

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3046	Date: August 22, 2014
	Change Request 8888

SUBJECT: October Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2014 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: October 1, 2014

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

IMPLEMENTATION DATE: October 6, 2014

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 obliged 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: 3046	Date: August 22, 2014	Change Request: 8888
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SUBJECT: October Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)

EFFECTIVE DATE: October 1, 2014

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

IMPLEMENTATION DATE: October 6, 2014

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2014 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on December 10, 2013, as modified by section 101 of the "Pathway for SGR Reform Act of 2013" to be effective for services furnished between January 1, 2014, and March 31, 2014. On April 1, 2014, the President signed the "Protecting Access to Medicare Act of 2014," which extends these rates through December 31, 2014.

B. Policy: In order to reflect appropriate payment policy as included in the CY 2014 MPFS Final Rule, the MPFSDB has been updated with October changes. These rates are effective through December 31, 2014.

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	
8888.1	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.	X	X	X		X				VDC
8888.2	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., MAC A / MAC B and number).	X	X	X						VDC
8888.3	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						
8888.4	Contractors shall, in accordance with Pub.100-04,	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	
	Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 days notices before implementing the changes identified in this CR.									
8888.5	CMS will send CWF files to facilitate duplicate billing edits: 1) Duplicate Radiology editing and 2) Duplicate Diagnostic editing and 3) Duplicate Pathology editing and 4) RVU and payment indicator files. CWF shall install these files into their systems. CWF will be notified via email when these files have been sent to them.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	CEDI
		A	B	H H H		
8888.6	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 one week of the availability of the provider education 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:

Section B: All other recommendations and supporting information: The MPFSDB October update filenames effective for October 1, 2014 to December 31, 2014: MPFS - MU00.@BF12390.MPFS.CY14.RV4.C00000.V0815

FI Abstracts: MU00.@BF12390.MPFS.CY14.SNF.V0815.FI

MU00.@BF12390.MPFS.CY14.PAYIND.V0815

MU00.@BF12390.MPFS.CY14.MAMMO.V0815.FI

MU00.@BF12390.MPFS.CY14.HHH.V0815.FI

MU00.@BF12390.MPFS.CY14.ABSTR.V0815.FI

See attachment for the full list of filenames.

V. CONTACTS

Pre-Implementation Contact(s): Ryan Howe, 410-786-3355 or RYAN.HOWE@CMS.HHS.GOV, Larry Chan, 410-786-6864 or Larry.Chan@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- Recurring Update Notification (Pub. 100-04) Change Request 8888

Subject: October Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: October 1, 2014

Implementation Date: October 6, 2014

IV. SUPPORTING INFORMATION

Section B: All other recommendations and supporting information

The Medicare Physician Fee Schedule Database (MPFSDB) October update filenames effective for October 1, 2014 to December 31, 2014:

MPFS - MU00.@BF12390.MPFS.CY14.RV4.C00000.V0815
(FQHC codes G0466, G0467, G0468, G0469, and G0470)

FI Abstracts:

MU00.@BF12390.MPFS.CY14.SNF.V0815.FI
MU00.@BF12390.MPFS.CY14.PAYIND.V0815
MU00.@BF12390.MPFS.CY14.MAMMO.V0815.FI
MU00.@BF12390.MPFS.CY14.HHH.V0815.FI
MU00.@BF12390.MPFS.CY14.ABSTR.V0815.FI

The Medicare Physician Fee Schedule Database (MPFSDB) October update filename effective for January 1, 2014 to December 31, 2014:

MPFS - MU00.@BF12390.MPFS.CY14.RV4.C00000.V0101
(G9361 - Med Ind for induction)

The Medicare Physician Fee Schedule Database (MPFSDB) October update filename effective for January 9, 2014 to December 31, 2014:

MPFS - MU00.@BF12390.MPFS.CY14.RV4.C00000.V0109
(0275T - Perq lamot/lam lumbar)

The Medicare Physician Fee Schedule Database (MPFSDB) October update filename effective for April 1, 2014 to December 31, 2014:

MPFS - MU00.@BF12390.MPFS.CY14.RV4.C00000.V0401
(G0471 - Ven blood coll SNF/HHA)

The Medicare Physician Fee Schedule Database (MPFSDB) October update filename effective for May 30, 2014 to December 31, 2014:

MPFS - MU00.@BF12390.MPFS.CY14.RV4.C00000.V0530
 (55970 - Sex transformation m to f)
 (55980 - Sex transformation f to m)

The Medicare Physician Fee Schedule Database (MPFSDB) October update filename effective for September 27, 2013 to December 31, 2014:

MPFS - MU00.@BF12390.MPFS.CY14.RV4.C00000.V092713
 (A9586 - Florbetapir f18)

The following **Federally Qualified Health Center (FQHC)** codes G0466, G0467, G0468, G0469, and G0470 are to be added to the MPFSDB effective October 1, 2014 (see CR 8743).

HCPCS Code	G0466	G0467	G0468	G0469	G0470
Procedure Status	X	X	X	X	X
Short Descriptor	FQHC visit new patient	FQHC visit, estab pt	FQHC visit, IPPE or AWV	FQHC visit, MH new pt	FQHC visit, MH estab pt
Effective Date	10/01/2014	10/01/2014	10/01/2014	10/01/2014	10/01/2014
Work RVU	0.00	0.00	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Full Non-Facility NA Indicator	(blank)	(blank)	(blank)	(blank)	(blank)
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Full Facility NA Indicator	(blank)	(blank)	(blank)	(blank)	(blank)
Malpractice RVU	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9
Co-Surgery Indicator	9	9	9	9	9
Team Surgery Indicator	9	9	9	9	9
PC/TC	9	9	9	9	9
Site of Service	9	9	9	9	9

Global Surgery	XXX	XXX	XXX	XXX	XXX
Pre	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
Type of Service	1	1	1	1	1
Long Descriptor	Federally Qualified Health Center (FQHC) visit, new patient	Federally Qualified Health Center (FQHC) visit, established patient	Federally Qualified Health Center (FQHC) visit, IPPE or AWV	Federally Qualified Health Center (FQHC) visit, mental health, new patient	Federally Qualified Health Center (FQHC) visit, mental health, established patient

HCPCS Code 55970 and 55980 shall have their Procedure Status Codes changed from “N”=“Noncovered service by Medicare” to “C”=“Carrier Priced”, and their Global Surgery Codes changed from “XXX” to “YYY”, effective May 30, 2014 (All other indicators should remain the same. See CR 8825.).

HCPCS Code A9586 shall have their Procedure Status Code changed from “N”=“Noncovered service by Medicare” to “C”=“Carrier Priced”, and their Global Surgery Code changed from “XXX” to “YYY”, effective September 27, 2013 (All other indicators should remain the same. See CR 8526.)

HCPCS Code G0471 “Ven blood coll SNF/HHA” shall be added to the 2014 Physician Fee Schedule, with the below indicators, and with a procedure status code of “X”, effective April 1, 2014. (See CR 8837).

HCPCS Code 0275T “Perq lamot/lam lumbar” shall be revised to the 2014 Physician Fee Schedule, with the below indicators, and with a procedure status code of “N”=“Noncovered by Medicare”, effective January 9, 2014 (See CR 8757).

The short descriptor for G9361 shall be corrected to read “Med Ind for induction”, effective January 1, 2014.

HCPCS Code	55970	55980	A9586	G0471	0275T
Procedure Status	C	C	C	X	N
Short Descriptor	Sex transformat ion m to f	Sex transformati on f to m	Florbetapir f18	Ven blood coll SNF/HHA	Perq lamot/lam lumbar
Effective Date	05/30/2014	05/30/2014	09/27/2013	04/01/2014	01/09/2014
Work RVU	0.00	0.00	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Full Non-Facility NA Indicator	(blank)	(blank)	(blank)	(blank)	(blank)
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Full Facility NA Indicator	(blank)	(blank)	(blank)	(blank)	(blank)
Malpractice RVU	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9
Co-Surgery Indicator	9	9	9	9	9
Team Surgery Indicator	9	9	9	9	9
PC/TC	9	9	9	9	9
Site of Service	9	9	9	9	9
Global Surgery	YYY	YYY	YYY	XXX	XXX
Pre	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99
Non-Facility PE used for OP PS Payment Amount	0.00	0.00	0.00	0.00	0.00
Facility PE used for OP PS Payment Amount	0.00	0.00	0.00	0.00	0.00

MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
Type of Service	2	2	4	9	2
Long Descriptor	Intersex surgery; male to female	Intersex surgery; female to male	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA).	(Percutaneous laminotomy/laminectomy (interlaminar 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)