

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4053	Date: May 18, 2018
	Change Request 10644

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 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 (CR) amends those payment files. This Recurring Update Notification applies to Publication (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: July 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

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 a 30-day notice before implementing the changes identified in this CR.									
10644.5	<p>The CMS shall send the Common Working File (CWF) files to facilitate duplicate billing edits:</p> <p>1) Duplicate Radiology editing;</p> <p>2) Duplicate Diagnostic editing;</p> <p>3) Duplicate Pathology editing, and;</p> <p>4) Relative Value Units (RVU) and payment indicator files.</p> <p>The CWF shall be notified via email when these files have been sent to them. The CWF shall compare the existing file to the new file and install any necessary changes.</p>							X		
10644.6	<p>The Contractors shall add the following new Current Procedural Terminology (CPT) Category III codes to their systems, with the Type of Service (TOS) listed below, effective for dates of service on and after July 1, 2018 (see the CR attachment for code descriptors and indicator information):</p> <p>TOS = 2 for 0505T</p> <p>TOS = 1 for 0506T, 0507T, and 0508T</p> <p>NOTE: Modifiers TC and 26 apply to 0506T, 0507T, and 0508T.</p>	X	X	X					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		

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
10644.7	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

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

MU00.@BF12390.MPFS.CY2018.RV3.C00000.V0515

FI Abstracts:

MU00.@BF12390.MPFS.CY18.ABSTR.V0515.FI

MU00.@BF12390.MPFS.CY18.HHH.V0515.FI

MU00.@BF12390.MPFS.CY18.MAMMO.V0515.FI

MU00.@BF12390.MPFS.CY18.PAYIND.V0515

MU00.@BF12390.MPFS.CY18.SNF.V0515.FI

V. CONTACTS

Pre-Implementation Contact(s): 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 CR10644: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB)
 – July 2018 Update

Below is 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.

CPT/HCPCS

<u>& MOD</u>	<u>ACTION</u>
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 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 CR 10624 for additional information):

<u>CODE</u>	<u>ACTION</u>
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 effective for dates of service July 1, 2018 and after:

<u>CODE</u>	<u>Short Descriptor</u>	<u>Long Descriptor</u>
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

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