

<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 2974</b>	<b>Date: June 6, 2014</b>
	<b>Change Request 8773</b>

**SUBJECT: July 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: July 1, 2014**

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

**IMPLEMENTATION DATE: July 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.

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

# Attachment - Recurring Update Notification

<b>Pub. 100-04</b>	<b>Transmittal: 2974</b>	<b>Date: June 6, 2014</b>	<b>Change Request: 8773</b>
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**SUBJECT: July Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)**

**EFFECTIVE DATE: July 1, 2014**

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

**IMPLEMENTATION DATE: July 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:** In order to reflect appropriate payment policy as included in the CY 2014 MPFS Final Rule, the MPFSDB has been updated with July changes. These rates are effective through December 31, 2014.

Section 651 of Medicare Modernization Act (MMA) required the Secretary to conduct a demonstration for up to 2 years to evaluate the feasibility and advisability of expanding coverage for chiropractic services under Medicare. The demonstration expanded Medicare coverage to include: "(A) care for neuromusculoskeletal conditions typical among eligible beneficiaries; and (B) diagnostic and other services that a chiropractor is legally authorized to perform by the state or jurisdiction in which such treatment is provided." The demonstration, which ended on March 31, 2007, was required to be budget neutral as section 651(f)(1)(B) of MMA mandates the Secretary to ensure that "the aggregate payments made by the Secretary under the Medicare program do not exceed the amount which the Secretary would have paid under the Medicare program if the demonstration projects under this section were not implemented."

Because the costs of this demonstration were higher than expected, we finalized a policy to recoup \$50 million in expenditures from this demonstration over a 5 year period, from CYs 2010 through 2014 (74 FR 61927) by adjusting payments for chiropractic services (CPT codes 98940, 98941, and 98942). For the years 2010 through 2013, CMS recouped approximately \$44.4 million of the \$50 million required for budget neutrality. Thus, CMS needed to recoup the remaining funds, approximately \$5.6 million, in calendar year 2014 and accordingly deducted 2 percent from payments for chiropractic services. Based on an analysis of Medicare expenditures for chiropractic codes, OACT has determined that the remaining \$5.6 million has been recouped in the first half of 2014. Therefore, the July update eliminates the 2 percent reduction for CPT codes 98940, 98941, and 98942 that was utilized for the first half of CY 2014, effective July 1, 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	Shared- System Maintainers				Other	
		A	B	H		F	M	V	C		
					H	M	I	C	S	W	
					H	A	S	S	S	F	
					C	S					
8773.1	Medicare contractors shall retrieve the revised	X	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		
	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.										
8773.2	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							
8773.3	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							
8773.4	Contractors shall, in accordance with Pub 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 days notices before implementing the changes identified in this CR.	X	X	X							
8773.5	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 M A C	Other
		A	B	H H H		
8773.6	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters"	X	X	X		

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

#### 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:
	NA

##### Section B: All other recommendations and supporting information: July 2014 CR Update Filenames:

MPFS MU00.@BF12390.MPFS.CY14.RV3.C00000.V0515

FI Abstract Files MU00.@BF12390.MPFS.CY14.ABSTR.V0515.FI

MU00.@BF12390.MPFS.CY14.HHH.V0515.FI MU00.@BF12390.MPFS.CY14.MAMMO.V0515.FI

MU00.@BF12390.MPFS.CY14.PAYIND.V0515 MU00.@BF12390.MPFS.CY14.SNF.V0515.FI

#### 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.

**ATTACHMENTS: (1)**

## Attachment- Recurring Update Notification (Pub. 100-04) Change Request 8773

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

**Effective Date: July 1, 2014**

**Implementation Date: July 7, 2014**

### IV. SUPPORTING INFORMATION

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

The Medicare Physician Fee Schedule Database (MPFSDB) July update filenames effective for July 1, 2014 to December 31, 2014:

MPFS - MU00.@BF12390.MPFS.CY14.RV3.C00000.V0515

#### FI Abstracts:

MU00.@BF12390.MPFS.CY14.ABSTR.V0515.FI  
 MU00.@BF12390.MPFS.CY14.HHH.V0515.FI  
 MU00.@BF12390.MPFS.CY14.MAMMO.V0515.FI  
 MU00.@BF12390.MPFS.CY14.PAYIND.V0515  
 MU00.@BF12390.MPFS.CY14.SNF.V0515.FI

The summary of changes or additions for the July 2014 update consists of the following. The New Codes being added, (effective July 1, 2014), are Q9970, Q9974, S0144, S1034, S1035, S1036, S1037, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0358T, 0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, and 0374T.

HCCPS Code	Q9970	Q9974
Procedure Status	E	E
Short Descriptor	Inj Ferric Carboxymaltos 1mg	Morphine epidural/intratheca
Effective Date	07/01/2014	07/01/2014
Work RVU	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00
Full Non-Facility NA Indicator	(blank)	(blank)
Full Facility PE RVU	0.00	0.00
Full Facility NA Indicator	(blank)	(blank)
Malpractice RVU	0.00	0.00
Multiple Procedure Indicator	9	9
Bilateral Surgery Indicator	9	9
Assistant Surgery Indicator	9	9
Co-Surgery Indicator	9	9
Team Surgery Indicator	9	9
PC/TC	9	9
Site of Service	9	9

<b>Global Surgery</b>	XXX	XXX
<b>Pre</b>	0.00	0.00
<b>Intra</b>	0.00	0.00
<b>Post</b>	0.00	0.00
<b>Physician Supervision Diagnostic Indicator</b>	09	09
<b>Diagnostic Family Imaging Indicator</b>	99	99
<b>Non-Facility PE used for OPPS Payment Amount</b>	0.00	0.00
<b>Facility PE used for OPPS Payment Amount</b>	0.00	0.00
<b>MP Used for OPPS Payment Amount</b>	0.00	0.00
<b>Type of Service</b>	9	9
<b>Long Descriptor</b>	Injection, Ferric Carboxymaltose, 1mg	Injection, Morphine Sulfate, Preservative-Free For Epidural Or Intrathecal Use, 10 mg

<b>HCPCS Code</b>	S0144	S1034	S1035	S1036	S1037
<b>Procedure Status</b>	I	I	I	I	I
<b>Short Descriptor</b>	Inj, Propofol, 10mg	Art pancreas system	Art pancreas inv disp sensor	Art pancreas ext transmitter	Art pancreas ext receiver
<b>Effective Date</b>	07/01/2014	07/01/2014	07/01/2014	07/01/2014	07/01/2014
<b>Work RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Full Non-Facility PE RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Full Non-Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)	(blank)
<b>Full Facility PE RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Full Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)	(blank)
<b>Malpractice RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Multiple Procedure Indicator</b>	9	9	9	9	9
<b>Bilateral Surgery Indicator</b>	9	9	9	9	9
<b>Assistant Surgery Indicator</b>	9	9	9	9	9
<b>Co-Surgery Indicator</b>	9	9	9	9	9
<b>Team Surgery Indicator</b>	9	9	9	9	9
<b>PC/TC</b>	9	9	9	9	9
<b>Site of Service</b>	9	9	9	9	9

<b>Global Surgery</b>	XXX	XXX	XXX	XXX	XXX
<b>Pre</b>	0.00	0.00	0.00	0.00	0.00
<b>Intra</b>	0.00	0.00	0.00	0.00	0.00
<b>Post</b>	0.00	0.00	0.00	0.00	0.00
<b>Physician Supervision Diagnostic Indicator</b>	09	09	09	09	09
<b>Diagnostic Family Imaging Indicator</b>	99	99	99	99	99
<b>Non-Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00
<b>Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00
<b>MP Used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00
<b>Type of Service</b>	9	9	9	9	9
<b>Long Descriptor</b>	Injection, Propofol, 10mg	Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That Communicate s With All Of The Devices	Sensor; Invasive (eg, Subcutaneous) , Disposable, For Use With Artificial Pancreas Device System	Transmitter ; External, For Use With Artificial Pancreas Device System	Receiver (Monitor); External, For Use With Artificial Pancreas Device System

<b>HCCS Code</b>	0347T	0348T	0349T	0350T
<b>Procedure Status</b>	C	C	C	C
<b>Short Descriptor</b>	Ins bone device for rsa	Rsa spine exam	Rsa upper extr exam	Rsa lower extr exam
<b>Effective Date</b>	07/01/2014	07/01/2014	07/01/2014	07/01/2014
<b>Work RVU</b>	0.00	0.00	0.00	0.00
<b>Full Non-Facility PE RVU</b>	0.00	0.00	0.00	0.00
<b>Full Non-Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)
<b>Full Facility PE RVU</b>	0.00	0.00	0.00	0.00
<b>Full Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)
<b>Malpractice RVU</b>	0.00	0.00	0.00	0.00
<b>Multiple Procedure Indicator</b>	9	9	9	9
<b>Bilateral Surgery Indicator</b>	9	9	9	9
<b>Assistant Surgery</b>	9	9	9	9

<b>Indicator</b>				
<b>Co-Surgery Indicator</b>	9	9	9	9
<b>Team Surgery Indicator</b>	9	9	9	9
<b>PC/TC</b>	9	9	9	9
<b>Site of Service</b>	9	9	9	9
<b>Global Surgery</b>	YYY	YYY	YYY	YYY
<b>Pre</b>	0.00	0.00	0.00	0.00
<b>Intra</b>	0.00	0.00	0.00	0.00
<b>Post</b>	0.00	0.00	0.00	0.00
<b>Physician Supervision Diagnostic Indicator</b>	09	09	09	09
<b>Diagnostic Family Imaging Indicator</b>	99	99	99	99
<b>Non-Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00
<b>Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00
<b>MP Used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00
<b>Type of Service</b>	4	4	4	4
<b>Long Descriptor</b>	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)

<b>HCPCS Code</b>	0351T	0352T	0353T	0354T
<b>Procedure Status</b>	C	C	C	C
<b>Short Descriptor</b>	Intraop oct brst/node spec	Oct brst/node i&r per spec	Intraop oct breast cavity	Oct breast surg cavity i&r
<b>Effective Date</b>	07/01/2014	07/01/2014	07/01/2014	07/01/2014
<b>Work RVU</b>	0.00	0.00	0.00	0.00
<b>Full Non-Facility PE RVU</b>	0.00	0.00	0.00	0.00
<b>Full Non-Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)
<b>Full Facility PE RVU</b>	0.00	0.00	0.00	0.00
<b>Full Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)
<b>Malpractice RVU</b>	0.00	0.00	0.00	0.00
<b>Multiple Procedure Indicator</b>	9	9	9	9
<b>Bilateral Surgery Indicator</b>	9	9	9	9
<b>Assistant Surgery Indicator</b>	9	9	9	9



<b>Co-Surgery Indicator</b>	9	9	9	9
<b>Team Surgery Indicator</b>	9	9	9	9
<b>PC/TC</b>	9	9	9	9
<b>Site of Service</b>	9	9	9	9
<b>Global Surgery</b>	YYY	YYY	YYY	YYY
<b>Pre</b>	0.00	0.00	0.00	0.00
<b>Intra</b>	0.00	0.00	0.00	0.00
<b>Post</b>	0.00	0.00	0.00	0.00
<b>Physician Supervision Diagnostic Indicator</b>	09	09	09	09
<b>Diagnostic Family Imaging Indicator</b>	99	99	99	99
<b>Non-Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00
<b>Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00
<b>MP Used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00
<b>Type of Service</b>	1	1	1	1
<b>Long Descriptor</b>	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred

<b>HCPCS Code</b>	0355T	0356T	0358T
<b>Procedure Status</b>	C	C	C
<b>Short Descriptor</b>	Gi tract capsule endoscopy	Insrt drug device for iop	Bia whole body
<b>Effective Date</b>	07/01/2014	07/01/2014	07/01/2014
<b>Work RVU</b>	0.00	0.00	0.00
<b>Full Non-Facility PE RVU</b>	0.00	0.00	0.00
<b>Full Non-Facility NA Indicator</b>	(blank)	(blank)	(blank)
<b>Full Facility PE RVU</b>	0.00	0.00	0.00
<b>Full Facility NA Indicator</b>	(blank)	(blank)	(blank)
<b>Malpractice RVU</b>	0.00	0.00	0.00
<b>Multiple Procedure Indicator</b>	9	9	9
<b>Bilateral Surgery Indicator</b>	9	9	9
<b>Assistant Surgery Indicator</b>	9	9	9
<b>Co-Surgery Indicator</b>	9	9	9
<b>Team Surgery Indicator</b>	9	9	9

<b>PC/TC</b>	9	9	9
<b>Site of Service</b>	9	9	9
<b>Global Surgery</b>	YYY	YYY	YYY
<b>Pre</b>	0.00	0.00	0.00
<b>Intra</b>	0.00	0.00	0.00
<b>Post</b>	0.00	0.00	0.00
<b>Physician Supervision Diagnostic Indicator</b>	09	09	09
<b>Diagnostic Family Imaging Indicator</b>	99	99	99
<b>Non-Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00
<b>Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00
<b>MP Used for OPPS Payment Amount</b>	0.00	0.00	0.00
<b>Type of Service</b>	1	1	1
<b>Long Descriptor</b>	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report

<b>HCPCS Code</b>	0359T	0360T	0361T	0362T	0363T
<b>Procedure Status</b>	C	C	C	C	C
<b>Short Descriptor</b>	Behavioral id assessment	Observ behav assessme nt	Observ behav assess addl	Expose behav assessment	Expose behav assess addl
<b>Effective Date</b>	07/01/2014	07/01/2014	07/01/2014	07/01/2014	07/01/2014
<b>Work RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Full Non-Facility PE RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Full Non-Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)	(blank)
<b>Full Facility PE RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Full Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)	(blank)
<b>Malpractice RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Multiple Procedure Indicator</b>	9	9	9	9	9
<b>Bilateral Surgery Indicator</b>	9	9	9	9	9
<b>Assistant Surgery Indicator</b>	9	9	9	9	9
<b>Co-Surgery Indicator</b>	9	9	9	9	9
<b>Team Surgery Indicator</b>	9	9	9	9	9
<b>PC/TC</b>	9	9	9	9	9
<b>Site of Service</b>	9	9	9	9	9

<b>Global Surgery</b>	YYY	YYY	ZZZ	YYY	ZZZ
<b>Pre</b>	0.00	0.00	0.00	0.00	0.00
<b>Intra</b>	0.00	0.00	0.00	0.00	0.00
<b>Post</b>	0.00	0.00	0.00	0.00	0.00
<b>Physician Supervision Diagnostic Indicator</b>	09	09	09	09	09
<b>Diagnostic Family Imaging Indicator</b>	99	99	99	99	99
<b>Non-Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00
<b>Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00
<b>MP Used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00
<b>Type of Service</b>	1	1	1	1	1
<b>Long Descriptor</b>	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician ; first 30 minutes of technician time, face-to-face with the patient	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians ; first 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)	

<b>HCPCS Code</b>	0364T	0365T	0366T	0367T	0368T	0369T
<b>Procedure Status</b>	C	C	C	C	C	C
<b>Short Descriptor</b>	Behavior treatment	Behavior treatment addl	Group behavior treatment	Group behav treatment addl	Behavior treatment modified	Behav treatment modify addl
<b>Effective Date</b>	07/01/2014	07/01/2014	07/01/2014	07/01/2014	07/01/2014	07/01/2014
<b>Work RVU</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Full Non-Facility PE RVU</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Full Non-Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)	(blank)	(blank)
<b>Full Facility PE RVU</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Full Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)	(blank)	(blank)
<b>Malpractice RVU</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Multiple Procedure Indicator</b>	9	9	9	9	9	9
<b>Bilateral Surgery Indicator</b>	9	9	9	9	9	9
<b>Assistant Surgery Indicator</b>	9	9	9	9	9	9
<b>Co-Surgery Indicator</b>	9	9	9	9	9	9
<b>Team Surgery Indicator</b>	9	9	9	9	9	9
<b>PC/TC</b>	9	9	9	9	9	9
<b>Site of Service</b>	9	9	9	9	9	9
<b>Global Surgery</b>	YYY	ZZZ	YYY	ZZZ	YYY	ZZZ
<b>Pre</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Intra</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Post</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Physician Supervision Diagnostic Indicator</b>	09	09	09	09	09	09
<b>Diagnostic Family Imaging Indicator</b>	99	99	99	99	99	99
<b>Non-Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Facility PE used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>MP Used for OPPS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Type of Service</b>	1	1	1	1	1	1

<b>Long Descriptor</b>	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)
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<b>HCPCS Code</b>	0370T	0371T	0372T	0373T	0374T
<b>Procedure Status</b>	C	C	C	C	C
<b>Short Descriptor</b>	Fam behav treatment guidance	Mult fam behav treat guide	Social skills training group	Exposure behavior treatment	Expose behav treatment addl
<b>Effective Date</b>	07/01/2014	07/01/2014	07/01/2014	07/01/2014	07/01/2014
<b>Work RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Full Non-Facility PE RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Full Non-Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)	(blank)
<b>Full Facility PE RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Full Facility NA Indicator</b>	(blank)	(blank)	(blank)	(blank)	(blank)
<b>Malpractice RVU</b>	0.00	0.00	0.00	0.00	0.00
<b>Multiple Procedure Indicator</b>	9	9	9	9	9
<b>Bilateral Surgery Indicator</b>	9	9	9	9	9
<b>Assistant Surgery Indicator</b>	9	9	9	9	9
<b>Co-Surgery Indicator</b>	9	9	9	9	9
<b>Team Surgery Indicator</b>	9	9	9	9	9
<b>PC/TC</b>	9	9	9	9	9
<b>Site of Service</b>	9	9	9	9	9
<b>Global Surgery</b>	YYY	YYY	YYY	YYY	ZZZ
<b>Pre</b>	0.00	0.00	0.00	0.00	0.00
<b>Intra</b>	0.00	0.00	0.00	0.00	0.00
<b>Post</b>	0.00	0.00	0.00	0.00	0.00

<b>Physician Supervision Diagnostic Indicator</b>	09	09	09	09	09
<b>Diagnostic Family Imaging Indicator</b>	99	99	99	99	99
<b>Non-Facility PE used for OPSS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00
<b>Facility PE used for OPSS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00
<b>MP Used for OPSS Payment Amount</b>	0.00	0.00	0.00	0.00	0.00
<b>Type of Service</b>	1	1	1	1	1
<b>Long Descriptor</b>	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)

Codes J2271 and J2275 shall have their Procedure Status Codes changed from "E" to "I", effective July 1, 2014 (all their other indicators remain the same).

<b>HCPCS Code</b>	J2271	J2275
<b>Procedure Status</b>	I	I
<b>Short Descriptor</b>	Morphine SO4 injection 100mg	Morphine sulfate injection
<b>Effective Date</b>	07/01/2014	07/01/2014

Section 651 of Medicare Modernization Act (MMA) required the Secretary to conduct a demonstration for up to 2 years to evaluate the feasibility and advisability of expanding coverage for chiropractic services under Medicare. The demonstration expanded Medicare coverage to include: "(A) care for neuromusculoskeletal conditions typical among eligible beneficiaries; and (B) diagnostic and other services that a chiropractor is legally authorized to perform by the state or jurisdiction in which such treatment is provided." The demonstration, which ended on March 31, 2007, was required to be budget neutral as section 651(f)(1)(B) of MMA mandates the Secretary to ensure that "the aggregate payments made by the Secretary under the Medicare program do not exceed the amount which the Secretary would have paid under the Medicare program if the demonstration projects under this section were not implemented."

Because the costs of this demonstration were higher than expected, we finalized a policy to recoup \$50 million in expenditures from this demonstration over a 5 year period, from CYs 2010 through 2014 (74 FR 61927) by adjusting payments for chiropractic services (CPT codes 98940, 98941, and 98942). For the years 2010 through 2013, CMS recouped approximately \$44.4 million of the \$50 million required for budget neutrality. Thus, CMS needed to recoup the remaining funds, approximately \$5.6 million, in calendar year 2014 and accordingly deducted 2 percent from payments for chiropractic services. Based on an analysis of Medicare expenditures for chiropractic codes, OACT has determined that the remaining \$5.6 million has been recouped in the first half of 2014. Therefore, the July update eliminates the 2 percent reduction for CPT codes 98940, 98941, and 98942 that was utilized for the first half of CY 2014, effective July 1, 2014.