

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11268</b>	<b>Date: February 17, 2022</b>
	<b>Change Request 12623</b>

**SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2022 Update**

**I. SUMMARY OF CHANGES:** Payment files were issued to contractors based upon the 2022 Medicare Physician Fee Schedule (MPFS) Final Rule. This Change Request (CR) amends those payment files. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

**EFFECTIVE DATE: April 1, 2022**

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

**IMPLEMENTATION DATE: April 4, 2022**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 11268	Date: February 17, 2022	Change Request: 12623
-------------	--------------------	-------------------------	-----------------------

**SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2022 Update**

**EFFECTIVE DATE: April 1, 2022**

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

**IMPLEMENTATION DATE: April 4, 2022**

## I. GENERAL INFORMATION

**A. Background:** Payment files were issued to contractors based upon the CY 2022 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 19, 2021, to be effective for services furnished between January 1, 2022 and December 31, 2022.

**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 S	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12623.1	The CMS shall notify the Medicare contractors via e-mail when the revised payment files are available for their retrieval.  Note: These files will be available on or around February 18, 2022. (See attachment for a summary of changes and effective dates.)										CMS
12623.1.1	Medicare contractors shall retrieve the revised payment files and update their systems (manually or via provided files), as identified in this Change Request, from the CMS Mainframe Telecommunications System.	X	X	X		X					
12623.2	The contractors shall notify CMS of successful receipt via e-mail to <a href="mailto:price_file_receipt@cms.hhs.gov">price_file_receipt@cms.hhs.gov</a> , stating the name of the file received (e.g., CLAB, Average Sales Price (ASP), etc.), and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).	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		
12623.3	Medicare contractors shall not search their files to retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X	X	X							
12623.4	The contractors shall, in accordance with Pub 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers a 30-day notice before implementing the changes identified in this Change Request.	X	X	X							
12623.5	The CMS shall notify the Common Working File (CWF) maintainer via e-mail when the MPFSDB files are available for downloading, along with the file names for the files below to facilitate duplicate billing edits:  1) Duplicate Radiology editing;  2) Duplicate Diagnostic editing;  3) Pathology editing, and;  4) Relative Value Units (RVU) and payment indicator files.										CMS
12623.5.1	The CWF shall compare the existing files to the new files and install any necessary changes.									X	
12623.6	Effective for dates of service 1/1/2021 and after, contractors shall manually update codes 76390, 76390-TC, and 76390-26 in the 2021 MPFS file in their systems with the same policy indicators and Relative Value Units as shown in the April 2022 MPFS update (see the CR attachment).	X	X	X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C W F

		A	B	H H H	M A C	I
12623.7	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	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:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Michael Soracoe, 410 786-6312 or Michael.Soracoe@cms.hhs.gov , Kathleen Kersell, 410-786-2033 or kathleen.kersell@cms.hhs.gov , Julie Rauch, 410-786-8932 or julie.rauch@cms.hhs.gov

**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**

Below is a summary of the changes for the April update to the 2022 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2022.

The following codes have been added to the MPFSDB effective for dates of service January 1, 2022, and after. These codes were part of the January 2022 HCPCS file.

**CODE ACTION**

0071A Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

0072A Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

91307 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

J0248 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

M0220 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

M0221 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

Q0220 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

Please see the link below for more information on the above new codes:

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

The following procedure status and payment policy indicator changes are effective for dates of service January 1, 2021, and after. (This is a retroactive change for 2021 and 2022.) Please see the chart below for the detailed changes.

Code/Modifier	76390	76390-TC	76390-26
<b>Procedure Status</b>	C	C	C
<b>Work RVU</b>	0.00	0.00	0.00
<b>Non-Facility PE RVU</b>	0.00	0.00	0.00
<b>Facility PE RVU</b>	0.00	0.00	0.00
<b>MP RVU</b>	0.00	0.00	0.00
<b>Multiple Procedure</b>	0	0	0
<b>Bilateral Surg</b>	0	0	0
<b>Assistant Surg</b>	0	0	0
<b>Co-Surg</b>	0	0	0
<b>Team Surg</b>	0	0	0
<b>SOS</b>	1	1	1

The following codes have been added to the MPFSDB effective for dates of service April 1, 2022, and after. These codes were part of the April 2022 HCPCS file.

**CODE ACTION**

A2011 Procedure Status = C; there are no RVUs, Multiple Procedure indicator = 9, Bilateral Surgery indicator = 9, Assistant at Surgery indicator = 9, Co-Surgeons indicator = 9, Team Surgeons indicator = 9, Professional/Technical Component indicator = 9, Global days = XXX, PhysSup indicator = 09

A2012 Procedure Status = C; there are no RVUs, Multiple Procedure indicator = 9, Bilateral Surgery indicator = 9, Assistant at Surgery indicator = 9, Co-Surgeons indicator = 9, Team Surgeons indicator = 9, Professional/Technical Component indicator = 9, Global days = XXX, PhysSup indicator = 09

A2013 Procedure Status = C; there are no RVUs, Multiple Procedure indicator = 9, Bilateral Surgery indicator = 9, Assistant at Surgery indicator = 9, Co-Surgeons indicator = 9, Team Surgeons indicator = 9, Professional/Technical Component indicator = 9, Global days = XXX, PhysSup indicator = 09

A4100 Procedure Status = C; there are no RVUs, Multiple Procedure indicator = 9, Bilateral Surgery indicator = 9, Assistant at Surgery indicator = 9, Co-Surgeons indicator = 9, Team Surgeons indicator = 9, Professional/Technical Component indicator = 9, Global days = XXX, PhysSup indicator = 09

A4238 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

A9291 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

A9574 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

H2038 Procedure Status = I; there are no RVUs, payment policy indicators do not apply.

J0219 Procedure Status = E there are no RVUs, payment policy indicators do not apply.

J0491 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J0879 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J9071 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J9273 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J9359 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

Q4224 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

Q4225 Procedure Status = E there are no RVUs, payment policy indicators do not apply.

Q4256 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

Q4257 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

Q4258 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

Q5124 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

T2050 Procedure Status = I; there are no RVUs, payment policy indicators do not apply.

T2051 Procedure Status = I; there are no RVUs, payment policy indicators do not apply.

V2525 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

The following procedure status changes are effective for dates of April 1, 2022, and after.

**CODE ACTION**

A9276 Procedure Status = I

A9277 Procedure Status = I

A9278 Procedure Status = I