician Fee Schedule Database (MPFSDB). Complete override files have been posted on CMS's Mainframe Telecommunications System and are dated December 16, 2002. The files will be available for carriers to download upon issuance of the Program Memorandum (PM).

The file name for the National 2003 MPFSDB is:

[MU00.@BF12390.MPFS.CY03.EM1.C00000.V1216](#)

The processing site specific 2003 MPFSDB files are;

MU00.@BF12390.MPFS.CY03.EM1.C00510.V1216 for 00510

MU00.@BF12390.MPFS.CY03.EM1.C00630.V1216 for 00630

MU00.@BF12390.MPFS.CY03.EM1.C00660.V1216 for 00660

MU00.@BF12390.MPFS.CY03.EM1.C00803.V1216 for 00803

MU00.@BF12390.MPFS.CY03.EM1.C00805.V1216 for 00805

MU00.@BF12390.MPFS.CY03.EM1.C00865.V1216 for 00865

MU00.@BF12390.MPFS.CY03.EM1.C00880.V1216 for 00880

MU00.@BF12390.MPFS.CY03.EM1.C00973.V1216 for 00973

MU00.@BF12390.MPFS.CY03.EM1.C14330.V1216 for 14330

MU00.@BF12390.MPFS.CY03.EM1.CARKBS.V1216 for 00520,00528

MU00.@BF12390.MPFS.CY03.EM1.CCIGNA.V1216 for 05130,05440,05535

**MU00.@BF12390.MPFS.CY03.EM1.CEDS01.V1216 for 00801,00951,00952,00953,
00883,00884,31140,31142,31143,31144,31145, 31146**

MU00.@BF12390.MPFS.CY03.EM1.CEDS02.V1216 for 00820,00824,00825,00826,00831,00832,00833,00834,00835,00836

MU00.@BF12390.MPFS.CY03.EM1.CGTE00.V1216 for 00511,00521,00522,00523,00590,00751,00910

MU00.@BF12390.MPFS.CY03.EM1.CHPBSS.V1216 for 00512,00591,00870,00904,00954

MU00.@BF12390.MPFS.CY03.EM1.CKANBS.V1216 for 00650,00655,00740

MU00.@BF12390.MPFS.CY03.EM1.CTEXBS.V1216 for 00900,00901,00902,00903

MU00.@BF12390.MPFS.CY03.EM1.V1216.RRB for the Railroad Retirement Board

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 processed on or after **March 1, 2003**.

Carriers 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.

This notification should be posted on contractor Web sites within two weeks and published in their next regularly scheduled bulletin.

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

CPT/HCPCS	ACTION
0040T	Delete Lab Certification Code on HCPCS Tape
0041T	Lab Certification Code = 110
00540	Base Units = 12.0 units
01829	Base Units = 3.0 units
01963	Base Units = 8.0 units
01991	Base Units = 3.0 units
1992	Base Units = 5.0 units

NOTE: The aforementioned anesthesia services are not included on the MPFSDB, but are included on the HCPCS File. Carriers should “hard-key” the revised base units for the aforementioned services into their systems.

G0008	Procedure Status = X
G0008	PC/TC Indicator = 9

G0008	<p>Currently, carriers link the payment for HCPCS code G0008 to the payment associated with CPT code 90782. Effective March 1, 2003, carriers should link the payment for HCPCS code G0008 to CPT code 90471.</p> <p>Additionally, per CR 2446, CWF was provided with a list of codes to be included in category 75 for skilled nursing facility consolidated billing edits effective January 1, 2003. Due to the above revisions CWF must remove HCPCS code G0008 from category 75 effective January 1, 2003.</p>
G0009	Procedure Status = X
G0009	PC/TC Indicator = 9
G0009	<p>Currently, carriers link the payment for HCPCS code G0009 to the payment associated with CPT code 90782. Effective March 1, 2003, carriers should link the payment for HCPCS code G0009 to CPT code 90471.</p> <p>Additionally, per CR 2446, CWF was provided with a list of codes to be included in category 75 for skilled nursing facility consolidated billing edits effective January 1, 2003. Due to the above revisions CWF must remove HCPCS code G0009 from category 75 effective January 1, 2003.</p>
G0010	Procedure Status = X
G0010	PC/TC Indicator = 9
G0010	<p>Currently, carriers link the payment for HCPCS code G0010 to the payment associated with CPT code 90782. Effective March 1, 2003, carriers should link the payment for HCPCS code G0010 to CPT code 90471.</p> <p>Additionally, per CR 2446, CWF was provided with a list of codes to be included in category 75 for skilled nursing facility consolidated billing edits effective January 1, 2003. Due to the above revisions CWF must remove HCPCS code G0010 from category 75 effective January 1, 2003.</p>
G0275	Facility PE RVU = 0.10
G0278	Facility PE RVU = 0.10
G0279	Facility PE RVU = 0.02
G0280	Facility PE RVU = 0.02
G0281	Effective Date: April 1, 2003
G0282	Effective Date: April 1, 2003
G0295	Effective Date: April 1, 2003

NOTE: The aforementioned services were inappropriately identified as effective January 1, 2003, per CR 2313 (AB-02-16 Dated November 8, 2002). Due to this error, the HCPCS Tape also lists the effective date of these services as January 1, 2003. The corrected effective date is April 1, 2003.

G0289 Facility PE RVU = 0.58
 Multiple Procedure Indicator = 0
 Pre-Operative Percentage = 0.00
 Intra-Operative Percentage = 0.00
 Post-Operative Percentage = 0.00

HCPCS Code: J2675
 Short Desc: Inj progesterone per 50 MG
 Proc Stat: E
 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

J7308 Procedure Status = P

Q3017 Procedure Status = F

Q3021 Procedure Status = I

Q3022 Procedure Status = I

Q3023 Procedure Status = I

Q3030 Procedure Status = F

0040T FYI – The HCPCS Tape incorrectly identifies the lab certification code for CPT code 0040T as 110. There should be no lab certification code associated with this service.

0041T FYI – The HCPCS Tape inadvertently failed to identify lab certification code 110 for this service. The HCPCS Tape should identify lab certification code 110 for CPT code 0041T.

10021 Facility PE RVU = 0.53

10022 Facility PE RVU = 0.44

17304 Bilateral Surgery Indicator = 1

26587 Facility PE RVU = 4.76

29999	Assistant at Surgery Indicator = 0
50080	Non-Facility PE RVU = 10.16
50080	Facility PE RVU = 10.16
50081	Non-Facility PE RVU = 12.23
50081	Facility PE RVU = 12.23
50236	Non-Facility PE RVU = 13.21
50236	Facility PE RVU = 13.21
50240	Non-Facility PE RVU = 12.33
50240	Facility PE RVU = 12.33
50553	Non-Facility PE RVU = 14.02
50555	Non-Facility PE RVU = 16.01
50557	Non-Facility PE RVU = 14.80
50561	Non-Facility PE RVU = 14.09
50684	Non-Facility PE RVU = 12.61
50690	Non-Facility PE RVU = 12.77
50953	Non-Facility PE RVU = 13.95
50955	Non-Facility PE RVU = 17.98
50957	Non-Facility PE RVU = 13.79
50961	Non-Facility PE RVU = 17.61
51010	Non-Facility PE RVU = 5.71
51010	Facility PE RVU = 2.08
51605	Non-Facility PE RVU = 13.63
51610	Non-Facility PE RVU = 13.41
51710	Non-Facility PE RVU = 3.90
51710	Facility PE RVU = 1.30
51726	Non-Facility PE RVU = 6.97
51726	Facility PE RVU = 6.97
51726-TC	Non-Facility PE RVU = 6.39

51726-TC	Facility PE RVU = 6.39
51772	Non-Facility PE RVU = 6.32
51772	Facility PE RVU = 6.32
51772-TC	Non-Facility PE RVU = 5.75
51772-TC	Facility PE RVU = 5.75
51784	Non-Facility PE RVU = 5.25
51784	Facility PE RVU = 5.25
51784-TC	Non-Facility PE RVU = 4.73
51784-TC	Facility PE RVU = 4.73
51785	Non-Facility PE RVU = 5.27
51785	Facility PE RVU = 5.27
51785-TC	Non-Facility PE RVU = 4.75
51785-TC	Facility PE RVU = 4.75
51792	Non-Facility PE RVU = 5.44
51792	Facility PE RVU = 5.44
51792-TC	Non-Facility PE RVU = 5.01
51792-TC	Facility PE RVU = 5.01
51795	Non-Facility PE RVU = 6.70
51795	Facility PE RVU = 6.70
51795-TC	Non-Facility PE RVU = 6.18
51795-TC	Facility PE RVU = 6.18
52000	Non-Facility PE RVU = 4.57
52001	Work RVU = 5.45
52001	Non-Facility PE RVU = 7.89
52001	Facility PE RVU = 2.33
52005	Non-Facility PE RVU = 6.38
52010	Non-Facility PE RVU = 7.77
52010	Facility PE RVU = 1.15
52204	Non-Facility PE RVU = 5.44
52214	Non-Facility PE RVU = 7.24
52224	Non-Facility PE RVU = 6.12

52265	Non-Facility PE RVU = 5.67
52270	Non-Facility PE RVU = 6.41
52270	Facility PE RVU = 1.34
52275	Non-Facility PE RVU = 7.11
52275	Facility PE RVU = 1.78
52276	Non-Facility PE RVU = 8.01
52276	Facility PE RVU = 1.90
52281	Non-Facility PE RVU = 8.05
52282	Non-Facility PE RVU = 13.08
52283	Non-Facility PE RVU = 5.86
52285	Non-Facility PE RVU = 6.31
52310	Non-Facility PE RVU = 4.73
52315	Non-Facility PE RVU = 5.75
52317	Non-Facility PE RVU = 7.82
52330	Non-Facility PE RVU = 17.40
52330	Facility PE RVU = 1.80
52332	Non-Facility PE RVU = 16.40
52647	Non-Facility PE RVU = 42.87
52647	Facility PE RVU = 4.57
53025	Non-Facility PE RVU = 3.69
53040	Non-Facility PE RVU = 11.86
53040	Facility PE RVU = 7.17
53080	Non-Facility PE RVU = 7.22
53080	Facility PE RVU = 7.22
53085	Non-Facility PE RVU = 8.63
53085	Facility PE RVU = 8.63
53200	Non-Facility PE RVU = 4.76
53265	Non-Facility PE RVU = 5.77
53265	Facility PE RVU = 2.28

53270	Non-Facility PE RVU = 5.58
53270	Facility PE RVU = 2.52
53850	Non-Facility PE RVU = 63.30
53850	Facility PE RVU = 4.25
53852	Non-Facility PE RVU = 52.42
53852	Facility PE RVU = 4.43
53853	Non-Facility PE RVU = 38.58
53853	Facility PE RVU = 3.30
54000	Non-Facility PE RVU = 4.77
54000	Facility PE RVU = 1.40
54001	Non-Facility PE RVU = 5.36
54001	Facility PE RVU = 2.01
54015	Non-Facility PE RVU = 6.51
54015	Facility PE RVU = 3.05
54055	Non-Facility PE RVU = 5.59
54055	Facility PE RVU = 1.39
54060	Non-Facility PE RVU = 4.89
54060	Facility PE RVU = 1.56
54105	Non-Facility PE RVU = 5.55
54105	Facility PE RVU = 2.07
54111	Non-Facility PE RVU = 8.38
54111	Facility PE RVU = 8.38
54115	Non-Facility PE RVU = 9.53
54115	Facility PE RVU = 6.06
54120	Non-Facility PE RVU = 7.23
54120	Facility PE RVU = 7.23
54125	Non-Facility PE RVU = 8.43
54125	Facility PE RVU = 8.43
54130	Non-Facility PE RVU = 10.94
54130	Facility PE RVU = 10.94
54135	Facility PE RVU = 13.00
54135	Facility PE RVU = 13.00
54160	Non-Facility PE RVU = 4.97

54160	Facility PE RVU = 1.75
54205	Non-Facility PE RVU = 6.47
54205	Facility PE RVU = 6.47
54300	Non-Facility PE RVU = 8.04
54300	Facility PE RVU = 8.04
54304	Non-Facility PE RVU = 9.25
54304	Facility PE RVU = 9.25
54308	Non-Facility PE RVU = 8.82
54308	Facility PE RVU = 8.82
54312	Non-Facility PE RVU = 9.87
54312	Facility PE RVU = 9.87
54322	Non-Facility PE RVU = 8.56
54322	Facility PE RVU = 8.56
54324	Non-Facility PE RVU = 11.06
54324	Facility PE RVU = 11.06
54328	Non-Facility PE RVU = 10.09
54328	Facility PE RVU = 10.09
54332	Non-Facility PE RVU = 10.56
54332	Facility PE RVU = 10.56
54344	Non-Facility PE RVU = 10.34
54344	Facility PE RVU = 10.34
54360	Non-Facility PE RVU = 7.85
54360	Facility PE RVU = 7.85
54430	Non-Facility PE RVU = 7.27
54430	Facility PE RVU = 7.27
54500	Non-Facility PE RVU = 5.46
54700	Non-Facility PE RVU = 7.02
54700	Facility PE RVU = 3.06
55100	Non-Facility PE RVU = 7.87
55100	Facility PE RVU = 3.22
55250	Non-Facility PE RVU = 7.70
55250	Facility PE RVU = 2.92

55450	Non-Facility PE RVU = 5.98
55450	Facility PE RVU = 2.43
55700	Non-Facility PE RVU = 3.50
55873	Non-Facility PE RVU = 9.46
55873	Facility PE RVU = 9.46
58340	Non-Facility PE RVU = 12.74
58340	Facility PE RVU = 0.32
66710	Non-Facility PE RVU = 5.14
66710	Facility PE RVU = 3.81
66720	Facility PE RVU = 4.49
66740	Facility PE RVU = 4.84
66740	Non-Facility PE RVU = 4.84
66761	Non-Facility PE RVU = 5.25
66761	Facility PE RVU = 3.98
66762	Non-Facility PE RVU = 5.33
66762	Facility PE RVU = 3.97
66770	Non-Facility PE RVU = 5.76
66770	Facility PE RVU = 4.48
76802 - 26	Global Period = ZZZ
90740	Procedure Status = X
90743	Procedure Status = X
90744	Procedure Status = X
90746	Procedure Status = X
90747	Procedure Status = X
90748	Procedure Status = I
91122	Non-Facility PE RVU = 4.55
91122	Facility PE RVU = 4.55
91122-TC	Non-Facility PE RVU = 3.93
91122-TC	Facility PE RVU = 3.93
92136 – 26	Bilateral Indicator = 3
93268	Non-Facility PE RVU = 7.41
93268	Facility PE RVU = 7.41

93271	Non-Facility PE RVU = 5.99
93271	Facility PE RVU = 5.99
99289	Work RVU = 4.80
99290	Work RVU = 2.40

Add-On Global Surgery Indicator (ZZZ)

Several regional offices have asked for clarification about the payment/processing of add-on codes (ZZZ global surgery indicator on the physician fee schedule). The ZZZ global surgery indicator allows payment only when the code is billed in conjunction with another base service. Alternatively, a ZZZ global period service may never be billed alone. Regional offices/carriers have requested that CMS clarify in manual, Program Memorandum, or elsewhere, who is responsible for determining appropriate edits for add-on services.

The identification of appropriate code pairings as related to add-on services will continue to be the responsibility of the individual carriers.

Independent Laboratories Billing For the Technical Component of Physician Pathology Services

Section 542 of the Benefits Improvement and Protection Act (BIPA) of 2000 provides that the Medicare carrier can continue to pay for the technical component of physician pathology services when an independent laboratory furnishes this service to an inpatient or outpatient of a covered hospital. This provision applies to TC services furnished during the 2-year period beginning on January 1, 2001.

Carriers should continue to implement this provision until they are notified in a subsequent program memorandum.

Financial Limitation for Outpatient Rehabilitation Services

Section 4541(c) of the Balanced Budget Act (BBA) required application of a financial limitation to all outpatient rehabilitation services with the exception of those provided by outpatient departments of hospitals. Actions of the Balanced Budget Refinement Act (BBRA) Section 221(a)(1)(B) and the Benefits Improvement and Protection Act (BIPA) Section 421(a) placed a moratorium on this limitation through December 31, 2002.

CMS is currently in the process of developing instructions to implement the financial limitation. CMS expects to implement the provision in a prospective manner. Until you receive further instruction, continue to process claims for services delivered on or after January 1, 2003, in the same manner that you process claims for services prior to January 1, 2003.

Observation Care Codes (G0263 & G0264)

The descriptors associated with HCPCS codes G0263 and G0264 have been revised to read as follows;

<u>HCPCS Code</u>	<u>Descriptor</u>
G0263	Direct admission of patient with diagnosis of congestive heart failure, chest pain or asthma for observation services that meet all criteria for G0244

HCPCS

<u>Code</u>	<u>Descriptor</u>
G0264	Initial nursing assessment of patient directly admitted to observation with diagnosis other than CHF, chest pain or asthma or patient directly admitted to observation with diagnosis of CHF, chest pain or asthma when the observation stay does not qualify for G0244.

Effective Date: January 1, 2003

The *effective date* for this PM is March 1, 2003.

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

These instructions should be implemented within your current operating budget.

This PM may be discarded after March 1, 2004.

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