

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



**News Flash** – On Wednesday, February 22, 2012, President Obama signed into law the Middle Class Tax Relief and Job Creation Act of 2012 (Job Creation Act). This new law prevents a scheduled payment cut for physicians and other practitioners who treat Medicare patients from taking effect on March 1, 2012. The new law extends the current zero percent update for such services through December 31, 2012. President Obama remains committed to a permanent solution to eliminating the Sustainable Growth Rate reductions, which result from the existing statutory methodology. The Administration will continue to work with Congress to achieve this goal, as well as implement the policies in the Affordable Care Act to move toward a patient-centered, quality oriented system. **Be on the alert for more information about the Job Creation Act and the provisions which take effect later in the year.**

MLN Matters® Number: MM7745

Related Change Request (CR) #: CR 7745

Related CR Release Date: March 23, 2012

Effective Date: January 1, 2012 (unless otherwise indicated)

Related CR Transmittal #: R2429CP

Implementation Date: April 2, 2012

## April Update to the Calendar Year (CY) 2012 Medicare Physician Fee Schedule Database (MPFSDB)

### Provider Types Affected

This MLN Matters® Article is intended for physicians, non-physician practitioners, 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) 7745 and instructs Medicare contractors to download and implement a new MPFS Data Base (MPFSDB). On December 23, 2011, the **Temporary Payroll Tax Cut Continuation Act of 2011 (TPTCCA)** became law and suspended the automatic negative update that would have taken effect with current law. TPTCCA temporarily allowed for a zero percent update to the MPFS from January 1, 2012, until February 29, 2012. On February 22, 2012, **The**

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**Middle Class Tax Relief and Job Creation Act of 2012 (MCTRJCA)** was signed into law and extended the zero percent update through December 31, 2012. This new legislation contains a number of Medicare provisions which change or extend Medicare Fee-For-Service (FFS) policies. Specific changes to the payment files resulting from the MCTRJCA and effective March 1, 2012, will be addressed in a separate change request.

Please make sure your billing staff is aware of these changes.

## Background

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Section 1848 (c) (4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services. In order to reflect appropriate payment policy in line with the CY 2012 MPFS Final Rule, the MPFSDB has been updated effective January 1, 2012, and new payment files have been created. Contractors will be notified when they are available. The revised payment file names and a list of the changes can be found in the attachment to this recurring update notification.

The Centers for Medicare & Medicaid Services (CMS) is correcting payments for all anesthesia codes for CY 2011 and for the first part of CY 2012. New Anesthesia Conversion Factor files will be made available for CY 2011 and CY 2012 as part of CR7745. Practitioners may elect to have payments adjusted on claims for anesthesia services where the provided service dates fall between January 1, 2012, and March 1, 2012. The new 2012 Anesthesia Conversion Factor file is to be used to adjust these payments, and it is the same file to be used to calculate anesthesia claims for the rest of the 2012 Calendar Year (file effective date from January 1, 2012, to December 31, 2012). Medicare contractors have been previously directed to start processing anesthesia claims with the revised 2012 Anesthesia Conversion Factor file, with dates of service, March 1, 2012, and forward. Practitioners may also elect to have payments adjusted on claims for anesthesia services, where the provided service dates fall between January 1, 2011, and December 31, 2011. The new 2011 Anesthesia Conversion Factor file is to be used to adjust these CY 2011 payments (file effective date from January 1, 2011, to December 31, 2011). Practitioners should contact their local Medicare contractor and bring to their attention these anesthesia payment adjustments, noting that the corrected conversion factors are different for CY 2011 and CY 2012.

## Other Key Points of CR7745

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Healthcare Common Procedure Coding System (HCPCS) code 92227 Outpatient Prospective Payment System imaging cap amounts are being included in the April update files. Their omission was due to a technical error and the error has been fixed to prevent this from happening again.

The following reflects additional key changes in the April update of the CY 2012 MPFSDB:

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## HCPCS Codes with Revised Medicare Physician Fee Schedule Payment Indicators

HCPCS Code:	43775
Short Descriptor:	Lap sleeve gastrectomy
Global Surgery:	090
Effective Date:	January 1, 2012
HCPCS Code:	92072
Short Descriptor:	Fit contac lens for managmnt
Bilateral Surgery:	2
Effective Date:	January 1, 2012
HCPCS Code:	4050F
Short Descriptor:	Ht care plan doc
Procedure Status:	M
Effective Date:	January 1, 2012

## New HCPCS Codes to be added with the Effective Date of April 1, 2012.

HCPCS Code	S0353	S0354	S0596	S3721	S8930
Procedure Status	I	I	I	I	I
Short Descriptor	Cancer treatment plan initial	Cancer treatment plan change	Phakic iol refractive error	Pca3 testing	Auricular electrostimulation
Long Descriptor	Treatment planning and care coordination management for cancer initial treatment	Treatment planning and care coordination management for cancer established patient with a change of regimen	Phakic intraocular lens for correction of refractive error	Prostate cancer antigen 3 (pca3) testing	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient
Effective Date	04/01/2012	04/01/2012	04/01/2012	04/01/2012	04/01/2012

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**New HCPCS Codes to be added with the Effective Date of January 1, 2012.**

<b>HCPCS Code</b>	G8675	G8676	G8677	G8678	G8679	G8680
<b>Procedure Status</b>	M	M	M	M	M	M
<b>Short Descriptor</b>	BP Syst >= 140 mmHg	BP Diast >= 90 mmHg	BP Syst < 130 mmHg	BP Syst >=130 - 139 mmHg	BP Diast < 80 mmHg	BP Diast 80-89 mmHg
<b>Effective Date</b>	01/01/2012	01/01/2012	01/01/2012	01/01/2012	01/01/2012	01/01/2012

**New HCPCS Codes to be added with the Effective Date of July 1, 2011.**

<b>HCPCS Code</b>	G9148	G9149	G9150	G9151	G9152	G9153
<b>Procedure Status</b>	R	R	R	R	R	R
<b>Short Descriptor</b>	Medical Home Level I	Medical Home Level II	Medical Home Level III	MAPCP demo State	MAPCP demo community	MAPCP demo physician
<b>Effective Date</b>	07/01/2011	07/01/2011	07/01/2011	07/01/2011	07/01/2011	07/01/2011

**The following HCPCS codes are discontinued effective April 1, 2012:**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>Procedure Status</b>	<b>Termination Date</b>
S3711	Circulating tumor cell test	D	04/01/2012
S3713	KRAS mutation analysis	D	04/01/2012
S3818	BRCA1 gene anal	D	04/01/2012
S3819	BRCA2 gene anal	D	04/01/2012
S3820	Comp BRCA1/BRCA2	D	04/01/2012
S3822	Sing mutation brst/ovar	D	04/01/2012
S3823	3 mutation brst/ovar	D	04/01/2012
S3828	Comp MLH1 gene	D	04/01/2012
S3829	Comp MSH2 gene	D	04/01/2012
S3830	Gene test HNPCC comp	D	04/01/2012
S3831	Gene test HNPCC single	D	04/01/2012

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HCPCS Code	Short Descriptor	Procedure Status	Termination Date
S3835	Gene test cystic fibrosis	D	04/01/2012
S3837	Gene test hemochromato	D	04/01/2012
S3843	DNA analysis factor v	D	04/01/2012
S3847	Gene test Tay-Sachs	D	04/01/2012
S3848	Gene test Gaucher	D	04/01/2012
S3851	Gene test canavan	D	04/01/2012
S3860	Genet test cardiac ion-comp	D	04/01/2012
S3862	Genet test cardiac ion-spec	D	04/01/2012
S8049	Intraoperative radiation the	D	04/01/2012

### Additional Information

The official instruction, CR7745, issued to your carrier, FI, RHHI, or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R2429CP.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/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

**News Flash - It's Not too Late to Give and Get the Flu Vaccine.** Take advantage of each office visit and protect your patients against the seasonal flu. Medicare will continue to pay for the seasonal flu vaccine and its administration for all Medicare beneficiaries through the entire flu season. The Centers for Disease Control and Prevention (CDC) also recommends that patients, healthcare workers and caregivers be vaccinated against the seasonal flu. **Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccine—Not the Flu. Remember: The flu vaccine plus its administration are covered Part B benefits. The flu vaccine is NOT a Part D-covered drug.** For more information on coverage and billing of the flu vaccine and its administration, and related provider resources, visit [2011-2012 Provider Seasonal Flu Resources](#) and [Immunizations](#). For the 2011-2012 seasonal flu vaccine payment limits, visit [http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10\\_VaccinesPricing.asp](http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp) on the Centers for Medicare & Medicaid Services (CMS) website.

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