

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 200	Date: APRIL 27, 2007
	Change Request 5236

SUBJECT: Update Program Integrity Management Reporting (PIMR) System for Multi Carrier System (MCS) to Recognize New "T" and "F" Codes and to Expand the MCS Contractor Bill Type Code Table to Accommodate the New "T" and "F" Codes

I. SUMMARY OF CHANGES: The PIMR system implements the reporting requirements for medical review (MR) included in Pub. 100-8, Chapter 7, MR and BI Reports, sections 1, 5, and 6-10. The system facilitates the management of cost, savings, and workload data concerning the Medicare contractor MR unit.

This One Time Notification requires that all carriers enter information into their shared systems parameter tables to allow collection of information for fee schedule database updates for codes ending in "F" or "T" and that the MCS shared system maintainer expands the contractor bill type table for the MCS shared system to allow addition of the new codes ending in "F" and "T".

NEW / REVISED MATERIAL

EFFECTIVE DATE: OCTOBER 1, 2007

IMPLEMENTATION DATE: OCTOBER 1, 2007

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/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One Time Notification

Pub. 100-08	Transmittal: 200	Date: April 27, 2007	Change Request: 5236
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SUBJECT: Update Program Integrity Management Reporting (PIMR) System for Multi Carrier System (MCS) to Recognize New “T” and “F” Codes and to Expand the MCS Contractor Bill Type Code Table to Accommodate the New “T” and “F” Codes

Effective Date: October 1, 2007 (PLEASE NOTE THAT THIS IS THE PROCESS DATE)

Implementation Date: October 1, 2007

1. GENERAL INFORMATION

A. Background: The PIMR system implements the reporting requirements for medical review (MR) included in Pub. 100-08, Chapter 7, MR and BI Reports, sections 1, 5, and 6-10. The system facilitates the management of cost, savings, and workload data concerning the Medicare contractor MR unit.

This One Time Notification requires that all carriers enter information into their shared systems parameter tables to allow collection of information for fee schedule database updates for codes ending in “F” or “T,” and that the MCS shared system maintainer expands the contractor bill type table for the MCS shared system to allow addition of the new codes ending in “F” and “T.”

B. Policy: The PIMR provides all current management data the Program Integrity Group MR staff use.

Effective April 3, 2006, CR 4399 required carriers to use 10 new “F” codes for billing Medicare, and effective July 2, 2006, CR 5102 required carriers to use 58 new “F” and “T” codes for billing Medicare. Carriers need to assign these codes to provider types and bill types in shared system programs that produce PIMR system submissions to CMS.

II. BUSINESS REQUIREMENTS

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	D M R C	R H I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
5236.1	The MCS maintainer shall increase the MCS system HxxTBLTP Spi-Tab tables, i.e., PIMR Bill Type Tables that currently have 10 pages per bill type to 50 pages per bill type.							X			
5236.2	Contractor data centers shall implement, operate, and maintain the shared system changes specified in requirement 5236.1 and provided by shared system maintainers.	X			X			X			
5236.3	The Medicare contractor shall update shared system PIMR parameter files with the codes, type of service codes, bill types, and provider types specified in attachment A.	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	None											

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:
	None

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

V. CONTACTS

Pre-Implementation Contact(s): John Stewart (410) 786-1189 john.stewart@cms.hhs.gov

Post-Implementation Contact(s): John Stewart (410) 786-1189 john.stewart@cms.hhs.gov

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC)

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC)

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

ATTACHMENT A

Below is the list of new “F” and “T” codes and descriptions:

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2006 RELEASE – CR 4057				
0089T	ACTIGRAPHY TESTING, RECORDING, ANALYSIS AND INTERPRETATION (MINIMUM OF THREE-DAY RECORDING)	9	21	1 or 2
0090T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISKECTOMY TO PREPARE INTERPSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INERSPACE, CERVICAL	2	2	1 or 2
0091T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISKECTOMY TO PREPARE INTERPSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INERSPACE, LUMBAR	2	2	1 or 2
0092T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITON TO CODE FOR PRIMARY PROCEDURE)	2	2	1 or 2
0093T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SINGLE INTERSPACE, CERVICAL	2	2	1 or 2
0094T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SINGLE INTERSPACE, LUMBAR	2	2	1 or 2
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)	2	2	1 or 2
0096T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SINGLE INTERSPACE, CERVICAL	2	2	1 or 2
0097T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SINGLE INTERSPACE, LUMBAR	2	2	1 or 2
0098T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)	2	2	1 or 2
0099T	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	2	2	1 or 2
0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND IMPLANATION OF INTRA-OCULAR RETINAL ELECTRODE ARRAY, WITH VITRECTOMY	2	2	1 or 2
0101T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH ENERGY	2	2	1 or 2
0102T	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INVOLVING LATERAL HUMERAL EPICONDYLE	2	2	1 or 2
0103T	HOLOTRANSCOBALAMIN, QUANTITATIVE	9	4	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2006 RELEASE – CR 4057				
0104T	INERT GAS REBREATHING FOR CARDIAC OUTPUT MEASUREMENT; DURING REST	9	21	1 or 2
0105T	INERT GAS REBREATHING FOR CARDIAC OUTPUT MEASUREMENT; DURING EXERCISE	9	21	1 or 2
0106T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING TOUCH PRESSURE STIMULI TO ASSESS LARGE DIAMETER SENSATION	9	21	1 or 2
0107T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING VIBRATION PRESSURE STIMULI TO ASSESS LARGE DIAMETER FIBER SENSATION	9	21	1 or 2
0108T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	9	21	1 or 2
0109T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	9	21	1 or 2
0110T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING OTHER STIMULI TO ASSESS SENSATION	9	21	1 or 2
0111T	LONG-CHAIN (C20-22) OMEGA-3 FATTY ACIDS IN RED BLOOD CELL (RBC) MEMBRANES	5	4	1 or 2
0115T	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, INITIAL 15 MINUTES, WITH ASSESSMENT, AND INTERVENTION IF PROVIDED; INITIAL ENCOUNTER	9	5 OR 7	1 or 2
0116T	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, INITIAL 15 MINUTES, WITH ASSESSMENT, AND INTERVENTION IF PROVIDED; SUBSEQUENT ENCOUNTER	9	5 OR 7	1 or 2
0117T	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, INITIAL 15, WITH ASSESSMENT, AND INTERVENTION IF PROVIDED; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	9	5 OR 7	1 or 2
0120T	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA	2	2	1 or 2
0123T	FISTULIZATION OF SCLERA FOR GLAUCOMA, THROUGH CILIARY BODY	2	2	1 or 2
0124T	CONJUNCTIVAL INCISION WITH POSTERIOR JXTASCLERAL PLACEMENT OF PHARMACOLOGICAL AGENT (DOES NOT INCLUDE SUPPLY OF MEDICATION)	2	2	1 or 2
0126T	COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVALUATION OF ATHEROSCLEROTIC BURDEN OR CORONARY HEART DISEASE RISK ASSESSMENT	2	21	1 or 2
0130T	VALIDATED, STATISTICALLY RELIABLE, RANDOMIZED, CONTROLLED, SINGLE-PATIENT CLINICAL INVESTIGATION OF FDA APPROVED CHRONIC CARE DRUGS, PROVIDED BY A PHARMACIST, INTERPRETATION AND REPORT TO THE PRESCRIBING HEALTH CARE PROFESSIONAL	9	21	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2006 RELEASE – CR 4057				
0133T	UPPER GASTROINTESTINAL ENDOSCOPY, INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE, WITH INJECTION OF IMPLANT MATERIAL INTO AND ALONG THE MUSCLE OF THE LOWER ESOPHAGELA SPHINCTER	9	2	1 or 2
0135T	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	2	2	1 or 2
0137T	BIOPSY, PROSTATE, NEEDLE, SATURATION SAMPLING FOR PROSTATE MAPPING	2	2	1 or 2
0140T	EXHALED BREATH CONDENSATE PH	9	21	1 or 2
0141T	PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN, PERCUTANEOUS	2	2	1 or 2
0142T	PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN, OPEN	2	2	1 or 2
0143T	LAPAROSCOPY, SURGICAL, PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN	2	2	1 or 2
0144T	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, INCLUDING IMAGE POST PROCESSING AND QUANTATIVE EVALUATION OF CORONARY CALCIUM	2	3	1 or 2
0145T	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS, INCLUDING CARDIAC GATING AND 3D IMAGE POST PROCESSING; CARDIAC STRUCTURE AND MORPHOLOGY	2	3	1 or 2
0146T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS, WITHOUT QUANTITATIVE EVALUATION OF CORONARY CALCIUM	4	3	1 or 2
0147T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	4	3	1 or 2
0148T	CARDIAC STRUCTURE AND MORPHOLOGY AND COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS), WITHOUT QUANTITATIVE EVALUATION OF CORONARY CALCIUM	4	3	1 or 2
0149T	CARDIAC STRUCTURE AND MORPHOLOGY AND COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS), WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	4	3	1 or 2
0150T	CARDIAC STRUCTURE AND MORPHOLOGY IN CONGENITAL HEART DISEASE	4	3	1 or 2
0151T	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS, INCLUDING CARDIAC GATING AND 3D IMAGE POST PROCESSING; FUNCTION EVALUATION	4	3	1 or 2
0152T	COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IMAGES; CHEST RADIOGRAPH(S)	4	3	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2006 RELEASE – CR 4057				
0153T	TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING ENDOVASCULAR REPAIR, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INSTRUMENT CALIBRATION	4	3	1 or 2
0154T	NON-INVASIVE PHYSIOLOGIC STUDY OF IMPLANTED WIRELESS PRESSURE SENSOR IN ANEURYSMAL SAC FOLLOWING ENDOVASCULAR REPAIR, COMPLETE STUDY INCLUDING RECORDING, ANALYSIS OF PRESSURE AND WAVEFORM TRACINGS, INTERPRETATION AND REPORT	4	3	1 or 2
1003F	LEVEL OF ACTIVITY ASSESSED1	1	5 OR 7	1 or 2
1004F	CLINICAL SYMPTOMS OF VOLUME OVERLOAD (EXCESS) ASSESSED1	1	5 OR 7	1 or 2
1005F	ASTHMA SYMPTOMS EVALUATED (INCLUDES PHYSICIAN DOCUMENTATION OF NUMERIC FREQUENCY OF SYMPTOMS OR PATIENT COMPLETION OF AN ASTHMA ASSESSMENT TOOL/SURVEY/QUESTIONNAIRE)1	1	5 OR 7	1 or 2
1006F	OSTEOARTHRITIS SYMPTOMS AND FUNCTIONAL STATUS ASSESSED (MAY INCLUDE THE USE OF A STANDARDIZED SCALE OR THE COMPLETION OF AN ASSESSMENT QUESTIONNAIRE, SUCH AS THE SF-36, AADS HIP & KNEE QUESTIONNAIRE)1	1	5 OR 7	1 or 2
1007F	USE OF ANTI-INFLAMMATORY OR ANALGESIC OVER-THE-COUNTER (OTC) MEDICATIONS FOR SYMPTOM RELIEF ASSESSED1	1	5 OR 7	1 or 2
1008F	GASTROINTESTINAL AND RENAL RISK FACTORS ASSESSED FOR PATIENTS ON PRESCRIBED OR OTC NON-STERODIAL ANTI-INFLAMMATORY DRUG (NSAID)1	1	5 OR 7	1 or 2
2001F	WEIGHT RECORDED1	1	5 OR 7	1 or 2
2002F	CLINICAL SIGNS OF VOLUME OVERLOAD (EXCESS) ASSESSED1	1	5 OR 7	1 or 2
2003F	AUSCULTATION OF THE HEART PERFORMED1	1	5 OR 7	1 or 2
2004F	INITIAL EXAMINATION OF THE INVOLVED JOINT(S) (INCLUDES VISUAL INSPECTION, PALPATION, RANGE OF MOTION)1	1	5 OR 7	1 or 2
3000F	BLOOD PRESSURE 140/90 MM HG2	1	5 OR 7	1 or 2
3002F	BLOOD PRESSURE > 140/90 MM HG2	1	5 OR 7	1 or 2
4003F	PATIENT EDUCATION, WRITTEN/ORAL, APPROPRIATE FOR PATIENTS WITH HEART FAILURE PERFORMED1	1	5 OR 7	1 or 2
4012F	WARFARIN THERAPY PRESCRIBED1	1	5 OR 7	1 or 2
4014F	WRITTEN DISCHARGE INSTRUCTIONS PROVIDED TO HEART FAILURE PATIENTS DISCHARGED HOME. (INSTRUCTIONS INCLUDE ALL OF THE FOLLOWING COMPONENTS: ACTIVITY LEVEL, DIET, DISCHARGE MEDICATIONS, FOLLOW-UP APPOINTMENT, EIGHT MONITORING, WHAT TO DO OF SYMPTOMS WORSEN)	1	5 OR 7	1 or 2
4015F	PERSISTENT ASTHMA, LONG TERM CONTROL MEDICATION INHALED CORTICOSTEROIDS OR AN ACCEPTABLE ALTERNATIVE TREATMENT, (CROMOLYN SODIUM, LEUKOTRIENE MODIFIER, NEDOCROMIL, OR SUSTAINED RELEASE THEOPHYLLINE), PRESCRIBED1	1	5 OR 7	1 or 2
4016F	ANTI-INFLAMMATORY/ANALGESIC AGENT PRESCRIBED1	1	5 OR 7	1 or 2
4017F	GASTROINTESTINAL PROPHYLAXIS FOR NSAID USE PRESCRIBED1	1	5 OR 7	1 or 2
4018F	THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED1	1	5 OR 7	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
APRIL 2006 RELEASE – CR 4399				
3046F	Most recent hemoglobin A1c level > 9.0% (DM4)	1	5	1 or 2
3047F	Most recent hemoglobin A1c level = 9.0% (DM4)	1	5	1 or 2
3048F	Most recent LDL-C <100 mg/dL (DM4)	1	5	1 or 2
3049F	Most recent LDL-C 100-129 mg/dL (DM4)	1	5	1 or 2
3050F	Most recent LDL-C = 130 mg/dL (DM4)	1	5	1 or 2
3076F	Most recent systolic blood pressure < 140 mm Hg (DM4, HTN1)	1	5	1 or 2
3077F	Most recent systolic blood pressure = 140 mm Hg (DM4, HTN1)	1	5	1 or 2
3078F	Most recent diastolic blood pressure < 80 mm Hg (DM4, HTN1)	1	5	1 or 2
3079F	Most recent diastolic blood pressure 80-89 mm Hg (DM4, HTN1)	1	5	1 or 2
3080F	Most recent diastolic blood pressure = 90 mm Hg (DM4, HTN1)	1	5	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
JULY 2006 RELEASE - CR 5102				
0155T	Laparoscopy ins gastric electrode for morbid obesity	2	2	1 or 2
0156T	Laparoscopy redo gastric electrode for morbid obesity	2	2	1 or 2
0157T	Open ins gastric electrode for morbid obesity	2	2	1 or 2
0158T	Opn redo gastric electrode for morbid obesity	2	2	1 or 2
0159T	Computer breast MRI add-on	9	5	1 or 2
0159T - 26	Computer breast MRI add-on	9	5	1 or 2
0159T - TC	Computer breast MRI add-on	9	5	1 or 2
0160T	Transcranial magnetic stimulation planning	9	3	1 or 2
0161T	Transcranial magnetic stimulation delivery	9	3	1 or 2
0012F	CAP bacterial assess	1	5	1 or 2
1015F	COPD symptoms assess	1	5	1 or 2
1018F	Dyspnea assessed, not present (COPD ¹)	1	5	1 or 2
1019F	Dyspnea assessed, present (COPD ¹)	1	5	1 or 2
1022F	Pneumococcus immunization status assessed (CAP ¹ , COPD ¹)	1	5	1 or 2
1026F	Co-morbid condition assess	1	5	1 or 2
1030F	Influenza immunization status assessed (CAP ¹)	1	5	1 or 2
1034F	Current tobacco smoker (CAD ¹ , CAP ¹ , COPD ¹ , DM ⁴ , PV ¹)	1	5	1 or 2
1035F	Current smokeless tobacco user (eg, chew, snuff) (PV ¹)	1	5	1 or 2
1036F	Current tobacco non-user (CAD ¹ , CAP ¹ , COPD ¹ , DM ⁴ , PV ¹)	1	5	1 or 2
1038F	Persistent asthma (mild, moderate or severe)	1	5	1 or 2
1039F	Intermittent asthma	1	5	1 or 2
2010F	Vital signs recorded	1	5	1 or 2
2014F	Mental status assess	1	5	1 or 2
2018F	Hydration status assess	1	5	1 or 2
2022F	Dilated retina exam interpretation reviewed	1	5	1 or 2
2024F	7 field photo interpretation documented reviewed	1	5	1 or 2
2026F	Eye image valid to dx reviewed	1	5	1 or 2
2028F	Foot exam performed	1	5	1 or 2
3006F	Chest X-ray results documented and reviewed(CAP ¹)	1	5	1 or 2
3011F	Lipid panel documented reviewed	1	5	1 or 2
3014F	Screening mammography results documented and reviewed (PV ¹)	1	5	1 or 2
3017F	Colorectal cancer screening results documented reviewed	1	5	1 or 2
3020F	LVF assess	1	5	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
JULY 2006 RELEASE - CR 5102				
3021F	LVEF mod/sever deprs syst	1	5	1 or 2
3022F	LVEF >=40% systolic	1	5	1 or 2
3023F	Spirometry results documented and reviewed (COPD ¹)	1	5	1 or 2
3025F	Spirom fev/fvc<70% w copd	1	5	1 or 2
3027F	Spirom fev/fvc>=70%/ w/o copd	1	5	1 or 2
3028F	O2 saturation documented reviewed	1	5	1 or 2
3035F	Oxygen saturation ≤ 88 % or a PaO ₂ ≤ 55 mm Hg (COPD ¹)	1	5	1 or 2
3037F	Oxygen saturation > 88% or PaO ₂ > 55 mmHg (COPD ¹)	1	5	1 or 2
3040F	Functional expiratory volume (FEV ₁) < 40% of predicted value (COPD ¹)	1	5	1 or 2
3042F	Functional expiratory volume (FEV ₁) >= 40% of predicted value (COPD ¹)	1	5	1 or 2
3060F	Positive microalbuminuria test result documented and reviewed (DM ⁴)	1	5	1 or 2
3061F	Negative microalbuminuria test result documented and reviewed (DM ⁴)	1	5	1 or 2
3062F	Positive macroalbuminuria test result documented and reviewed (DM ⁴)	1	5	1 or 2
3066F	Nephropathy documentation treatment	1	5	1 or 2
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM ⁴)	1	5	1 or 2
4025F	Inhaled bronchodilator prescribed (COPD ¹)	1	5	1 or 2
4030F	Long term oxygen therapy prescribed (more than fifteen hours per day) (COPD ¹)	1	5	1 or 2
4033F	Pulmonary rehabilitation exercise training recommended (COPD ¹)	1	5	1 or 2
4035F	Influenza immunization recommended (COPD ¹)	1	5	1 or 2
4037F	Influenza immunization ordered or administered (COPD ¹ , PV ¹)	1	5	1 or 2
4040F	Pneumococcal immunization ordered or administered (COPD ¹)	1	5	1 or 2
4045F	Empiric antibiotic rx	1	5	1 or 2
4050F	Hypertension plan of care documented as appropriate (HTN ¹)	1	5	1 or 2
6005F	Care level rationale documented	1	5	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2007 Release				
0162T	ELECTRONIC ANALYSIS AND PROGRAMMING, REPROGRAMMING OF GASTRIC NEUROSTIMULATOR	9	5	1 or 2
0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING	2, 8	2	1 or 2
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL	2, 8	2	1 or 2
0165T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL	2, 8	2	1 or 2
0166T	TRANSMYOCARDIAL TRANSCATHETER CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH	2, 8	2	1 or 2
0167T	TRANSMYOCARDIAL TRANSCATHETER CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH	2, 8	2	1 or 2
0168T	RHINOPHOTOTHERAPY, INTRANASAL APPLICATION OF ULTRAVIOLET AND VISIBLE LIGHT,	2, 8	2	1 or 2
0169T	STEREOTACTIC PLACEMENT OF INFUSION CATHETER(S) IN THE BRAIN FOR DELIVERY OF	2, 8	2	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
January 2007 Release				
0170T	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA)	2, 8	2	1 or 2
0171T	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY)	2, 8	2	1 or 2
0172T	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY)	2, 8	2	1 or 2
0173T	MONITORING OF INTRAOCULAR PRESSURE DURING VITRECTOMY SURGERY (LIST SEPARATELY)	2, 8	2	1 or 2
0174T	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE)	4	3	1 or 2
0175T	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE)	4	3	1 or 2
0176T	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR	F, 2, 8	2	1 or 2
0177T	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR	F, 2, 8	2	1 or 2
0505F	HEMODIALYSIS PLAN OF CARE DOCUMENTED (ESRD)	1	7	1 or 2
0507F	PERITONEAL DIALYSIS PLAN OF CARE DOCUMENTED (ESRD)	1	7	1 or 2
1040F	DSM-IV(TM) CRITERIA FOR MAJOR DEPRESSIVE DISORDER DOCUMENTED (MDD)	1	7	1 or 2
1050F	HISTORY OBTAINED REGARDING NEW OR CHANGING MOLES (ML)	1	7	1 or 2
1055F	VISUAL FUNCTIONAL STATUS ASSESSED (EC)	1	7	1 or 2
2019F	DILATED MACULAR EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR	1	7	1 or 2
2020F	DILATED FUNDUS EVALUATION PERFORMED WITHIN SIX MONTHS PRIOR TO CATARACT SURGERY	1	7	1 or 2
2021F	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE	1	7	1 or 2
2029F	COMPLETE PHYSICAL SKIN EXAM PERFORMED (ML)	1	7	1 or 2
2030F	HYDRATION STATUS DOCUMENTED, NORMALLY HYDRATED (PAG)	1	7	1 or 2
2031F	HYDRATION STATUS DOCUMENTED, DEHYDRATED (PAG)	1	7	1 or 2
3044F	MOST RECENT HEMOGLOBIN A1C LEVEL < 7.0% (DM)	1	7	1 or 2
3045F	MOST RECENT HEMOGLOBIN A1C LEVEL 7.0 - 9.0% (DM)	1	7	1 or 2
3073F	PRE-SURGICAL (CATARACT) AXIAL LENGTH, CORNEAL POWER MEASUREMENT AND METHOD OF	1	7	1 or 2
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE < 130 MM HG (DM), (HTN)	1	7	1 or 2
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130 - 139MM HG (DM), (HTN)	1	7	1 or 2
3082F	KT/V 1.2 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)	1	7	1 or 2
3083F	KT/V EQUAL TO OR GREATER THAN 1.2 AND LESS THAN 1.7 (CLEARANCE OF UREA)	1	7	1 or 2
3084F	KT/V >= 1.7 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)	1	7	1 or 2
3085F	SUICIDE RISK ASSESSED (MDD)	1	7	1 or 2
3088F	MAJOR DEPRESSIVE DISORDER, MILD (MDD)	1	7	1 or 2
3089F	MAJOR DEPRESSIVE DISORDER, MODERATE (MDD)	1	7	1 or 2
3090F	MAJOR DEPRESSIVE DISORDER, SEVERE WITHOUT PSYCHOTIC FEATURES (MDD)	1	7	1 or 2
3091F	MAJOR DEPRESSIVE DISORDER, SEVERE WITH PSYCHOTIC FEATURES (MDD)	1	7	1 or 2
3092F	MAJOR DEPRESSIVE DISORDER, IN REMISSION (MDD)	1	7	1 or 2

CODE	DESCRIPTION	TOS	BILL TYPE	PROV TYPE
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3093F	DOCUMENTATION OF NEW DIAGNOSIS OF INITIAL OR RECURRENT EPISODE OF MAJOR	1	7	1 or 2
3095F	CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS DOCUMENTED (OP)	1	7	1 or 2
3096F	CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) ORDERED (OP)	1	7	1 or 2
4005F	PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS	1	7	1 or 2
4007F	ANTIOXIDANT VITAMIN OR MINERAL SUPPLEMENT PRESCRIBED OR RECOMMENDED (EC)	1	7	1 or 2
4019F	DOCUMENTATION OF RECEIPT OF COUNSELING ON EXERCISE AND EITHER BOTH CALCIUM AND	1	7	1 or 2
4051F	REFERRED FOR AN ARTERIO-VEINUS (AV) FISTULA (ESRD)	1	7	1 or 2
4052F	HEMODIALYSIS VIA FUNCTIONING ARTERIO-VEINUS (AV) FISTULA (ESRD)	1	7	1 or 2
4053F	HEMODIALYSIS VIA FUNCTIONING ARTERIO-VEINUS (AV) GRAFT (ESRD)	1	7	1 or 2
4054F	HEMODIALYSIS VIA CATHETER (ESRD)	1	7	1 or 2
4055F	PATIENT RECEIVING PERITONEAL DIALYSIS (ESRD)	1	7	1 or 2
4056F	APPROPRIATE ORAL REHYDRATION SOLUTION RECOMMENDED (PAG)	1	7	1 or 2
4058F	PEDIATRIC GASTROENTERITIS EDUCATION PROVIDED TO CAREGIVER (PAG)	1	7	1 or 2
4060F	PSYCHOTHERAPY SERVICES PROVIDED (MDD)	1	7	1 or 2
4062F	PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED (MDD)	1	7	1 or 2
4064F	ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED (MDD)	1	7	1 or 2
4065F	ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED (MDD)	1	7	1 or 2
4066F	ELECTROCONVULSIVE THERAPY (ECT) PROVIDED (MDD)	1	7	1 or 2
4067F	PATIENT REFERRAL FOR ELECTROCONVULSIVE THERAPY (ECT) DOCUMENTED (MDD)	1	7	1 or 2
5005F	PATIENT COUNSELED ON SELF-EXAMINATION FOR NEW OR CHANGING MOLES (ML)	1	7	1 or 2
5010F	FINDINGS OF DILATED MACULAR OR FUNDUS EXAM COMMUNICATED TO THE PHYSICIAN	1	7	1 or 2
5015F	DOCUMENTATION OF COMMUNICATION THAT A FRACTURE OCCURRED AND THAT THE PATIENT	1	7	1 or 2
6005F	RATIONALE (EG, SEVERITY OF ILLNESS AND SAFETY) FOR LEVEL OF CARE (EG, HOME,	1	7	1 or 2