

Medicare Part B FSY 2005 Locality Physician Fee Schedule ~IMPORTANT DISCLOSURE INFORMATION~

The enclosed report reflects the Fee Screen Year (FSY) 2005 reimbursement in the locality shown in the header of each page of this report.

The **PAR AMOUNT** column shows the physician fee schedule amount for these services if you choose to participate.

The **NON-PAR AMOUNT** column shows the physician fee schedule amount for these services if you choose not to participate.

The **LIMITING CHARGE** column shows the Limiting Charge for these services if you choose not to participate and are billing non-assigned. These amounts can be no more than 115 percent of the FSY 2005 nonparticipating fee schedule amount.

The **FACILITY SETTING** line shows the **par amount**, **non-par amount**, and **limiting charge** applicable for these services when performed in a hospital, skilled nursing facility (SNF), or ambulatory surgical center (ASC). When the facility setting amounts are the same as the nonfacility setting amounts for a particular code, there will not be 2 entries for the code in this booklet.

REIMBURSEMENT INFORMATION

Payment will be made at 80 percent of the lower of the fee schedule amount or the submitted charge, subject to deductible. The Medicare Physician Fee Schedule is paid on a locality basis (based on the zip code where the service was rendered) without regard to specialty. 2005 updated coding was used for this report.

DECISION TO PARTICIPATE

It is time for the annual participation enrollment. Enclosed you will find: an Announcement About Medicare Participation for 2005, a Medicare Participation Agreement, and a Fact Sheet outlining changes for 2005. These materials should help you make your decision.

Please remember that any participation agreement that is currently in effect with any carrier will remain in effect until correspondence canceling that agreement is received. Please send all correspondence regarding participation status (including signed participation agreements and requests for termination) to:

Wisconsin Illinois Michigan	WPS-Medicare, Provider Enrollment Unit P.O. Box 8248 Madison, WI 53708-8248	(877) 908-8476
Minnesota	WPS-Medicare, Provider Enrollment Unit 8120 Penn Ave. South, Suite 200 Bloomington, MN 55431-1394	(866) 564-0315

MINNESOTA ONLY: MinnesotaCare

MinnesotaCare is a state law that governs how physicians and other health professionals can bill for services provided to Medicare beneficiaries, for which the provider does not accept assignment. MinnesotaCare charge limits are more restrictive than Medicare's limiting charges.

Important Note: MinnesotaCare provisions limit charges to Minnesota Medicare beneficiaries to 100% of Medicare's approved amount. Nonparticipating providers cannot charge Minnesota beneficiaries more than the Non-Par Fee on non-assigned claims. Charging Minnesota Medicare beneficiaries more than the approved amount would be a violation of Minnesota law.

The MinnesotaCare law applies to Medicare claims as follows:

- MinnesotaCare applies to Minnesota residents only. This law does not affect patients from other states.
- Minnesota Medicare beneficiaries may be charged no more than Medicare's allowed charge—i.e., the fee schedule amount for nonparticipating physicians.
- MinnesotaCare applies to services provided within the state of Minnesota.
- Providers are not required to accept assignment on Medicare claims.
- Ambulance claims are exempt from this law.
- Because MinnesotaCare is a state law, responsibility for its enforcement lies with the state. Questions regarding MinnesotaCare may be directed to the Minnesota Board on Aging, 1-800-882-6262.

DRUGS AND BIOLOGICALS

The drug and biological codes are not included in this booklet. All drug and biological codes and the fees that will take effect on January 1, 2005 will be published in the December 2004 *Communiqué*.

SPECIAL NOTE

This report contains the codes that are subject to the Medicare Physician Fee Schedule. The presence of a code on the disclosure report does not guarantee that it is a covered Medicare service. If you would like charge information for a procedure that does not appear in the enclosed report, please indicate the procedure code and write to Freedom of Information:

WISCONSIN	ILLINOIS
WPS Medicare Part B Attn: Freedom of Information Dept. P.O. Box 1787 Madison, WI 53701-1787	WPS Medicare Part B Attn: Freedom of Information Dept. P.O. Box 4433 Marion, IL 62959 FAX: 618-998-5287
MICHIGAN	MINNESOTA
WPS Medicare Part B Attn: Freedom of Information Dept. P.O. Box 5533 Marion, IL 62959 FAX: 618-998-5287	WPS Medicare Part B Attn: Freedom of Information Dept. 8120 Penn Ave South, Ste 200 Bloomington, MN 55431 FAX: 618-998-5287

GROUP PRACTICES

Group Practices are responsible for informing the carrier of changes in membership. As members (physicians/health care practitioners) join or leave the group, the group should submit written notification to the carrier including all pertinent data.

FSY 2005 ANESTHESIA CONVERSION FACTORS

The chart below lists the FSY 2005 anesthesia participating, non-participating, and limiting charge conversion factors (CFs) effective for dates of service January 1, 2005 and after.

For physician-directed anesthesia services provided in 2005, the allowance for both the physician and the Certified Registered Nurse Anesthetist (CRNA) is 50 percent of the allowance for the anesthesia service if performed by the physician or CRNA alone.

The Medicare approved amount for an anesthesia service is calculated as follows:
(Base Units + Time Units) x Conversion Factor = Approved Amount

To determine the medically directed rate, multiply the approved amount by 50%.

See National Coverage Provision (NCP) AN-001, *Anesthesia Services*, on the WPS Web site for detailed billing and payment guidelines:

www.wpsic.com/medicare/policies/pol_home.shtml

State	Locality	Participating Physician and CRNA CF	Non-Participating Physician CF	Limiting Charge CF
Illinois	12	\$ 18.75	\$ 17.81	\$ 20.48
Illinois	15	\$ 19.15	\$ 18.19	\$ 20.92
Illinois	16	\$ 19.72	\$ 18.73	\$ 21.54
Illinois	99	\$ 17.77	\$ 16.88	\$ 19.41
Michigan	01	\$ 21.10	\$ 20.05	\$ 23.06
Michigan	99	\$ 18.39	\$ 17.47	\$ 20.09
Minnesota		\$ 16.83	\$ 15.99	\$ 18.39
Wisconsin		\$ 17.26	\$ 16.40	\$ 18.86