

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2180	Date: March 18, 2011
	Change Request 7319

Transmittal 2167, dated February 25, 2011, is being rescinded and replaced with Transmittal 2180, dated March 18, 2011, to change the MPFS payment file names described in the Recurring Update Notification in the section titled: Revised MPFS Payment File Names. All other material remains the same.

SUBJECT: April Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2011 Medicare Physician Fee Schedule (MPFS) Final Rule, released on November 2, 2010, and published in the Federal Register on November 29, 2010, as modified by the Final Rule Correction Notice released on December 30, 2010, and published in the Federal Register on January 11, 2011, and relevant statutory changes applicable January 1, 2011. 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, 2011

IMPLEMENTATION DATE: April 4, 2011

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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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. ATTACHMENT:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2180	Date: March 18, 2011	Change Request: 7319
-------------	-------------------	----------------------	----------------------

Transmittal 2167, dated February 25, 2011, is being rescinded and replaced with Transmittal 2180, dated March 18, 2011, to change the MPFS payment file names described in the Recurring Update Notification in the section titled: Revised MPFS Payment File Names. All other material remains the same.

SUBJECT: April Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2011

Implementation Date: April 4, 2011

I. GENERAL INFORMATION

A. Background:

Payment files were issued to contractors based upon the CY 2011 Medicare Physician Fee Schedule (MPFS) Final Rule, released on November 2, 2010, and published in the Federal Register on November 29, 2010, as modified by the Final Rule Correction Notice released on December 30, 2010, and published in the Federal Register on January 11, 2011, and relevant statutory changes applicable January 1, 2011, including the Physician Payment and Therapy Relief Act of 2010 and the Medicare and Medicaid Extenders Act of 2010. This change request amends those payment files.

B. Policy:

Medicare Physician Fee Schedule Database (MPFSDB) Payment File Revisions

In order to reflect appropriate payment policy in line with the CY 2011 MPFS Final Rule, some payment indicators and practice expense (PE) relative-value units (RVUs) have been revised. New MPFS payment files have been created that include these changes. Contractors will be notified when they are available.

HCPCS Code Changes to the MPFSDB

The following HCPCS codes have MPFSDB indicator changes:

HCPCS Code	Short Descriptor	Indicator
31579	Diagnostic laryngoscopy	Global Surgery: 000
57155	Insert uteri tandems/ovoids	Co-Surgeons: 2
64613	Destroy nerve neck muscle	Bilateral Surgery: 2
64614	Destroy nerve extrem musc	Bilateral Surgery: 2
77071	X-ray stress view	Bilateral Surgery: 2
92511	Nasopharyngoscopy	Global Surgery: 000
93464 26	Exercise w/hemodynamic meas	Multiple Surgery: 0

The following HCPCS codes have Practice Expense RVU changes:

HCPCS Code: 93503

Short Descriptor: Insert/place heart catheter
Transitioned Non-Facility PE RVU: 0.73
Transitioned Non-Facility NA Indicator: NA
Fully Implemented Non-Facility PE RVU: 0.73
Fully Implemented Non-Facility NA Indicator: NA
Transitioned Facility PE RVU: 0.73
Transitioned Facility NA Indicator: (None)
Fully Implemented Facility PE RVU: 0.73
Fully Implemented Facility NA Indicator: (None)
Transitioned Non-Facility Total: 3.91
Fully Implemented Non-Facility Total: 3.91
Transitioned Facility Total: 3.91
Fully Implemented Facility Total: 3.91

HCPCS Code: 93224

Short Descriptor: Ecg monit/reprt up to 48 hrs
Transitioned Non-Facility PE RVU: 2.53
Transitioned Non-Facility NA Indicator: (None)
Fully Implemented Non-Facility PE RVU: 1.98
Fully Implemented Non-Facility NA Indicator (None)
Transitioned Facility PE RVU: 2.53
Transitioned Facility NA Indicator: NA
Fully Implemented Facility PE RVU: 1.98
Fully Implemented Facility NA Indicator: NA
Transitioned Non-Facility Total: 3.08
Fully Implemented Non-Facility Total: 2.53
Transitioned Facility Total: 3.08
Fully Implemented Facility Total: 2.53

HCPCS Code: 93225

Short Descriptor: Ecg monit/reprt up to 48 hrs
Transitioned Non-Facility PE RVU: 0.91
Transitioned Non-Facility NA Indicator: (None)
Fully Implemented Non-Facility PE RVU: 0.72
Fully Implemented Non-Facility NA Indicator: (None)
Transitioned Facility PE RVU: 0.91
Transitioned Facility NA Indicator: NA
Fully Implemented Facility PE RVU: 0.72
Fully Implemented Facility NA Indicator: NA
Transitioned Non-Facility Total: 0.92
Fully Implemented Non-Facility Total: 0.73
Transitioned Facility Total: 0.92
Fully Implemented Facility Total: 0.73

HCPCS Code: 93226

Short Descriptor: Ecg monit/reprt up to 48 hrs
Transitioned Non-Facility PE RVU: 1.35
Transitioned Non-Facility NA Indicator: (None)
Fully Implemented Non-Facility PE RVU: 1.02
Fully Implemented Non-Facility NA Indicator: (None)
Transitioned Facility PE RVU: 1.35
Transitioned Facility NA Indicator: NA

Fully Implemented Facility PE RVU: 1.02
 Fully Implemented Facility NA Indicator: NA
 Transitioned Non-Facility Total: 1.36
 Fully Implemented Non-Facility Total: 1.03
 Transitioned Facility Total: 1.36
 Fully Implemented Facility Total: 1.03

The following HCPCS code will be added:

HCPCS Code: Q2040

Short Descriptor: Incobotulinumtoxin A
 Long Descriptor: Injection, incobotulinumtoxin a, 1 unit
 Effective Date: April 1, 2011
 Procedure Status: X
 Work RVU: 0.00
 Non-Facility PE RVU: 0.00
 Facility PE RVU: 0.00
 Malpractice RVU: 0.00
 PC/TC: 9
 Site of Service: 1
 Global Surgery: XXX
 Multiple Procedure Indicator: 9
 Bilateral Surgery Indicator: 9
 Assistant at Surgery Indicator: 9
 Co-Surgery Indicator: 9
 Team Surgery Indicator: 9
 Physician Supervision Diagnostic Indicator: 09
 Type of Service: 1
 Diagnostic Family Imaging Indicator: 99
 Non-Facility PE Used for OPSS Payment Amount: 0.00
 Facility PE Used for OPSS Payment Amount: 0.00
 MP Used for OPSS Payment Amount: 0.00
 Additional information on the addition of Q2040 can be found in CR 7299.

The following HCPCS codes are discontinued:

HCPCS Code	Short Descriptor	Termination Date
90470	Immune admin H1N1 im/nasal	December 31, 2010
90663	Flu vacc pandemic H1N1	December 31, 2010
Q1003	Ntiol category 3	March 31, 2011
S2270	Insertion vaginal cylinder	March 31, 2011
S2344	Endosc balloon sinuplasty	March 31, 2011
S3905	Auto handheld diag nerv test	March 31, 2011

Correction to Payment File OPSS Cap “Imaging Payment Amount” Field for CPT Code 92227

CPT Code 92227 (Remote Dx retinal imaging), is subject to the OPSS payment cap determination and has an Imaging Cap indicator of 1. The CY 2011 Medicare Physician Fee Schedule (MPFS) Relative Value File correctly lists OPSS payment amounts (PE=0.53 and MP =0.02) for this code, however these values were not carried over to the Imaging Payment Amount field in the contactor payment files, which listed the values as

0.00 for all Carriers. This will be corrected in the MPFS payment files released for the April Quarterly Update, effective January 1, 2011.

Revised MPFS Payment File Names

For changes effective January 1, 2011, the revised file names are as follows:

MU00.@BF12390.MPFS.CY11.RV2.C00000.V0215
MU00.@BF12390.MPFS.CY11.PURDIAG.V0215

FI Abstract Files:

MU00.@BF12390.MPFS.CY11.V0309.RHHI
MU00.@BF12390.MPFS.CY11.ABSTR.V0309.FI
MU00.@BF12390.MPFS.CY11.MAMMO.V0309.FI
MU00.@BF12390.MPFS.CY11.SNF.V0309.FI
MU00.@BF12390.MPFS.CY11.SUPL.V0309.FI
MU00.@BF12390.MPFS.CY11.PAYIND.V0309

For changes effective April 1, 2011, the revised file names are as follows:

MU00.@BF12390.MPFS.CY11.RV2.C00000.V0228
MU00.@BF12390.MPFS.CY11.PURDIAG.V0228

FI Abstract Files:

MU00.@BF12390.MPFS.CY11.V0315.RHHI
MU00.@BF12390.MPFS.CY11.ABSTR.V0315.FI
MU00.@BF12390.MPFS.CY11.MAMMO.V0315.FI
MU00.@BF12390.MPFS.CY11.SNF.V0315.FI
MU00.@BF12390.MPFS.CY11.SUPL.V0315.FI
MU00.@BF12390.MPFS.CY11.PAYIND.V0315

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H H I E R	Shared-System Maintainers				OTH ER
					F I S S	M C S	V M S	C W F			
7319.1	Medicare contractors shall retrieve the revised payment files, as identified in this CR, from the CMS Mainframe Telecommunications System. Files will be available for retrieval on or around February 18, 2011.	x		x	x	x	x				
7319.2	Medicare contractors shall send notification of	x		x	x	x					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	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).										
7319.3	Contractors shall manually update their systems to discontinue codes 90470 and 90663 effective for dates of service on or after January 1, 2011, that are processed on or after April 4, 2011.	x		x	x	x	x			x	OCE
7319.4	Contractors shall manually update their systems to discontinue codes Q1003, S2270, S2344, and S3905 effective for dates of service on or after April 1, 2011, that are processed on or after April 4, 2011.	x		x	x	x	x			x	OCE
7319.5	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					
7319.6	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, 2011.	x			x						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
7319.7	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/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 site and include information about it	x		x	x	x					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R	R H H	Shared-System Maintainers				OTH ER
		M A C	M A C		I E R	I S S	F M S	M C S	V M S	C W F	
	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 your 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: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sara Vitolo, sara.vitolo@cms.hhs.gov, (410) 786-5714

Post-Implementation Contact(s): Contact your Contracting Officer’s Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

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

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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 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.