

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



2015 GEMs, Reimbursement Mappings, and ICD-10 Files Now Available -The 2015 General Equivalence Mappings (GEMs), Reimbursement Mappings, ICD-10-CM files, and ICD-10-PCS files are now available on the [2015 ICD-10-CM and GEMs](#) web page and [2015 ICD-10-PCS and GEMs](#) web page. The mappings can be used to convert policies from ICD-9-CM to ICD-10 codes. The GEMs provide both forward (ICD-9-CM to ICD-10) and backward (ICD-10 to ICD-9-CM) mappings. There are no new, revised, or deleted ICD-10-CM or ICD-10-PCS codes.

MLN Matters® Number: MM8773

Related Change Request (CR) #: CR8773

Related CR Release Date: June 6, 2014

Effective Date: July 1, 2014

Related CR Transmittal #: R2974CP

Implementation Date: July 7, 2014

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

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers who submit claims to Medicare Administrative Contractors (MACs), including Home Health and Hospice (HHH) MACs, for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8773 which amends the payment files that were issued to MACs based upon the CY 2014 MPFS, Final Rule as modified by the "Pathway for SGR Reform Act of 2013" (Section 101) passed on December 18, 2013, and further modified by section 101 of the "Protecting Access to Medicare Act of 2014" on April 1, 2014. Make sure your billing staffs are aware of these changes.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2013 American Medical Association.

Background

The Social Security Act (Section 1848 (c)(4) (available at http://www.socialsecurity.gov/OP_Home/ssact/title18/1848.htm) 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 based on current law and the Calendar Year (CY) 2014 Medicare Physician Fee Schedule (MPFS) Final Rule, the MPFS Database (MPFSDB) has been updated using the 0.5 percent update conversion factor, effective January 1, 2014, to December 31, 2014.

Payment files were issued to MACs based upon the CY 2014 MPFS Final Rule, published in the Federal Register on December 10, 2013, which is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1600-FC.html>, and as modified by section 101 of the "Pathway for SGR Reform Act of 2013" passed on December 18, 2013, and further modified by section 101 of the "Protecting Access to Medicare Act of 2014" on April 1, 2014, for MPFS rates to be effective January 1, 2014, to December 31, 2014.

The summary of Healthcare Common Procedure Coding System (HCPCS) Code additions for the July 2014 update are shown in the following table:

HCPCS	Short Descriptor	Procedure Status
Q9970	Inj Ferric Carboxymaltos 1mg	E
Q9974	Morphine epidural/intratheca	E
S0144	Inj, Propofol, 10mg	I
S1034	Art pancreas system	I
S1035	Art pancreas inv disp sensor	I
S1036	Art pancreas ext transmitter	I
S1037	Art pancreas ext receiver	I
0347T	Ins bone device for rsa	C
0348T	Rsa spine exam	C
0349T	Rsa upper extr exam	C
0350T	Rsa lower extr exam	C
0351T	Intraop oct brst/node spec	C
0352T	Oct brst/node i&r per spec	C

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HCPCS	Short Descriptor	Procedure Status
0353T	Intraop oct breast cavity	C
0354T	Oct breast surg cavity i&r	C
0355T	Gi tract capsule endoscopy	C
0356T	Insrt drug device for iop	C
0358T	Bia whole body	C
0359T	Behavioral id assessment	C
0360T	Observ behav assessment	C
0361T	Observ behav assess addl	C
0362T	Expose behav assessment	C
0363T	Expose behav assess addl	C
0364T	Behavior treatment	C
0365T	Behavior treatment addl	C
0366T	Group behavior treatment	C
0367T	Group behav treatment addl	C
0368T	Behavior treatment modified	C
0369T	Behav treatment modify addl	C
0370T	Fam behav treatment guidance	C
0371T	Mult fam behav treat guide	C
0372T	Social skills training group	C
0373T	Exposure behavior treatment	C
0374T	Expose behav treatment addl	C

All the additional codes listed in the above table are effective as of July 1, 2014. For full details on the above codes, including on descriptors, place of service codes, co-surgery indicators, etc. see the tables in CR8773. The Web address for CR8773 is in the “Additional Information” section below.

In addition to the codes that were added, codes J2271 (Morphine SO4 injection 100mg) and J2275 (Morphine sulfate injection) have a change in their procedure status code from E to I, effective July 1, 2014.

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Also, Section 651 of Medicare Modernization Act (MMA) required the Secretary of Health and Human Services to conduct a demonstration for up to 2 years to evaluate the feasibility and advisability of expanding coverage for chiropractic services under Medicare. The demonstration expanded Medicare coverage to include: “(A) care for neuromusculoskeletal conditions typical among eligible beneficiaries; and (B) diagnostic and other services that a chiropractor is legally authorized to perform by the state or jurisdiction in which such treatment is provided.” The demonstration, which ended on March 31, 2007, was required to be budget neutral as section 651(f)(1)(B) of MMA mandates the Secretary to ensure that “the aggregate payments made by the Secretary under the Medicare program do not exceed the amount which the Secretary would have paid under the Medicare program if the demonstration projects under this section were not implemented.” The costs of this demonstration were higher than expected and CMS has been recovering costs by deducting 2 percent from payments for chiropractic services. Since CMS has determined that the costs are fully recovered, the July update eliminates the 2 percent reduction for CPT codes 98940, 98941, and 98942 that was utilized for the first half of CY 2014, effective July 1, 2014.

Additional Information

The official instruction, CR 8773 issued to your MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2974CP.pdf> on the CMS website.

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

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