



Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – October 2020 Update

MLN Matters Number: MM11939 **Revised**

Related Change Request (CR) Number: 11939

Related CR Release Date: **October 27, 2020**

Effective Date: January 1, 2020

Related CR Transmittal Number: **R10408CP**

Implementation Date: October 5, 2020

Note: We revised the article to reflect the revised CR11939, issued on October 27, 2020. We added information about codes 3170F, 0599T, A4226, and the new codes 86408, 86409, 86413, and 99072. Also, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries and which are paid under the Medicare Physician Fee Schedule (MPFS).

PROVIDER ACTION NEEDED

This article informs you about the issuance of updated payment files in the October update of the 2020 MPFS. Make sure your billing staffs are aware of these updates.

BACKGROUND

Payment files were issued to MACs based on the Calendar Year (CY) 2020 MPFS Final Rule, which was published in the Federal Register on November 15, 2019. These are effective for services provided between January 1, 2020, and December 31, 2020.

Section 1848(c)(4) of the Social Security Act authorizes the Secretary of the Department of Health and Human Services (HHS) to establish ancillary policies necessary to implement relative values for physicians' services.

Below is a summary of changes in the October update to the 2020 MPFSDB.

Four codes in the MPFSDB have revised short descriptors:

- G2011 – Effective October 1, 2020, Short Descriptor = Alcohol/sub misuse assess
- J9305 – Effective October 1, 2020, Short Descriptor = Inj. pemetrexed nos 10mg
- 86318 – Effective April 10, 2020, Short Descriptor = Ia infectious agent antibody

- 3170F - Effective May 20, 2020, Short Descriptor = Baselin flo cytometry b/4 tx

One new code is effective for dates of service from June 25, 2020, and beyond. Medicare implemented this code under CR 11736 for the October 2020 HCPCS update.

- 87426 – Procedure Status = X; There are no Relative Value Units (RVUs), payment policy indicators do not apply.

The Global Days have been revised for the following code effective for dates of service July 1, 2020, and after:

- 0599T - Global Days = ZZZ

The following change is effective for dates of service September 15, 2020, and after:

- A4226 - Procedure Status = I

The following new codes are effective for dates of service August 10, 2020, and after. These codes were implemented under CR 11736 for the October 2020 HCPCS update.

- 86408 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.
- 86409 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

The following new code is effective for dates of service September 8, 2020, and after. This code was implemented under CR 11937 (Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment).

- 86413 - Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

The following new CPT code is effective for dates of service on or after September 8, 2020:

- 99072 – Short Descriptor - ADDL SUPL MATRL&STAF TM PHE
 - Long Descriptor - Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease
 - Procedure Status B. There are no RVUs and payment policy indicators do not apply. The Global Days are XXX

The 21 codes below are new codes effective for dates of service from October 1, 2020, and beyond. These codes were also implemented under CR 11736 for the October 2020 HCPCS update.

Note: For all 21 codes below, there are no RVUs, and payment policy indicators do not apply.

Table 1 – New Codes Effective for Dates of Services from October 1, 2020, and Beyond

Code	Procedure Status
G1020	X
G1021	X
G1022	X
G1023	X
J1437	E
J1632	E
J1738	E
J3032	E
J3241	E
J7351	E
J9227	E
J9304	E
Q4249	E
Q4250	E
Q4254	E
Q4255	E
Q9001	I
Q9002	I
Q9003	I
T2047	I
V2524	X

Notes: The MACs will not search their files to retract payment for claims already paid or to retroactively pay claims impacted by these changes. However, MACs will adjust claims brought to their attention.

ADDITIONAL INFORMATION

The official instruction, CR 11939, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10408CP.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
October 27, 2020	We revised the article to reflect the revised CR11939, issued on October 27, 2020. We added information about codes 3170F, 0599T, A4226, and the new codes 86408, 86409, 86413, and 99072. Also, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.
August 7, 2020	Initial article released.

Disclaimer: Paid for by the Department of Health & Human Services. This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2019 American Medical Association. All rights reserved.

Copyright © 2013-2020, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@healthforum.com

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.