CMS Manual System	Department of Health & Human Services ((DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1580	Date: AUGUST 22, 2008
	Change Request 6180

Subject: October Update to the 2008 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the 2008 Medicare Physician Fee Schedule Final Rule. This change request amends those payment files.

The initial release of this RN can be found in Pub. 100-04, Chapter 23, Section 30.1.

New / Revised Material
Effective Date: January 1, 2008
Implementation Date: October 6, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. 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 is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1580	Date: August 22, 2008	Change Request: 6180

SUBJECT: October Update to the 2008 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2008

Implementation Date: October 6, 2008

I.   GENERAL INFORMATION

A.   Background: Payment files were issued to contractors based upon the 2008 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request (CR) amends those payment files.

B.   Policy: Section 1848(c)(4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services.

II.   BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6180.1	Contractors shall, in accordance with Pub 100-4, Chapter 23, Section 30.1, give providers 30 days notice before implementing the changes identified in Attachment 1. Unless otherwise stated in this transmittal, changes will be retroactive to January 1, 2008.	X			X						
6180.2	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	X						
6180.3	Contractors shall retrieve the revised payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. Contractors will be notified via email when these files are available for retrieval.	X			X						
6180.4	CMS will send CWF two files to facilitate duplicate billing edits: 1) Purchased Diagnostic and 2) Duplicate Radiology Editing. CWF shall install these files into their systems. CWF will be notified via email when these files have been sent to them.									X	
6180.5	Contractors shall send notification of successful receipt	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	via email to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (e.g., carrier/fiscal intermediary name and number).										

III. PROVIDER EDUCATION TABLE

Number	Requirement	A / B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6180.6	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN 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 one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X	X						

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Gaysha Brooks, Gaysha.Brooks@cms.hhs.gov, (410) 786-9649

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

A. For Fiscal Intermediaries and Carriers

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MACs)

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment 1

Changes included in the October Update to the 2008 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

CPT/HCPCS	ACTION
15878	Bilateral Indicator = 1
15879	Bilateral Indicator = 1
92557	PC/TC Indicator = 9
92567	PC/TC Indicator = 9
93660 – 26	Multiple Procedure Indicator = 2
G0398	PC/TC Indicator = 1

G0398 – TC   Long Descriptor: Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation.

Short Descriptor: Home sleep test/type 2 Porta
Procedure Status: C
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 1
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 9
Diagnostic Family Imaging Indicator: 99

Note: This change is retroactive to March 13, 2008

G0398 – 26   Long Descriptor: Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation.

Short Descriptor: Home sleep test/type 2 Porta

Procedure Status: C
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 1
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 9
Diagnostic Family Imaging Indicator: 99

Note: This change is retroactive to March 13, 2008

G0399	PC/TC Indicator = 1
G0399 – TC	Long Descriptor: Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation

Short Descriptor: Home sleep test/type 3 Porta
Procedure Status: C
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 1
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 9
Diagnostic Family Imaging Indicator: 99

Note: This change is retroactive to March 13, 2008

G0399 – 26   Long Descriptor: Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation

Short Descriptor: Home sleep test/type 3 Porta
Procedure Status: C
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 1
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 9
Diagnostic Family Imaging Indicator: 99

Note: This change is retroactive to March 13, 2008

G0400   PC/TC Indicator =1

G0400 – TC   Long Descriptor: Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels

Short Descriptor: Home sleep test/type 4 Porta
Procedure Status: C
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 1
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 9
Diagnostic Family Imaging Indicator: 99

Note: This change is retroactive to March 13, 2008

G0400 – 26   Long Descriptor: Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels

Short Descriptor: Home sleep test/type 4 Porta
Procedure Status: C
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 1
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 9
Diagnostic Family Imaging Indicator: 99

Note: This change is retroactive to March 13, 2008

Revised Descriptor
An editorial change was made to the long descriptor for HCPCS code G0250.

HCPCS Code	Long Descriptor Change	Short Descriptor Change
G0250	Physician review, interpretation, and patient management of home INR testing for a patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes face-to-face verification by the physician at least once a year (e.g. during an evaluation and management service) that the patient uses the device in the context of the management of the anticoagulation therapy following initiation of the home INR monitoring; not occurring more frequently than once a week	N/A

Attachment 2
Filenames for Revised Payment Files

The revised filenames for the October Update to the 2008 Medicare Physician Fee Schedule Database for carriers are:

MU00.@BF12390.MPFS.CY08.RV4B.C00000.V0814

Purchased Diagnostic File
MU00.@BF12390.MPFS.CY08.RV4.PURDIAG.V0814

Files for intermediaries are not necessary since the changes included in this transmittal apply only to payment policy indicators.