

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3595	Date: August 24, 2016
	Change Request 9749

Transmittal 3594, dated August 19, 2016, is being rescinded and replaced by Transmittal 3595 to add the TOS for CWF for G0490 to BR 9749.6. All other information remains the same.

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 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: October 3, 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/revise 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: 3595	Date: August 24, 2016	Change Request: 9749
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Transmittal 3594, dated August 19, 2016, is being rescinded and replaced by Transmittal 3595 to add the TOS for CWF for G0490 to BR 9749.6. All other information remains the same.

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

EFFECTIVE DATE: January 1, 2016

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

IMPLEMENTATION DATE: October 3, 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	
9749.1	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				
9749.2	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						
9749.3	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						

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	
9749.4	Contractors shall, in accordance with Pub 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 day notices before implementing the changes identified in this CR.	X	X	X						
9749.5	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		
9749.6	Contractors shall add new code G0490 (short descriptor: Home visit RN, LPN by RHC/FQ) with type of service 1 effective for dates of service on and after 10-1-2016, and G0498 with type of service 1 effective for dates of service on and after 1-1-2016 (see the CR 9749 attachment for additional information).	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		
9749.7	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:

"Should" denotes a recommendation.

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

Section B: All other recommendations and supporting information: MPFS Payment File -

MU00.@BF12390.MPFS.CY16.RV4.C00000.V0815

MPFS FI Abstract Files –

MU00.@BF12390.MPFS.CY16.ABSTR.V0815.FI

MU00.@BF12390.MPFS.CY16.HHH.V0815.FI

MU00.@BF12390.MPFS.CY16.MAMMO.V0815.FI

MU00.@BF12390.MPFS.CY16.PAYIND.V0815

MU00.@BF12390.MPFS.CY16.SNF.V0815.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):

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ATTACHMENTS: 1

Attachment for CR 9749: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October CY 2016 Update

Below is a summary of the changes for the October update to the 2016 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2016.

CPT/HCPCS

<u>& MOD</u>	<u>ACTION</u>
G0436	Procedure Status = I (Effective for services on or after 10-1-2016.)
G0437	Procedure Status = I (Effective for services on or after 10-1-2016.)
44799	Procedure Status = C; Global Surgery Days = YYY
32666	Bilateral Indicator = 1

The HCPCS codes listed below have been added to the MPFSDB effective for dates of service on and after October 1, 2016. All of these new codes were communicated through other instructions. Please consult those instructions for the description and other information.

CODE ACTION

G0490	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9679	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9680	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9681	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9682	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9683	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9684	Procedure Status = X; there are no RVUs; all policy indicators = concept does not apply
G9685	Procedure Status = A; RVUs = Work 3.86, Non-Facility 1.55, Facility 1.55, MP 0.29
G9686	Procedure Status = A; RVUs = Work 1.50, Non-Facility 0.61, Facility 0.61, MP 0.10

The following payment policy indicators apply to G9685 and G9686: 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 = XXX.

New code G0498, listed below, has been added to the MPFSDB effective for dates of service on and after January 1, 2016. The Procedure Status is C and there are no RVUs. The following payment policy indicators apply to G0498: Multiple Surgery = 0, Bilateral Surgery = 0, Assistant at Surgery = 0, Co-Surgeons = 0, Team Surgeons = 0, PC/TC = 5, Physician Supervision of Diagnostic Procedures = 09, and Diagnostic Imaging Family = 99. The Global Surgery Days = YYY.

Code	Short Descriptor	Long Descriptor
G0498	Chemo extend iv infus w/pump	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/other outpatient setting using office/other outpatient setting pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/other outpatient setting, includes follow up office/other outpatient visit at the conclusion of the infusion