

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 4109</b>	<b>Date: August 10, 2018</b>
	<b>Change Request 10898</b>

**SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2018 Update**

**I. SUMMARY OF CHANGES:** Payment files were issued to contractors based upon the 2018 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, 2018**

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

**IMPLEMENTATION DATE: October 1, 2018**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 4109	Date: August 10, 2018	Change Request: 10898
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**IMPLEMENTATION DATE: October 1, 2018**

## I. GENERAL INFORMATION

**A. Background:** Payment files were issued to contractors based upon the 2018 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 15, 2017, to be effective for services furnished between January 1, 2018 and December 31, 2018.

**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		
10898.1	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 shall be notified via email when these files are available for retrieval. (See attachment for summary of changes and effective dates.)	X	X	X		X					
10898.2	The contractors shall notify CMS of successful receipt via e-mail to <a href="mailto:price_file_receipt@cms.hhs.gov">price_file_receipt@cms.hhs.gov</a> , stating the name of the file received (e.g., CLAB, Average 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).	X	X	X							
10898.3	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							

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	
10898.4	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 CR.	X	X	X						
10898.5	The CMS shall send the Common Working File (CWF) files to facilitate duplicate billing edits:  1) Duplicate Radiology editing;  2) Duplicate Diagnostic editing;  3) Duplicate Pathology editing, and;  4) Relative Value Units (RVU) and payment indicator files.  The CWF shall be notified via email when these files have been sent to them. The 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		
10898.6	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:
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**Section B: All other recommendations and supporting information:** The file for the Part B MACs is MU00.@BF12390.MPFS.CY2018.RV4.C00000.V0815

The FI Abstract file names are:

MU00.@BF12390.MPFS.CY18.ABSTR.V0815.FI

MU00.@BF12390.MPFS.CY18.HHH.V0815.FI

MU00.@BF12390.MPFS.CY18.MAMMO.V0815.FI

MU00.@BF12390.MPFS.CY18.PAYIND.V0815

MU00.@BF12390.MPFS.CY18.SNF.V0815.FI

#### V. CONTACTS

**Pre-Implementation Contact(s):** Michael Soracoe, 410-786-6312 or Michael.Soracoe@cms.hhs.gov , Gail Addis, 410 786-4522 or Gail.Addis@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 10898: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – October 2018 Update

Below is a summary of the changes for the October update to the 2018 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2018.

The following “Q” codes are effective on or after July 1, 2018 (see CR 10626 for additional information on HCPCS code Q9994 and CR 10624 on HCPCS codes Q5105 and Q5106).

<b><u>CODE</u></b>	<b><u>ACTION</u></b>
Q9994	Procedure Status = X; there are no RVUs, payment policy indicators do not apply.
Q5105	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q5106	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

HCPCS code Q5108 is effective 7/12/2018. See CR 10834 for more information.

<b><u>CODE</u></b>	<b><u>ACTION</u></b>
Q5108	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

The HCPCS codes listed below have been added to the MPFSDB effective for dates of service on and after October 1, 2018. All of these new codes were communicated through other instructions. Please consult those instructions for the description and other information.

<b><u>HCPCS</u></b>	<b><u>ACTION</u></b>
G9978	Non-Facility & Facility PE RVU = 0.23. All other MPFS indicators & RVUs = 99201.
G9979	Non-Facility & Facility PE RVU = 0.42. All other MPFS indicators & RVUs = 99202.
G9980	Non-Facility & Facility PE RVU = 0.60. All other MPFS indicators & RVUs = 99203.
G9981	Non-Facility & Facility PE RVU = 1.01. All other MPFS indicators & RVUs = 99204.
G9982	Non-Facility & Facility PE RVU = 1.32. All other MPFS indicators & RVUs = 99205.
G9983	Non-Facility & Facility PE RVU = 0.20. All other MPFS indicators & RVUs = 99212
G9984	Non-Facility & Facility PE RVU = 0.41. All other MPFS indicators & RVUs = 99213
G9985	Non-Facility & Facility PE RVU = 0.62. All other MPFS indicators & RVUs = 99214
G9986	Non-Facility & Facility PE RVU = 0.88. All other MPFS indicators & RVUs = 99215
G9987	Non-Facility & Facility PE RVU = 1.06. All other MPFS indicators & RVUs = G9187.