

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1015</b>	<b>Date: January 20, 2012</b>
	<b>Change Request 7737</b>

**SUBJECT: Emergency Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)**

**I. SUMMARY OF CHANGES:** Payment files were issued to contractors based on the CY 2012 Medicare Physician Fee Schedule Final Rule. This change request amends those payment files.

**EFFECTIVE DATE: January 1, 2012**

**IMPLEMENTATION DATE: No later than January 26, 2012**

*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	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**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:**

**One-Time Notification**

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

## Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1015	Date: January 20, 2012	Change Request: 7737
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**SUBJECT: Emergency Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)**

**EFFECTIVE DATE: January 1, 2012**

**IMPLEMENTATION DATE: No later than January 26, 2012**

### I. GENERAL INFORMATION

**A. Background:** Payment files were issued to contractors based upon the CY 2012 Medicare Physician Fee Schedule (MPFS) Final Rule, issued on November 1, 2011, and published in the *Federal Register* on November 28, 2011. This change request amends those payment files to include corrections described in the CY 2012 MPFS Final Rule Correction Notice, as well as relevant statutory changes applicable January 1, 2012. Therefore, new MPFS payment files have been created and are available.

### B. Policy:

#### Medicare Physician Fee Schedule Revisions and Updates

Some physician work, practice expense and malpractice Relative Value Units (RVUs) published in the CY 2012 MPFS Final Rule have been revised to align their values with the CY 2012 MPFS Final Rule policies. These changes are discussed in the CY 2012 MPFS Final Rule Correction Notice and revised RVU values are found in Addendum B and Addendum C of the CY 2012 MPFS Final Rule Correction Notice. In addition to RVU revisions, changes have been made to some HCPCS code payment indicators in order to reflect the appropriate payment policy. Procedure status indicator changes will also be reflected in Addendum B and Addendum C of the CY 2012 MPFS Final Rule Correction Notice. Other payment indicator changes will be included, along with the RVU and procedure status indicator changes, in the CY 2012 MPFS Final Rule Correction Notice public use data files which are located at:

<http://www.cms.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage>. Changes to the physician work RVUs and payment indicators can be found in the attachment to this change request (CR). Changes to practice expense RVUs are reflected in Addendum B and Addendum C of the CY 2012 MPFS Final Rule Correction Notice.

Legislative changes subsequent to issuance of the CY 2012 MPFS Final Rule, specifically, the Temporary Payroll Tax Cut Continuation Act of 2011 (TPTCCA), have led to the further revision of the values published in the CY 2012 MPFS Final Rule Correction Notice, including a change to the conversion factor. This new law prevents a scheduled payment cut for physicians and other practitioners who treat Medicare patients from taking effect immediately. While the negative update for the 2012 MPFS is now scheduled to take effect on March 1, 2012, the Administration remains strongly opposed to letting this cut take effect. The Centers for Medicare & Medicaid Services will work quickly to update MPFS payment rates in the event Congress passes legislation to prevent the negative update from going into effect. Please be on the alert for more information about the 2012 physician update as it becomes available.

Due to these changes, the MPFS database (MPFSDB) has been revised to include MPFS policy and payment indicator revisions described above, as well as relevant statutory changes applicable January 1, 2012. A new MPFSDB reflecting payment policy as of January 1, 2012, has been created and made available. The CY 2012 MPFS payment file names are below.

Physician Fee Schedule: [MU00.@BF12390.MPFS.CY12.RV1.C00000.V0101.EXT](#)

Purchased Diagnostic File: [MU00.@BF12390.MPFS.CY12.PURDIAG.V0101.EXT](#)  
 Anesthesia File: [MU00.@BF12390.MPFS.CY12.ANES.EXT.V0101](#)  
 FI Abstract Files: [MU00.@BF12390.MPFS.CY12.ABSTR.V0101.FI.EXT](#)  
[MU00.@BF12390.MPFS.CY12.MAMMO.V0101.FI.EXT](#)  
[MU00.@BF12390.MPFS.CY12.PAYIND.V0101.EXT](#)  
[MU00.@BF12390.MPFS.CY12.SNF.V0101.FI.EXT](#)  
[MU00.@BF12390.MPFS.CY12.SUPL.V0101.FI.EXT](#)  
[MU00.@BF12390.MPFS.CY12.V0101.RHHI.EXT](#)

**Temporary Payroll Tax Cut Continuation Act of 2011**

On December 23, 2011, President Obama signed into law the Temporary Payroll Tax Cut Continuation Act of 2011 (TPTCCA). This law contains a number of Medicare provisions which extend current Medicare fee-for-service program policies, and prevents a scheduled payment cut for physicians and other practitioners who treat Medicare patients from taking effect immediately. A summary of the TPTCCA provisions relevant to the MPFS payment files are provided below.

*Medicare Physician Payment Update*

Section 301 of the TPTCCA prevents a payment cut for physicians that would have taken effect on January 1, 2012. An update of zero percent is effective for claims with dates of service January 1, 2012, through February 29, 2012. While the physician fee schedule update will be zero percent, other changes to the relative value units used to calculate the fee schedule rates must be budget neutral. To make those changes budget neutral, the conversion factor must be adjusted for 2012. Therefore, the conversion factor will not be unchanged in CY 2012 from CY 2011. The revised conversion factor to be used for physician payment as of January 1, 2012 is \$34.0376. The calculation of the CY 2012 conversion factor is illustrated in the following table.

December 2011 Conversion Factor		\$33.9764
TPTCCA of 2011 “Zero Percent Update”	0.0 percent (1.000)	
CY 2012 RVU Budget Neutrality Adjustment	0.2 percent (1.0018)	
CY 2012 Conversion Factor thru 2/29/12		\$34.0376

The revised CY 2012 MPFS payment files will reflect this conversion factor through February 29, 2012.

*Extension of Medicare Physician Work Geographic Adjustment Floor*

Current law requires payment rates under the MPFS to be adjusted geographically to reflect area differences in the cost of practice. The following three components of the MPFS payment are adjusted: physician work, practice expense, and malpractice expense. Section 303 of the TPTCCA extends the existing 1.0 floor on the physician work geographic practice cost index, through February 29, 2012. This change is included in the revised CY 2012 MPFS payment files. Updated CY 2012 GPCIs are included in the attachment to this CR.

*Extension of MPFS Mental Health Add-On*

For calendar year 2011, certain mental health services' payment rates continued to be increased by five percent over what they would otherwise be paid using the standard MPFS payment methodology. Section 307 of the TPTCCA extends the five percent increase in payments for these mental health services, through February 29, 2012. This five percent increase is reflected in the revised CY 2012 MPFS payment files. The list of Psychiatry CPT codes that represent the specified services subject to this payment policy are included in the attachment to this CR.

*Extension of Exceptions Process for Medicare Therapy Caps*

Section 304 of the TPTCCA extends the exceptions process for outpatient therapy caps. Outpatient therapy service providers may continue to submit claims with the KX modifier, when an exception is appropriate, for services furnished on or after January 1, 2012, through February 29, 2012.

The therapy caps are determined on a calendar year basis, so all patients begin a new cap year on January 1, 2012. For physical therapy and speech language pathology services combined, the limit on incurred expenses is \$1,880. For occupational therapy services, the limit is \$1,880. Deductible and coinsurance amounts applied to therapy services count toward the amount accrued before a cap is reached, and also apply for services above the cap where the KX modifier is used.

*Extension of Payment for the Technical Component (TC) of Certain Physician Pathology Services*

In the CY 2000 PFS Final Rule, published in the Federal Register on November 2, 1999, CMS finalized a policy to pay only the hospital for the TC of physician pathology services furnished to hospital patients. Under prior policy, independent laboratories continued to be paid for the technical component of a pathology service provided to a hospital patient. At the request of the industry, to allow those independent laboratories that were separately paid for the technical component of a physician pathology service provided to a hospital patient sufficient time to negotiate new arrangements with hospitals, the implementation of this rule was administratively delayed until 2001. Subsequent legislation formalized a moratorium on the implementation of the rule.

Although the most recent extension of the moratorium expired at the end of 2011, section 305 of the TPTCCA restores the moratorium through February 29, 2012. Therefore, those independent laboratories that are eligible may continue to submit claims to Medicare for the TC of physician pathology services furnished to patients of a hospital, regardless of the beneficiary's hospitalization status (inpatient or outpatient) on the date that the service was furnished. This policy is effective for claims with dates of service on or after January 1, 2012, through February 29, 2012.

*Extension of the Minimum Payment for Bone Mass Measurement*

Section 3111(a) of the Affordable Care Act changed the payment calculation for dual-energy x-ray absorptiometry (DXA) services described CPT codes 77080 (Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)) and 77082 (Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment) for CYs 2010 and 2011. This provision required payment for these services at 70 percent of the product of the CY 2006 RVUs for these DXA codes, the CY 2006 CF, and the geographic adjustment for the relevant payment year. We provided for payment in CYs 2010 and 2011 under the PFS for CPT codes 77080 and 77082 at the specified rates. Because this provision did not include CY 2012, the CY 2012 PFS final rule with comment period listed resource-based, rather than imputed, RVUs for CPT codes 77080 and 77082. However, Section 309 of the TPTCCA extended the Affordable Care Act minimum payment for bone mass measurement for the first two months of CY 2012. For claims with dates of service on or after January 1, 2012 through February 29, 2012, CPT codes 77080 and 77082 will be paid at 70 percent of the product of the CY 2006 RVUs, the CY 2006 CF, and the geographic adjustment for the CY 2012. The revised CY 2012 work, PE, and malpractice RVUs for CPT codes 77080 and 77082 are shown below.

<b>RVUs for DXA CPT codes 77080 and 77082, January 1, 2012 through February 29, 2012</b>							
CPT Code	Modifier	Work RVU	Fully Implemented Non-Facility PE RVU	Transitional Non-facility PE RVU	Fully Implemented Facility PE RVU	Transitional Facility PE RVU	Malpractice RVU
77080		0.23	2.50	2.50	N/A	N/A	0.14



		M A C	M A C		R I E R	I	F I S S	M C S	V M S	C W F	
7737.6	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site 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 your 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.</p>	X		X	X						

#### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: For all other recommendations and supporting information, use this space: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Sara Vitolo, [sara.vitolo@cms.hhs.gov](mailto:sara.vitolo@cms.hhs.gov); Charles Campbell, [Charles.campbell@cms.hhs.gov](mailto:Charles.campbell@cms.hhs.gov); Larry Chan, [larry.chan@cms.hhs.gov](mailto:larry.chan@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable; Appropriate Regional Office

#### VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: 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.

**ATTACHMENT:** Emergency Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)

**ATTACHMENT: Emergency Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)**

**Effective Date:** January 1, 2012  
**Implementation Date:** No later than January 26, 2012

**1. MPFSDB Physician Work RVU and Payment Indicator Changes Included in the Emergency Update to the CY 2012 MPFSDB**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>Revision</b>
G0422	Intens cardiac rehab w/exerc	Work RVU: 1.06
G0423	Intens cardiac rehab no exer	Work RVU: 1.06
G0449	Annual obesity screen 15 min	Deleted*
G0450	Screen STI w four lab test	Deleted**
77080	Dxa bone density axial	Work RVU: 0.23
77080 26	Dxa bone density axial	Work RVU: 0.23
77082	Dxa bone density vert fx	Work RVU: 0.13
77082 26	Dxa bone density vert fx	Work RVU: 0.13
81200	Aspa gene	Procedure Status: B
81205	Bckdhb gene	Procedure Status: B
81206	Bcr/abl1 gene major bp	Procedure Status: B
81207	Bcr/abl1 gene minor bp	Procedure Status: B
81208	Bcr/abl1 gene other bp	Procedure Status: B
81209	Blm gene	Procedure Status: B
81210	Braf gene	Procedure Status: B
81211	Brca1&2 seq & com dup/del	Procedure Status: B
81212	Brca1&2 185&5385&6174 var	Procedure Status: B
81213	Brca1&2 uncom dup/del var	Procedure Status: B
81214	Brca1 full seq & com dup/del	Procedure Status: B
81215	Brca1 gene known fam variant	Procedure Status: B
81216	Brca2 gene full sequence	Procedure Status: B
81217	Brca2 gene known fam variant	Procedure Status: B
81220	Cftr gene com variants	Procedure Status: B
81221	Cftr gene known fam variants	Procedure Status: B
81222	Cftr gene dup/delet variants	Procedure Status: B
81223	Cftr gene full sequence	Procedure Status: B
81224	Cftr gene intron poly t	Procedure Status: B
81225	Cyp2c19 gene com variants	Procedure Status: B
81226	Cyp2d6 gene com variants	Procedure Status: B
81227	Cyp2c9 gene com variants	Procedure Status: B
81228	Cytogen micrarray copy nibr	Procedure Status: B
81229	Cytogen m array copy no&snp	Procedure Status: B
81240	F2 gene	Procedure Status: B
81241	F5 gene	Procedure Status: B



81242	Fancc gene	Procedure Status: B
81243	Fmr1 gene detection	Procedure Status: B
81244	Fmr1 gene characterization	Procedure Status: B
81245	Flt3 gene	Procedure Status: B
81250	G6pc gene	Procedure Status: B
81251	Gba gene	Procedure Status: B
81255	Hexa gene	Procedure Status: B
81256	Hfe gene	Procedure Status: B
81257	Hba1/hba2 gene	Procedure Status: B
81260	Ikbkap gene	Procedure Status: B
81261	Igh gene rearrange amp meth	Procedure Status: B
81262	Igh gene rearrang dir probe	Procedure Status: B
81263	Igh vari regional mutation	Procedure Status: B
81264	Igk rearrangeabn clonal pop	Procedure Status: B
81265	Str markers specimen anal	Procedure Status: B
81266	Str markers spec anal addl	Procedure Status: B
81267	Chimerism anal no cell selec	Procedure Status: B
81268	Chimerism anal w/cell select	Procedure Status: B
81270	Jak2 gene	Procedure Status: B
81275	Kras gene	Procedure Status: B
81280	Long qt synd gene full seq	Procedure Status: B
81281	Long qt synd known fam var	Procedure Status: B
81282	Long qt syn gene dup/dlt var	Procedure Status: B
81290	Mcoln1 gene	Procedure Status: B
81291	Mthfr gene	Procedure Status: B
81292	Mlh1 gene full seq	Procedure Status: B
81293	Mlh1 gene known variants	Procedure Status: B
81294	Mlh1 gene dup/delete variant	Procedure Status: B
81295	Msh2 gene full seq	Procedure Status: B
81296	Msh2 gene known variants	Procedure Status: B
81297	Msh2 gene dup/delete variant	Procedure Status: B
81298	Msh6 gene full seq	Procedure Status: B
81299	Msh6 gene known variants	Procedure Status: B
81300	Msh6 gene dup/delete variant	Procedure Status: B
81301	Microsatellite instability	Procedure Status: B
81302	Mecp2 gene full seq	Procedure Status: B
81303	Mecp2 gene known variant	Procedure Status: B
81304	Mecp2 gene dup/delet variant	Procedure Status: B
81310	Npm1 gene	Procedure Status: B
81315	Pml/raralpha com breakpoints	Procedure Status: B
81316	Pml/raralpha 1 breakpoint	Procedure Status: B
81317	Pms2 gene full seq analysis	Procedure Status: B
81318	Pms2 known familial variants	Procedure Status: B
81319	Pms2 gene dup/delet variants	Procedure Status: B
81330	Smpd1 gene common variants	Procedure Status: B

81331	Snrpn/ube3a gene	Procedure Status: B
81332	Serpina1 gene	Procedure Status: B
81340	Trb@ gene rearrange amplify	Procedure Status: B
81341	Trb@ gene rearrange dirprobe	Procedure Status: B
81342	Trg gene rearrangement anal	Procedure Status: B
81350	Ugt1a1 gene	Procedure Status: B
81355	Vkorc1 gene	Procedure Status: B
81370	Hla i & ii typing lr	Procedure Status: B
81371	Hla i & ii type verify lr	Procedure Status: B
81372	Hla i typing complete lr	Procedure Status: B
81373	Hla i typing 1 locus lr	Procedure Status: B
81374	Hla i typing 1 antigen lr	Procedure Status: B
81375	Hla ii typing ag equiv lr	Procedure Status: B
81376	Hla ii typing 1 locus lr	Procedure Status: B
81377	Hla ii type 1 ag equiv lr	Procedure Status: B
81378	Hla i & ii typing hr	Procedure Status: B
81379	Hla i typing complete hr	Procedure Status: B
81380	Hla i typing 1 locus hr	Procedure Status: B
81381	Hla i typing 1 allele hr	Procedure Status: B
81382	Hla ii typing 1 loc hr	Procedure Status: B
81383	Hla ii typing 1 allele hr	Procedure Status: B
81400	Mopath procedure level 1	Procedure Status: B
81401	Mopath procedure level 2	Procedure Status: B
81402	Mopath procedure level 3	Procedure Status: B
81403	Mopath procedure level 4	Procedure Status: B
81404	Mopath procedure level 5	Procedure Status: B
81405	Mopath procedure level 6	Procedure Status: B
81406	Mopath procedure level 7	Procedure Status: B
81407	Mopath procedure level 8	Procedure Status: B
81408	Mopath procedure level 9	Procedure Status: B
96110	Developmental screen	Procedure Status: N

\*We are deleting screening code G0449 (Annual face to face obesity screening, 15 minutes) previously released on the 2012 HCPCS file, from the MPFSDB, effective November 29, 2011. This screening service will now be identified using ICD-9 diagnosis codes. Coding and billing instructions will be issued in an upcoming CMS Change Request.

\*\*We are deleting screening code G0450 (Screening for sexually transmitted infections, includes laboratory tests for Chlamydia, Gonorrhea, Syphilis, and Hepatitis B) previously released on the 2012 HCPCS file, from the MPFSDB, effective November 8, 2011. This screening service will now be identified using ICD-9 diagnosis codes. Coding and billing instructions will be issued in an upcoming CMS Change Request.

**2. Temporary Payroll Tax Cut Continuation Act of 2011, Extension of Medicare Physician Work Geographic Adjustment Floor, Updated Geographic Practice Cost Indices (GPCIs) by State and Medicare Locality**

<b>Contractor</b>	<b>Locality</b>	<b>Locality name</b>	<b>State</b>	<b>2012 Work GPCI<sup>3</sup></b>	<b>2012 PE GPCI<sup>4</sup></b>	<b>2012 MP GPCI</b>
10102	00	Alabama	Alabama	1.000	0.878	0.474
00831	01	Alaska**	Alaska	1.500	1.067	0.661
03102	00	Arizona	Arizona	1.000	0.978	1.015
00520	13	Arkansas	Arkansas	1.000	0.865	0.450
01192	26	Anaheim/Santa Ana, CA	California	1.044	1.218	0.676
01192	18	Los Angeles, CA	California	1.036	1.154	0.642
01102	03	Marin/Napa/Solano, CA	California	1.051	1.248	0.456
01102	07	Oakland/Berkeley, CA	California	1.058	1.254	0.516
01102	99	Rest of California*	California	1.024	1.085	0.547
01192	99	Rest of California*	California	1.024	1.085	0.547
01102	05	San Francisco, CA	California	1.072	1.360	0.516
01102	06	San Mateo, CA	California	1.072	1.354	0.516
01102	09	Santa Clara, CA	California	1.077	1.337	0.516
01192	17	Ventura, CA	California	1.034	1.193	0.605
04102	01	Colorado	Colorado	1.000	1.004	0.872
13102	00	Connecticut	Connecticut	1.024	1.110	1.235
12202	01	DC + MD/VA Suburbs	DC/MD/VA	1.049	1.198	1.130
12102	01	Delaware	Delaware	1.012	1.044	0.672
09102	03	Fort Lauderdale, FL	Florida	1.000	1.051	1.982
09102	04	Miami, FL	Florida	1.000	1.054	2.815
09102	99	Rest of Florida	Florida	1.000	0.968	1.553
10202	01	Atlanta, GA	Georgia	1.002	1.015	0.949
10202	99	Rest of Georgia	Georgia	1.000	0.898	0.928
01202	01	Hawaii/Guam	Hawaii	1.000	1.154	0.700
05130	00	Idaho	Idaho	1.000	0.894	0.603
00952	16	Chicago, IL	Illinois	1.030	1.051	2.077
00952	12	East St. Louis, IL	Illinois	1.000	0.936	1.934
00952	99	Rest of Illinois	Illinois	1.000	0.909	1.336
00952	15	Suburban Chicago, IL	Illinois	1.025	1.072	1.706
00630	00	Indiana	Indiana	1.000	0.923	0.613
05102	00	Iowa	Iowa	1.000	0.887	0.456
05202	00	Kansas	Kansas	1.000	0.894	0.957

15102	00	Kentucky	Kentucky	1.000	0.871	0.752
00528	01	New Orleans, LA	Louisiana	1.000	0.976	0.921
00528	99	Rest of Louisiana	Louisiana	1.000	0.877	0.744
14102	99	Rest of Maine	Maine	1.000	0.904	0.676
14102	03	Southern Maine	Maine	1.000	1.024	0.676
12302	01	Baltimore/Surr. Cntys, MD	Maryland	1.027	1.097	1.206
12302	99	Rest of Maryland	Maryland	1.011	1.035	0.987
14202	01	Metropolitan Boston	Massachusetts	1.014	1.149	0.790
14202	99	Rest of Massachusetts	Massachusetts	1.013	1.062	0.790
00953	01	Detroit, MI	Michigan	1.022	1.023	1.814
00953	99	Rest of Michigan	Michigan	1.000	0.923	1.069
00954	00	Minnesota	Minnesota	1.000	1.012	0.282
00512	00	Mississippi	Mississippi	1.000	0.866	0.761
05302	02	Metropolitan Kansas City, MO	Missouri	1.000	0.953	1.233
05302	01	Metropolitan St Louis, MO	Missouri	1.000	0.964	1.064
05302	99	Rest of Missouri	Missouri	1.000	0.851	1.023
03202	01	Montana ***	Montana	1.000	1.000	1.103
05402	00	Nebraska	Nebraska	1.000	0.904	0.322
01302	00	Nevada ***	Nevada	1.000	1.058	1.232
14302	40	New Hampshire	New Hampshire	1.000	1.044	0.860
12402	01	Northern NJ	New Jersey	1.044	1.186	1.045
12402	99	Rest of New Jersey	New Jersey	1.021	1.126	1.045
04202	05	New Mexico	New Mexico	1.000	0.916	0.997
13202	01	Manhattan, NY	New York	1.062	1.162	1.271
13202	02	NYC Suburbs/Long I., NY	New York	1.049	1.212	1.441
13202	03	Poughkpsie/N NYC Suburbs, NY	New York	1.011	1.065	1.081
13292	04	Queens, NY	New York	1.062	1.195	1.491
13282	99	Rest of New York	New York	1.000	0.939	0.562
11502	00	North Carolina	North Carolina	1.000	0.927	0.695
03302	01	North Dakota ***	North Dakota	1.000	1.000	0.517
15202	00	Ohio	Ohio	1.000	0.927	1.240
04302	00	Oklahoma	Oklahoma	1.000	0.856	0.734
00835	01	Portland, OR	Oregon	1.005	1.044	0.625
00835	99	Rest of Oregon	Oregon	1.000	0.962	0.625
12502	01	Metropolitan Philadelphia, PA	Pennsylvania	1.014	1.059	1.624
12502	99	Rest of Pennsylvania	Pennsylvania	1.000	0.913	1.123
09202	20	Puerto Rico	Puerto Rico	1.000	0.678	0.249

14402	01	Rhode Island	Rhode Island	1.017	1.052	1.187
11202	01	South Carolina	South Carolina	1.000	0.909	0.520
03402	02	South Dakota***	South Dakota	1.000	1.000	0.432
10302	35	Tennessee	Tennessee	1.000	0.898	0.523
04402	31	Austin, TX	Texas	1.000	1.009	0.751
04402	20	Beaumont, TX	Texas	1.000	0.896	0.923
04402	09	Brazoria, TX	Texas	1.009	0.987	0.923
04402	11	Dallas, TX	Texas	1.009	1.017	0.834
04402	28	Fort Worth, TX	Texas	1.000	0.979	0.826
04402	15	Galveston, TX	Texas	1.009	0.996	0.985
04402	18	Houston, TX	Texas	1.009	1.002	0.923
04402	99	Rest of Texas	Texas	1.000	0.912	0.809
03502	09	Utah	Utah	1.000	0.916	1.102
14502	50	Vermont	Vermont	1.000	1.008	0.554
09202	50	Virgin Islands	Virgin Islands	1.000	1.002	1.010
11302	00	Virginia	Virginia	1.000	0.977	0.731
00836	99	Rest of Washington	Washington	1.000	1.012	0.861
00836	02	Seattle (King Cnty), WA	Washington	1.025	1.144	0.881
11402	16	West Virginia	West Virginia	1.000	0.828	1.229
00951	00	Wisconsin	Wisconsin	1.000	0.960	0.547
03602	21	Wyoming ***	Wyoming	1.000	1.000	1.233

<sup>3</sup> 2012 work GPCI reflects a 1.0 work floor as established by TPTCCA

<sup>4</sup> 2012 PE GPCI does not reflect a limited recognition of cost differences for the rent and employee compensation components which expired December 31, 2011 as required by the Affordable Care Act.

\* Indicates multiple contractors.

\*\* Work GPCI reflects a 1.5 floor in Alaska established by the Medicare Improvements for Patients and Providers Act (MIPPA).

\*\*\* 2011 and 2012 PE GPCIs reflect a 1.0 floor for frontier states as required by the Affordable Care Act.

**3. Temporary Payroll Tax Cut Continuation Act of 2011, Extension of Physician Fee Schedule Mental Health Add-On Payment, Psychiatry CPT Codes that Represent Temporary Payroll Tax Cut Continuation Act of 2011 Specified Services**

<b>Office or Other Outpatient Facility</b>	
<b>Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy</b>	
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
<b>Interactive Psychotherapy</b>	
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services

<b>Inpatient Hospital, Partial Hospital or Residential Care Facility</b>	
<b>Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy</b>	
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient
90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
<b>Interactive Psychotherapy</b>	
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient

90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
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#### 4. MPFSDB Payment Indicators for HCPCS Codes 1127F and 1128F

HCPCS Code: 1127F

Short Descriptor: New episode for condition

Effective Date: July 1, 2011

Procedure Status: I

Work RVU: 0.00

Non-Facility PE RVU: 0.00

Facility PE RVU: 0.00

Malpractice RVU: 0.00

PC/TC: 9

Site of Service: 9

Global Surgery: XXX

Multiple Procedure Indicator: 9

Bilateral Surgery Indicator: 9

Assistant at Surgery Indicator: 9

Co-Surgery Indicator: 9

Team Surgery Indicator: 9

Physician Supervision Diagnostic Indicator: 09

Type of Service: 1

Diagnostic Family Imaging Indicator: 99

Non-Facility PE Used for OPPS Payment Amount: 0.00

Facility PE Used for OPPS Payment Amount: 0.00

MP Used for OPPS Payment Amount: 0.00

HCPCS Code: 1128F

Short Descriptor: Subs episode for condition

Effective Date: July 1, 2011

Procedure Status: I

Work RVU: 0.00

Non-Facility PE RVU: 0.00

Facility PE RVU: 0.00

Malpractice RVU: 0.00

PC/TC: 9

Site of Service: 9



Global Surgery: XXX  
Multiple Procedure Indicator: 9  
Bilateral Surgery Indicator: 9  
Assistant at Surgery Indicator: 9  
Co-Surgery Indicator: 9  
Team Surgery Indicator: 9  
Physician Supervision Diagnostic Indicator: 09  
Type of Service: 1  
Diagnostic Family Imaging Indicator: 99  
Non-Facility PE Used for OPPS Payment Amount: 0.00  
Facility PE Used for OPPS Payment Amount: 0.00  
MP Used for OPPS Payment Amount: 0.00