



News Flash – The Centers for Medicare & Medicare Services (CMS) has launched the official website for the Medicare & Medicaid EHR Incentive Programs. This website provides the most up-to-date, detailed information about the EHR incentive programs. The Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible professionals and hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. Bookmark this site and visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html> often to learn about who is eligible for the programs, how to register, meaningful use, upcoming EHR training and events, and much more!

MLN Matters® Number: MM6974

Related Change Request (CR) #: 6974

Related CR Release Date: June 25, 2010

Effective Date: January 1, 2010

Related CR Transmittal #: R1992CP

Implementation Date: July 6, 2010

Note: This article was updated on December 6, 2012, to reflect current Web addresses. All other information remains unchanged.

July Update to the 2010 Medicare Physician Fee Schedule Database (MPFSDB)

Provider Types Affected

This article is for physicians and providers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for professional services provided to Medicare beneficiaries that are paid under the Medicare Physician Fee Schedule (MPFS).

Provider Action Needed

This article is based on Change Request (CR) 6974, which amends payment files that were issued to Medicare contractors based on the 2010 Medicare Physician Fee Schedule (MPFS) Final Rule. Be sure your billing staff is aware of these changes.

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Background

The Social Security Act (Section 1848(c)(4); see http://www.ssa.gov/OP_Home/ssact/title18/1848.htm on the Internet) authorizes the Centers for Medicare & Medicaid Services (CMS) to establish ancillary policies necessary to implement relative values for physicians' services.

Previously, payment files were issued to Medicare contractors based on the 2010 Medicare Physician Fee Schedule (MPFS) Final Rule. Change Request (CR) 6974 amends those payment files. CR 6974 provides corrections, effective for dates of service on or after January 1, 2010, to those files. These changes include the following:

CPT/HCPCS Code	ACTION
36148	Multiple Procedure Indicator = 0
74261	Multiple Procedure Indicator = 4 Diagnostic Family Imaging Indicator = 02
74261 - TC	Multiple Procedure Indicator = 4 Diagnostic Family Imaging Indicator = 02
74262	Multiple Procedure Indicator = 4 Diagnostic Family Imaging Indicator = 02
74262 - TC	Multiple Procedure Indicator = 4 Diagnostic Family Imaging Indicator = 02
97026	Procedure Status = R

Pharmacogenomic Testing for Warfarin Response

Healthcare Common Procedure Coding System (HCPCS) code G9143 was implemented with the 2010 HCPCS file with an effective date of August 3, 2009. Currently, Medicare contractors have a 2010 MPFSDB record but not a 2009 MPFSDB record. Contractors were instructed to manually add this code to the procedure code file and the MPFSDB effective for dates of service on or after August 3, 2009.

CPT Code 90470

CPT code 90470 became effective on September 28, 2009. However, due to an off cycle effective date it was not included on the MPFSDB for 2009. Contractors were instructed to manually add this code to the procedure code file and the MPFSDB effective for dates of service on or after September 28, 2009.

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Screening for the Human Immunodeficiency Virus (HIV) Infection

On December 8, 2009, CMS issued a non-coverage decision (Transmittal 118, Change Request 6786, dated March 23, 2010) on screening for HIV infection. Medicare contractors were instructed to manually add HCPCS codes G0432, G0433 and G0435 to the procedure code file and MPFSDB effective for dates of service on or after December 8, 2009.

Outpatient Intravenous Insulin Treatment (OIVIT)

On December 23, 2009, CMS issued a non-coverage decision (Transmittal 114, Change Request 6775, dated February 22, 2010) on the use of OIVIT. Contractors were instructed to manually add HCPCS code G9147 to the procedure code file and MPFSDB effective for dates of service on or after December 23, 2009.

Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS)

In CR 6974, contractors are being instructed to manually adjust the effective date for HCPCS codes G0429, Q2026, and Q2027 on the procedure code file and the MPFSDB. HCPCS codes G0429 (Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)), Q2026 (Injection, Radiesse, 0.1ml) and Q2027 (Injection, Sculptra, 0.1ml) are effective for dates of service on or after March 23, 2010.

Collagen Meniscus Implant

In CR 6974, contractors are being instructed to manually adjust the effective date for HCPCS code G0428 (Collagen Meniscus Implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex) on the procedure code file and the MPFSDB. HCPCS code G0428 is effective for dates of service on or after May 25, 2010.

Other Changes

In addition to the above, Attachment 1 of CR6974 contains numerous adjustments of the MPFSDB for various CPT/HCPCS codes and associated indicators. This attachment to CR 6974 can be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1992cp.pdf> on the CMS website.

Additional Information

Note that Medicare contractors will not search their files to either retract payment for claims already paid or to retroactively pay claims that are affected by these changes. However, contractors will adjust such claims that you bring to their attention.

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The official instruction, CR 6974, issued to your carrier, FI, RHHI, and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1992cp.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, RHHI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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