CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2677	**Date: March 26, 2013**
	Change Request 8169

Transmittal 2663, dated March 1, 2013, is being rescinded and replaced by Transmittal 2677, dated March 26, 2013, to correct the Type of Service (TOS) indicator for HCPCS code 81161 from the value of "9" to the value of "5", and to replace the Endoscope Base Code "31622" that was inadvertently removed from HCPCS code 31648, in the MPFSDB. Also, BR8169.5 is being renumbered as BR8169.7, and the provider education requirement is being renumbered to 8169.8, to accommodate the addition of two new BRs, which will be numbered 8169.5 and 8169.6. All other information remains the same.

SUBJECT: April Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2013 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, 2013 (Correction Notice 2013 Final Rule); April 1, 2013 (Update Payment Files 2013 PFS)
IMPLEMENTATION DATE: April 1, 2013

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; Contractors activities are to be carried out with 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 obliged 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

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

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 2677	Date: March 26, 2013	Change Request: 8169

Transmittal 2663, dated March 1, 2013, is being rescinded and replaced by Transmittal 2677, dated March 26, 2013, to correct the Type of Service (TOS) indicator for HCPCS code 81161 from the value of "9" to the value of "5", and to replace the Endoscope Base Code "31622" that was inadvertently removed from HCPCS code 31648, in the MPFSDB. Also, BR8169.5 is being renumbered as BR8169.7, and the provider education requirement is being renumbered to 8169.8, to accommodate the addition of two new BRs, which will be numbered 8169.5 and 8169.6. All other information remains the same.

SUBJECT: April Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)

EFFECTIVE DATE: January 1, 2013 (Correction Notice 2013 Final Rule); April 1, 2013 (Update Payment Files 2013 PFS)

IMPLEMENTATION DATE: April 1, 2013

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2013 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 16, 2012, as modified by the Final Rule Correction Notice, published in the Federal Register in February, 2013, and the American Taxpayer Relief Act of 2012, applicable January 1, 2013.

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 2013 MPFS Final Rule, the MPFSDB has been updated with the passage of American Taxpayer Relief Act of 2012, on January 1, 2013, the Correction Notice to the 2013 Final Rule, and now, with the April 1, 2013 update payment files to the 2013 Physician Fee Schedule.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8169.1	Medicare contractors shall retrieve the revised payment 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.	X	X		X	X	X	X				
8169.2	Medicare contractors shall send notification of successful receipt via email to	X	X		X	X	X					

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	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).											
8169.3	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	X					
8169.4	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	
8169.5	Contractors shall change Type of Service from a value of "9", to a value of "5" for HCPCS 81161.		X			X					X	
8169.6	Contractors shall apply CLIA edits to HCPCS 81161 with dates of service 1/1/2013 and after.		X			X					X	
8169.7	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.	X	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
8169.8	MLN Article: 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	X	X		X	X	X	

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
	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 one week of the availability of the provider education 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.							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: Further information can be found in CR 8206 - "FFS8206 Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services".

See Attachment for details on April Update.

V. CONTACTS

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

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: N/A

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 do 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 (1)

Attachment - (Pub. 100-04) Change Request 8169

Subject: April Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)
Effective Date: January 1, 2013 and April 1, 2013.
Implementation Date: April 1, 2013

IV. SUPPORTING INFORMATION

Section B: All other recommendations and supporting information

In the American Taxpayer Relief Act of 2012, Congress increased the therapy multiple procedure payment reduction (MPPR) to 50% of the practice expense component of "always therapy" services (in all settings) when furnished to a single beneficiary in a single day, effective April 1, 2013. (Currently, this reduction is 25% in the facility setting and 20% in the office setting.) Because of this of this change, two sets of files will be needed to update and maintain the CY 2013 MPFSDB.

This first set of filenames is effective for January 1, 2013 to March 31, 2013.

Revised MPFS Payment File –
MU00.@BF12390.MPFS.CY13.RV2.C00000.V0215.JAN

Revised Purchased Diagnostic File –
MU00.@BF12390.MPFS.CY13.PURDIAG.V0215.JAN

Revised FI Abstract Files –
MU00.@BF12390.MPFS.CY13.ABSTR.V0215.FI.JAN
MU00.@BF12390.MPFS.CY13.MAMMO.V0215.FI.JAN
MU00.@BF12390.MPFS.CY13.SNF.V0215.FI.JAN
MU00.@BF12390.MPFS.CY13.SUPL.V0215.FI.JAN
MU00.@BF12390.MPFS.CY13.PAYIND.V0215.JAN
MU00.@BF12390.MPFS.CY13.V0215.RHHI.JAN

This second set of filenames will be effective for April 1, 2013 to December 31, 2013.

Revised MPFS Payment File –
MU00.@BF12390.MPFS.CY13.RV2.C00000.V0228.APR

Revised Purchased Diagnostic File –
MU00.@BF12390.MPFS.CY13.PURDIAG.V0228.APR

Revised FI Abstract Files –
MU00.@BF12390.MPFS.CY13.ABSTR.V0215.FI.APR
MU00.@BF12390.MPFS.CY13.MAMMO.V0215.FI.APR
MU00.@BF12390.MPFS.CY13.SNF.V0215.FI.APR
MU00.@BF12390.MPFS.CY13.SUPL.V0215.FI.APR
MU00.@BF12390.MPFS.CY13.PAYIND.V0215.APR
MU00.@BF12390.MPFS.CY13.V0215.RHHI.APR

In addition, please note the following filename for duplicate pathology edits.
Duplicate Pathology Edits File – effective April 1, 2013.
MU00.@BF12390.MPFS.CY13.PATHEDIT.CWF0215

The summary of changes in the April 2013 update consists of the following (all other indicators remain the same):

0309T Global Indicator is being corrected to "ZZZ" (add-on). This change is effective January 1, 2013.

For 36222 – 36228, their Bilateral Indicators are being corrected to "1" = 150% payment adjustment applies if billed with modifier 50. This change is effective January 1, 2013.

90785 Global Indicator is being corrected to "ZZZ" (add-on). This change is effective January 1, 2013.

19301, 31648, 31649, 31651, 87631, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 0195T, 0196T, 0206T, 90700, 90702 are having their short descriptors corrected or adjusted as shown below. These changes are effective January 1, 2013.

HCPCS Code	Old Short Description	Revised Short Description
19301	Partical mastectomy	Partial mastectomy
31648	Bronchial valve addl insert	Bronchial valve remov init
31649	Bronchial valve remov init	Bronchial valve remov addl
31651	Bronchial valve remov addl	Bronchial valve addl insert
87631	Resp virus 3-11 targets	Resp virus 3-5 targets
95907	Motor&/sens 1-2 nrv cndj tst	Nvr cndj tst 1-2 studies
95908	Motor&/sens 3-4 nrv cndj tst	Nrv cndj tst 3-4 studies
95909	Motor&/sens 5-6 nrv cndj tst	Nrv cndj tst 5-6 studies
95910	Motor&sens 7-8 nrv cndj test	Nrv cndj test 7-8 studies
95911	Motor&sen 9-10 nrv cndj test	Nrv cndj test 9-10 studies
95912	Motor&sen 11-12 nrv cnd test	Nrv cndj test 11-12 studies
95913	Motor&sens 13/> nrv cnd test	Nrv cndj test 13/> studies
95907-26	Motor&/sens 1-2 nrv cndj tst	Nvr cndj tst 1-2 studies
95908-26	Motor&/sens 3-4 nrv cndj tst	Nrv cndj tst 3-4 studies
95909-26	Motor&/sens 5-6 nrv cndj tst	Nrv cndj tst 5-6 studies
95910-26	Motor&sens 7-8 nrv cndj test	Nrv cndj test 7-8 studies
95911-26	Motor&sen 9-10 nrv cndj test	Nrv cndj test 9-10 studies
95912-26	Motor&sen 11-12 nrv cnd test	Nrv cndj test 11-12 studies
95913-26	Motor&sens 13/> nrv cnd test	Nrv cndj test 13/> studies
95907-TC	Motor&/sens 1-2 nrv cndj tst	Nvr cndj tst 1-2 studies
95908-TC	Motor&/sens 3-4 nrv cndj tst	Nrv cndj tst 3-4 studies
95909-TC	Motor&/sens 5-6 nrv cndj tst	Nrv cndj tst 5-6 studies
95910-TC	Motor&sens 7-8 nrv cndj test	Nrv cndj test 7-8 studies
95911-TC	Motor&sen 9-10 nrv cndj test	Nrv cndj test 9-10 studies
95912-TC	Motor&sen 11-12 nrv cnd test	Nrv cndj test 11-12 studies
95913-TC	Motor&sens 13/> nrv cnd test	Nrv cndj test 13/> studies
0195T	Arthrod presac interbody	Prescrl fuse w/o instr L5/S1
0196T	Arthrod presac interbody eac	Prescrl fuse w/o instr L4/L5
0206T	Pptr dbs alys car elec dta	Cptr dbs alys car elec dta
90700	Dtap vaccine > 7 yrs im	Dtap vaccine < 7 yrs im
90702	Dt vaccine > 7 yrs im	Dt vaccine < 7 yrs im

G9157 will become an active code with a Procstat of "A" and a PC/TC indicator of "2" = Professional component only. Payment amounts are being included. All other indicators remain the same. This change is effective January 1, 2013.

33961 Global Indicator is being corrected to "XXX". This change is effective January 1, 2013.

The **TC components** of the following Nerve Conduction Test: 95907, 95908, 95909, 95910, 95911, 95912, and 95913, are having their Physician Supervision Of Diagnostic Procedures Indicators adjusted to "7A" = "Supervision standards for level 77 apply; in addition, the PT with ABPTS certification may personally supervise another PT, but only the PT with ABPTS certification may bill." ("77" = "Procedure must be performed by a PT with ABPTS certification (TC & PC) or by a PT without certification under general supervision of a physician (TC only; PC always physician)"). These changes are effective January 1, 2013.

81161 is being added to the fee schedule with a Procstat of "X" = Statutory exclusion. The Type of Service indicator is to be corrected to a value of "5", instead of a value of "9". Contractors should manually adjust their systems. This change is effective January 1, 2013.

Q0507, Q0508, Q0509 are being added to the fee schedule with Procstat indicators of "E" = Excluded from physician fee schedule by regulation. These codes are effective April 1, 2013.

HCPCS Code	**81161**	**Q0507**	**Q0508**	**Q0509**
Procedure Status	X	E	E	E
Short Descriptor	Dmd Dup/Delet Analysis	Misc sup/acc ext vad	Misc sup/acc imp vad	Mis sup/ac imp vad nopay med
Effective Date	**01/01/2013**	**04/01/2013**	**04/01/2013**	**04/01/2013**
Work RVU	0.00	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00	0.00
Full Non-Facility NA Indicator	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00
Full Facility NA Indicator	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9
Assistant Surgery Indicator	9	9	9	9
Co-Surgery Indicator	9	9	9	9
Team Surgery Indicator	9	9	9	9
PC/TC	9	9	9	9
Site of Service	9	9	9	9
Global Surgery	XXX	XXX	XXX	XXX
Pre	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00

Type of Service	5	P	P	P
Long Descriptor	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Miscellaneous Supply Or Accessory For Use With An External Ventricular Assist Device	Miscellaneous Supply or Accessory For Use With An Implanted Ventricular Assist Device	Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare Part A

3750F, 4142F, 6150F, 3517F are changing their Procstat indicator to “M”. These changes are effective April 1, 2013.

G8559, G8560, G8561, G8562, G8563, G8564, G8565, G8566, G8567, G8568, Q0505 are changing their Procstat indicator to “I”. These changes are effective April 1, 2013.

For 23000, 32997, 32998, their Bilateral Indicators are being corrected to “1” = 150% payment adjustment applies if billed with modifier 50. These changes are effective April 1, 2013.

In the April 2013 MPFSDB update file, the endoscope base-code “31622” was inadvertently removed from HCPCS code “31648”. Contractors are instructed to manually correct in their systems, the endoscope base-code variable for HCPCS “31648”, by inserting "31622" back into that field. The effective date for HCPCS code “31648” remains January 1, 2013.

All of the above changes should be applied to your systems via the provided data files found in this CR. If the automated file update is not available to you in certain circumstances, then the changes will need to be manually inserted into your systems.