CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2481	**Date: June 1, 2012**
	Change Request 7844

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

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2012 Medicare Physician Fee Schedule (MPFS) Final Rule, released on November 1, 2011 and published in the Federal Register on November 28, 2011, as modified by the Final Rule Correction Notice released on December 30, 2011 and published in the Federal Register on January 04, 2012, and relevant statutory changes applicable January 1, 2012. This change request amends those payment files. This Recurring Update Notification applies to chapter 23, section 30.1.

EFFECTIVE DATE: July 1, 2012, Physician Fee Schedule
April 1, 2012, ASC Measurement G-codes

IMPLEMENTATION DATE: July 2, 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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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. ATTACHMENT:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2481	Date: June 1, 2012	Change Request: 7844

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

Effective Date: July 1, 2012, Physician Fee Schedule
April 1, 2012, ASC Measurement G-codes

Implementation Date: July 2, 2012

I. GENERAL INFORMATION

A. Background:

Payment files were issued to contractors based upon the CY 2012 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 28, 2011, as modified by the Final Rule Correction Notice, published in the Federal Register on January 4, 2012, and relevant statutory changes applicable January 1, 2012. On December 23, 2011, the **Temporary Payroll Tax Cut Continuation Act of 2011 (TPTCCA)** became law and suspended the automatic negative update that would have taken effect with current law. TPTCCA temporarily allowed for a zero percent update to the Medicare Physician Fee Schedule from January 1, 2012, until February 29, 2012. On February 22, 2012, **The Middle Class Tax Relief and Job Creation Act of 2012 (MCTRJCA)** was signed into law and extended the zero percent update to the end of the calendar year, to December 31, 2012. We updated these payment files in April through change request 7745, and this change request constitutes the July amendment to those payment files.

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. In order to reflect appropriate payment policy in line with the CY 2012 MPFS Final Rule, the MPFSDB has been updated effective July 1, 2012, and new payment files have been created. Contractors will be notified when they are available. The revised payment file names and a list of the changes can be found in this recurring update notification.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7844.1	Medicare contractors shall retrieve and implement the revised payment files, as identified in this CR, from the CMS Mainframe Telecommunications System. Contractors will be notified via email when these files	X		X	X	X	X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	are available for retrieval.										
7844.2	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., carrier/fiscal intermediary name and number).	X		X	X	X					
7844.3	Fiscal Intermediaries shall note that beginning July 1, 2012, a new variable shall appear in their payment indicator file, as detailed in CR 7684 (Effective Date: January 1, 2012, Implementation Date: July 2, 2012), for Multiple Procedure Payment Reduction (MPPR) for Physician Services for Certain Diagnostic Imaging Procedures in Critical Access Hospitals. The new variable is the "Diagnostic Imaging Family Indicator".			X			X				
7844.4	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	X					
7844.5	CMS will send CWF two files to facilitate duplicate billing edits: 1) Purchase Diagnostic and 2) Duplicate Radiology Editing. CWF shall install these files into their systems. CWF will be notified via email when these files have been sent to them.									X	
7844.6	Medicare contractors shall note that all changes and additions listed in part IV. Supporting Information, Section B of this change request, have an effective date of July 1, 2012, except for the measurement G-codes, G8907, G8908, G8909, G8910, G8911, G8912, G8913, G8914, G8915, G8916, G8917, G8918, which have an effective date of April 1, 2012, as directed by CR 7754.	X		X	X	X					
7844.7	Contractors shall, in accordance with Pub 100-4, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 days notice before implementing the changes identified in this CR. Unless otherwise stated in this transmittal, changes will be retroactive to January 1, 2012.	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7844.8	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/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 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.	X		X	X	X					

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

July Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)

I. Revised Medicare Physician Fee Schedule Payment File Names for changes effective July 1, 2012.

The revised Physician Fee Schedule payment file names are as follows:
MU00.@BF12390.MPFS.CY12.RV3.C00000.V0530
MU00.@BF12390.MPFS.CY12.PURDIAG.V0530

The revised FI Abstract file names are as follows:
MU00.@BF12390.MPFS.CY12.SNF.V0530.FI
MU00.@BF12390.MPFS.CY12.ABSTR.V0530.FI
MU00.@BF12390.MPFS.CY12.MAMMO.V0530.FI
MU00.@BF12390.MPFS.CY12.SUPL.V0530.FI
MU00.@BF12390.MPFS.CY12.V0530.RHHI
MU00.@BF12390.MPFS.CY12.PAYIND.V0530

II. Revised Medicare Physician Fee Schedule Payment File Names for changes effective April 1, 2012.

The revised Physician Fee Schedule payment file names are as follows:
MU00.@BF12390.MPFS.CY12.RV3.C00000.V0615
MU00.@BF12390.MPFS.CY12.PURDIAG.V0515

The revised FI Abstract file names are as follows:
MU00.@BF12390.MPFS.CY12.SNF.V0515.FI
MU00.@BF12390.MPFS.CY12.ABSTR.V0515.FI
MU00.@BF12390.MPFS.CY12.MAMMO.V0515.FI
MU00.@BF12390.MPFS.CY12.SUPL.V0515.FI
MU00.@BF12390.MPFS.CY12.V0515.RHHI
MU00.@BF12390.MPFS.CY12.PAYIND.V0515

III. HCPCS Codes with Revised Medicare Physician Fee Schedule Payment Indicators.

HCPCS Code: J1680 Short Descriptor: Human fibrinogen conc inj Procedure Status: I (Not Valid for Medicare Purposes) Effective Date: July 1, 2012
HCPCS Code: J9001 Short Descriptor: Doxorubicin hcl liposome inj Procedure Status: I (Not Valid for Medicare Purposes) Effective Date: July 1, 2012
HCPCS Code: 15777 Short Descriptor: Acellular derm matrix implt Bilateral Indicator: 1 Effective Date: July 1, 2012
HCPCS Code: 38205 Short Descriptor: Harvest allogeneic stem cells (short descriptor correction – AMA errata) Effective Date: July 1, 2012
HCPCS Code: 57155 Short Descriptor: Insert uteri tandem/ovoids (short descriptor correction – AMA errata) Effective Date: July 1, 2012
HCPCS Code: 94729

Short Descriptor: CO diffuse capacity
(short descriptor correction – AMA errata)
Effective Date: July 1, 2012

New HCPCS Codes to be added with the Effective Date of April 1, 2012.

HCPCS Code	G8907	G8908	G8909	G8910	G8911	G8912
Procedure Status	X	X	X	X	X	X
Short Descriptor	Pt doc no events on discharge	Pt doc w burn prior to D/C	Pt doc no burn prior to D/C	Pt doc to have fall in ASC	Pt doc no fall in ASC	Pt doc with wrong event
Effective Date	04/01/2012	04/01/2012	04/01/2012	04/01/2012	04/01/2012	04/01/2012
Work RVU	0.00	0.00	0.00	0.00	0.00	0.00
Tran Non-Facility PE RVU	0.00	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	0.00
Tran Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9	9
Co-Surgery Indicator	9	9	9	9	9	9
Team Surgery Indicator	9	9	9	9	9	9
PC/TC	9	9	9	9	9	9
Site of Service	9	9	9	9	9	9
Global Surgery	XXX	XXX	XXX	XXX	XXX	XXX
Pre	0.00	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	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	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
Type of Service	F	F	F	F	F	F

Long Descriptor	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility.	Patient documented to have received a burn prior to discharge	Patient documented **not** to have received a burn prior to discharge	Patient documented to have experienced a fall within ASC	Patient documented **not** to have experienced a fall within Ambulatory Surgical Center	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event

HCPCS Code	**G8913**	**G8914**	**G8915**	**G8916**	**G8917**	**G8918**
Procedure Status	**X**	**X**	**X**	**X**	**X**	**X**
Short Descriptor	**Pt doc no wrong event**	**Pt trans to hosp post D/C**	**Pt not trans to hosp at D/C**	**Pt w IV AB given on time**	**Pt w IV AB not given on time**	**Pt w/o preop order IV AB prop**
Effective Date	**04/01/2012**	**04/01/2012**	**04/01/2012**	**04/01/2012**	**04/01/2012**	**04/01/2012**
Work RVU	0.00	0.00	0.00	0.00	0.00	0.00
Tran Non-Facility PE RVU	0.00	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	0.00
Tran Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9	9
Co-Surgery Indicator	9	9	9	9	9	9
Team Surgery Indicator	9	9	9	9	9	9
PC/TC	9	9	9	9	9	9
Site of Service	9	9	9	9	9	9
Global Surgery	XXX	XXX	XXX	XXX	XXX	XXX
Pre	0.00	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09	09	09

Diagnostic Family Imaging Indicator	99	99	99	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	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	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
Type of Service	F	F	F	F	F	F
Long Descriptor	Patient documented **not** to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Patient documente d to have experience d a hospital transfer or hospital admission upon discharge from ASC	Patient documented **not** to have experienced a hospital transfer or hospital admission upon discharge from ASC	Patient with preoperativ e order for IV antibiotic surgical site infection (SSI) prophylaxis , antibiotic initiated on time	Patient with preoperativ e order for IV antibiotic surgical site infection (SSI) prophylaxis , antibiotic not initiated on time	Patient without preoperativ e order for IV antibiotic surgical site infection (SSI) prophylaxis

(Contact Chuck Braver at chuck.braver@cms.hhs.gov or 410-786-6719 for more detail on these G codes and CR 7754).

New HCPCS Codes to be added to the MPFSDB with the Effective Date of July 1, 2012.

HCPCS Code	**Q2034**	**Q2045**	**Q2046**	**Q2047**	**Q2048**	**Q2049**
Procedure Status	**X**	**E**	**E**	**E**	**E**	**E**
Short Descriptor	**Agriflu vaccine**	**Human fibrinogen conc inj**	**Aflibercep t injection**	**Peginesatid e injection**	**Doxil injection**	**Imported Lipodox inj**
Effective Date	07/01/2012	07/01/2012	07/01/2012	07/01/2012	07/01/2012	07/01/2012
Work RVU	0.00	0.00	0.00	0.00	0.00	0.00
Tran Non-Facility PE RVU	0.00	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	0.00
Tran Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9	9
Co-Surgery Indicator	9	9	9	9	9	9
Team Surgery Indicator	9	9	9	9	9	9
PC/TC	9	9	9	9	9	9
Site of Service	9	9	9	9	9	9
Global Surgery	XXX	XXX	XXX	XXX	XXX	XXX
Pre	0.00	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00	0.00

Physician Supervision Diagnostic Indicator	09	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	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	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
Type of Service	V	1,9	1,9	L	1,9	1,9
Long Descriptor	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	INJECTION, AFLIBERCEPT, 1 MG	INJECTION, PEGINESATIDE, 0.1 MG	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, DOXIL, 10 MG	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG

(Q-Codes, Q2034 – Q2049 belong to Prabath Malluwa-Wadu who can be contacted at (410) 786-4620 or Prabath.Malluwa-Wadu@cms.hhs.gov (CR 7831).

HCPCS Code	0302T	0303T	0304T	0305T	0306T	0307T	0308T
Procedure Status	C	C	C	C	C	C	C
Short Descriptor	Icar ischm mntrng sys compl	Icar ischm mntrng sys eltrd	Icar ischm mntrng sys device	Icar ischm mntrng prgrm eval	Icar ischm mntrng interr eval	Rmvl icar ischm mntrng dvce	Insj ocular telescope prosth
Effective Date	07/01/2012	07/01/2012	07/01/2012	07/01/2012	07/01/2012	07/01/2012	07/01/2012
Work RVU	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Tran Non-Facility PE RVU	0.00	0.00	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	0.00	0.00
Tran Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	2	2	2	0	0	2	2
Bilateral Surgery Indicator	0	0	0	0	0	0	1
Assistant Surgery Indicator	1	1	1	0	0	1	1
Co-Surgery Indicator	2	0	0	0	0	0	0
Team Surgery Indicator	0	0	0	0	0	0	0
PC/TC	0	0	0	0	0	0	0
Site of Service	9	9	9	9	9	9	9
Global Surgery	YYY	YYY	YYY	XXX	XXX	YYY	YYY
Pre	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Physician Supervision Diagnostic Indicator	09	09	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	0.00	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	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Type of Service	2	2	2	1	1	2	2
Long Descriptor	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device and electrode)	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (electrode only)	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (device only)	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report. (Do not report 0305T in conjunction with 93000-93010, 0302T-0304T, 0306T)	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report (Do not report 0306T in conjunction with 0302T-0305T).	Removal of intracardiac ischemia monitoring device	Insertion of ocular telescope prosthesis including removal of crystalline lens (Do not report 0308T in conjunction with 65800-65815, 66020, 66030, 66600-66635, 66761, 66825, 66982-66986, 69990).

(New T-codes are category III CPT codes effective July 1, 2012)

V. CONTACTS

Pre-Implementation Contact(s): Larry Chan, larry.chan@cms.hhs.gov, (410) 786-6864; Charles Campbell, charles.campbell@cms.hhs.gov, (410) 786-7209.

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: 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.

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.