

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



June is Men's Health Month - Medicare provides coverage of a wide range of preventive services, subject to certain eligibility and coverage requirements that are especially meaningful to men in helping to prevent and detect disease. You can help your patients make the most of their benefits by talking with them about their risk factors for disease and encouraging them to take advantage of the preventive services covered by Medicare that are most appropriate for them. [Continue reading](#) to learn more about Medicare-covered preventive service.

MLN Matters® Number: MM9104 **Revised**

Related Change Request (CR) #: CR 9104

Related CR Release Date: June 12, 2015

Effective Date: January 1, 2015, based on dates of service unless otherwise stated in this article.

Related CR Transmittal #: R3283CP

Implementation Date: April 6, 2015

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April Calendar Year (CY) 2015 Update

Note: This article was revised on June 15, 2015, to reflect the revised CR9104 issued on June 12. CR9104 was revised to reflect the changes required by the Medicare Access and CHIP Reauthorization Act of 2015. The article has been revised accordingly. In addition, the CR release date, transmittal number, and the Web address for accessing CR9104 are revised.

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services to provided Medicare beneficiaries.

Provider Action Needed

Disclaimer

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Change Request (CR) 9104 informs MACs about the release of payment files based upon the CY 2015 Medicare Physician Fee Schedule (MPFS) Final Rule. Make sure that your billing staffs are aware of these changes.

Background

Payment files were issued to MACs based upon the Calendar Year (CY) 2015 MPFS Final Rule, published in the Federal Register on December 19, 2014, to be effective for services furnished between January 1, 2015, and December 31, 2015.

Section 1848(c)(4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services.

The Medicare Access and CHIP Reauthorization Act of 2015 allowed the zero percent update that would have ended on March 31, 2015, to continue through to June 30, 2015, and allows for a 0.5 percent update from July 1, 2015, to December 31, 2015. It also extends the physician work geographic practice cost index (GPCI) floor of 1.0, and the therapy cap exceptions process, through December 2017.

In the CY 2015 Medicare Physician Fee Schedule Final Rule, the Centers for Medicare & Medicaid Services (CMS) announced a conversion factor (CF) of \$28.2239 for services furnished on or after April 1, 2015, resulting in an average reduction of 21.2 percent from the CY 2014 rates (this CF was later corrected to \$28.1872 in a correction notice). However, the enactment of the Medicare Access and CHIP Reauthorization Act of 2015 allowed the zero percent update that would have ended on March 31, 2015, to continue through to June 30, 2015. Therefore, the CF of 35.7547 in effect from January 1, 2015, through March 31, 2015, was extended to June 30, 2015.

Changes for certain CPT/HCPCS codes included in the April update to the 2015 MPFSDB are as follows:

- J1826 - Procedure Status = E
- J9010 - Procedure Status = N
- 77063 - Type of Service = 1
- 93355 - Multiple Surgery Indicator = 2 and Type of Service = 4
- 93644 - Type of Service = 2

Code G0279 has a new short descriptor of "Tomosynthesis, mammo".

In addition, the following codes have a procedure status of "I": 80300, 80301, 80302, 80303, 80304, 80320, 80321, 80322, 80323, 80324, 80325, 80326, 80327, 80328, 80329, 80330, 80331, 80332, 80333, 80334, 80335, 80336, 80337, 80338, 80339, 80340, 80341, 80342, 80343, 80344, 80345, 80346, 80347, 80348, 80349, 80350, 80351, 80352, 80353, 80354, 80355, 80356, 80357, 80358, 80359, 80360, 80361, 80362, 80363, 80364, 80365, 80366, 80367, 80368, 80369, 80370, 80371, 80372, 80373, 80374, 80375, 80376, and 80377.

Effective for services on or after April 1, 2015, the following codes will have a procedure status of "X": 81500, 81503, 81506, 81508, 81509, 81510, 81511, 81512, and 81599.

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Also, effective for services on or after April 1, 2015, new code Q9975 is added with a short descriptor of “Factor VIII FC Fusion Recomb” and a long descriptor of “Injection, Factor VIII, FC Fusion Protein (Recombinant), per iu”. The procedure status code for Q9975 is “E” and it has a global surgery modifier of “XXX”.

Finally, S8032 was transposed as S0832 in the January 2015 MPFS; S0832 has been replaced with S8032 in the April 2015 MPFS.

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

Additional Information

The official instruction, CR9104 issued to your MAC regarding this change is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3283CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number, which is available 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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