

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



News Flash –

REVISED products from the Medicare Learning Network® (MLN)

- [“The Basics of Medicare Enrollment for Physicians and Other Part B Suppliers,”](#) Fact Sheet, ICN 903768, Downloadable only.

MLN Matters® Number: MM8291

Related Change Request (CR) #: CR 8291

Related CR Release Date: May 17, 2013

Effective Date: January 1, 2013 and July 1, 2013

Related CR Transmittal #: R2708CP

Implementation Date: July 1, 2013

July Update to the Calendar Year (CY) 2013 Medicare Physician Fee Schedule Database (MPFSDB)

Provider Types Affected

This MLN Matters® Article is intended for physicians and other providers who submit claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) for services that are paid under the MPFS.

What you Need to Know

This article is based on Change Request (CR) 8291 and instructs Medicare contractors to download and implement a new MPFSDB. Payment files were issued to your contractor(s) based upon the CY 2013 MPFS Final Rule (published in the Federal Register on November 16, 2012) as modified by 1) the American Taxpayer Relief Act of 2012 (applicable January 1, 2013), and 2) the Final Rule Correction Notice (published in the Federal Register in April, 2013).

This article details changes included in the July quarterly update to those payment files.

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Background

The Social Security Act (Section 1848 (c)(4); see http://www.ssa.gov/OP_Home/ssact/title18/1848.htm on the Internet) authorizes the Centers for Medicare & Medicaid Services (CMS) to establish ancillary policies necessary to implement relative values for physicians' services.

Payment files were issued to your contractor(s) based upon the CY 2013 Medicare Physician Fee Schedule (MPFS) Final Rule (published in the Federal Register on November 16, 2012) as modified by the American Taxpayer Relief Act of 2012 (applicable January 1, 2013; see <http://www.gpo.gov/fdsys/pkg/BILLS-112hr8enr/pdf/BILLS-112hr8enr.pdf> on the Internet), and the Final Rule Correction Notice (published in the Federal Register in April, 2013). For more information and access to the CY 2013 Final Rule, see the "Physician Fee Schedule" webpage available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html> on the CMS website.

Summary of Changes in the July 2013 Update (Unless otherwise specified, the effective date is the date of service.)

- Effective January 1, 2013, HCPCS Codes 37211, 37212 and 92071 will have their Bilateral Indicators are being corrected to "1" = 150 percent payment adjustment applies if billed with modifier 50.
- Effective January 1, 2013, the **TC component of the Nerve Conduction Test (95937)** will have its Physician Supervision Of Diagnostic Procedures Indicator changed to "7A" = "Supervision standards for level 77 apply. In addition, the PT with ABPTS certification may personally supervise another PT, but only the PT with ABPTS certification may bill." ("77" = "Procedure must be performed by a PT with ABPTS certification (TC & PC) or by a PT without certification under general supervision of a physician (TC only; PC always physician)"). (This change reflects the policy of Transmittal B-01-28, its effective date for the PT with ABPTS certification was July 1, 2001).
- Effective July 1, 2013, HCPCS Codes J3487, J3488, and J9002 will have their PROCSTAT indicators changed from "E" to "I" = "Not valid for Medicare purposes."
- Effective July 1, 2013, HCPCS Codes Q0090, Q2033, Q2051, Q2050, 0329T, 0330T, 0331T, 0332T, 0333T, and 0334T will be added to the fee schedule.
- Effective January 1, 2013, HCPCS Codes G0460, "Autologous PRP for ulcers", will be added to the fee schedule. (For more information, please reference MLN Matters Article MM8213 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8213.pdf>)
- The following tables reflect additional changes made with their effective dates.

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HCPCS Code	0329T	0330T	0331T	0332T	0333T	0334T
Procedure Status	C	C	C	C	C	C
Short Descriptor	Mntr io press 24hrs/> uni/bi	Tear film img uni/bi w/i&r	Heart symp image plnr	Heart symp image plnr spect	Visual ep acuity screen auto	Perq stablj sacroiliac joint
Effective Date	07/01/2013	07/01/2013	07/01/2013	07/01/2013	07/01/2013	07/01/2013
Work RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9	9
Co-Surgery Indicator	9	9	9	9	9	9
Team Surgery Indicator	9	9	9	9	9	9
PC/TC	9	9	9	9	9	9
Site of Service	9	9	9	9	9	9
Global Surgery	YYY	YYY	YYY	YYY	YYY	YYY
Pre	0.00	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00

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HCPCS Code	0329T	0330T	0331T	0332T	0333T	0334T
Procedure Status	C	C	C	C	C	C
Type of Service	1	4	4	4	1	1
Long Descriptor	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Tear film imaging, unilateral or bilateral, with interpretation and report	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Visual evoked potential, screening of visual acuity, automated	Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)

HCPCS Code	G0460	Q0090	Q2033	Q2051	Q2050
Procedure Status	C	N	X	E	E
Short Descriptor	Autologous PRP for ulcers	Skyla 13.5mg	Influenza Vaccine, (Flublok)	Zoledronic acid 1mg	Doxorubicin inj 10mg
Effective Date	01/01/2013	07/01/2013	07/01/2013	07/01/2013	07/01/2013
Work RVU	0.00	0.00	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	0	9	9	9	9
Bilateral Surgery Indicator	0	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9

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HCPCS Code	G0460	Q0090	Q2033	Q2051	Q2050
Procedure Status	C	N	X	E	E
Co-Surgery Indicator	0	9	9	9	9
Team Surgery Indicator	0	9	9	9	9
PC/TC	0	9	9	9	9
Site of Service	9	9	9	9	9
Global Surgery	000	XXX	XXX	XXX	XXX
Pre	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
Type of Service	1	9	V	1,9	1,9
Long Descriptor	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	Levonorgestrel-Releasing Intrauterine Contraceptive System (SKYLA), 13.5 mg	Influenza Vaccine, Recombinant Hemagglutinin Antigen, For Intramuscular Use (Flublok)	Injection, Zoledronic Acid, not otherwise specified, 1mg	Injection, Doxorubicin Hydrochloride, Liposomal, Not Otherwise Specified, 10mg

Your Medicare contractor(s) will, in accordance with the "Medicare Claims Processing Manual" (Pub 100-4, Chapter 23, Section 30.1; see <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c23.pdf> on the CMS website) give you 30 days notice before implementing the changes identified in CR 8291.

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Note: Your Medicare contractor(s) will not search their files to either retract payment for claims already paid or to retroactively pay claims. However, your Medicare contractor(s) will adjust claims brought to their attention.

Additional Information

The official instruction, CR 8291 issued to your Medicare contractor regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2708CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor 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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