

<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 2559</b>	<b>Date: September 28, 2012</b>
	<b>Change Request 8017</b>

**Transmittal 2530, dated August 24, 2012, is being rescinded and replaced by Transmittal 2559, dated September 28, 2012, to update the CR's mainframe filenames that contractors need to do their quarterly data updates to the Medicare Physician Fee Schedule and additional instructions clarifying the Effective Date for HCPCS code 43775. These are the only adjustments to the CR. All other information remains the same.**

**SUBJECT: October Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)**

**I. SUMMARY OF CHANGES:** Payment files were issued to contractors based upon the CY 2012 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: June 27, 2012**

**IMPLEMENTATION DATE: October 1, 2012**

*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:**  
Not Applicable

**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 obliged 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. ATTACHMENT:**

## **Recurring Update Notification**

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

# Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 2559	Date: September 28, 2012	Change Request: 8017
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**SUBJECT: October Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)**

**EFFECTIVE DATE: June 27, 2012**

**IMPLEMENTATION DATE: October 1, 2012**

## I. GENERAL INFORMATION

**A. Background:** Payment files were issued to contractors based upon the CY 2012 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 28, 2011, as modified by the Final Rule Correction Notice, published in the Federal Register on January 4, 2012, and relevant statutory changes applicable January 1, 2012. On December 23, 2011, the Temporary Payroll Tax Cut Continuation Act of 2011 became law and suspended the automatic negative update that would have taken effect with current law. TPTCCA temporarily allowed for a zero percent update to the Medicare Physician Fee Schedule from January 1, 2012, until February 29, 2012. On February 22, 2012, (TPTCCA) was signed into law and extended the zero percent update to the end of the calendar year, to December 31, 2012. We updated these payment files in July through change request 7844, and this change request constitutes the October amendment to 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. In order to reflect appropriate payment policy in line with the CY 2012 MPFS Final Rule, the MPFSDB has been updated for October 1, 2012, and new payment files have been created. Contractors will be notified when they are available. The revised payment file names and a list of the changes can be found in this recurring update notification.

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement.*

Number	Requirement	Responsibility										
		A/B MAC		D M E	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t  A	P a r t  B					F I S S	M C S	V M S	C W F	
8017.1	Medicare contractors shall retrieve and implement the revised payment files, as identified in this CR, from the	X	X		X	X	X	X				

Number	Requirement	Responsibility										
		A/B MAC		D M E  M A C	F I	C A R R I E R	R H H I	Shared- System Maintainers				Other
		P a r t  A	P a r t  B					F I S S	M C S	V M S	C W F	
	CMS Mainframe Telecommunications System. Contractors will be notified via email when these files are available for retrieval.											
8017.2	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., carrier/fiscal intermediary name and number).	X	X		X	X	X					
8017.3	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	X	X					
8017.4	CMS will send CWF two files to facilitate duplicate billing edits: 1) Purchase 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
8017.5	The Office of Clinical Standards and Quality (OCSQ-CMS) has updated their National Coverage Determination concerning HCPCS code 43775, Lap sleeve gastrectomy. The code was previously a Non-covered Service (N) and now it will be Carrier Priced (C). Contractors shall adjust your files for HCPCS code 43775, with the indicators listed in this CR with the Effective Date of June 27, 2012.	X	X		X	X	X					X
8017.5.1	MAC Part B contractors shall update their systems with HCPCS code 43775 with the provided mainframe files. HCPCS code 43775 will have the Effective Date of June 27, 2012.		X									
8017.5.2	For those contractors who update their systems with the FI mainframe files that contain the full set of HCPCS codes, those codes shall have the effective date of October 1, 2012, except for HCPCS code 43775. HCPCS code 43775 shall be manually adjusted to have the Effective Date of June 27, 2012.	X			X							

Number	Requirement	Responsibility										
		A/B MAC		D M E  M A C	F I	C A R R I E R	R H H I	Shared- System Maintainers				Other
		P a r t  A	P a r t  B					F I S S	M C S	V M S	C W F	
8017.6	Contractors shall, in accordance with Pub 100-4, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 days notice before implementing the changes identified in this CR. Unless otherwise stated in this transmittal, changes will be retroactive to January 1, 2012.	X	X			X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		D M E  M A C	F I	C A R R I E R	R H H I	Other
		P a r t  A	P a r t  B					
8017.7	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. 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 one week of the availability of the provider education 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					

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**  
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: October Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)**

##### **I. Revised Medicare Physician Fee Schedule Payment File Names for changes effective June 27, 2012.**

The revised Physician Fee Schedule payment file names are as follows:

[MU00.@BF12390.MPFS.CY12.RV4.C00000.V0817](#)

MU00.@BF12390.MPFS.CY12.PURDIAG.V0815

The revised FI Abstract file names are as follows:

[MU00.@BF12390.MPFS.CY12.SNF.V0817.FI](#)

[MU00.@BF12390.MPFS.CY12.ABSTR.V0817.FI](#)

[MU00.@BF12390.MPFS.CY12.MAMMO.V0817.FI](#)

[MU00.@BF12390.MPFS.CY12.SUPL.V0817.FI](#)

MU00.@BF12390.MPFS.CY12.V0817.RHHI

[MU00.@BF12390.MPFS.CY12.PAYIND.V0817](#)

(See attachment for full details)

#### V. CONTACTS

**Pre-Implementation Contact(s):** Rebecca Zeller, 410-786-4063 or [Rebecca.Zeller@cms.hhs.gov](mailto:Rebecca.Zeller@cms.hhs.gov) , Charles Campbell, 410-786-7209 or [charles.campbell@cms.hhs.gov](mailto:charles.campbell@cms.hhs.gov) , Deirdre O'Connor, 410-786-3263 or [Deirdre.OConnor@cms.hhs.gov](mailto:Deirdre.OConnor@cms.hhs.gov) , Larry Chan, 410-786-6864 or [larry.chan@cms.hhs.gov](mailto:larry.chan@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

#### VI. FUNDING

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

Not Applicable

**Section B: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

**Attachment (1)**

**October Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)**

**I. Revised Medicare Physician Fee Schedule Payment File Names for changes effective June 27, 2012.**

The revised Physician Fee Schedule payment file names are as follows:

[MU00.@BF12390.MPFS.CY12.RV4.C00000.V0817MU00.@BF12390.MPFS.CY12.PURDIAG.V0815](#)

The revised FI Abstract file names are as follows:

[MU00.@BF12390.MPFS.CY12.SNF.V0817.FIMU00.@BF12390.MPFS.CY12.ABSTR.V0817.FIMU00.@BF12390.MPFS.CY12.MAMMO.V0817.FIMU00.@BF12390.MPFS.CY12.SUPL.V0817.FIMU00.@BF12390.MPFS.CY12.V0817.RHHIMU00.@BF12390.MPFS.CY12.PAYIND.V0817](#)

**II. HCPCS Code 43775 with Revised Medicare Physician Fee Schedule Payment Indicators with the Effective Date of June 27, 2012.**

<b>HCPCS Code</b>	<b>43775</b>
<b>Procedure Status</b>	C
<b>Short Descriptor</b>	Lap sleeve gastrectomy
<b>Effective Date</b>	06/27/2012
<b>Work RVU</b>	0.00
<b>Tran Non-Facility PE RVU</b>	0.00
<b>Full Non-Facility PE RVU</b>	0.00
<b>Tran Facility PE RVU</b>	0.00
<b>Full Facility PE RVU</b>	0.00
<b>Malpractice RVU</b>	0.00
<b>Multiple Procedure Indicator</b>	2
<b>Bilateral Surgery Indicator</b>	0
<b>Assistant Surgery Indicator</b>	2
<b>Co-Surgery Indicator</b>	1
<b>Team Surgery Indicator</b>	1
<b>PC/TC</b>	0
<b>Site of Service</b>	9
<b>Global Surgery</b>	YYY
<b>Pre</b>	0.09
<b>Intra</b>	0.81
<b>Post</b>	0.10
<b>Physician Supervision Diagnostic Indicator</b>	09
<b>Diagnostic Family Imaging Indicator</b>	99
<b>Non-Facility PE used for OPPS Payment Amount</b>	0.00
<b>Facility PE used for OPPS Payment Amount</b>	0.00
<b>MP Used for OPPS Payment Amount</b>	0.00

<b>Type of Service</b>	2
<b>Long Descriptor</b>	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)

(Questions concerning HCPCS Code 43775 can be directed to:  
Deirdre O'Connor, (CMS/OCSQ), Phone: (410) 786-3263, Deirdre.OConnor@cms.hhs.gov).