

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3976	Date: February 16, 2018
	Change Request 10488

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2018 Update

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the 2018 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request amends those payment files. This Recurring Update Notification applies to Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, Section 30.1.

EFFECTIVE DATE: January 1, 2018

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 2, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 3976	Date: February 16, 2018	Change Request: 10488
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SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2018 Update

EFFECTIVE DATE: January 1, 2018

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IMPLEMENTATION DATE: April 2, 2018

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors 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.

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

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared-System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
10488.1	Medicare contractors shall retrieve the revised payment files and update their systems (manually or via provided files), as identified in this CR, from the CMS Mainframe Telecommunications System. Contractors will be notified via email when these files are available for retrieval. (See attachment for summary of changes and effective dates.)	X	X	X		X						
10488.2	Medicare contractors shall send notification of successful receipt via email to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (e.g., A/B MAC name and number).	X	X	X								
10488.3	Medicare contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X	X	X								
10488.4	Contractors shall, in accordance with Pub 100-04,	X	X	X								

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 day notices before implementing the changes identified in this CR.									
10488.5	CMS will send CWF files to facilitate duplicate billing edits: 1) Duplicate Radiology editing; 2) Duplicate Diagnostic editing; 3) Duplicate Pathology editing, and; 4) RVU and payment indicator files. CWF will be notified via email when these files have been sent to them. CWF shall compare the existing file to the new file and install any necessary changes.							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
10488.6	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information: N/A
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X-Ref Requirement Number	Recommendations or other supporting information: N/A
	N/A

Section B: All other recommendations and supporting information: MPFS:

MU00.@BF12390.MPFS.CY2018.RV2.C00000.V0215

FI Abstracts:

MU00.@BF12390.MPFS.CY18.ABSTR.V0215.FI

MU00.@BF12390.MPFS.CY18.HHH.V0215.FI

MU00.@BF12390.MPFS.CY18.MAMMO.V0215.FI

MU00.@BF12390.MPFS.CY18.PAYIND.V0215

MU00.@BF12390.MPFS.CY18.SNF.V0215.FI

V. CONTACTS

Pre-Implementation Contact(s): Kathleen Kersell, 410-786-2033 or kathleen.kersell@cms.hhs.gov , Michael Soracoe, 410-786-6312 or michael.soracoe@cms.hhs.gov , Gail Addis, 410-786-4522 or gail.addis@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Attachment for CR 10488: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2018 Update

Below is a summary of the changes for the April update to the 2018 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2018.

CPT/HCPCS

<u>& MOD</u>	<u>ACTION</u>
G0516	Change in short descriptor on 4-1-18 to “insert drug implant,>=4”
G9976	Procedure Status = I
G9977	Procedure Status = I
45399	Global Days = YYY
83992	Procedure Status = I

The following “Q” codes and changes are effective for services performed on or after April 1, 2018 (see CR 10454 for additional information):

<u>CODE</u>	<u>SHORT DESCR.</u>	<u>ACTION</u>
Q2041	Axicabtagene ciloleucl car+	Procedure Status = E; there are no RVUs
Q5101	Injection, zarxio	Change in short descriptor
Q5102	Inj., infliximab biosimilar	Procedure Status = I (invalid); code discontinued 4-1-18 & after
Q5103	Injection, inflectra	Procedure Status = E; there are no RVUs
Q5104	Injection, renflexis	Procedure Status = E; there are no RVUs

The HCPCS “G” codes listed below have been added to the MPFSDB effective for dates of service on and after April 1, 2018. All of these new codes were communicated through other instructions. Please consult those instructions for the description and other information. In addition, the descriptions can also be seen on the CMS web site at: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update.html>

<u>CODE</u>	<u>ACTION</u>
G9873	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9874	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9875	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9876	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9877	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9878	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9879	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9880	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9881	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9882	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9883	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9884	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9885	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9890	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9891	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply