

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2051</b>	<b>Date: September 17, 2010</b>
	<b>Change Request 7112</b>

**SUBJECT: October Update to the 2010 Medicare Physician Fee Schedule Database (MPFSDB)**

**I. SUMMARY OF CHANGES:** Payment files were issued to contractors based upon the 2010 Medicare Physician Fee Schedule Final Rule. This change request amends those payment files. This Recurring Update Notification applies to Chapter 23, section 30.1, of the IOM.

**EFFECTIVE DATE: January 1, 2010 (unless otherwise stated in this transmittal)**

**IMPLEMENTATION DATE: October 4, 2010**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**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**

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

# Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2051	Date: September 17, 2010	Change Request: 7112
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**SUBJECT:** October Update to the 2010 Medicare Physician Fee Schedule Database (MPFSDB)

**EFFECTIVE DATE:** January 1, 2010 (unless otherwise stated in this transmittal)

**IMPLEMENTATION DATE:** October 4, 2010

## I. GENERAL INFORMATION

**A. Background:** Payment files were issued to contractors based upon the 2010 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request amends those payment files.

**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

*Use "Shall" to denote a mandatory requirement*

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7112.1	Medicare contractors shall retrieve the revised payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. Separate notification will be sent when the files are available.	X		X	X	X	X				
7112.2	Medicare contractors shall update their systems as needed to implement the changes outlined in Attachment 1.	X		X	X	X	X				
7112.3	Contractors shall manually add CPT codes 72159, 72159-TC, 72159-26, 73225, 73225-TC and 73225-26 to the procedure code file, MPFSDB, or appropriate on-line file effective for dates of service on or after June 3, 2010. The long and short descriptors and payment indicators are listed in Attachment 1.	X		X	X	X	X			X	
7112.4	Contractors shall manually adjust the effective date for HCPCS codes Q5010, S0148 and S0169 on the procedure code file, MPFSDB, or appropriate on-line files to reflect an effective date of October 1, 2010.	X		X	X	X	X			X	
7112.5	Medicare contractors need not search their files to either	X		X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.										
7112.6	CMS will send CWF two files to facilitate duplicate billing edits: 1) Purchased Diagnostic and 2) Duplicate Radiology Editing. CWF shall install these files into their systems. CWF will be notified via email when these files have been sent to them.									X	
7112.7	Medicare contractors shall send notification of successful receipt via email to <a href="mailto:price_file_receipt@cms.hhs.gov">price_file_receipt@cms.hhs.gov</a> stating the name of the file received and the entity for which it was received (e.g., carrier/fiscal intermediary name and number).	X		X	X	X					

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7112.8	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Medicare contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Medicare 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.</p>	X		X	X	X					

#### IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

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

**B. For all other recommendations and supporting information, use this space: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Gaysha Brooks, [Gaysha.Brooks@cms.hhs.gov](mailto:Gaysha.Brooks@cms.hhs.gov), (410) 786-9649

**Post-Implementation Contact(s):** Appropriate Regional Office

#### VI. FUNDING

**A. For Fiscal Intermediaries and Carriers:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**B. 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 Statement of Work (SOW). 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: (2)**

Attachment 1

Changes included in the October Update to the 2010 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

**The following changes are effective for dates of service on and after January 1, 2010**

<u>CPT/HCPCS</u>	<u>ACTION</u>
51725 – TC	Multiple Procedure Indicator: 2
51726 – TC	Multiple Procedure Indicator: 2
51727 – TC	Multiple Procedure Indicator: 2
51728 – TC	Multiple Procedure Indicator: 2
51729 – TC	Multiple Procedure Indicator: 2
51736 – TC	Multiple Procedure Indicator: 2
51741 – TC	Multiple Procedure Indicator: 2
51784 – TC	Multiple Procedure Indicator: 2
51785 – TC	Multiple Procedure Indicator: 2
51792 – TC	Multiple Procedure Indicator: 2
54240	Multiple Procedure Indicator: 0
54240 – 26	Multiple Procedure Indicator: 0
54250	Multiple Procedure Indicator: 0
54250 – 26	Multiple Procedure Indicator: 0
59020	Multiple Procedure Indicator: 0
59020 – 26	Multiple Procedure Indicator: 0
59025	Multiple Procedure Indicator: 0
59025 – 26	Multiple Procedure Indicator: 0
76813	Physician Supervision Diagnostic Indicator: 01

76813 – TC Physician Supervision Diagnostic Indicator: 01  
 76814 Physician Supervision Diagnostic Indicator: 01  
 76814 – TC Physician Supervision Diagnostic Indicator: 01  
 G8443 Procedure Status: I  
 G8445 Procedure Status: I  
 G8446 Procedure Status: I

**Magnetic Resonance Angiography**

On June 3, 2010, CMS discontinued separate national coverage determinations (NCD) for Magnetic Resonance Angiography (MRA) and Magnetic Resonance Imaging (MRI) and eliminated the non-coverage language that currently exists for MRA at Pub. 100-03, NCD Manual, section 220.3, thereby permitting local Medicare contractors to cover (or not cover) all indications of MRA (and MRI) that are not specifically nationally covered or nationally non-covered. As a result of this change, the procedure status for CPT codes 72159 and 73225 has changed. This change is effective for dates of service on or after June 3, 2010.

72159 Procedure Status: R  
 PC/TC: 1  
 Site of Service: 1  
 Global Surgery: XXX  
 Multiple Procedure Indicator: 0  
 Bilateral Surgery Indicator: 0  
 Assistant at Surgery Indicator: 0  
 Co-Surgery Indicator: 0  
 Team Surgery Indicator: 0  
 Physician Supervision Diagnostic Indicator: 09  
 Type of Service: 4  
 Diagnostic Family Imaging Indicator: 99  
 Non-Facility PE Used for OPPS Payment Amount: 12.11 (Informational for OPPS purposes only)  
 Facility PE Used for OPPS Payment Amount: 12.11 (Informational for OPPS purposes only)  
 MP Used for OPPS Payment Amount: 0.06 (Informational for OPPS purposes only)  
 OPPS Cap Indicator: 1

72159 – TC Procedure Status: R  
 PC/TC: 1  
 Site of Service: 1  
 Global Surgery: XXX  
 Multiple Procedure Indicator: 0

Bilateral Surgery Indicator: 0  
Assistant at Surgery Indicator: 0  
Co-Surgery Indicator: 0  
Team Surgery Indicator: 0  
Physician Supervision Diagnostic Indicator: 02  
Type of Service: 4  
Diagnostic Family Imaging Indicator: 06  
Non-Facility PE Used for OPPS Payment Amount: 11.46 (Informational for OPPS purposes only)  
Facility PE Used for OPPS Payment Amount: 11.46 (Informational for OPPS purposes only)  
MP Used for OPPS Payment Amount: 0.01 (Informational for OPPS purposes only)  
OPPS Cap Indicator: 1

72159 – 26

Procedure Status: R  
PC/TC: 1  
Site of Service: 1  
Global Surgery: XXX  
Multiple Procedure Indicator: 0  
Bilateral Surgery Indicator: 0  
Assistant at Surgery Indicator: 0  
Co-Surgery Indicator: 0  
Team Surgery Indicator: 0  
Physician Supervision Diagnostic Indicator: 09  
Type of Service: 4  
Diagnostic Family Imaging Indicator: 99  
Non-Facility PE Used for OPPS Payment Amount: 0.00 (Informational for OPPS purposes only)  
Facility PE Used for OPPS Payment Amount: 0.00 (Informational for OPPS purposes only)  
MP Used for OPPS Payment Amount: 0.00 (Informational for OPPS purposes only)  
OPPS Cap Indicator: 9

73225

Procedure Status: R  
PC/TC: 1  
Site of Service: 1  
Global Surgery: XXX  
Multiple Procedure Indicator: 0  
Bilateral Surgery Indicator: 0  
Assistant at Surgery Indicator: 0  
Co-Surgery Indicator: 0  
Team Surgery Indicator: 0  
Physician Supervision Diagnostic Indicator: 09

Type of Service: 4  
Diagnostic Family Imaging Indicator: 99  
Non-Facility PE Used for OPSS Payment Amount: 12.08 (Informational for OPSS purposes only)  
Facility PE Used for OPSS Payment Amount: 12.08 (Informational for OPSS purposes only)  
MP Used for OPSS Payment Amount: 0.06 (Informational for OPSS purposes only)  
OPSS Cap Indicator: 1

73225 – TC

Procedure Status: R  
PC/TC: 1  
Site of Service: 1  
Global Surgery: XXX  
Multiple Procedure Indicator: 0  
Bilateral Surgery Indicator: 0  
Assistant at Surgery Indicator: 0  
Co-Surgery Indicator: 0  
Team Surgery Indicator: 0  
Physician Supervision Diagnostic Indicator: 02  
Type of Service: 4  
Diagnostic Family Imaging Indicator: 10  
Non-Facility PE Used for OPSS Payment Amount: 11.46 (Informational for OPSS purposes only)  
Facility PE Used for OPSS Payment Amount: 11.46 (Informational for OPSS purposes only)  
MP Used for OPSS Payment Amount: 0.01 (Informational for OPSS purposes only)  
OPSS Cap Indicator: 1

73225 – 26

Procedure Status: R  
PC/TC: 1  
Site of Service: 1  
Global Surgery: XXX  
Multiple Procedure Indicator: 0  
Bilateral Surgery Indicator: 0  
Assistant at Surgery Indicator: 0  
Co-Surgery Indicator: 0  
Team Surgery Indicator: 0  
Physician Supervision Diagnostic Indicator: 09  
Type of Service: 4  
Diagnostic Family Imaging Indicator: 99  
Non-Facility PE Used for OPSS Payment Amount: 0.00 (Informational for OPSS purposes only)

Facility PE Used for OPPS Payment Amount: 0.00 (Informational for OPPS purposes only)

MP Used for OPPS Payment Amount: 0.00 (Informational for OPPS purposes only)

OPPS Cap Indicator: 9

**The following changes are effective for dates of service on and after July 1, 2010**

<u>CPT/HCPCS</u>	<u>ACTION</u>
0223T	Assistant at Surgery Indicator: 9
0224T	Assistant at Surgery Indicator: 9
0225T	Assistant at Surgery Indicator: 9
0226T	Assistant at Surgery Indicator: 1
0227T	Assistant at Surgery Indicator: 1
0228T	Assistant at Surgery Indicator: 1
0229T	Assistant at Surgery Indicator: 1
0230T	Assistant at Surgery Indicator: 1
0231T	Assistant at Surgery Indicator: 1
0232T	Assistant at Surgery Indicator: 1
0233T	Assistant at Surgery Indicator: 9

**Descriptor Changes**

The long and/or short descriptors have been revised for the following codes:

CPT Code	Revised Long Descriptor	Revised Short Descriptor
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	N/A
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	Rapid immunoassay HIV-1,2

Q2025	Fludarabine phosphate, oral, 1 mg	
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**The following changes are effective for dates of service on and after October 1, 2010**

Q5010 Long Descriptor: Hospice home care provided in a hospice facility

Short Descriptor: Hospice home care in hospice

Procedure Status: E

WRVU: 0.00

Transitional Non-Facility PE RVU: 0.00

Fully Implemented Non-Facility PE RVU: 0.00

Transitional Facility PE RVU: 0.00

Fully Implemented Facility PE RVU: 0.00

Malpractice RVU: 0.00

PC/TC: 9

Site of Service: 9

Global Surgery: XXX

Multiple Procedure Indicator: 9

Bilateral Surgery Indicator: 9

Assistant at Surgery Indicator: 9

Co-Surgery Indicator: 9

Team Surgery Indicator: 9

Physician Supervision Diagnostic Indicator: 09

Type of Service: 1

Diagnostic Family Imaging Indicator: 99

S0148 Long Descriptor: Injection, pegylated interferon alfa-2b, 10 mcg

Short Descriptor: Peg interferon alfa-2b/10

Procedure Status: I

WRVU: 0.00

Transitional Non-Facility PE RVU: 0.00

Fully Implemented Non-Facility PE RVU: 0.00

Transitional Facility PE RVU: 0.00

Fully Implemented Facility PE RVU: 0.00

Malpractice RVU: 0.00

PC/TC: 9

Site of Service: 9

Global Surgery: XXX

Multiple Procedure Indicator: 9

Bilateral Surgery Indicator: 9

Assistant at Surgery Indicator: 9

Co-Surgery Indicator: 9

Team Surgery Indicator: 9

Physician Supervision Diagnostic Indicator: 09

Type of Service: 1, P  
Diagnostic Family Imaging Indicator: 99

S0169

Long Descriptor: Calcitrol

Short Descriptor: Calcitrol, 0.25 microgram

Procedure Status: I

WRVU: 0.00

Transitional Non-Facility PE RVU: 0.00

Fully Implemented Non-Facility PE RVU: 0.00

Transitional Facility PE RVU: 0.00

Fully Implemented Facility PE RVU: 0.00

Malpractice RVU: 0.00

PC/TC: 9

Site of Service: 9

Global Surgery: XXX

Multiple Procedure Indicator: 9

Bilateral Surgery Indicator: 9

Assistant at Surgery Indicator: 9

Co-Surgery Indicator: 9

Team Surgery Indicator: 9

Physician Supervision Diagnostic Indicator: 09

Type of Service: 9

Diagnostic Family Imaging Indicator: 99

Attachment 2  
Filenames for Revised Payment Files

Below are the revised filenames for the October Update to the 2010 Medicare Physician Fee Schedule Database:

The file names for 0% files to the carriers (effective for dates of service January 1, 2010 through May 31, 2010):

[MU00.@BF12390.MPFS.CY10.RV5.C00000.V0815](#)  
[MU00.@BF12390.MPFS.CY10.RV5.PURDIAG.V0815](#)

The file names for 0% files to the intermediaries (effective for dates of service January 1, 2010 through May 31, 2010):

[MU00.@BF12390.MPFS.CY10.RV5.MAMMO.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.RV5.PAYIND.V0815](#)  
[MU00.@BF12390.MPFS.CY10.RV5.SNF.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.RV5.SUPL.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.RV5.ABSTR.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.RV5.ALL.V0815.RHHI](#)

The file names for June 2.2% files (effective June 1, 2010; without changes effective 7/1/2010 or later) to the carriers:

[MU00.@BF12390.MPFS.CY10.U22.C00000.V0815](#)  
[MU00.@BF12390.MPFS.CY10.U22.PURDIAG.V0815](#)

The file names for June 2.2% (effective June 1, 2010; without changes effective 7/1/2010 or later) files to the intermediaries:

[MU00.@BF12390.MPFS.CY10.U22.MAMMO.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.U22.PAYIND.V0815](#)  
[MU00.@BF12390.MPFS.CY10.U22.SNF.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.U22.SUPL.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.U22.ABSTR.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.U22.ALL.V0815.RHHI](#)

The file names for July 2.2% files (with changes effective 7/1/2010 or later) to the carriers:

[MU00.@BF12390.MPFS.CY10.U22B.C00000.V0815](#)  
[MU00.@BF12390.MPFS.CY10.U22B.PURDIAG.V0815](#)

The file names for July 2.2% (with changes effective 7/1/2010 or later) files to the intermediaries:

[MU00.@BF12390.MPFS.CY10.U22B.MAMMO.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.U22B.PAYIND.V0815](#)  
[MU00.@BF12390.MPFS.CY10.U22B.SNF.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.U22B.SUPL.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.U22B.ABSTR.V0815.FI](#)  
[MU00.@BF12390.MPFS.CY10.U22B.ALL.V0815.RHHI](#)