

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



MLN Matters® Number: MM9633

Related Change Request (CR) #: CR 9633

Related CR Release Date: May 20, 2016

Effective Date: January 1, 2016

Related CR Transmittal #: R3528CP

Implementation Date: July 5, 2016

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July Calendar Year (CY) 2016 Update

Provider Types Affected

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

Provider Action Needed

Change Request (CR) 9633 amends payment files that were issued to your MAC based upon the CY 2016 MPFS Final Rule published in the Federal Register on November 16, 2015. These payment files are to be effective for services furnished between January 1, 2016, and December 31, 2016. Make sure your billing staff is aware of these changes.

Background

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

Key Changes in CR9633

Unless otherwise stated, the changes included in the July update to the 2016 MPFSDB are effective for dates of service on and after January 1, 2016.

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The key changes for the July update, effective as of January 1, 2016, are as follows.

CPT/HCPCS	Action
G0296	Multiple Surgery = 0; Diagnostic Imaging Family Indicator = 99
G9678	Procedure Status = C (Effective for services on or after 7-1-2016.)
10036	Multiple Surgery Indicator = 0
37188	Multiple Surgery Indicator = 0
45346	Endo Base Code = 45330
61651	Multiple Surgery Indicator = 0
65855	Bilateral Indicator = 1
69209	PC/TC indicator = 3

The following new codes in CR9636 have also been added to the MPFSDB.

CPT/HCPCS Code	Short Descriptor	Procedure Status	RVU	Effective Date
Q5102	Inj., infliximab biosimilar	E	no RVUs	4-5-16
Q9981	rolapitant, oral, 1mg	E	no RVUs	7-1-16
Q9982	flutemetamol f18 diagnostic	E	no RVUs	7-1-16
Q9983	florbetaben f18 diagnostic	E	no RVUs	7-1-16

For more information on the codes in CR9636, you may want to review the related MLN Matters Article MM9636 at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9636.pdf>.

CPT Codes effective on or after July 1, 2016

The new CPT Category III codes listed below have been added to the MPFSDB effective for dates of service on and after July 1, 2016.

There are no RVUs for these codes, and the following payment policy indicators are the same for each code: Procedure Status = C, Multiple Surgery = 0, Bilateral Surgery = 0, Assistant at Surgery = 0, Co-Surgeons = 0, Team Surgeons = 0, PC/TC = 0, Physician Supervision of Diagnostic Procedures = 09, and Diagnostic Imaging Family = 99. The Global Surgery Days for 0437T, 0439T, and 0443T = ZZZ; the rest are YYY.

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CPT Code	Short Descriptor	Long Descriptor
0437T	Impltj synth rnfemt abdl wal	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)
0438T	Tprnl plmt biodegrdabl matrl	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance
0439T	Myocrd contrast prfuj echo	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)
0440T	Abltj perc uxtr/perph nrv	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
0441T	Abltj perc lxtr/perph nrv	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
0442T	Abltj perc plex/trncl nrv	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)
0443T	R-t spectrl alys prst8 tiss	Real time spectral analysis of prostate tissue by fluorescence spectroscopy
0444T	1st plmt drug elut oc ins	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
0445T	Sbsqt plmt drug elut oc ins	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral

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

Additional Information

The official instruction, CR9633 issued to your MAC regarding this change is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3528CP.pdf>.

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-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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