CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2223	**Date: May 20, 2011**
	Change Request 7430

SUBJECT: July Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2011 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request amends those payment files. This Recurring Update Notification applies to chapter 23, section 30.1.

EFFECTIVE DATE: January 1, 2011
IMPLEMENTATION DATE: July 5, 2011

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-

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; contractor activities are to be carried out within 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 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. ATTACHMENT:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2223	Date: May 20, 2011	Change Request: 7430

SUBJECT: July Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2011

Implementation Date: July 5, 2011

I.   GENERAL INFORMATION

A.   Background:

Payment files were issued to contractors based upon the CY 2011 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 29, 2010, as modified by the Final Rule Correction Notice, published in the Federal Register on January 11, 2011, and relevant statutory changes applicable January 1, 2011. This change request amends those payment files.

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 2011 MPFS Final Rule, the MPFSDB has been updated effective July 5, 2011 and new payment files have been created. Contractors will be notified when they are available. The revised payment file names and a list of the changes can be found in the attachment to this recurring update notification.

II.   BUSINESS REQUIREMENTS TABLE

Number	Requirement	A / B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
7430.1	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				
7430.2	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					
7430.3	Medicare contractors need not search their files to either	x		x	x	x					

Number	Requirement	A /B MAC	D ME MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
	retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.										
7430.4	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	
7430.5	Contractors shall, in accordance with Pub 100-4, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 days notice before implementing the changes identified in this CR. Unless otherwise stated in this transmittal, changes will be retroactive to January 1, 2011.	x			x						

III. PROVIDER EDUCATION TABLE

Number	Requirement	A /B MAC	D ME MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
7430.6	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/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 site 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 your 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					

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:
See Attachment- July Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

V. CONTACTS

Pre-Implementation Contact(s): Sara Vitolo, sara.vitolo@cms.hhs.gov, (410) 786-5714; Charles Campbell, charles.campbell@cms.hhs.gov, (410) 786-7209

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) 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; contractor activities are to be carried out within 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 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.

Attachment (1)

Attachment
July Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

Revised Medicare Physician Fee Schedule Payment File Names

For changes effective January 1, 2011, the revised Physician Fee Schedule payment file names are as follows:
MU00.@BF12390.MPFS.CY11.RV3.C00000.V0516
MU00.@BF12390.MPFS.CY11.RV3.PURDIAG.V0516

For changes effective January 1, 2011, the revised FI Abstract file names are as follows:
MU00.@BF12390.MPFS.CY11.RV3.MAMMO.V0516.FI
MU00.@BF12390.MPFS.CY11.RV3.PAYIND.V0516
MU00.@BF12390.MPFS.CY11.RV3.SNF.V0516.FI
MU00.@BF12390.MPFS.CY11.RV3.SUPL.V0516.FI
MU00.@BF12390.MPFS.CY11.RV3.ABSTR.V0516.FI
MU00.@BF12390.MPFS.CY11.RV3.ALL.V0516.RHHI

For changes effective July 1, 2011, the revised Physician Fee Schedule payment file names are as follows:
MU00.@BF12390.MPFS.CY11.RV3.C00000.V0525
MU00.@BF12390.MPFS.CY11.RV3.PURDIAG.V0525

For changes effective July 1, 2011, the revised FI Abstract file names are as follows:
MU00.@BF12390.MPFS.CY11.RV3.MAMMO.V0525.FI
MU00.@BF12390.MPFS.CY11.RV3.PAYIND.V0525
MU00.@BF12390.MPFS.CY11.RV3.SNF.V0525.FI
MU00.@BF12390.MPFS.CY11.RV3.SUPL.V0525.FI
MU00.@BF12390.MPFS.CY11.RV3.ABSTR.V0525.FI
MU00.@BF12390.MPFS.CY11.RV3.ALL.V0525.RHHI

The following HCPCS codes have short descriptor changes:

HCPCS Code	Short Descriptor	Effective Date
0251T	Remov bronchial valve	January 1, 2011
0252T	Remov bronch valve addl	January 1, 2011
22551	Neck spine fuse&remov bel c2	January 1, 2011
22900	Exc abdl tum deep < 5 cm	January 1, 2011
22901	Exc abdl tum deep > 5 cm	January 1, 2011
65779	Cover eye w/membrane suture	January 1, 2011
74176	Ct abd & pelvis	January 1, 2011

74176 TC	Ct abd & pelvis	January 1, 2011
74176 26	Ct abd & pelvis	January 1, 2011
74177	Ct abd & pelv w/contrast	January 1, 2011
74177 TC	Ct abd & pelv w/contrast	January 1, 2011
74177 26	Ct abd & pelv w/contrast	January 1, 2011
74178	Ct abd & pelv 1/> regns	January 1, 2011
74178 TC	Ct abd & pelv 1/> regns	January 1, 2011
74178 26	Ct abd & pelv 1/> regns	January 1, 2011
88177	Cytp fna eval ea addl	January 1, 2011
88177 TC	Cytp fna eval ea addl	January 1, 2011
88177 26	Cytp fna eval ea addl	January 1, 2011
99218	Initial observation care	January 1, 2011

The following HCPCS codes have MPFSDB indicator changes:

HCPCS Code	Short Descriptor	Indicator	Effective Date
22212	Revision of thorax spine	Co-Surgeons: 1	January 1, 2011
22222	Revision of thorax spine	Co-Surgeons: 1	January 1, 2011
31233	Nasal/sinus endoscopy dx	Assistant at Surgery: 0	January 1, 2011
31235	Nasal/sinus endoscopy dx	Assistant at Surgery: 0	January 1, 2011
64561	Implant neuroelectrodes	Bilateral Surgery: 1	January 1, 2011
74176 TC	Ct abd & pelvis	Physician Supervision of Diagnostic Procedures:01	January 1, 2011
J7184	Wilate injection	Procedure Status Code: I	July 1, 2011

The following HCPCS codes will be will be added to the MPFSDB:
Please note, more information on HCPCS "T" code additions listed below can be found in CR 7443, July 2011 Update of the Hospital Outpatient Prospective Payment System. More information on HCPCS "J" and "Q" code additions listed below can be found in CR 7303, Quarterly HCPCS Drug/Biological Code Changes-July 2011 Update. Additionally, policy and instructions on HCPCS Code Q2043 are addressed in CR 7431, Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer.

HCPCS Code: 0262T
Short Descriptor: Impltj pulm vlv evasc appr
Long Descriptor: Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00

Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: YYY
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0263T
Short Descriptor: Im b1 mrw cel ther cmpl
Long Descriptor: Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00

Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0264T
Short Descriptor: Im b1 mrw cel ther xcl hrvst
Long Descriptor: Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00

HCPCS Code: 0265T
Short Descriptor: Im b1 mrw cel ther hrvst onl
Long Descriptor: Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0

Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0266T
Short Descriptor: Implt/rpl crtd sns dev total
Long Descriptor: Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: YYY
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0267T
Short Descriptor: Implt/rpl crtd sns dev lead
Long Descriptor: Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: YYY
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0268T
Short Descriptor: Implt/rpl crtd sns dev gen
Long Descriptor: Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: YYY

Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0269T
Short Descriptor: Rev/remvl crtd sns dev total
Long Descriptor: Revision or removal of carotid sinus baroreflex activation device; total system
(includes generator placement, unilateral or bilateral lead placement, intra-operative
interrogation, programming, and repositioning, when performed)
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0270T
Short Descriptor: Rev/remvl crtd sns dev lead

Long Descriptor: Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0271T
Short Descriptor: Rev/remvl crtd sns dev gen
Long Descriptor: Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0

Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0272T
Short Descriptor: Interrogate crtd sns dev
Long Descriptor: Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 9
Team Surgery Indicator: 9
Physician Supervision Diagnostic Indicator: 09
Type of Service: 1
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0273T
Short Descriptor: Interrogate crtd sns w/pgrmg

Long Descriptor: Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: XXX
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 9
Team Surgery Indicator: 9
Physician Supervision Diagnostic Indicator: 09
Type of Service: 1
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0274T
Short Descriptor: Perq lamot/lam crv/thrc
Long Descriptor: Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0

Site of Service: 1
Global Surgery: YYY
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 0275T
Short Descriptor: Perq lamot/lam lumbar
Long Descriptor: Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar
Effective Date: July 1, 2011
Procedure Status: C
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 0
Site of Service: 1
Global Surgery: YYY
Multiple Procedure Indicator: 0
Bilateral Surgery Indicator: 0
Assistant at Surgery Indicator: 0
Co-Surgery Indicator: 0
Team Surgery Indicator: 0
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00

MP Used for OPPS Payment Amount: 0.00

HCPCS Code: Q2041
Short Descriptor: Wilate injection
Long Descriptor: Injection, Von Willebrand factor complex (human), Wilate, 1 I.U. VWF:RCO
Effective Date: July 1, 2011
Procedure Status: E
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 9
Site of Service: 9
Global Surgery: XXX
Multiple Procedure Indicator: 9
Bilateral Surgery Indicator: 9
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 9
Team Surgery Indicator: 9
Physician Supervision Diagnostic Indicator: 09
Type of Service: 1, 9
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: Q2042
Short Descriptor: Hydroxyprogesterone caproate
Long Descriptor: Injection, hydroxyprogesterone caproate, 1 mg
Effective Date: July 1, 2011
Procedure Status: E
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 9
Site of Service: 9
Global Surgery: XXX
Multiple Procedure Indicator: 9
Bilateral Surgery Indicator: 9

Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 9
Team Surgery Indicator: 9
Physician Supervision Diagnostic Indicator: 09
Type of Service: 1, 9
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: Q2043
Short Descriptor: Sipuleucel-T auto CD54+
Long Descriptor: Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Effective Date: July 1, 2011
Procedure Status: E
Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 9
Site of Service: 9
Global Surgery: XXX
Multiple Procedure Indicator: 9
Bilateral Surgery Indicator: 9
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 9
Team Surgery Indicator: 9
Physician Supervision Diagnostic Indicator: 09
Type of Service: 1, 9
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00

HCPCS Code: Q2044
Short Descriptor: Belimumab injection
Long Descriptor: Injection, belimumab, 10 mg
Effective Date: July 1, 2011
Procedure Status: E

Work RVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 9
Site of Service: 9
Global Surgery: XXX
Multiple Procedure Indicator: 9
Bilateral Surgery Indicator: 9
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 9
Team Surgery Indicator: 9
Physician Supervision Diagnostic Indicator: 09
Type of Service: 1, 9
Diagnostic Family Imaging Indicator: 99
Non-Facility PE Used for OPPS Payment Amount: 0.00
Facility PE Used for OPPS Payment Amount: 0.00
MP Used for OPPS Payment Amount: 0.00