

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



**News Flash** – The 2013 ICD-10-PCS files have been posted on the [2013 ICD-10 PCS and GEMs](#) web page. This includes the 2013 Index and Tabular files, guidelines, code titles, addendum to reference manual, and slides. The 2013 ICD-10-PCS files contain information on the new procedure coding system, ICD-10-PCS, that is being developed as a replacement for ICD-9-CM, Volume 3. The 2013 General Equivalent Mappings (GEMs), Reimbursement Mappings, and Reference Manual will be posted at a later date.

MLN Matters® Number: MM8017 **Revised**

Related Change Request (CR) #: CR 8017

Related CR Release Date: September 28, 2012

Effective Date: June 27, 2012

Related CR Transmittal #: R2559CP

Implementation Date: October 1, 2012

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

**Note:** This article was revised on October 1, 2012, to reflect a revised Change Request (CR). The CR changes include additional instructions clarifying the effective date for HCPCS code 43775, which is June 27, 2012. The CR number, transmittal number and link to the CR are also changed. All other information is unchanged.

#### **Provider Types Affected**

This MLN Matters® Article is intended for physicians, other providers, and suppliers who submit claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) for services that are paid under the Medicare Physician Fee Schedule (MPFS).

#### **Provider Action Needed**

This article is based on CR 8017 which informs Medicare contractors that, in order to reflect appropriate payment policy in line with the Calendar Year (CY) 2012 Medicare Physician Fee

#### **Disclaimer**

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Schedule (MPFS) Final Rule, the MPFS Data Base (MPFSDB) has been updated effective October 1, 2012, and new payment files have been created. CR8017 instructs Medicare contractors to retrieve and implement the revised payment files when they are notified that these files are available for retrieval. Contractors will also give providers 30 days notice before implementing the changes identified in CR8017. Changes will be retroactive to January 1, 2012, unless otherwise stated in CR8017.

CR8017 also points out that the Office of Clinical Standards and Quality (OCSQ-CMS) has updated their National Coverage Determination (NCD) concerning Healthcare Common Procedure Coding System (HCPCS) code 43775 (Lap sleeve gastrectomy). This HCPCS code was previously a Non-covered Service (N), and CR8017 now instructs that it will be Carrier Priced (C).

## Background

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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 U.S. Secretary of Health and Human Services (HHS) to establish ancillary policies necessary to implement relative values for the services of physicians. In order to reflect appropriate payment policy in line with the Calendar Year (CY) 2012 Medicare Physician Fee Schedule (MPFS) Final Rule, the MPFS Data Base (MPFSDB) has been updated effective October 1, 2012.

On December 23, 2011, the Temporary Payroll Tax Cut Continuation Act of 2011 (TPTCCA; see <http://www.gpo.gov/fdsys/pkg/PLAW-112publ78/pdf/PLAW-112publ78.pdf> on the Internet) became law and suspended the automatic negative update that would have taken effect with current law. The TPTCCA temporarily allowed for a zero percent update to the MPFS from January 1, 2012, until February 29, 2012. On February 22, 2012, the TPTCCA was signed into law and extended the zero percent update to the end of the calendar year, to December 31, 2012.

The Centers for Medicare & Medicaid Services (CMS) updated these payment files in July through CR7844. You can review the MLN Matters® article, MM7844, which corresponds to CR7844 at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7844.pdf> on the CMS website.

CR8017 constitutes the October amendment to those payment files, and unless otherwise stated in CR8017, changes will be retroactive to January 1, 2012.

## Additional Information

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The official instruction, CR8017 issued to your carrier, FI, A/B MAC, or RHHI regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2559CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor 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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