

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3528	Date: May 20, 2016
	Change Request 9633

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July CY 2016 Update

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2016 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, 2016

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

IMPLEMENTATION DATE: July 5, 2016

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

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 3528	Date: May 20, 2016	Change Request: 9633
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SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July CY 2016 Update

EFFECTIVE DATE: January 1, 2016

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IMPLEMENTATION DATE: July 5, 2016

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2016 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 16, 2015, to be effective for services furnished between January 1, 2016, and December 31, 2016.

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

"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		
9633.1	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. (See attachment for summary of changes and effective dates.)	X	X	X		X					
9633.2	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., A/B MAC name and number).	X	X	X							
9633.3	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							
9633.4	Contractors shall, in accordance with Pub 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 day notices before	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	
	implementing the changes identified in this CR.									
9633.5	CMS will send CWF files to facilitate duplicate billing edits: 1) Duplicate Radiology editing; 2) Duplicate Diagnostic editing; 3) Duplicate Pathology editing, and; 4) RVU and payment indicator files. CWF will be notified via email when these files have been sent to them. CWF shall compare the existing file to the new file and install any necessary changes.								X	
9633.6	Contractors shall add the following new CPT Category III codes to their systems, with the listed type of service (TOS), effective for dates of service on and after 7-1-2016 (see the CR 9633 attachment for code descriptors and indicator information): TOS 2 for 0437T, 0438T, 0440T, 0441T, 0442T TOS 5 for 0439T, 0443T TOS 1 for 0444T, 0445T	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		
9633.7	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
	N/A

Section B: All other recommendations and supporting information: File names:

MPFS – MU00.@BF12390.MPFS.CY16.RV3.C00000.V0515

FI Abstracts –

MU00.@BF12390.MPFS.CY16.ABSTR.V0515.FI

MU00.@BF12390.MPFS.CY16.HHH.V0515.FI

MU00.@BF12390.MPFS.CY16.MAMMO.V0515.FI

MU00.@BF12390.MPFS.CY16.PAYIND.V0515

MU00.@BF12390.MPFS.CY16.SNF.V0515.FI

V. CONTACTS

Pre-Implementation Contact(s): Kathleen Kersell, 410-786-2033 or kathleen.kersell@cms.hhs.gov
(Contact for Payment Policy issues.)

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 CR 9633: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July CY 2016 Update

Unless otherwise stated, the changes included in the July update to the 2016 MPFSDB are effective for dates of service on and after January 1, 2016.

CPT/HCPCS

<u>& MOD</u>	<u>ACTION</u>
G0296	Multiple Surgery = 0; Diagnostic Imaging Family Indicator = 99
G9678	Procedure Status = C (Effective for services on or after 7-1-2016.)
10036	Multiple Surgery Indicator = 0
37188	Multiple Surgery Indicator = 0
45346	Endo Base Code = 45330
61651	Multiple Surgery Indicator = 0
65855	Bilateral Indicator = 1
69209	PC/TC indicator = 3

The following new codes from CR 9636 have also been added to the MPFSDB (see CR 9636 for the various effective date(s) and for additional information):

<u>CODE</u>	<u>Short Descriptor</u>	<u>ACTION</u>
Q5102	Inj., infliximab biosimilar	Procedure Status = E; there are no RVUs; effective 4-5-16
Q9981	rolapitant, oral, 1mg	Procedure Status = E; there are no RVUs; effective 7-1-16
Q9982	flutemetamol f18 diagnostic	Procedure Status = E; there are no RVUs; effective 7-1-16
Q9983	florbetaben f18 diagnostic	Procedure Status = E; there are no RVUs; effective 7-1-16

The new CPT Category III codes listed below have been added to the MPFSDB effective for dates of service on and after July 1, 2016. There are no RVUs for these codes, and the following payment policy indicators are the same for each code: Procedure Status = C, Multiple Surgery = 0, Bilateral Surgery = 0, Assistant at Surgery = 0, Co-Surgeons = 0, Team Surgeons = 0, PC/TC = 0, Physician Supervision of Diagnostic Procedures = 09, and Diagnostic Imaging Family = 99. The Global Surgery Days for 0437T, 0439T, and 0443T = ZZZ; the rest are YYY.

CPT Code	Short Descriptor	Long Descriptor
0437T	Impltj synth rnfcmnt abdl wal	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)
0438T	Tprnl plmt biodegrdabl matrl	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance
0439T	Myocrd contrast prfuj echo	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)
0440T	Abltj perc uxtr/perph nrv	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
0441T	Abltj perc lxtr/perph nrv	lower extremity distal/peripheral nerve

0442T	Abltj perc plex/trncl nrv	nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)
0443T	R-t spctrl alys prst8 tiss	Real time spectral analysis of prostate tissue by fluorescence spectroscopy
0444T	1st plmt drug elut oc ins	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
0445T	Sbsqt plmt drug elut oc ins	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral

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