

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3772	Date: May 12, 2017
	Change Request 10104

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July CY 2017 Update

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2017 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request amends those payment files. This Recurring Update Notification applies to Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, Section 30.1.

EFFECTIVE DATE: January 1, 2017

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

IMPLEMENTATION DATE: July 3, 2017

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: 3772	Date: May 12, 2017	Change Request: 10104
-------------	-------------------	--------------------	-----------------------

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July CY 2017 Update

EFFECTIVE DATE: January 1, 2017

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

IMPLEMENTATION DATE: July 3, 2017

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2017 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 15, 2016, to be effective for services furnished between January 1, 2017 and December 31, 2017.

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		
10104.1	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 will be notified via email when these files are available for retrieval. (See attachment for summary of changes and effective dates.)	X	X	X		X					
10104.2	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., A/B MAC name and number).	X	X	X							
10104.3	Medicare contractors need not search their files to either 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		
10104.4	Contractors shall, in accordance with Pub 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 day notices before implementing the changes identified in this CR.	X	X	X							
10104.5	CMS will send CWF files to facilitate duplicate billing edits: 1) Duplicate Radiology editing; 2) Duplicate Diagnostic editing; 3) Duplicate Pathology editing, and; 4) RVU and payment indicator files. CWF will be notified via email when these files have been sent to them. CWF shall compare the existing file to the new file and install any necessary changes.									X	
10104.6	Contractors shall add new CPT codes 0004U and 0005U with type of service (TOS) 5 to their systems effective for dates of service on and after May 1, 2017 (see the CR 10104 attachment for code descriptors).	X	X	X						X	
10104.7	Contractors shall add the following new HCPCS code and CPT Category III codes to their systems, with the type of service (TOS) listed below, effective for dates of service on and after July 1, 2017 (see the CR 10104 attachment for code descriptors and indicator information): TOS = 5 for Q9987 TOS = 1 for 0469T, 0472T through 0478T TOS = 4 for 0470T and 0471T NOTE: Modifiers TC and 26 apply to 0470T and 0471T.	X	X	X						X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E D I C A N	C O N T R A C T I N G
		A	B	H H H		
10104.8	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's 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		

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:
	N/A

Section B: All other recommendations and supporting information: MPFS - MU00.@BF12390.MPFS.CY2017.RV3.C00000.V0515

FI Abstracts – MU00.@BF12390.MPFS.CY17.SNF.V0515.FI

MU00.@BF12390.MPFS.CY17.ABSTR.V0515.FI

MU00.@BF12390.MPFS.CY17.MAMMO.V0515.FI

MU00.@BF12390.MPFS.CY17.HHH.V0515.FI

MU00.@BF12390.MPFS.CY17.PAYIND.V0515

V. CONTACTS

Pre-Implementation Contact(s): Donta Henson, 410-786-1947 or donta.henson1@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 10104: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July CY 2017 Update

Below is a summary of the changes for the July update to the 2017 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2017.

<u>CODE</u>	<u>ACTION</u>
20245	Global Days = 000
52441	Endo Base = 52000
64897	Co-Surgery = 1
64902	Co-Surgery = 1
J1725	Status = I, effective for dates of service July 1, 2017, or after.
P9072	Status = I, effective for dates of service July 1, 2017, or after.

The following new CPT codes have been added to the HCPCS file effective May 1, 2017. The HCPCS file coverage code is C (carrier judgment) for these new codes. Coverage and payment will be determined by the Medicare contractor (they are not part of the MPFSDB).

CPT Code	Short Descriptor	Long Descriptor
0004U	Nfct ds dna 27 resist genes	Infectious disease (bacterial), DNA, 27 resistance genes, PCR amplification and probe hybridization in microarray format (molecular detection and identification of AmpC, carbapenemase and ESBL coding genes), bacterial culture colonies, report of genes detected or not detected, per isolate
0005U	Onco prst8 3 gene ur alg	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score

The following new codes from CR 10107 have also been added to the MPFSDB effective July 1, 2017 (see CR 10107 for code descriptions and additional information):

<u>CODE</u>	<u>ACTION</u>
Q9984	Procedure Status = N; there are no RVUs, payment policy indicators do not apply.
Q9985	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q9986	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q9988	Procedure Status = X; there are no RVUs, payment policy indicators do not apply.
Q9989	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

The following new HCPCS and CPT Category III codes have been added effective July 1, 2017:

Code	Modifier	Short Descriptor	Long Descriptor	MPFSDB Indicator Information
Q9987		Pathogen test for platelets	Pathogen(s) test for platelets	Procedure Status X; there are no RVUs, payment policy indicators do not apply.
0469T		Rta polarize scan oc scr bi	Retinal polarization scan, ocular screening with on-site automated results, bilateral	Procedure Status N; there are no RVUs, payment policy

				indicators do not apply.
0470T	TC, 26	Oct skn img acquisj i&r 1st	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	Procedure Status C; PC/TC indicator 1; there are no RVUs, no other payment policy indicators apply.
0471T	TC, 26	Oct skn img acquisj i&r addl	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)	Procedure Status C; PC/TC indicator 1; there are no RVUs, no other payment policy indicators apply.
0472T		Prgrmg io rta eltrd ra	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	Procedure Status C; there are no RVUs, payment policy indicators do not apply.
0473T		Reprgrmg io rta eltrd ra	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	Procedure Status C; there are no RVUs, payment policy indicators do not apply.
0474T		Insj aqueous drg dev io rsvr	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Procedure Status C; there are no RVUs, payment policy indicators do not apply.
0475T		Rec ftl car sgl 3 ch i&r	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional	Procedure Status C; there are no RVUs, payment policy indicators do not apply.
0476T		Rec ftl car sgl elec tr data	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with	Procedure Status C; there are no RVUs, payment policy

			raw electronic signal transfer of data and storage	indicators do not apply.
0477T		Rec ftl car sgl xrtj alys	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	Procedure Status C; there are no RVUs, payment policy indicators do not apply.
0478T		Rec ftl car 3 ch rev i&r	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional	Procedure Status C; there are no RVUs, payment policy indicators do not apply.

CPT is a registered trademark of the American Medical Association.
 Copyright 2016 American Medical Association. All rights reserved.
 Updated November 29, 2016