CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3259	**Date: May 15, 2015**
	Change Request 9152

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July CY 2015 Update

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2015 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, 2015 - Effective for dates of service on or after January 1, 2015, unless otherwise stated.
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 6, 2015

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

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 3259	Date: May 15, 2015	Change Request: 9152

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July CY 2015 Update

EFFECTIVE DATE: January 1, 2015 - Effective for dates of service on or after January 1, 2015, unless otherwise stated.
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 6, 2015

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2015 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on December 19, 2014, to be effective for services furnished between January 1, 2015, and December 31, 2015.

The Medicare Access and CHIP Reauthorization Act of 2015 allowed the zero percent update that would have ended on March 31, 2015, to continue through to June 30, 2015, and allows for a 0.5 percent from July 1, 2015, to December 31, 2015. It also extends the physician work geographic practice cost index (GPCI) floor of 1.0, and the therapy cap exceptions process, through December 2017.

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.

This July quarterly update instruction provides files for the MPFS changes that are effective for dates of service January 1, 2015, through June 30, 2015, at the zero percent update, and files for changes effective for dates of service on or after July 1, 2015, at the 0.5% update.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9152.1	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 will be notified via email when these files are available for retrieval. (See attachment for summary of changes and effective dates.)	X	X	X		X				
9152.2	Medicare contractors shall send notification of successful receipt via email to price_file_receipt@cms.hhs.gov stating the name of	X	X	X						

Number	Requirement	A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	the file received and the entity for which it was received (e.g., A/B MAC name and number).									
9152.3	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						
9152.4	Contractors shall, in accordance with Pub 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 days notices before implementing the changes identified in this CR.	X	X	X						
9152.5	CMS will send CWF files to facilitate duplicate billing edits: 1) Duplicate Radiology editing; 2) Duplicate Diagnostic editing; 3) Duplicate Pathology editing, and; 4) RVU and payment indicator files. CWF shall install these files into their systems. CWF will be notified via email when these files have been sent to them.								X	
9152.6	Contractors shall add new codes Q5101, Q9976, Q9977, Q9978, 0392T, 0393T, 90620, 90621, and 90697 to their systems with the applicable "HCPCS Effective Date" for each code listed in the attachment for this instruction. (Also, see the attachment for code descriptors and indicators.)	X	X	X					X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC			DME MAC	CEDI
		A	B	HHH		
9152.7	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the	X	X	X		

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	availability of the 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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information: N/A

Section B: All other recommendations and supporting information: There are 2 sets of files. First set-Update only files for the 0% update MPFS for 1/1/2015 to 6/30/2015 dates of service

MPFS Payment File

MU00.@BF12390.MPFS.CY15.RV3UP0.C00000.V0515

FI Abstract Files

MU00.@BF12390.MPFS.UP0.V0515.FI

MU00.@BF12390.MPFS.UP0.HHH.V0515.FI

MU00.@BF12390.MPFS.UP0.MAMMO.V0515.FI

MU00.@BF12390.MPFS.UP0.SNF.V0515.FI

MU00.@BF12390.MPFS.UP0.PAYIND.V0515

Second set-The 0.5% update, full replacement files for dates of service 7/1/2015 and later

MPFS Payment File

MU00.@BF12390.MPFS.CY15.RV3UP05.C00000.V0515

Anesthesia File

MU00.@BF12390.MPFS.CY15.ANES.V0701

FI Abstract Files

MU00.@BF12390.MPFS.CY15.UP05.ABSTR.V0515.FI

MU00.@BF12390.MPFS.CY15.UP05.MAMMO.V0515.FI

MU00.@BF12390.MPFS.CY15.UP05.SNF.V0515.FI

MU00.@BF12390.MPFS.CY15.UP05.PAYIND.V0515

V. CONTACTS

Pre-Implementation Contact(s): Kathleen Kersell, 410-786-2033 or kathleen.kersell@cms.hhs.gov , Ryan Howe, 410-786-3355 or ryan.howe@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 9152: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) July CY 2015 Update

Changes included in the July update to the 2015 MPFSDB effective for dates of service on and after January 1 (unless otherwise stated) are as follows:

CPT/HCPCS	Modifier	ACTION
34839		PC/TC Indicator = 0
88366		Non-Facility PE RVU = 5.27; Facility PE RVU = 5.27
88366	TC	Non-Facility PE RVU = 4.76; Facility PE RVU = 4.76
93355		Multiple Surgery Indicator = 6

HCPCS Code	**Q5101**	**Q9976**	**Q9977**
HCPCS Effective Date	3-6-2015	7-1-2015	7-1-2015
Type(s) of Service	1, P	1, L	1, P
HCPCS Coverage Code	D	C	D
Long Descriptor	Injection, Filgrastim (G-CSF), Biosimilar, 1 microgram	Injection, Ferric Pyrophosphate Citrate Solution, 0.1 mg of iron	Compounded Drug, Not Otherwise Classified
Short Descriptor	Inj filgrastim g-csf biosim	Inj Ferric Pyrophosphate Cit	Compounded Drug NOC
MPFSDB Record Date	20150306	20150701	20150701
MPFS Procedure Status	E	E	E
Work RVU	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00
Site of Service	0	0	0
PC/TC	9	9	9
Global Surgery	XXX	XXX	XXX
Pre	0.00	0.00	0.00
Intra	0.00	0.00	0.00
Post	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9
Bilateral Surgery Indicator	9	9	9
Assistant Surgery Indicator	9	9	9
Co-Surgery Indicator	9	9	9
Team Surgery Indicator	9	9	9
Physician Supervision Diagnostic Indicator	09	09	09
Diagnostic Family Imaging Indicator	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	0.00	0.00
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00

HCPCS Code	**Q9978**	**0392T**	**0393T**
HCPCS Effective Date	7-1-2015	7-1-2015	7-1-2015
Type(s) of Service	1	2, 8	2, 8
HCPCS Coverage Code	D	C	C
Long Descriptor	Netupitant 300 mg and Palonosetron 0.5 mg, oral	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band)	Removal of esophageal sphincter augmentation device
Short Descriptor	Netupitant Palonosetron oral	Lap es sph augment dev place	Es sph augmnt device removal
MPFSDB Record Date	20150701	20150701	20150701
MPFS Procedure Status	E	C	C
Work RVU	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00
Site of Service	0	0	0
PC/TC	9	0	0
Global Surgery	XXX	YYY	YYY
Pre	0.00	0.00	0.00
Intra	0.00	0.00	0.00
Post	0.00	0.00	0.00
Multiple Procedure Indicator	9	0	0
Bilateral Surgery Indicator	9	0	0
Assistant Surgery Indicator	9	0	0
Co-Surgery Indicator	9	0	0
Team Surgery Indicator	9	0	0
Physician Supervision Diagnostic Indicator	09	09	09
Diagnostic Family Imaging Indicator	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	0.00	0.00
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00

HCPCS Code	**90620**	**90621**	**90697**
HCPCS Effective Date	2-1-2015	2-1-2015	1-1-2015
Type(s) of Service	1	1	1
HCPCS Coverage Code	C	C	C
Long Descriptor	Meningococcal recombinant protein	Meningococcal recombinant	Diphtheria, tetanus toxoids, acellular

	and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use	lipoprotein vaccine, Serogroup B, 3 dose schedule, for intramuscular use	pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenza type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
Short Descriptor	Menb rp w/omv vaccine im	Menb rlp vaccine im	Dtap-ipv-hib-hepb vaccine im
MPFSDB Record Date	20150201	20150201	20150101
MPFS Procedure Status	E	E	E
Work RVU	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00
Site of Service	0	0	0
PC/TC	9	9	9
Global Surgery	XXX	XXX	XXX
Pre	0.00	0.00	0.00
Intra	0.00	0.00	0.00
Post	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9
Bilateral Surgery Indicator	9	9	9
Assistant Surgery Indicator	9	9	9
Co-Surgery Indicator	9	9	9
Team Surgery Indicator	9	9	9
Physician Supervision Diagnostic Indicator	09	09	09
Diagnostic Family Imaging Indicator	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	0.00	0.00
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00