

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3407	November 18, 2015
	Change Request 9266

Transmittal 3364, dated September 29, 2015, is being rescinded and replaced by Transmittal 3407, dated November 18, 2015, to update the list of revisions on the attachment. All other information remains the same.

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October CY 2015 Update

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2015 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, 2015

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

IMPLEMENTATION DATE: October 5, 2015

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	

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: 3407	Date: November 18, 2015	Change Request: 9266
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Transmittal 3364, dated September 29, 2015, is being rescinded and replaced by Transmittal 3407, dated November 18, 2015, to update the list of revisions on the attachment. All other information remains the same.

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October CY 2015 Update

EFFECTIVE DATE: January 1, 2015

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

IMPLEMENTATION DATE: October 5, 2015

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2015 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on December 19, 2014, to be effective for services furnished between January 1, 2015, and December 31, 2015.

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		
9266.1	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					
9266.2	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							
9266.3	Medicare contractors need not search their files to either 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.									
9266.4	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						
9266.5	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		

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		
9266.6	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 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:

Section B: All other recommendations and supporting information: (See CR9273 for Q9979 creation.)
There are 2 sets of files:

Update only files, 0.5% update files (DOS 10/1/15–12/31/15):

MPFS Payment File

MU00.@BF12390.MPFS.CY15.RV4UP05.C00000.V0815

FI Abstract Files

MU00.@BF12390.MPFS.CY15.UP05.ABSTR.V0815.FI

MU00.@BF12390.MPFS.CY15.UP05.HHH.V0815.FI

MU00.@BF12390.MPFS.CY15.UP05.MAMMO.V0815.FI

MU00.@BF12390.MPFS.CY15.UP05.PAYIND.V0815

MU00.@BF12390.MPFS.CY15.UP05.SNF.V0815.FI

Quarterly update 0% update files (DOS 1/1/15–6/30/15):

MPFS Payment File

MU00.@BF12390.MPFS.CY15.RV4UP0.C00000.V0815

FI Abstract Files

MU00.@BF12390.MPFS.UP0.ABSTR.V0815.FI

MU00.@BF12390.MPFS.UP0.HHH.V0815.FI

MU00.@BF12390.MPFS.UP0.MAMMO.V0815.FI

MU00.@BF12390.MPFS.UP0.PAYIND.V0815

MU00.@BF12390.MPFS.UP0.SNF.V0815.FI

V. CONTACTS

Pre-Implementation Contact(s): Kathleen Kersell, 410-786-2033 or kathleen.kersell@cms.hhs.gov , Ryan Howe, 410-786-3355 or ryan.howe@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1

Attachment for CR 9266: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) October CY 2015 Update

Changes included in the October update to the 2015 MPFSDB are effective for dates of service on and after January 1 (unless otherwise stated). These changes are as follows:

CPT/HCPCS/MOD ACTION

33471	Revised Malpractice Relative Value Unit =	5.63
33606	Revised Malpractice Relative Value Unit =	7.74
33611	Revised Malpractice Relative Value Unit =	8.73
33619	Revised Malpractice Relative Value Unit =	11.97
33676	Revised Malpractice Relative Value Unit =	9.06
33677	Revised Malpractice Relative Value Unit =	9.06
33692	Revised Malpractice Relative Value Unit =	8.88
33737	Revised Malpractice Relative Value Unit =	5.52
33755	Revised Malpractice Relative Value Unit =	5.46
33762	Revised Malpractice Relative Value Unit =	5.55
33764	Revised Malpractice Relative Value Unit =	5.55
33768	Revised Malpractice Relative Value Unit =	1.96
33770	Revised Malpractice Relative Value Unit =	9.59
33771	Revised Malpractice Relative Value Unit =	9.97
33775	Revised Malpractice Relative Value Unit =	8.11
33776	Revised Malpractice Relative Value Unit =	8.53
33777	Revised Malpractice Relative Value Unit =	8.40
33778	Revised Malpractice Relative Value Unit =	10.49
33779	Revised Malpractice Relative Value Unit =	10.62
33780	Revised Malpractice Relative Value Unit =	10.78
33781	Revised Malpractice Relative Value Unit =	10.60
33783	Revised Malpractice Relative Value Unit =	15.98
33786	Revised Malpractice Relative Value Unit =	10.28
33803	Revised Malpractice Relative Value Unit =	4.98
33813	Revised Malpractice Relative Value Unit =	5.24
33822	Revised Malpractice Relative Value Unit =	4.35
33840	Revised Malpractice Relative Value Unit =	5.23
33851	Revised Malpractice Relative Value Unit =	5.40
95866	Revised Bilateral Surgery Indicator =	3
95866-TC	Revised Bilateral Surgery Indicator =	3
95866-26	Revised Bilateral Surgery Indicator =	3
G0105	Revised Work Relative Value Unit =	3.69
G0121	Revised Work Relative Value Unit =	3.69
Q9979	Procedure status = E	Effective for services on or after 10-1-2015