

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4362	Date: August 16, 2019
	Change Request 11402

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 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: October 7, 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.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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: 4362	Date: August 16, 2019	Change Request: 11402
--------------------	--------------------------	------------------------------	------------------------------

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

EFFECTIVE DATE: January 1, 2019

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

IMPLEMENTATION DATE: October 7, 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		
11402.1	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 August 15). (See attachment for summary of changes and effective dates.)	X	X	X		X					
11402.2	The contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov, 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							
11402.3	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							

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		
11402.4	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							
11402.5	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
11402.5.1	The CWF shall compare the existing files to the new files 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			
11402.6	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 article release notifications, or review them in the MLN Connects weekly newsletter.	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:

MPFS:

MU00.@BF12390.MPFS.CY2019.RV4.C00000.V0815

FI Abstracts:

MN05.@BF12390.MPFS.CY19.ABSTR.V0815.FI

MN05.@BF12390.MPFS.CY19.MAMMO.V0815.FI

MN05.@BF12390.MPFS.CY19.HHH.V0815.FI

MN05.@BF12390.MPFS.CY19.SNF.V0815.FI

MN05.@BF12390.MPFS.CY19.PAYIND.V0815

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

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 11402: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – October 2019 Update

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

CODE ACTION

96931 Malpractice RVU = 0.06

96934 Non-Facility and Facility PE RVU = 1.71; Malpractice RVU = 0.05

NOTE: Codes 96931 and 96934 (the global components) are changing their RVUs as indicated above. The rationale behind this change is that the global codes (96931/96934) need to sum to the values of the professional and technical component codes (96932 and 96933 for 96931; 96935 and 96936 for 96934).

The following short descriptor on the MPFSDB has been updated to coincide with the changes published in CR 11296, and is effective for claims with dates of service on and after July 1, 2019. See CR 11296 for additional information:

CODE ACTION

Q5115 Short Descriptor = Inj truxima 10 mg

The following “J” and “Q” code updates are effective for dates of service October 1, 2019, and after. See CR 11422 for additional information.

CODE ACTION

J0121 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J0122 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J0222 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J0291 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J0593 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J0641 Short Descriptor = Inj., levoleucovorin, 0.5 mg

J1096 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J1097 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J1303 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J1942 Procedure Status = I

J1943 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J1944 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J2794 Short Descriptor = Inj risperdal consta, 0.5mg

J2798 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J3031 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J3111 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J7311 Short Descriptor = Inj., retisert, 0.01 mg

J7313 Short Descriptor = Inj., iluvien, 0.01 mg

J7314 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J7331 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J7332 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J7401 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J9118 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

J9119 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9204 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9210 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9269 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9313 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4122 Short Descriptor = Dermacell, awm, porous sq cm
Q4165 Short Descriptor = Keramatrix, Kerasorb sq cm
Q4184 Short Descriptor = Cellesta or duo per sq cm
Q4205 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4206 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4208 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4209 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4210 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4211 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4212 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4213 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4214 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4215 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4216 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4217 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4218 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4219 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4220 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4221 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4222 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4226 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q5116 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q5117 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q5118 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.