

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



**News Flash** – If you are a provider or supplier that furnishes the technical component of Advanced Diagnostic Imaging (ADI) services and bill Medicare under the Physician Fee Schedule for these services, you should know that you must be accredited by Sunday, January 1, 2012. Those not accredited by that deadline will not be able to bill Medicare until they become accredited. For more information about ADI Accreditation, including details of the accreditation process and the organizations approved by the Centers for Medicare & Medicaid Services (CMS) to grant accreditation, please visit [http://www.CMS.gov/MedicareProviderSupEnroll/03\\_AdvancedDiagnosticImagingAccreditation.asp](http://www.CMS.gov/MedicareProviderSupEnroll/03_AdvancedDiagnosticImagingAccreditation.asp) on the CMS website. A Medicare Learning Network (MLN) Special Edition Article (SE1122) – “Important Reminders about Advanced Diagnostic Imaging (ADI) Accreditation Requirements” – has also been published and is available at <http://www.CMS.gov/MLNMattersArticles/Downloads/SE1122.pdf> on the CMS website.

MLN Matters® Number: MM7528

Related Change Request (CR) #: 7528

Related CR Release Date: August 19, 2011

Effective Date: January 1, 2011

Related CR Transmittal #: R2276CP

Implementation Date: October 3, 2011

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

### Provider Types Affected

Physicians, non-physician practitioners, and providers submitting claims to Medicare contractors (Carriers, Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs) for professional services provided to Medicare beneficiaries that are paid under the Medicare Physician Fee Schedule (MPFS).

### Provider Action Needed

This article is based on Change Request (CR) 7528 and instructs Medicare contractors to download and implement a new Medicare Physician Fee Schedule Database (MPFSDB) as of October 3, 2011. Affected providers should be aware that

#### Disclaimer

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Medicare contractors will only adjust claims brought to their attention. Please make sure your billing staff is aware of these changes.

## Background

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Section 1848 (c) (4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services. In order to reflect appropriate payment policy in line with the CY 2011 MPFS Final Rule, the MPFSDB has been updated effective January 1, 2011, and new payment files have been created.

The original payment files were issued to Medicare contractors based upon the CY 2011 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 29, 2010, as modified by the Final Rule Correction Notice, published in the Federal Register on January 11, 2011, and relevant statutory changes applicable January 1, 2011. CR7528 amends those payment files.

For the October 2011 update, there are no new or deleted Healthcare Common Procedure Coding System (HCPCS) codes. However, there are a number of HCPCS codes with MPFS payment indicator changes. Those changes are listed in the table attached to CR7528, which is available at <http://www.cms.gov/transmittals/downloads/R2276CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

Medicare contractors will not search their files to adjust claims already processed prior to implementation of these changes. However, they will adjust any impacted claims that you bring to their attention.

## Additional Information

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The official instruction, CR7528 issued to your carrier, FI, or A/B MAC regarding this change may be viewed at <http://www.cms.gov/transmittals/downloads/R2276CP.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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