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MLN Matters® Number: MM7319 **Revised**

Related Change Request (CR) #: 7319

Related CR Release Date: March 18, 2011

Effective Date: January 1, 2011

Related CR Transmittal #: R2180CP

Implementation Date: April 4, 2011

April Update to the Calendar Year (CY) 2011 Medicare Physician Fee Schedule Database (MPFSDB)

Note: This article was updated on August 17, 2012, to reflect current Web addresses. It was previously revised on March 20, 2011, to reflect the revised CR7319 issued on March 18, 2011, to change the MPFS payment file names described in the Recurring Update Notification in the section titled: Revised MPFS Payment File Names. Also, the CR release date, transmittal number, and the Web address for accessing CR 7319 were change. All other information remains the same. A previous update added the section with the heading of "Correction to Payment File OPFS Cap "Imaging Payment Amount" Field for CPT Code 92227" on page 3.

Provider Types Affected

This article is for physicians, non-physician practitioners, and providers submitting claims to Medicare contractors (Fiscal Intermediaries, Carriers or Part A/B Medicare Administrative Contractors, and Regional Home Health Intermediaries) for services provided to Medicare beneficiaries that are paid under the Medicare Physician Fee Schedule (MPFS).

What You Need to Know

Payment files were issued to contractors based upon the CY 2011 MPFS Final Rule, released on November 2, 2010, and published in the *Federal Register* on November 29, 2010. As previously described in Change Request (CR) 7300,

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these payment files were modified in accordance with the MPFS Final Rule Correction Notice released on December 30, 2010 and published in the *Federal Register* on January 11, 2011, and by relevant statutory changes applicable January 1, 2011, including the Physician Payment and Therapy Relief Act of 2010, and the Medicare and Medicaid Extenders Act of 2010.

This article is based on CR 7319, which details changes included in the April quarterly update to those payment files. **Note that Medicare contractors will not search their files to either retract payment for claims already paid or to retroactively pay claims that were processed prior to implementation of CR7319. However, contractors will adjust claims brought to their attention.** Please be sure to inform your staff of these changes.

Background

Medicare Physician Fee Schedule Database (MPFSDB) Payment File Revisions

In order to reflect appropriate payment policy in line with the CY 2011 MPFS Final Rule, some payment indicators and Practice Expense (PE) Relative-Value Units (RVUs) have been revised. New MPFS payment files have been created that include these changes.

MPFSDB Indicator Changes

The following HCPCS codes have MPFSDB indicator changes:

HCPCS Code	Short Descriptor	Indicator
31579	Diagnostic laryngoscopy	Global Surgery: 000
57155	Insert uteri tandems/ovoids	Co-Surgeons: 2
64613 M	Destroy nerve neck muscle	Bilateral Surgery: 2
64614 P	Destroy nerve extrem musc	Bilateral Surgery: 2
77071 S	X-ray stress view	Bilateral Surgery: 2
92511 D	Nasopharyngoscopy	Global Surgery: 000
93464 26 B	Exercise w/hemodynamic meas	Multiple Surgery: 0

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Practice Expense RVU Changes

The following HCPCS codes have Practice Expense RVU changes. A detailed description of these changes can be found in CR 7319.

HCPCS Code	Short Descriptor
93503	Insert/place heart catheter
93224	Ecg monit/reprt up to 48 hrs
93225	Ecg monit/reprt up to 48 hrs
93226	Ecg monit/reprt up to 48 hrs

Added HCPCS Code

The following HCPCS code has been added, effective April 1, 2011. More information on this addition can be found in CRs 7319 and 7299.

HCPCS Code	Short Descriptor
Q2040	Incobotulinumtoxin A

Discontinued HCPCS Codes

The following HCPCS codes are discontinued for dates of service on or after January 1, 2011, that are processed on or after April 4, 2011.

HCPCS Code	Short Descriptor
90470	Immune admin H1N1 im/nasal
90663	Flu vacc pandemic H1N1

The following HCPCS codes are discontinued for dates of service on or after April 1, 2011, that are processed on or after April 4, 2011.

HCPCS Code	Short Descriptor
Q1003	Ntiol category 3
S2270	Insertion vaginal cylinder
S2344	Endosc balloon sinuplasty
S3905	Auto handheld diag nerv test

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Correction to Payment File OPPS Cap “Imaging Payment Amount” Field for CPT Code 92227

CPT Code 92227 (Remote Dx retinal imaging), is subject to the OPPS payment cap determination and has an Imaging Cap indicator of 1. The CY 2011 MPFS Relative Value File correctly lists OPPS payment amounts (PE=0.53 and MP=0.02) for this code; however, these values were not carried over to the Imaging Payment Amount field in the Medicare contactor payment files, which listed the values as 0.00 for all carriers. This will be corrected in the MPFS payment files released for the April Quarterly Update, effective January 1, 2011.

Additional Information

The official instruction, CR7319, issued to your FI, carrier, or A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2180CP.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier, or A/B MAC, at their toll-free number, which may be found 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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