CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1801	**Date: August 28, 2009**
	Change Request 6617

SUBJECT: October Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the 2009 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request amends those payment files. This Recurring Update Notification applies to Chapter 23, Section 30.1.

NEW / REVISED MATERIAL
EFFECTIVE DATE: *January 1, 2009
IMPLEMENTATION DATE: October 5, 2009

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	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and 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.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1801	Date: August 28, 2009	Change Request: 6617

SUBJECT: October Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB)

EFFECTIVE DATE: January 1, 2009

IMPLEMENTATION DATE: October 5, 2009

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the 2009 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request (CR) amends 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.

H1N1 Vaccine and Administration Level II HCPCS Codes

In anticipation of the availability of a vaccine for the H1N1 virus in the fall of 2009, CMS is creating two new Level II HCPCS codes that are effective September 1, 2009. Similar to the influenza vaccine and its administration, one HCPCS code has been created to describe the H1N1 vaccine itself (G9142, *Influenza A (H1N1) vaccine, any route of administration*), while another HCPCS code has been created to describe the administration of the H1N1 vaccine (G9141, *Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family*). More information on the H1N1 flu and the associated vaccine can be found at the Centers for Disease Control and Prevention website at http://www.cdc.gov/h1n1flu/.

Under the MPFS, HCPCS codes G9141 and G9142 will be assigned status indicator "X," indicating these codes represent an item or service that is not within the statutory definition of "physicians' services" for MPFS payment purposes. We anticipate the H1N1 vaccine will be supplied at no cost to providers. Payment will be made to a provider for the administration of the H1N1 vaccine, even if the vaccine is supplied at no cost to the provider. Payment for the administration of the H1N1 vaccine is the same as the payment established for G0008 and G0009, codes used for reporting the administration of the influenza or pneumococcal vaccine. Providers should report one unit of HCPCS code G9141 for each administration of the H1N1 vaccine. Beneficiary copayment and deductible do not apply to HCPCS code G9141.

Additional information will be made available to contractors through a separate CR.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER IOCE
							FISS	MCS	VMS	CWF	
6617.1	Medicare contractors shall manually add HCPCS codes G9141, G9142, and Q2024 to the HCPCS code file effective for dates of service on or after September 1, 2009. Status and payment indicators for these HCPCS codes are listed in Attachment 1 of this change request.	X		X	X		X			X	X
6617.2	Medicare contractors shall manually update their systems to include payment for G9141. Payment for G9141 shall be the same as the payment established for G0008 and G0009 which is currently based on CPT code 90471.	X		X	X		X			X	
6617.3	Medicare contractors shall manually update the type of service (TOS) for Category III code 0200T to TOS 2. Transmittal 1748, Change Request 6484, dated May 29, 2009 inadvertently listed the TOS for this code as "9" but should have listed it as "2". This change is effective for dates of service on and after July 1, 2009.	X			X					X	
6617.4	Medicare contractors shall, in accordance with Pub 100-4, Chapter 23, Section 30.1, give providers 30 days notice before implementing the changes identified in Attachment 1. Unless otherwise stated in this transmittal, changes will be retroactive to January 1, 2009.	X			X						
6617.5	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						
6617.6	Medicare contractors shall retrieve the revised payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. Files will be available for retrieval on August 27, 2009.	X		X	X	X	X				
6617.7	CMS will send CWF two files to facilitate duplicate billing edits: 1) Purchased 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	
6617.8	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	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 IOCE
							FISS	MCS	VMS	CWF	
	which it was received (e.g., carrier/fiscal intermediary name and number).										

III. PROVIDER EDUCATION 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	
6617.9	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. Medicare 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. Medicare 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						

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

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

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

V. CONTACTS

Pre-Implementation Contact(s): Gaysha Brooks, Gaysha.Brooks@cms.hhs.gov, (410) 786-9649

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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 Statement of Work (SOW). 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 (2)

Attachment 1

Changes included in the October Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

The following changes are effective for dates of service on and after January 1, 2009:

CPT/HCPCS	ACTION
38999	Assistant at Surgery Indicator: 0
55899	Assistant at Surgery Indicator: 0
69200	Bilateral Indicator: 1
93503	Transitional Facility PE RVU: 0.75 Fully Implemented Facility PE RVU: 0.77

CPT Code 93351 (26)

Note: Transmittal 1691, Change Request 6397, dated March 4, 2009 and Transmittal 1748, Change Request 6484, dated May 29, 2009 included PE RVUs for CPT code 93351 (26). Transmittal 1748 noted that this service is typically not paid under the Medicare physician fee schedule when provided in a facility setting and the PE RVUs noted were informational only. We would like to clarify that CPT code 93351 (26) is payable when performed by a physician in a facility setting and the payment file has been updated to reflect this change.

Change in Type of Service for Category III Code 0200T

Transmittal 1748, Change Request 6484, dated May 29, 2009 inadvertently listed the type of service for Category III Code 0200T as "9" but should have listed it as "2". This change is effective for dates of service on and after July 1, 2009.

0200T	Type of Service: 2

The following changes are effective for dates of service on and after September 1, 2009:

G9141	Long Descriptor: Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family) Short Descriptor: Influenza A H1N1, admin w co Procedure Status: X WRVU: 0.00 Transitional Non-Facility PE RVU: 0.00 Fully Implemented Non-Facility PE RVU: 0.00 Transitional Facility PE RVU: 0.00 Fully Implemented 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: V
Diagnostic Family Imaging Indicator: 99
HCPCS Coverage Indicator: D

G9142 Long Descriptor: Influenza A (H1N1) vaccine, any route of administration

Short Descriptor: Influenza A H1N1, vaccine
Procedure Status: X
WRVU: 0.00
Transitional Non-Facility PE RVU: 0.00
Fully Implemented Non-Facility PE RVU: 0.00
Transitional Facility PE RVU: 0.00
Fully Implemented 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: V
Diagnostic Family Imaging Indicator: 99
HCPCS Coverage Indicator: I

<u>The following change is effective for dates of service on and after October 1, 2009:</u>

Q2024 Long Descriptor: Injection, Bevacizumab, 0.25 MG

Short Descriptor: Bevacizumab injection
Procedure Status: E
WRVU: 0.00
Transitional Non-Facility PE RVU: 0.00
Fully Implemented Non-Facility PE RVU: 0.00
Transitional Facility PE RVU: 0.00
Fully Implemented 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, P
Diagnostic Family Imaging Indicator: 99

Attachment 2
Filenames for Revised Payment Files

The filenames for the October Update to the 2009 Medicare Physician Fee Schedule Database for contractors are:

MU00.@BF12390.MPFS.CY09.RV4.C00000.V0827

The filenames for the October Update to the 2009 Medicare Physician Fee Schedule Database for intermediaries are:

SNF Abstract File
MU00.@BF12390.MPFS.CY09.RV4.SNF.V0827.FI

Therapy/CORF Abstract File
MU00.@BF12390.MPFS.CY09.RV4.ABSTR.V0827.FI

Mammography Abstract File
MU00.@BF12390.MPFS.CY09.RV4.MAMMO.V0827.FI

Therapy/CORF Supplemental File
MU00.@BF12390.MPFS.CY09.RV4.SUPL.V0827.FI

Hospice File
MU00.@BF12390.MPFS.CY09.RV4.ALL.V0827.RHHI

Payment Indicator File
MU00.@BF12390.MPFS.CY09.RV4.PAYIND.V0827