

Flu Shot Reminder



As a respected source of health care information, patients trust their doctors' recommendations. If you have Medicare patients who haven't yet received their flu shot, help protect them by recommending an annual influenza and a one time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration. – And don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends.** Get Your Flu Shot. Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf> .

MLN Matters Number: MM5459 **Revised**

Related Change Request (CR) #: 5459

Related CR Release Date: January 11, 2007

Effective Date: January 1, 2007

Related CR Transmittal #: R1152CP

Implementation Date: January 2, 2007

Emergency Update to the 2007 Medicare Physician Fee Schedule Database (MPFSDB)

Note: This article was revised on January 12, 2007 to reflect that CR5459 was revised by CMS. The article was revised to reflect the new CR release date, transmittal number, and the Web address for accessing CR5459. All other information remains the same.

Provider Types Affected

Physicians and other providers who bill Medicare contractors (carriers, fiscal intermediaries (FIs), or Part A/B Medicare administrative contractors (A/B MACs)) for professional services paid under the Medicare Physician Fee Schedule (MPFS).

Background

This article and related Change Request (CR) 5459 wants providers to know that payment files were issued to contractors based upon the December 1, 2006, MPFS Final Rule. CR5459 amends those payment files.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Key Points

You may wish to **review Attachment 1** of the CR5459, which is located at <http://www.cms.hhs.gov/Transmittals/downloads/R1143CP.pdf> on the CMS website. The following key points summarize the specifics that are identified in the attachment to CR5459.

- The physician fee schedule status indicators for oncology demonstration codes G9050 to G9062 for 2007 are “I”; these **codes are invalid** for Medicare use in 2007, thus, payment will not be made for these codes in 2007. (For more details on the Oncology Demonstration, see the *MLN Matters* article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4219.pdf> on the CMS site.)
- Oncology **demonstration codes** G9076, G9081, G9082, G9118, G9119, G9120, G9121, G9122, and G9127 are **deleted and will not be paid for services provided after December 31, 2006 in 2007.**
- Active Oncology demonstration codes in the range G9063 to G9139 have status indicators of “M” on the Medicare physician fee schedule database. (Note: See requirement above for discontinued oncology demonstration codes within this range). Those filing claims may report these codes for oncology disease status in 2007, but payment will not be made for these codes for services provided after December 31, 2006.
- Category II codes 3047F and 3076F and Category III code 0152T have been deleted for 2007.
- G codes G0377 and G8348 through G8368 will be added to the 2007 HCPCS file.
- Q codes Q4083, Q 4084, Q4085, and Q4086 will be added, even though they are not on the 2007 HCPCS file. Note that corresponding ASP amounts will be reflected in updated 2007 ASP pricing files to be posted to the CMS web site.
- Incorrect Diagnostic Supervision Indicators were assigned to some codes and these codes and correct indicators are listed in the attachment to CR5459.
- Corrected Multiple Procedure Codes of 0 and Diagnostic Family Imaging Indicators of 99 have been assigned to codes G0389, G0389-TC, 70554, 70554-TC, 70555, 70555-TC, 76776, and 76776-TC.
- As identified in the attachment to CR5459, correct work, practice expense, and/or malpractice relative value units (RVUs) have been assigned for codes 44180, 44186, 73223, 73223-26, 76775, 76775-TC, 76775-26, 93503, 93539, 93540, 93541, 93542, 93543, 93544, 93545, 95060, 95065, G0389, G0389-TC, and G0389-26.

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- As a result of the Tax Relief and Health Care Act of 2006, effective January 1, 2007, G0377 (Administration of vaccine for Part D drug) is added to the MPFS with a status indicator of X. Payment for HCPCS code G0377 is linked to CPT code 90471 (just as payment is made for G0008, G0009, and G0010). For 2007 only, the legislation provides for Part B to pay for the administration of a covered Part D vaccine. When a physician administers a Part D vaccine, the physician should use G0377 to bill the local carrier for the administration of the vaccine. Payment to the physician will be on an assigned basis only. Normal beneficiary deductible and coinsurance requirements apply to this administration. Payment for Part D covered vaccines is made solely by the participating Prescription Drug Plan. Medicare will not pay for the vaccine itself.
- Effective January 1, 2007, the following G codes are added to the MPFSDB with a status indicator of M: G8348, G8349, G8350, G8351, G8352, G8353, G8354, G8355, G8356, G8357, G8358, G8359, G8360, G8361, G8362, G8363, G8364, G8365, G8366, G8367, and G8368.
- CMS has established separate payment for sodium hyaluronate products that have come on the market since October 2003. Four interim Q codes are in effect for these products as of January 1, 2007, i.e., Q4083 (Hyalgan/supartz inj per dose), Q4084 (Synvisc inj per dose), Q4085 (Euflexxa inj per dose), and Q4086 (Orthovisc inj per dose).
- Procedure status I is assigned to J7319, effective January 1, 2007.
- Effective January 1, 2007, the HCPCS codes Q9958, Q9959, Q9960, Q9961, Q9962, Q9963, and Q9964 will be assigned to procedure status indicator E.
- As a courtesy to the public, CMS has established RVUs for a number of codes, even though the codes are either bundled or not valid for Medicare purposes. These codes are 38204, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, and 38215. The RVUs are listed for these codes in the attachment to CR5459.

Additional Information

For complete details regarding this Change Request (CR) please see the official instruction (CR5459) issued to your Medicare carrier, FI or A/B MAC. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R1152CP.pdf> on the CMS web site.

If you have questions, please contact your Medicare 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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