CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4053	Date: May 18, 2018
	Change Request 10644

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2018 Update

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the 2018 Medicare Physician Fee Schedule (MPFS) Final Rule. This Change Request (CR) amends those payment files. This Recurring Update Notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, Chapter 23, Section 30.1.

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: July 2, 2018

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=REVISED, N=NEW, D=DELETED-*Only One Per Row*.

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

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. 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.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2018 Update

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I. GENERAL INFORMATION

- **A. Background:** Payment files were issued to contractors based upon the 2018 Medicare Physician Fee Schedule (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.
- **B.** Policy: Section 1848(c)(4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B D MAC M			D		Sha	red-		Other		
						Sys	tem					
			I		E			M	aint	aine	ers	
		Α	В	Н		F	M	V	C			
				Н	M	_	C	M	W			
				Н	A	S	S	S	F			
					С	S						
10644.1	Medicare contractors shall retrieve the revised	X	X	X		X						
	payment files and update their systems (manually or											
	via provided files), as identified in this CR, from the											
	CMS Mainframe Telecommunications System.											
	Contractors shall be notified via email when these files											
	are available for retrieval. (See attachment for											
	summary of changes and effective dates.)											
10644.2	The Contractors shall notify CMS of successful	X	X	X								
10011.2	receipt via e-mail to price_file_receipt@cms.hhs.gov,	1	1	11								
	stating the name of the file received (e.g., CLAB,											
	Average Sales Price (ASP), etc.), and the entity for											
	which it was received (i.e., include states, carrier											
	numbers, quarter, and if Part A, Part B, or both).											
10644.3	Medicare contractors shall not search their files to	X	X	X								
	retract payment for claims already paid or to											
	retroactively pay claims. However, contractors shall											
	adjust claims brought to their attention.											
106444	The Contractors shall in accordance with Dub 100.04	v	v	v								
10644.4	The Contractors shall, in accordance with Pub 100-04,	X	X	X								

Number	Requirement	Responsibility														
			A B H					red- tem		Other						
						E			MAC M E				•	aine		
		Α							F	M	V	С				
				Н	M	_	C	M								
				Н	A C	S S	S	S	F							
	Medicare Claims Processing Manual, chapter 23, section 30.1, give providers a 30-day notice before implementing the changes identified in this CR.															
10644.5	The CMS shall send the Common Working File (CWF) files to facilitate duplicate billing edits:								X							
	1) Duplicate Radiology editing;															
	2) Duplicate Diagnostic editing;															
	3) Duplicate Pathology editing, and;															
	4) Relative Value Units (RVU) and payment indicator files.															
	The CWF shall be notified via email when these files have been sent to them. The CWF shall compare the existing file to the new file and install any necessary changes.															
10644.6	The Contractors shall add the following new Current Procedural Terminology (CPT) Category III codes to their systems, with the Type of Service (TOS) listed below, effective for dates of service on and after July 1, 2018 (see the CR attachment for code descriptors and indicator information):	X	X	X					X							
	TOS = 2 for 0505T															
	TOS = 1 for 0506T, 0507T, and 0508T															
	NOTE: Modifiers TC and 26 apply to 0506T, 0507T, and 0508T.															

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	C
		I	MAC		M	Е
					Е	D
		Α	В	Н		Ι
				Н	M	
				Н	Α	
					C	

Number	Requirement	Re	bility			
		A/B MAC			D M E	C E D
		A	В	H H H	M A C	1
10644.7	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: MPFS:

MU00.@BF12390.MPFS.CY2018.RV3.C00000.V0515

FI Abstracts:

MU00.@BF12390.MPFS.CY18.ABSTR.V0515.FI

MU00.@BF12390.MPFS.CY18.HHH.V0515.FI

MU00.@BF12390.MPFS.CY18.MAMMO.V0515.FI

MU00.@BF12390.MPFS.CY18.PAYIND.V0515

MU00.@BF12390.MPFS.CY18.SNF.V0515.FI

V. CONTACTS

Pre-Implementation Contact(s): Michael Soracoe, 410-786-6312 or michael.soracoe@cms.hhs.gov , Gail Addis, 410-786-4522 or gail.addis@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. 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.

ATTACHMENTS: 1

Attachment for CR10644: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – July 2018 Update

Below is a summary of the changes for the July update to the 2018 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2018.

CPT/HCPCS

<u>& MOD</u>	<u>ACTION</u>
G0511	Change PC/TC indicator to "0"
G0512	Change PC/TC indicator to "0"
G0460 *	Change Status = A, Work RVU = 2.25, Non-Facility PE RVU = 2.89, Facility PE RVU = .94, Malpractice RVU = .34, Mult Proc = 2, Bilat Surg = 0, Asst Surg = 1, Co-Surg = 0, Team Surge = 0, Global Days = 000
71045	Facility and Non-Facility PE RVU changed to 0.42
71045 TC	Facility and Non-Facility PE RVU changed to 0.35

^{*} The work RVU of G0460 was valued at the work RVU of one billing of CPT code 11042 (1.01) plus two billings of CPT code 11045 (0.50), along with a single billing of CPT codes 99195 (0.00) and 38213 (0.24) to cover the lab portion of the work. The direct PE inputs were crosswalked from CPT code 11042 along with the inclusion of additional clinical labor, supplies, and equipment based on CMS determination of what would be typical and medically necessary for the procedure.

The following "Q" codes are effective for services performed on or after July 1, 2018 (see CR 10624 for additional information):

CODE	ACTION
Q9991	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q9992	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q9993	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q9995	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

The following new CPT Category III codes have been added effective for dates of service July 1, 2018 and after:

CODE	Short Descriptor	Long Descriptor
0505T	Ev fempop artl revsc	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all

		catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion
0506T	Mac pgmt opt dns meas hfp	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report
0507T	Near ifr 2img mibmn glnd i&r	Near-infrared dual imaging (ie, simultaneous reflective and trans- illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report
0508T	Pls echo us b1 dns meas tib	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia

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HCPCS/ Mod	0505T	0506T	0506T -26	0506T -TC	0507T	0507T -26	0507T -TC	0508T	0508T -26	0508T -TC
Status	С	С	С	С	С	С	С	С	С	С
Muti	0	7	7	7	7	7	7	7	7	7
Bilat	0	0	0	0	0	0	0	0	0	0
Asst Surg	0	0	0	0	0	0	0	0	0	0
Co- Surg	0	0	0	0	0	0	0	0	0	0
Team Surg	0	0	0	0	0	0	0	0	0	0
PC/TC	0	1	1	1	1	1	1	1	1	1
Global	YYY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Diag Supv	09	09	09	01	09	09	01	09	09	01
Diag Imag	99	99	99	99	99	99	99	99	99	99

Note: Pre, intra and post-operative percentages for CPT codes 0505T-0508T are all "0.00."