

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2934	Date: April 22, 2014
	Change Request 8664

Transmittal 2923, dated April 4, 2014, is being rescinded and replaced by Transmittal 2934, dated April 22, 2014, to clarify instructions found in this CR's attachment for HCPC code 77293; specifically, that its effective dates are from January 1, 2014, to December 31, 2014. All other information remains the same.

SUBJECT: April Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2014 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, 2014

IMPLEMENTATION DATE: April 7, 2014

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	

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 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. ATTACHMENTS:

Recurring Update Notification

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

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 2934	Date: April 22, 2014	Change Request: 8664
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Transmittal 2923, dated April 4, 2014, is being rescinded and replaced by Transmittal 2934, dated April 22, 2014, to clarify instructions found in this CR's attachment for HCPC code 77293; specifically, that its effective dates are from January 1, 2014, to December 31, 2014. All other information remains the same.

SUBJECT: April Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)

EFFECTIVE DATE: January 1, 2014

IMPLEMENTATION DATE: April 7, 2014

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2014 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on December 10, 2013, as modified by section 101 of the "Pathway for SGR Reform Act of 2013" to be effective for services furnished between January 1, 2014 and March 31, 2014. On April 1, 2014, the President signed the "Protecting Access to Medicare Act of 2014," which extends these rates through December 31, 2014.

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 as included in the CY 2014 MPFS Final Rule, the MPFSDB has been updated with April changes, and those necessitated by "Protecting Access to Medicare Act of 2014," which the President signed on April 1, 2014. This law extends the 0.5% update through December 31, 2014. Since the Act extends the MPFSDB policies to all of CY 2014, the April update payment files, named in this CR, that were previously created to be effective from January 1, 2014 to March 31, 2014, can now be used by contractors to be effective from January 1, 2014 to December 31, 2014.

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	
8664.1	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.	X	X	X		X				
8664.2	Medicare contractors shall send notification of successful receipt via email to price_file_receipt@cms.hhs.gov stating the name of	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	the file received and the entity for which it was received (e.g., carrier/fiscal intermediary name and number).									
8664.3	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						
8664.4	Contractors shall, in accordance with Pub 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 days notice before implementing the changes identified in this CR.	X	X	X						
8664.5	CMS will send CWF files to facilitate duplicate billing edits: 1) Duplicate Radiology editing and 2) Duplicate Diagnostic editing and 3) Duplicate Pathology editing and 4) RVU and payment indicator files. CWF shall install these files into their systems. CWF will be notified via email when these files have been sent to them.							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	CEDI
		A	B	H H H		
8664.6	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 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	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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Section B: All other recommendations and supporting information:

April 2014 CR update filenames:

MPFS - MU00.@BF12390.MPFS.CY14.RV2.C00000.V0324

FI Abstracts:

MU00.@BF12390.MPFS.CY14.ABSTR.V0324.FI

MU00.@BF12390.MPFS.CY14.HHH.V0324.FI

MU00.@BF12390.MPFS.CY14.MAMMO.V0324.FI

MU00.@BF12390.MPFS.CY14.PAYIND.V0324

MU00.@BF12390.MPFS.CY14.SNF.V0324.FI

See Attachment for full details on April Update.

V. CONTACTS

Pre-Implementation Contact(s): Larry Chan, 410-786-6864 or Larry.Chan@CMS.hhs.gov, Ryan Howe, 410-786-3355 or RYAN.HOWE@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.

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

ATTACHMENT (1)

Attachment- Recurring Update Notification (Pub. 100-04) Change Request 8664

Subject: April Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2014

Implementation Date: April 7, 2014

IV. SUPPORTING INFORMATION

Section B: All other recommendations and supporting information

The Medicare Physician Fee Schedule Database April update filenames effective for January 1, 2014 to December 31, 2014, with the Conversion Factor of \$35.8228, with the 1.0 GPCI work floors are:

MPFS - MU00.@BF12390.MPFS.CY14.RV2.C00000.V0324

FI Abstracts:

MU00.@BF12390.MPFS.CY14.ABSTR.V0324.FI

MU00.@BF12390.MPFS.CY14.HHH.V0324.FI

MU00.@BF12390.MPFS.CY14.MAMMO.V0324.FI

MU00.@BF12390.MPFS.CY14.PAYIND.V0324

MU00.@BF12390.MPFS.CY14.SNF.V0324.FI

The summary of changes for the April 2014 update consists of the following:

1. Short Description Corrections for HCPCS codes G0416 - G0419.

HCPCS Code	Old_Short_Description	Revised_2014_Short_Description
G0416	Sat biopsy prostate 10-20 spc	Biopsy prostate 10-20 spc
G0417	Sat biopsy prostate 21-40	Biopsy prostate 21-40
G0418	Sat biopsy prostate 41-60	Biopsy prostate 41-60
G0419	Sat biopsy prostate: >60	Biopsy prostate: >60

2. Adjust the Facility and Non-Facility PE RVUs for HCPCS code 77293-Global and 77293-TC via CMS update files.

HCPCS	Mod	Status	Description	Non-Facility PE RVUs	Facility PE RVUs	Global	
77293		A	Respirator motion mgmt simul	9.96	NA	ZZZ	Previous incorrect RVUs with effective date of January 1 to March 31, 2014.
77293	TC	A	Respirator motion mgmt simul	9.16	NA	ZZZ	Previous incorrect RVUs with effective date of January 1 to March 31, 2014.
77293		A	Respirator motion mgmt simul	10.72	NA	ZZZ	Correction made April 1, 2014. RVU change effective for January 1 to December 31, 2014

77293	TC	A	Respirator motion mgmt simul	9.92	NA	ZZZ	Correction made April 1, 2014. RVU change effective for January 1 to December 31, 2014
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3. Add HCPCS code G9361 to your systems.

HCPCS Code	G9361
Procedure Status	M
Short Descriptor	Doc comm risk calc
Effective Date	01/01/2014
Work RVU	0
Full Non-Facility PE RVU	0
Full Non-Facility NA Indicator	(blank)
Full Facility PE RVU	0
Full Facility NA Indicator	(blank)
Malpractice RVU	0
Multiple Procedure Indicator	9
Bilateral Surgery Indicator	9
Assistant Surgery Indicator	9
Co-Surgery Indicator	9
Team Surgery Indicator	9
PC/TC	9
Site of Service	9
Global Surgery	XXX
Pre	0.00
Intra	0.00
Post	0.00
Physician Supervision Diagnostic Indicator	09
Diagnostic Family Imaging Indicator	99
Non-Facility PE used for OPPS Payment Amount	0.00
Facility PE used for OPPS Payment Amount	0.00
MP Used for OPPS Payment Amount	0.00
Type of Service	9
Long Descriptor	Medical indication for induction [Documentation of reason(s) for elective delivery or early induction (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes-premature, prolonged maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, malposition and malpresentation of fetus, late pregnancy, prior uterine surgery, or participation in clinical trial)]

4. Correct the Physician Supervision of Diagnostic Procedures indicator for the TC's of the following codes:

HCPCS Code		Physician Supervision of Diagnostic Procedures (Phys Diag Supv)	Effective Date
70450-TC	Ct head/brain w/o dye - Phys Diag Supv Correction (TC)	01	01/01/2014
70460-TC	Ct head/brain w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
70551-TC	Mri brain stem w/o dye - Phys Diag Supv Correction (TC)	01	01/01/2014
70552-TC	Mri brain stem w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
70553-TC	Mri brain stem w/o & w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72141-TC	Mri neck spine w/o dye - Phys Diag Supv Correction (TC)	01	01/01/2014
72142-TC	Mri neck spine w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72146-TC	Mri chest spine w/o dye - Phys Diag Supv Correction (TC)	01	01/01/2014
72147-TC	Mri chest spine w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72148-TC	Mri lumbar spine w/o dye - Phys Diag Supv Correction (TC)	01	01/01/2014
72149-TC	Mri lumbar spine w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72156-TC	Mri neck spine w/o & w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72157-TC	Mri chest spine w/o & w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72158-TC	Mri lumbar spine w/o & w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
72191-TC	Ct angiograph pelv w/o&w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
74174-TC	Ct angio abd&pelv w/o&w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
74175-TC	Ct angio abdom w/o & w/dye - Phys Diag Supv Correction (TC)	02	01/01/2014
93880-TC	Extracranial bilat study - Phys Diag Supv Correction (TC)	01	01/01/2014
93882-TC	Extracranial uni/ltd study - Phys Diag Supv Correction (TC)	01	01/01/2014
77001-TC	Fluoroguide for vein device - Phys Diag Supv Correction (TC)	03	01/01/2014
77002-TC	Needle localization by xray - Phys Diag Supv Correction (TC)	03	01/01/2014
77003-TC	Fluoroguide for spine inject - Phys Diag Supv Correction (TC)	03	01/01/2014