MLN Matters®
Information for Medicare Fee-for-Service Health Care Professionals

News Flash – A new MLN Matters article (MM6740) has been released on the subject of Revisions to Consultation Services Payment Policy. This article alerts physicians and non-physician practitioners that effective January 1, 2010, the Current Procedural Terminology (CPT) consultation codes (ranges 99241-99245 and 99251-99255) are no longer recognized for Medicare Part B payment. Effective for services furnished on or after January 1, 2010, physicians and non-physician practitioners should code a patient evaluation and management visit with E/M codes that represent where the visit occurs and that identify the complexity of the visit performed. For more information, please view the article located at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6740.pdf* on the CMS website.

MLN Matters® Number: MM6796 Revised

Related Change Request (CR) #: 6796

Related CR Release Date: January 6, 2010

Effective Date: January 1, 2010

Related CR Transmittal #: R1887CP

Implementation Date: January 4, 2010

Emergency Update to the 2010 Medicare Physician Fee Schedule Database (MPFSDB)

Note: This article was revised on January 8, 2010, to reflect a new Change Request (CR) 6796 that was released on January 6, 2010. The transmittal number (see above), CR Release Date and Web address for accessing CR 6796 has been changed. All other information remains the same.

The files associated with CR 6796 include a legislative change to the CY 2010 conversion factor update and changes as a result of technical corrections to the malpractice relative value units. The conversion factor for CY 2010 is $36.0846.

Provider Types Affected

This article is for physicians and providers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or Medicare Administrative Contractors (A/B MACs)) for professional services provided to Medicare beneficiaries that are paid under the Medicare Physician Fee Schedule (MPFS).

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Provider Action Needed

This article is based on Change Request (CR) 6796 which amends payment files that were issued to Medicare contractors based on the 2010 Medicare Physician Fee Schedule (MPFS) Final Rule. Be sure your billing staff is aware of these changes.

Background

The Social Security Act (Section 1848(c)(4); see http://www.ssa.gov/OP_Home/ssact/title18/1847.htm on the Internet) authorizes the Centers for Medicare & Medicaid Services (CMS) to establish ancillary policies necessary to implement relative values for physicians' services.

Previously, payment files were issued to Medicare contractors based on the 2010 Medicare Physician Fee Schedule (MPFS) Final Rule. Change Request (CR) 6796 amends those payment files. CR 6796 provides corrections, effective for dates of service on or after January 1, 2010, to those files. These changes include the following:

CPT/HCPCS	*Action*
0575F	Procedure Status: M
20550	Bilateral Indicator: 1
4270F	Procedure Status: M
4280F	Procedure Status: M
50543	Bilateral Indicator: 1
50548	Bilateral Indicator: 1
80100	Procedure Status: X
A4641	Procedure Status: C
A4642	Procedure Status: C
A9698	Procedure Status: X
S2118	Procedure Status: I
S2270	Procedure Status: I
S3628	Procedure Status: I
S3711	Procedure Status: I
S3860	Procedure Status: I
S3861	Procedure Status: I
S3862	Procedure Status: I
S9433	Procedure Status: I

In addition, the Relative Value Units (RVUs) of a number of CPT/HCPCS (19340, 42145, 64490, 64491, 64492, 64493, 64494, 64495, 77785, 77785-TC, 77786, 77786-TC, 77787, 77787-TC, 93740, and 93770) were changed. To view the

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specific RVU changes for these codes, see Attachment 1 of CR 6796 at *http://www.cms.hhs.gov/Transmittals/downloads/R1887CP.pdf* on the CMS website.

Additional Information

If you have any questions, please contact your carrier, FI, or A/B MAC at their toll-free number, which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.

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