

## Timely Topics

### PAYMENT AND PRACTICE MANAGEMENT

April 2015

#### **Tools and Resources: Staying Up-To-Date with the Medicare Physician Fee Schedule**

The Medicare Physician Fee Schedule is complex and has a lot of moving parts—as evidenced by correction notices and other updates and revisions issued by the Centers for Medicare and Medicaid Services (CMS). On March 20, 2015, CMS released corrections to the CY2015 Medicare Physician Fee Schedule (MFPS) as it was published in the November 13, 2014 Federal Register.

CMS had recognized that the calculation of the CY 2015 Conversion Factors (CF) for anesthesia and for services paid under the Resource Based Relative Value System (RBRVS) as originally published did not take certain required budget neutrality adjustments into account. While CMS recognized and corrected this concern so that claims for services have been processed and paid at the correct rate, the correction notice provides the details behind the revision.

#### **Confirming Payment Accuracy**

Updates and revisions notwithstanding, you will always want to make sure you are getting paid the right amount for the claims you submit to Medicare and any payer. An excellent tool to assist you with confirming the accuracy of your payments from Medicare is the Medicare Physician Fee Schedule Look-Up Tool available on the CMS website at [CMS: Medicare Physician Fee Schedule Look-Up Tool](#).

*Look-Up Tool Note: It is important to note that the Physician Fee Schedule Look-Up Tool searchable database does not include payment information for anesthesia service since payment for anesthesia services are contingent on time, which is a local variable. To find the anesthesia conversion factors for your state, visit the [CMS: Anesthesiologist Center](#).*

We are pleased to offer you a few examples of how the Medicare Physician Fee Schedule Look-Up Tool can assist you in confirming that you are being paid properly.

# Timely Topics

## PAYMENT AND PRACTICE MANAGEMENT

### Scenario #1A

Date of Service: 2015

Procedure/Service: CPT Code: 99291 Critical care, evaluation and management of the critically ill or critically injured patient, first 30-74 minutes

**Selected Criteria:**

Year:  HCPCS:

Type of Info.:  Modifier:

HCPCS Criteria:

Carrier/MAC Option:

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**Single HCPCS Code**

| Code  | Description              |
|-------|--------------------------|
| 99291 | Critical care first hour |

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| MODIFIER | PROC STAT | CARRIER LOCALITY | NON-FACILITY PRICE | FACILITY PRICE | NON-FACILITY LIMITING CHARGE | FACILITY LIMITING CHARGE | CONV FACT | NA FLAG FOR TRANS NON-FAC PE RVU | NA FLG FOR FULLY IMP NON-FAC PE RVU | NA FLAG FOR TRANS FACILITY PE RVU | NA FLAG FOR FULLY IMP FAC PE RVU |
|----------|-----------|------------------|--------------------|----------------|------------------------------|--------------------------|-----------|----------------------------------|-------------------------------------|-----------------------------------|----------------------------------|
| A        | A         | 0000000          | \$277.81           | \$226.33       | \$303.51                     | \$247.26                 | 35.7547   |                                  |                                     |                                   |                                  |
| A        | A         | 0111203          | \$309.45           | \$243.23       | \$338.07                     | \$265.73                 | 35.7547   |                                  |                                     |                                   |                                  |
| A        | A         | 0111205          | \$322.57           | \$251.11       | \$352.41                     | \$274.34                 | 35.7547   |                                  |                                     |                                   |                                  |
| A        | A         | 0111206          | \$320.35           | \$249.71       | \$349.98                     | \$272.80                 | 35.7547   |                                  |                                     |                                   |                                  |
| A        | A         | 0111207          | \$306.54           | \$241.67       | \$334.90                     | \$264.02                 | 35.7547   |                                  |                                     |                                   |                                  |
| A        | A         | 0111209          | \$319.23           | \$249.88       | \$348.76                     | \$272.99                 | 35.7547   |                                  |                                     |                                   |                                  |
| A        | A         | 0111299          | \$285.78           | \$230.02       | \$312.22                     | \$251.30                 | 35.7547   |                                  |                                     |                                   |                                  |
| A        | A         | 0118217          | \$298.74           | \$237.98       | \$326.37                     | \$260.00                 | 35.7547   |                                  |                                     |                                   |                                  |
| A        | A         | 0118218          | \$300.58           | \$240.81       | \$328.39                     | \$263.08                 | 35.7547   |                                  |                                     |                                   |                                  |
| A        | A         | 0118226          | \$304.29           | \$241.69       | \$332.44                     | \$264.04                 | 35.7547   |                                  |                                     |                                   |                                  |

Scenario #1A shows an overview of the look-up tool for the Critical Care code 99291. Scenario #1B shows payment for the same code for a specific locality.

## Timely Topics

### PAYMENT AND PRACTICE MANAGEMENT

#### Scenario #1B

Date of Service: 2015

Procedure/Service: CPT Code: 99291 Critical care, evaluation and management of the critically ill or critically injured patient, first 30-74 minutes

Locale: San Francisco, CA

Search Results [1 Record(s)]

**Selected Criteria:**

Year:  HCPCS:

Type of Info.:  Modifier:

HCPCS Criteria:  Locality:

Carrier/MAC Option:

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**Single HCPCS Code**

| Code  | Description              |
|-------|--------------------------|
| 99291 | Critical care first hour |

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### PAYMENT AND PRACTICE MANAGEMENT

#### Scenario #2:

Date of Service: 2011 vs. 2015

Procedure/Service: CPT Code: 36620 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

Locale: Virginia

Search Results [1 Record(s)]

**Selected Criteria:**

Year:  HCPCS:

Type of Info.:  Modifier:

HCPCS Criteria:  Locality:

Carrier/MAC Option:

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Single HCPCS Code

| Code  | Description               |
|-------|---------------------------|
| 36620 | Insertion catheter artery |

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| MODIFIER | PROC STAT | CARRIER LOCALITY | NON-FACILITY PRICE | FACILITY PRICE | NON-FACILITY LIMITING CHARGE | FACILITY LIMITING CHARGE | CONV FACT | NA FLAG FOR TRANS NON-FAC PE RVU | NA FLG FOR FULLY IMP NON-FAC PE RVU | NA FLAG FOR FULLY IMP FAC PE RVU |
|----------|-----------|------------------|--------------------|----------------|------------------------------|--------------------------|-----------|----------------------------------|-------------------------------------|----------------------------------|
|          | A         | 0090400          | \$49.73            | \$49.73        | NA                           | \$54.33                  | 33.9764   | NA                               | NA                                  |                                  |

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### PAYMENT AND PRACTICE MANAGEMENT

Search Results [1 Record(s)]

**Selected Criteria:**

Year:  HCPCS:

Type of Info.:  Modifier:

HCPCS Criteria:  Locality:

Carrier/MAC Option:

[Update Results](#)

Single HCPCS Code

| Code  | Description               |
|-------|---------------------------|
| 36620 | Insertion catheter artery |

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| MODIFIER | PROC STAT | CARRIER LOCALITY | NON-FACILITY PRICE | FACILITY PRICE | NON-FACILITY LIMITING CHARGE | FACILITY LIMITING CHARGE | CONV FACT | NA FLAG FOR TRANS NON-FAC PE RVU | NA FLAG FOR FULLY IMP NON-FAC PE RVU | NA FLAG FOR TRANS FAC PE RVU | NA FLAG FOR FULLY IMP FAC PE RVU |
|----------|-----------|------------------|--------------------|----------------|------------------------------|--------------------------|-----------|----------------------------------|--------------------------------------|------------------------------|----------------------------------|
|          | A         | 1130200          | \$51.80            | \$51.80        | NA                           | \$56.59                  | 35.7547   | NA                               | NA                                   |                              |                                  |

The example in Scenario #2 shows how the look-up tool is beneficial in demonstrating changes that may have occurred over the years. As shown, the price for CPT Code 36620 increased overall between 2011 and 2015.

## Timely Topics

### PAYMENT AND PRACTICE MANAGEMENT

#### Scenario #3

Date of Service: 2015

Procedure/Service: *CPT Code 93312 Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation, and report*

Locale: *Portland, OR*

- Search Results [3 Record(s)]

**Selected Criteria:**

Year:  HCPCS:

Type of Info.:  Modifier:

HCPCS Criteria:  Locality:

Carrier/MAC Option:

[Update Results](#)

**Single HCPCS Code**

| Code  | Description          |
|-------|----------------------|
| 93312 | Echo transesophageal |

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Scenario #3 demonstrates how Modifier 26 (Professional Component) impacts payment. Certain procedures are a combination of a professional component and a technical component. When billing only for the professional component, modifier 26 must be appended to the CPT code describing the service. This would be proper billing when the anesthesiologist does not own the TEE equipment.

The Medicare Fee Schedule Look-Up Tool offers you a straightforward and simplified way to confirm accurate payment and policy information for most Medicare-covered procedure codes. The bottom line is you want to be sure that you are being paid the correct amount for the services you provide to your patients.

For further information on how to use the Medicare Physician Fee Schedule search application, please visit the [Medicare Physician Fee Schedule Search Help](#).