

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



News Flash –

Revised products from the Medicare Learning Network® (MLN)

- ["Medicare Vision Services,"](#) Fact Sheet, ICN 907165, Downloadable only.

MLN Matters® Number: MM8143

Related Change Request (CR) #: CR 8143

Related CR Release Date: February 1, 2013

Effective Date: January 1, 2013

Related CR Transmittal #: R2651CP

Implementation Date: No later than January 25, 2013

Emergency Update to the Calendar Year (CY) 2013 Medicare Physician Fee Schedule Database (MPFSDB)

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), carriers, Regional Home Health Intermediaries (RHHIs) and A/B Medicare Administrative Contractors (A/B MACs) for services to Medicare beneficiaries and which are paid under the MPFSDB.

Provider Action Needed

Payment files were originally issued to contractors based upon the CY 2013 Medicare Physician Fee Schedule (MPFS) Final Rule, issued on November 1, 2012, and published in the Federal Register on November 28, 2012. This article is based on Change Request (CR) 8143 which informs Medicare contractors about the amendments to payment files to include corrections described in the CY 2013 MPFS Final Rule Correction Notice, as well as the statutory changes from the "American Taxpayer Relief Act of 2012", where the zero percent update to the 2013 conversion factor and the non-budget neutral Geographic Practice Cost Index (GPCI) work floor extenders will be effective January 1 for calendar year 2013. Make sure that your billing staffs are aware of these changes.

Disclaimer

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Background

Some physician work, practice expense, and malpractice Relative Value Units (RVUs) published in the CY 2013 Medicare Physician Fee Schedule (MPFS) Final Rule have been revised to align their values with the CY 2013 MPFS Final Rule policies. These changes are discussed in the CY 2013 MPFS Final Rule Correction Notice and revised RVU values are found in Addendum B and Addendum C of the CY 2013 MPFS Final Rule Correction Notice. (These addenda are available as a download at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1590-FC.html> on the Centers for Medicare & Medicaid Services (CMS) website.) In addition to RVU revisions, changes have been made to some Healthcare Common Procedure Coding System (HCPCS) code payment indicators in order to reflect the appropriate payment policy. Procedure status indicator changes will also be reflected in Addendum B and Addendum C of the CY 2013 MPFS Final Rule Correction Notice. Other payment indicator changes will be included, along with the RVU and procedure status indicator changes, in the CY 2013 MPFS Final Rule Correction Notice public use data files.

Also, per CR8143, Medicare contractors shall update their systems to add code G0459, "Telehealth inpt pharm mgmt", with an effective date of January 1, 2013 and your contractor was to implement this change no later than January 25, 2013..

Additional Information

The official instruction, CR8143 issued to your FI, carrier, RHHI, and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2651CP.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier, 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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