



Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2018 Update

MLN Matters Number: MM10488

Related Change Request (CR) Number: 10488

Related CR Release Date: February 16, 2018 Effective Date: January 1, 2018

Related CR Transmittal Number: R3976CP Implementation Date: April 2, 2018

PROVIDER TYPES AFFECTED

This MLN Matters Article is intended for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 10488 amends payment files issued to MACs based upon the calendar year 2018 Medicare Physician Fee Schedule (MPFS) Final Rule. Make sure your billings staffs are aware of these changes.

BACKGROUND

Payment files were issued to contractors based upon the 2018 MPFS Final Rule, published in the Federal Register on November 15, 2017, to be effective for services furnished between January 1, 2018, and December 31, 2018. Section 1848(c)(4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services.

CR 10488 presents a summary of the changes for the April update to the 2018 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2018.

CPT/HCPCS & Mod	Action
G0516	Change in short descriptor on 4-1-18 to "insert drug implant,>=4"
45399	Global Days = YYY
G9976	Procedure Status = I

CPT/HCPCS & Mod	Action
G9977	Procedure Status = I
83992	Procedure Status = I

The following “Q” codes are effective for services performed on or after April 1, 2018 (see MLN Matters Article [MM10454](#) for additional information):

CPT Code	Short Descriptor	Action
Q2041	Axicabtagene ciloleucel car+	Procedure Status = E; there are no RVUs
Q5101	Injection, zarxio	Change in short descriptor
Q5102	Inj., infliximab biosimilar	Procedure Status = I (invalid); code discontinued 4-1-18 & after
Q5103	Injection, inflectra	Procedure Status = E; there are no RVUs
Q5104	Injection, renflexis	Procedure Status = E; there are no RVUs

The HCPCS “G” codes listed below have been added to the MPFSDB effective for dates of service on and after April 1, 2018. All of these new codes were communicated through other instructions. Please consult those instructions for the description and other information. In addition, the descriptions are available also at <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update.html>.

CPT/HCPCS & Mod	Action
G9873	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9874	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9875	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9876	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9877	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply

CPT/HCPCS & Mod	Action
G9878	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9879	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9880	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9881	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9882	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9883	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9884	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9885	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9890	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9891	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply

Providers should be aware MACs do not need to search their files to either retract payment for claims already paid or to retroactively pay claims. However, MACs will adjust claims that you bring to their attention.

ADDITIONAL INFORMATION

The official instruction, CR10488, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R3976CP.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

DOCUMENT HISTORY

Date of Change	Description
February 16, 2018	Initial article released.

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