

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



REVISED product from the Medicare Learning Network® (MLN)

- [“The Basics of Internet-based Provider Enrollment, Chain and Ownership System \(PECOS\) for Physicians and Non-Physician Practitioners,”](#) Fact Sheet, ICN 903764, Downloadable only.

MLN Matters® Number: MM8888 **Revised**

Related Change Request (CR) #: CR 8888

Related CR Release Date: October 20, 2014

Effective Date: October 1, 2014

Related CR Transmittal #: R3097CP

Implementation Date: October 6, 2014

October Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)

Note: This article was revised on October 24, 2014, to reflect the revised CR8888 issued on October 20. The CR was revised to correct the Type of Service Indicator of HCPCS code G0471 to "5". In this article, the CR release date, transmittal number and the Web address for accessing CR8888 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 Administrative Contractors (MACs), including Home Health & Hospice (HH&H) MACs, for services provided to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 8888 informs MACs about changes to payment files that were originally issued to contractors based upon the CY 2014 Medicare Physician Fee Schedule

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(MPFS) Final Rule. This change request amends those payment files, effective October 1, 2014. Make sure that your billing staffs are aware of these changes.

Background

Payment files were issued to MACs based upon rates in the Calendar Year (CY) 2014 Medicare Physician Fee Schedule (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> on the Centers for Medicare & Medicaid Services (CMS) website, as modified by Section 101 of the "Pathway for SGR Reform Act of 2013" to be effective for services furnished between January 1, 2014, and March 31, 2014. On April 1, 2014, the President signed the "Protecting Access to Medicare Act of 2014," which extends those rates through December 31, 2014.

In order to reflect appropriate payment policy as included in the CY 2014 MPFS Final Rule, the Medicare Physician Fee Schedule Database (MPFSDB) has been updated with October changes. These rates are effective through December 31, 2014.

The table below summarizes the addition of Federally Qualifying Health Centers (FQHCs) Healthcare Common Procedure Coding System (HCPCS) codes G0466, G0467, G0468, G0469, and G0470.

HCPCS	Short Descriptor	Procedure Status
G0466	FQHC visit, new patient	X
G0467	FQHC visit, estab pt	X
G0468	FQHC visit, IPPE or AWV	X
G0469	FQHC visit, MH new pt	X
G0470	FQHC visit, MH estab pt	X

In addition, note the following changes:

- For HCPCS Codes 55970 and 55980, CMS will change their Procedure Status Codes from "N"= "Noncovered service by Medicare" to "C"= "Carrier Priced", and their Global Surgery Codes from "XXX" to "YYY", effective May 30, 2014 (All other indicators should remain the same.).
- For HCPCS Code A9586, CMS will change its Procedure Status Code changed from "N"= "Noncovered service by Medicare" to "C"= "Carrier Priced", and its Global

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Surgery Code from “XXX” to “YYY”, effective September 27, 2013 (All other indicators should remain the same. See CR8526.).

- HCPCS Code G0471 “Ven blood coll SNF/HHA” is added to the MPFS with a procedure status code of X, effective April 1, 2014.
- HCPCS Code 0275T “Perq lamot/lam lumbar“ is revised to the 2014 Physician Fee Schedule with a procedure status code of “R”=“Restricted”, effective January 9, 2014 (See CR 8757).
- CMS is changing the short descriptor for G9361 to read “Med Ind for induction”, effective January 1, 2014.

Note that MACs need not search their files to either retract payment for claims already paid or to retroactively pay claims and which were impacted by the above changes. However, they will adjust claims that you bring to their attention

Additional Information

The official instruction, CR8888 issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3097CP.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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