

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2708	Date: May 17, 2013
	Change Request 8291

SUBJECT: July Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2013 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, 2013 - for MPFS payment update file

'MU00.@BF12390.MPFS.CY13.RV3.C00000.V0515' for adjusting current 2013 HCPCS codes; July 1, 2013 - for MPFS payment update file 'MU00.@BF12390.MPFS.CY13.RV3.C00000.V0531' for adding new HCPCS codes to the MPFS beginning July 1, 2013

IMPLEMENTATION DATE: July 1, 2013

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 Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 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: 2708	Date: May 17, 2013	Change Request: 8291
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IMPLEMENTATION DATE: July 1, 2013

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2013 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 16, 2012, as modified by the Final Rule Correction Notice, and the American Taxpayer Relief Act of 2012, applicable January 1, 2013.

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 in line with the CY 2013 MPFS Final Rule, the MPFSDB has been updated with the passage of American Taxpayer Relief Act of 2012, on January 1, 2013, and now with the July 1, 2013 update payment files.

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	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
8291.1	Medicare contractors shall retrieve the revised payment 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	X	X				
8291.2	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	X	X					
8291.3	Medicare contractors need not search their files to either retract payment for claims already paid or to	X	X			X	X	X					

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I	C A R R I E R	R H H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
	retroactively pay claims. However, contractors shall adjust claims brought to their attention.												
8291.4	CMS will send CWF two files to facilitate duplicate billing edits: 1) Purchase Diagnostic and 2) Duplicate Radiology Editing. CWF shall install these files into their systems. CWF will be notified via email when these files have been sent to them.												X
8291.5	Contractors shall, in accordance with Pub 100-4, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 days notices before implementing the changes identified in this CR.		X				X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	F I	C A R R I E R	R H H I	Other
		A	B	H H H					
8291.6	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	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:
	For additional information related to this CR, please see CR 8213 Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds and CR 8286 Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2013 Update.

Section B: All other recommendations and supporting information: This set of filenames is effective for January 1, 2013 to December 31, 2013.

Revised MPFS Payment File – MU00.@BF12390.MPFS.CY13.RV3.C00000.V0515

Revised Purchased Diagnostic File – MU00.@BF12390.MPFS.CY13.PURDIAG.V0515

Revised FI Abstract Files –

MN05.@BF12390.MPFS.CY13.SNF.V0515.FI

MN05.@BF12390.MPFS.CY13.ABSTR.V0515.FI

MN05.@BF12390.MPFS.CY13.MAMMO.V0515.FI

MN05.@BF12390.MPFS.CY13.HHH.V0515.FI

MN05.@BF12390.MPFS.CY13.PAYIND.V0515

This set of filenames is effective for July 1, 2013 to December 31, 2013.

Revised MPFS Payment File –

MU00.@BF12390.MPFS.CY13.RV3.C00000.V0531

Revised Purchased Diagnostic File –

MU00.@BF12390.MPFS.CY13.PURDIAG.V0531

See Attachment for details on July 2013 Update.

V. CONTACTS

Pre-Implementation Contact(s): Charles Campbell, 410-786-7209 or charles.campbell@cms.hhs.gov, Larry Chan, 410-786-6864 or Larry.Chan@CMS.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) 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; Contractors activities are to be carried out with 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 do 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.

Attachment (1)

Attachment – for 8291

Subject: July Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2013 and July 1, 2013

Implementation Date: July 1, 2013

IV. SUPPORTING INFORMATION

Section B: All other recommendations and supporting information

This set of filenames is effective for January 1, 2013 to December 31, 2013.

Revised MPFS Payment File –

[MU00.@BF12390.MPFS.CY13.RV3.C00000.V0515](#)

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[MN05.@BF12390.MPFS.CY13.PAYIND.V0515](#)

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Revised MPFS Payment File –

[MU00.@BF12390.MPFS.CY13.RV3.C00000.V0531](#)

Revised Purchased Diagnostic File –

[MU00.@BF12390.MPFS.CY13.PURDIAG.V0531](#)

The summary of changes in the July 2013 update consists of the following:

For 37211, 37212 and 92071, their Bilateral Indicators are being corrected to “1” = 150% payment adjustment applies if billed with modifier 50. This change is effective January 1, 2013.

The **TC component** of the Nerve Conduction Test: 95937 is having its Physician Supervision Of Diagnostic Procedures Indicator changed to “7A” = “Supervision standards for level 77 apply; in addition, the PT with ABPTS certification may personally supervise another PT, but only the PT with ABPTS certification may bill.” (“77” = “Procedure must be performed by a PT with ABPTS certification (TC & PC) or by a PT without certification under general supervision of a physician (TC only; PC always physician)”). This change is effective January 1, 2013. (This change reflects the policy of Transmittal B-01-28, its effective date for the PT with ABPTS certification was July 1, 2001).

HCPCS codes J3487, J3488, and J9002 are having their PROCSTAT indicators changed from “E” to “I” = “Not valid for medicare purposes”, effective July 1, 2013.

HCPCS codes Q0090, Q2033, Q2051, Q2050, 0329T, 0330T, 0331T, 0332T, 0333T, and 0334T are being added to the fee schedule with the effective date of July 1, 2013.

HCPCS codes G0460 “Autologous PRP for ulcers” is being added to the fee schedule with the effective date of January 1, 2013. (Please reference CR 8213 for full details.)

HCPCS Code	0329T	0330T	0331T	0332T	0333T	0334T
Procedure Status	C	C	C	C	C	C
Short Descriptor	Mntr io press 24hrs/> uni/bi	Tear film img uni/bi w/i&r	Heart symp image plnr	Heart symp image plnr spect	Visual ep acuity screen auto	Perq stablj sacroiliac joint
Effective Date	07/01/2013	07/01/2013	07/01/2013	07/01/2013	07/01/2013	07/01/2013
Work RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9	9
Co-Surgery Indicator	9	9	9	9	9	9
Team Surgery Indicator	9	9	9	9	9	9
PC/TC	9	9	9	9	9	9
Site of Service	9	9	9	9	9	9
Global Surgery	YYY	YYY	YYY	YYY	YYY	YYY
Pre	0.00	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99	99
Non-Facility PE used for OPSS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
Facility PE used for OPSS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
MP Used for OPSS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
Type of Service	1	4	4	4	1	1

Long Descriptor	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Tear film imaging, unilateral or bilateral, with interpretation and report	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Visual evoked potential, screening of visual acuity, automated	Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)
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HCCPS Code	G0460	Q0090	Q2033	Q2051	Q2050
Procedure Status	C	N	X	E	E
Short Descriptor	Autologous PRP for ulcers	Skylla 13.5mg	Influenza Vaccine, (Flublok)	Zoledronic acid 1mg	Doxorubicin inj 10mg
Effective Date	01/01/2013	07/01/2013	07/01/2013	07/01/2013	07/01/2013
Work RVU	0.00	0.00	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	0	9	9	9	9
Bilateral Surgery Indicator	0	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9
Co-Surgery Indicator	0	9	9	9	9
Team Surgery Indicator	0	9	9	9	9
PC/TC	0	9	9	9	9
Site of Service	9	9	9	9	9
Global Surgery	000	XXX	XXX	XXX	XXX
Pre	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00

Physician Supervision Diagnostic Indicator	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
Type of Service	1	9	V	1,9	1,9
Long Descriptor	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	Levonorgestrel-Releasing Intrauterine Contraceptive System (SKYLA), 13.5 mg	Influenza Vaccine, Recombinant Hemagglutinin Antigens, For Intramuscular Use (Flublok)	Injection, Zoledronic Acid, not otherwise specified, 1mg	Injection, Doxorubicin Hydrochloride, Liposomal, Not Otherwise Specified, 10mg

All of the above changes should be applied to your systems via the provided data files found in this CR. If the automated file update is not available to you in certain circumstances, then the changes will need to be manually inserted into your systems.