

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10408	Date: October 27, 2020
	Change Request 11939

Transmittal 10288, dated, August 7, 2020, is being rescinded and replaced by Transmittal 10408, dated, October 27, 2020, to add a new business requirement for new CPT code 99072, and to update the attachment with additional information. All other information remains the same.

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2020 Update

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the 2020 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, 2020

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

IMPLEMENTATION DATE: October 5, 2020

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

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		
	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).										
11939.3	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							
11939.4	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 Change Request.	X	X	X							
11939.5	The CMS shall notify the Common Working File (CWF) maintainer via e-mail when the MPFSDB files are available for downloading, along with the file names for the files below to facilitate duplicate billing edits: 1) Duplicate Radiology editing; 2) Duplicate Diagnostic editing; 3) Pathology editing, and; 4) Relative Value Units (RVU) and payment indicator files.										CMS
11939.5.1	The CWF shall compare the existing files to the new files and install any necessary changes.									X	
11939.6	Contractors shall add new Current Procedural Terminology (CPT) code 99072 to their systems with type of service 1 effective for dates of service on and after September 8, 2020 (see the CR 11939 attachment for code descriptors and indicator information).	X	X	X						X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C W F

		A	B	H H H	M A C	I
11939.7	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 File – MU00.@BF12390.MPFS.CY2020.RV4.C00000.V0815

FI Abstract Files –

MU00.@BF12390.MPFS.CY20.ABSTR.V0815.FI

MU00.@BF12390.MPFS.CY20.HHH.V0815.FI

MU00.@BF12390.MPFS.CY20.MAMMO.V0815.FI

MU00.@BF12390.MPFS.CY20.PAYIND.V0815

MU00.@BF12390.MPFS.CY20.SNF.V0815.FI

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 , Julie Adams, 410-786-8932 or julie.adams@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 11939: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – October 2020 Update

Below is a summary of the changes for the October update to the 2020 MPFSDB.

The following short descriptors on the MPFSDB have been revised:

CODE ACTION

G2011 Effective October 1, 2020, Short Descriptor = Alcohol/sub misuse assess
J9305 Effective October 1, 2020, Short Descriptor = Inj. pemetrexed nos 10mg
86318 Effective April 10, 2020, Short Descriptor = Ia infectious agent antibody
3170F Effective May 20, 2020, Short Descriptor = Baselin flo cytometry b/4 tx

The following new code is effective for dates of service June 25, 2020, and after. This code was implemented under CR 11736 for the October 2020 HCPCS update.

CODE ACTION

87426 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

The Global Days have been revised for the following code effective for dates of service July 1, 2020, and after:

CODE ACTION

0599T Global Days = ZZZ

The following change is effective for dates of service September 15, 2020, and after:

CODE ACTION

A4226 Procedure Status = I

The following new codes are effective for dates of service August 10, 2020, and after. These codes were implemented under CR 11736 for the October 2020 HCPCS update.

CODE ACTION

86408 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.
86409 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

The following new code is effective for dates of service September 8, 2020, and after. This code was implemented under CR 11937 (Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment).

CODE ACTION

86413 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

The following new codes are effective for dates of service October 1, 2020, and after. These codes were implemented under CR 11736 for the October 2020 HCPCS update.

CODE ACTION

G1020 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.
G1021 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.
G1022 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.
G1023 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

J1437 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J1632 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J1738 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J3032 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J3241 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J7351 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J9227 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J9304 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4249 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4250 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4254 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4255 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q9001 Procedure Status = I; there are no RVUs, payment policy indicators do not apply.
 Q9002 Procedure Status = I; there are no RVUs, payment policy indicators do not apply.
 Q9003 Procedure Status = I; there are no RVUs, payment policy indicators do not apply.
 T2047 Procedure Status = I; there are no RVUs, payment policy indicators do not apply.
 V2524 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.

The following new CPT code is effective for dates of service September 8, 2020, and after:

Code	Short Descriptor	Long Descriptor
99072	ADDL SUPL MATRL&STAF TM PHE	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease

On the MPFSDB file, code 99072 is Procedure Status B. There are no RVUs and payment policy indicators do not apply. The Global Days are XXX.