

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



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- ["Information on the National Physician Payment Transparency Program: Open Payments,"](#) Podcast, ICN 908961, downloadable only.

MLN Matters® Number: MM8664 **Revised**

Related Change Request (CR) #: CR 8664

Related CR Release Date: April 22, 2014

Effective Date: January 1, 2014

Related CR Transmittal #:R2934CP

Implementation Date: April 7, 2014

April Update to the Calendar Year (CY) 2014 Medicare Physician Fee Schedule Database (MPFSDB)

Note: This article was revised on May 16, 2014, to reflect the revised CR8664 issued on April 22. The article is revised to adjust table 2 on page 3 to clarify the effective dates for HCPCS code 77293 to be from January 1 to December 31, 2014. The CR release date, transmittal number, and the Web address for accessing the CR are revised. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers who submit claims to Medicare Claims Administration Contractors (carriers, Fiscal Intermediaries (FIs), A/B Medicare Administrative Contractors (MACs), Home Health and Hospices (HHs), and/or Regional HH Intermediaries (RHHIs)) for services provided to Medicare beneficiaries.

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Provider Action Needed

This article is based on Change Request (CR) 8664 which amends the payment files that were issued to Medicare contractors based upon the CY 2014 MPFS, Final Rule and passage of the “Protecting Access to Medicare Act of 2014,” which the President signed on April 1, 2014. Make sure that your billing staffs are aware of these changes.

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.

In order to reflect appropriate payment policy as included in the CY 2014 MPFS Final Rule, the MPFSDB has been updated with April changes, and those necessitated by “Protecting Access to Medicare Act of 2014,” which the President signed on April 1, 2014. This law extends the 0.5% update through December 31, 2014. Since the Act extends the MPFSDB policies to all of CY 2014, the April update payment files that were previously created to be effective from January 1, 2014 to March 31, 2014, can now be used by MACs to be effective from January 1, 2014 to December 31, 2014.

Note: Medicare contractors will not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors will adjust claims brought to their attention.

CR 8664 Summary of Changes

The summary of changes for the April 2014 update consists of the following:

1. Short Description Corrections for HCPCS codes G0416 - G0419

HCPCS Code	Old Short Description	Revised 2014 Short Description
G0416	Sat biopsy prostate 1-20 spc	Biopsy prostate 10-20 spc
G0417	Sat biopsy prostate 21-40	Biopsy prostate 21-40
G0418	Sat biopsy prostate 41-60	Biopsy prostate 41-60
G0419	Sat biopsy prostate: >60	Biopsy prostate: >60

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2. Adjust the Facility and Non-Facility PE RVUs for HCPCS code 77293-Global and 77293-TC via CMS update files.

HCPCS	Mod	Status	Description	Non-Facility PE RVUs	Facility PE RVUs	Global	
77293		A	Respirator motion mgmt simul	9.96	NA	ZZZ	Jan 1 to March 31, 2014
77293	TC	A	Respirator motion mgmt simul	9.16	NA	ZZZ	Jan 1 to March 31, 2014
77293		A	Respirator motion mgmt simul	10.72	NA	ZZZ	Correction April 1, 2014. RVU change effective January 1 to December 31, 2014.
77293	TC	A	Respirator motion mgmt simul	9.92	NA	ZZZ	Correction April 1, 2014. RVU change effective January 1 to December 31, 2014.

3. HCPCS code G9361 will be added to your Medicare contractor's systems.

HCPCS Code	G9361
Procedure Status	M
Short Descriptor	Doc comm risk calc
Effective Date	01/01/2014
Work RVU	0
Full Non-Facility PE RVU	0
Full Non-Facility NA Indicator	(blank)
Full Facility PE RVU	0
Full Facility NA Indicator	(blank)
Malpractice RVU	0
Multiple Procedure Indicator	9
Bilateral Surgery Indicator	9
Assistant Surgery Indicator	9
Co-Surgery Indicator	9
Team Surgery Indicator	9
PC/TC	9
Site of Service	9
Global Surgery	XXX
Pre	0.00
Intra	0.00
Post	0.00
Physician Supervision Diagnostic Indicator	09
Diagnostic Family Imaging Indicator	99

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HCPCS Code	G9361
Non-Facility PE used for OPPS Payment Amount	0.00
Facility PE used for OPPS Payment Amount	0.00
MP Used for OPPS Payment Amount	0.00
Type of Service	9
Long Descriptor	Medical indication for induction [Documentation of reason(s) for elective delivery or early induction (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes-premature, prolonged maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, malposition and malpresentation of fetus, late pregnancy, prior uterine surgery, or participation in clinical trial)]

4. Correct the Physician Supervision of Diagnostic Procedures indicator for the TC's of the following codes, effective January 1, 2014.

HCPCS Code		Physician Supervision of Diagnostic Procedures (Phys Diag Supv)	Effective Date
70450-TC	Ct head/brain w/o dye - Phys Diag Supv Correction (TC)	01	01/01/2014
70460-TC	Ct head/brain w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
70551-TC	Mri brain stem w/o dye - Phys Diag Supv Correction (TC)	01	01/01/2014
70552-TC	Mri brain stem w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
70553-TC	Mri brain stem w/o & w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72141-TC	Mri neck spine w/o dye - Phys Diag Supv Correction (TC)	01	01/01/2014
72142-TC	Mri neck spine w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72146-TC	Mri chest spine w/o dye - Phys Diag Supv Correction (TC)	01	01/01/2014
72147-TC	Mri chest spine w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72148-TC	Mri lumbar spine w/o dye - Phys Diag Supv Correction (TC)	01	01/01/2014
72149-TC	Mri lumbar spine w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014

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HCPCS Code		Physician Supervision of Diagnostic Procedures (Phys Diag Supv)	Effective Date
72156-TC	Mri neck spine w/o & w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72157-TC	Mri chest spine w/o & w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72158-TC	Mri lumbar spine w/o & w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72191-TC	Ct angiograph pelv w/o&w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
74174-TC	Ct angio abd&pelv w/o&w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
74175-TC	Ct angio abdom w/o & w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
93880-TC	Extracranial bilat study - Phys Diag Supv Correction (TC)	01	01/01/2014
93882-TC	Extracranial uni/ltd study - Phys Diag Supv Correction (TC)	01	01/01/2014
77001-TC	Fluoroguide for vein device - Phys Diag Supv Correction (TC)	03	01/01/2014
77002-TC	Needle localization by xray - Phys Diag Supv Correction (TC)	03	01/01/2014
77003-TC	Fluoroguide for spine inject - Phys Diag Supv Correction (TC)	03	01/01/2014

Additional Information

The official instruction, CR 8664, issued to your MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2934CP.pdf> on the CMS website.

If you have any questions, please contact your DME MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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