

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



**News Flash** – A new publication titled “Medicare Enrollment Guidelines for Ordering/Referring Providers” is now available in downloadable format from the Medicare Learning Network® at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedEnroll\\_OrderReferProv\\_FactSheet\\_ICN906223.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedEnroll_OrderReferProv_FactSheet_ICN906223.pdf) on the Centers for Medicare & Medicaid Services (CMS) website. This fact sheet is designed to provide education on the Medicare enrollment requirements for eligible ordering/referring providers, and includes information on the three basic requirements for ordering and referring and who may order and refer for Medicare Part A Home Health Agency, Part B, and DMEPOS beneficiary services.

MLN Matters® Number: MM7430

Related Change Request (CR) #: 7430

Related CR Release Date: May 20, 2011

Effective Date: January 1, 2011

Related CR Transmittal #: R2223CP

Implementation Date: July 5, 2011

## July Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

Note: This article was updated on August 21, 2012, to reflect current Web addresses. All other content remains the same.

### 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) 7430, which provides the July 2011 update of the payment files that were issued to Medicare contractors based on the 2011

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Medicare Physician Fee Schedule (MPFS) Final Rule. Be sure your billing staff is aware of these changes.

## Background

The Social Security Act (Section 1848(c)(4); see [http://www.ssa.gov/OP\\_Home/ssact/title18/1848.htm](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 (RVUs) for physicians' services.

Previously, payment files were issued to Medicare contractors based on the 2011 MPFS Final Rule. CR 7430 amends those payment files. CR 7430 provides corrections, effective for dates of service on or after January 1, 2011, (unless otherwise noted) to those files. These changes include the following:

**The following HCPCS codes have MPFSDB indicator changes:**

HCPCS Code	Short Descriptor	Indicator	Effective Date
22212	Revision of thorax spine	Co-Surgeons: 1	January 1, 2011
22222	Revision of thorax spine	Co-Surgeons: 1	January 1, 2011
31233	Nasal/sinus endoscopy dx	Assistant at Surgery: 0	January 1, 2011
31235	Nasal/sinus endoscopy dx	Assistant at Surgery: 0	January 1, 2011
64561	Implant neuroelectrodes	Bilateral Surgery: 1	January 1, 2011
74176 TC	Ct abd & pelvis	Physician Supervision of Diagnostic Procedures:01	January 1, 2011
J7184	Wilate injection	Procedure Status Code: I	July 1, 2011

**The following HCPCS codes have short descriptor changes:**

HCPCS Code	Short Descriptor	Effective Date
0251T	Remov bronchial valve	January 1, 2011
0252T	Remov bronch valve addl	January 1, 2011
22551	Neck spine fuse&remov bel c2	January 1, 2011

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HCPCS Code	Short Descriptor	Effective Date
22900	Exc abdl tum deep < 5 cm	January 1, 2011
22901	Exc abdl tum deep > 5 cm	January 1, 2011
65779	Cover eye w/membrane suture	January 1, 2011
74176	Ct abd & pelvis	January 1, 2011
74176 TC	Ct abd & pelvis	January 1, 2011
74176 26	Ct abd & pelvis	January 1, 2011
74177	Ct abd & pelv w/contrast	January 1, 2011
74177 TC	Ct abd & pelv w/contrast	January 1, 2011
74177 26	Ct abd & pelv w/contrast	January 1, 2011
74178	Ct abd & pelv 1/> regns	January 1, 2011
74178 TC	Ct abd & pelv 1/> regns	January 1, 2011
74178 26	Ct abd & pelv 1/> regns	January 1, 2011
88177	Cytp fna eval ea addl	January 1, 2011
88177 TC	Cytp fna eval ea addl	January 1, 2011
88177 26	Cytp fna eval ea addl	January 1, 2011
99218	Initial observation care	January 1, 2011

**The following HCPCS codes will be added to the MPFS:**

Please note, more information on HCPCS "T" code additions listed below will be found in CR 7443, July 2011 Update of the Hospital Outpatient Prospective Payment System, when it is released. (An article will be available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7443.pdf> upon release of the CR.) More information on HCPCS "J" and "Q" code additions listed below can be found in CR 7303, Quarterly HCPCS Drug/Biological Code Changes-July 2011 Update. (An article will be available for that CR at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7303.pdf> on the CMS website.) Additionally, policy and instructions on HCPCS Code Q2043 are addressed in CR 7431, Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer. Upon release of CR 7431, an article will be available at

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<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7431.pdf> on the CMS site.

HCPCS Code	Short Descriptor	Effective Date
0262T	Impltj pulm vlv evasc appr	July 1, 2011
0263T	Im b1 mrw cel ther cmpl	July 1, 2011
0264T	Im b1 mrw cel ther xcl hrvt	July 1, 2011
0265T	Im b1 mrw cel ther hrvt onl	July 1, 2011
0266T	Implt/rpl crtd sns dev total	July 1, 2011
0267T	Implt/rpl crtd sns dev lead	July 1, 2011
0268T	Implt/rpl crtd sns dev gen	July 1, 2011
0269T	Rev/remvl crtd sns dev total	July 1, 2011
0270T	Rev/remvl crtd sns dev lead	July 1, 2011
0271T	Rev/remvl crtd sns dev gen	July 1, 2011
0272T	Interrogate crtd sns dev	July 1, 2011
0273T	Interrogate crtd sns w/pgrmg	July 1, 2011
0274T	Perq lamot/lam crv/thrc	July 1, 2011
0275T	Perq lamot/lam lumbar	July 1, 2011
Q2041	Wilate injection	July 1, 2011
Q2042	Hydroxyprogesterone caproate	July 1, 2011
Q2043	Sipuleucel-T auto CD54+	July 1, 2011
Q2044	Belimumab injection	July 1, 2011

## Additional Information

In addition to the above, the Attachment of CR7430 contains the long descriptors and all indicators relative to the new HCPCS codes in the preceding table. CR 7430 can be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2223CP.pdf> the CMS website.

**Note:** 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.

If you have any questions, please contact your carrier, FI, A/B MAC, or RHHI 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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