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Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2018 Update

MLN Matters Number: MM10644
Related Change Request (CR) Number: 10644
Related CR Release Date: May 18, 2018
Effective Date: January 1, 2018
Related CR Transmittal Number: R4053CP
Implementation Date: July 2, 2018

PROVIDER TYPES AFFECTED

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

PROVIDER ACTION NEEDED

Change Request (CR) 10644 amends payment files issued to MACs based upon 2018 Medicare Physician Fee Schedule (MPFS) Final Rule. Make sure your billings staffs are aware of these changes.

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) issued payment files to the MACs based upon the 2018 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 15, 2017, to be effective for services furnished between January 1, 2018 and December 31, 2018.

CR 10644 presents a summary of the changes for the July update to the 2018 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2018. The following tables show those changes.

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CPT/HCPCS & MOD	Action
G0511	Change PC/TC indicator to “0”
G0512	Change PC/TC indicator to “0”
G0460*	Change Status = A, Work RVU = 2.25, Non-Facility PE RVU = 2.89, Facility PE RVU = .94, Malpractice RVU = .34, Mult Proc = 2, Bilat Surg = 0, Asst Surg = 1, Co-Surg = 0, Team Surge = 0, Global Days = 000
71045	Facility and Non-Facility PE RVU changed to 0.42
71045 TC	Facility and Non-Facility PE RVU changed to 0.35

* The work RVU of G0460 was valued at the work RVU of one billing of Current Procedural Terminology (CPT) code 11042 (1.01) plus two billings of CPT code 11045 (0.50), along with a single billing of CPT codes 99195 (0.00) and 38213 (0.24) to cover the lab portion of the work. The direct PE inputs were crosswalked from CPT code 11042 along with the inclusion of additional clinical labor, supplies, and equipment based on CMS determination of what would be typical and medically necessary for the procedure.

The following “Q” codes are effective for services performed on or after July 1, 2018 (see MM10624 for additional information).

Code	Action
Q9991	Procedure Status = E; there are no RVUs, payment policy indicators do not apply
Q9992	Procedure Status = E; there are no RVUs, payment policy indicators do not apply
Q9993	Procedure Status = E; there are no RVUs, payment policy indicators do not apply
Q9995	Procedure Status = E; there are no RVUs, payment policy indicators do not apply

The following new CPT Category III codes have been added for dates of service July 1, 2018, and after:

Code	Short Descriptor	Long Descriptor
0505T	Ev fempop artl revsc	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion
0506T	Mac pgmt opt dns meas hfp	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report
0507T	Near ifr 2img mibmn glnd i&r	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report
0508T	Pls echo us b1 dns meas tib	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia

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

HCPCS/ Mod	0505T	0506T	0506T -26	0506T -TC	0507T	0507T -26	0507T -TC	0508T	0508T -26	0508T -TC
Status	C	C	C	C	C	C	C	C	C	C
Muti	0	7	7	7	7	7	7	7	7	7
Bilat	0	0	0	0	0	0	0	0	0	0
Asst Surg	0	0	0	0	0	0	0	0	0	0
Co-Surg	0	0	0	0	0	0	0	0	0	0
Team Surg	0	0	0	0	0	0	0	0	0	0
PC/TC	0	1	1	1	1	1	1	1	1	1
Global	YYY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Diag Supv	09	09	09	01	09	09	01	09	09	01
Diag Imag	99	99	99	99	99	99	99	99	99	99

Note: Pre, intra and post-operative percentages for CPT codes 0505T-0508T are all "0.00."

ADDITIONAL INFORMATION

The official instruction, CR10644, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4053CP.pdf.

If you have any questions, please contact your MAC at their toll-free number. That number is available at https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html.

DOCUMENT HISTORY

Date of Change	Description
May 21, 2018	Initial article released.