

<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 4258</b>	<b>Date: March 18, 2019</b>
	<b>Change Request 11163</b>

**Transmittal 4234, dated February 8, 2019, is being rescinded and replaced by Transmittal 4258, dated March 18, 2019, to revise the attachment for codes G2014 and G2015. All other information remains the same.**

**SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2019 Update**

**I. SUMMARY OF CHANGES:** Payment files were issued to contractors based upon the 2019 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: January 1, 2019**

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

**IMPLEMENTATION DATE: April 1, 2019**

*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: 4258	Date: March 18, 2019	Change Request: 11163
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**SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2019 Update**

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**IMPLEMENTATION DATE: April 1, 2019**

## I. GENERAL INFORMATION

**A. Background:** Payment files were issued to contractors based upon the CY 2019 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 23, 2018, to be effective for services furnished between January 1, 2019 and December 31, 2019.

**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	
11163.1	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 shall be notified via email when these files are available for retrieval (on or around February 15). (See attachment for summary of changes and effective dates.)	X	X	X		X				
11163.2	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						
11163.3	Medicare contractors shall not search their files to retract payment for claims already paid or to	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	
	retroactively pay claims. However, contractors shall adjust claims brought to their attention.									
11163.4	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 CR.	X	X	X						
11163.5	The CMS shall send the Common Working File (CWF) files to facilitate duplicate billing edits:  1) Duplicate Radiology editing;  2) Duplicate Diagnostic editing;  3) Duplicate Pathology editing, and;  4) Relative Value Units (RVU) and payment indicator files.  The CWF shall be notified via email when these files have been sent to them.								CMS	
11163.5.1	The CWF shall compare the existing file to the new file and install any necessary changes.							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			
11163.6	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get	X	X	X			

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	article release notifications, or review them in the MLN Connects weekly newsletter.					

#### 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:** MPFS File – MU00.@BF12390.MPFS.CY2019.RV2.C00000.V0215

FI Abstract Files - MU00.@BF12390.MPFS.CY19.ABSTR.V0215.FI

MU00.@BF12390.MPFS.CY19.HHH.V0215.FI

MU00.@BF12390.MPFS.CY19.MAMMO.V0215.FI

MU00.@BF12390.MPFS.CY19.PAYIND.V0215

MU00.@BF12390.MPFS.CY19.SNF.V0215.FI

#### V. CONTACTS

**Pre-Implementation Contact(s):** Gail Addis, 410-786-4522 or Gail.Addis@cms.hhs.gov , Michael Soracoe, 410 786-6312 or Michael.Soracoe@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**

Attachment for CR 11163 : Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April 2019 Update

Below is a summary of the changes for the April update to the 2019 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2019.

**HCPCS**  
G9987

**ACTION**  
Assistant Surgery, Co-Surgeon, & Team Surgeon indicator = 9.

The HCPCS codes listed below have been added to the 2019 MPFSDB. All of these new codes were communicated through other instructions. Please consult CR 10907 for instructions for the description and other information.

- G2001 - All MPFS indicators & RVUs= 99341.
- G2002 - All MPFS indicators & RVUs= 99342.
- G2003 - All MPFS indicators & RVUs= 99343.
- G2004 - All MPFS indicators & RVUs= 99344.
- G2005 - All MPFS indicators & RVUs= 99345.
- G2006 - All MPFS indicators & RVUs= 99347.
- G2007 - All MPFS indicators & RVUs= 99348.
- G2008 - All MPFS indicators & RVUs= 99349.
- G2009 - All MPFS indicators & RVUs= 99350.
- G2013 - All MPFS indicators & RVUs= 99345.

G2014 - Procedure Status = A; RVUs = Work 1.25, Non-Facility .85, Facility .85, MP 0.07, Multiple Surgery = 0, Bilateral Surgery = 0, Assistant at Surgery = 0, Co-Surgeons = 0, Team Surgeons = 0, PC/TC = 0

Global	(10 & 90) Pre	Intra	Post	Endo base	Diag Supv	Diag Imag	Non-Facility PE used for OPPS	Facility PE used for OPPS	MP used for OPPS
XXX	0.00	0.00	0.00		09	99	0.00	0.00	0.00

G2015 - Procedure Status = A; RVUs = Work 1.80, Non-Facility 1.14, Facility 1.14, MP .11, Multiple Surgery = 0, Bilateral Surgery = 0, Assistant at Surgery = 0, Co-Surgeons = 0, Team Surgeons = 0, PC/TC = 0

Global	(10 & 90) Pre	Intra	Post	Endo base	Diag Supv	Diag Imag	Non-Facility PE used for OPPS	Facility PE used for OPPS	MP used for OPPS
XXX	0.00	0.00	0.00		09	99	0.00	0.00	0.00