CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2784	**Date: September 10, 2013**
	Change Request 8386

Transmittal 2754, dated August 02, 2013, is being rescinded and replaced by Transmittal 2784, dated September 10, 2013, to correct duplicate and erroneous mainframe file names. All other information remains the same.

SUBJECT: October 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 for 'MU00.@BF12390.MPFS.CY13.RV4.C00000.V0831'; October 1, 2013 for 'MU00.@BF12390.MPFS.CY13.RV4.C00000.V0816'
IMPLEMENTATION DATE: October 7, 2013 - First Monday in October

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:
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: 2784	Date: September 10, 2013	Change Request: 8386

Transmittal 2754, dated August 02, 2013, is being rescinded and replaced by Transmittal 2784, dated September 10, 2013 to correct duplicate and erroneous mainframe file names. All other information remains the same.

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

EFFECTIVE DATE: January 1, 2013 for 'MU00.@BF12390.MPFS.CY13.RV4.C00000.V0831'; October 1, 2013 for 'MU00.@BF12390.MPFS.CY13.RV4.C00000.V0816'
IMPLEMENTATION DATE: October 7, 2013, - First Monday in October

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 Notices, 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, and now with the October 1, 2013, update payment files.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
8386.1	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				
8386.2	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	X					

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
8386.3	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					
8386.4	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	
8386.5	Medicare contractors shall add HCPCS code "G9187 - BPCI Home Visit" to their systems with the effective date of October 1, 2013. This code is to be payable only in the Non-Facility setting.	X	X			X	X	X	X			X	
8386.6	Medicare Contractors shall manually adjust the effective date to August 02, 2012, for HCPCS code G0460 “Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds”. Medicare Contractors shall manually add HCPCS code G0460 (and all its payment indicators provided in this CR's attachment) to their local 2012 Physician Fee Schedule. (Claims for G0460 are expected to be submitted only after July 01, 2013).	X	X			X	X	X	X			X	
8386.7	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						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC	DME	FI	CAR	RHH	Other

		A	B	HHH	MAC		RIER	I	
8386.8	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 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.	X	X			X	X	X	

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:

Section B: All other recommendations and supporting information: This set of filenames is effective for October 1, 2013, to December 31, 2013

MPFS Payment File – MU00.@BF12390.MPFS.CY13.RV4.C00000.V0816

Purchased Diagnostic File – MU00.@BF12390.MPFS.CY13.PURDIAG.V0816

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

MPFS Payment File – MU00.@BF12390.MPFS.CY13.RV4.C00000.V0831

Purchased Diagnostic File – MU00.@BF12390.MPFS.CY13.PURDIAG.V0831

FI Abstract Files –

MU00.@BF12390.MPFS.CY13.SNF.V0815.FI
MU00.@BF12390.MPFS.CY13.ABSTR.V0815.FI
MU00.@BF12390.MPFS.CY13.MAMMO.V0815.FI

MU00.@BF12390.MPFS.CY13.HHH.V0815.FI
MU00.@BF12390.MPFS.CY13.PAYIND.V0815

(See attachment for the rest of the file names).

V. CONTACTS

Pre-Implementation Contact(s): Charles Campbell, 410-786-7209 or charles.campbell@cms.hhs.gov, Larry Chan, 410-786-6864 or Larry.Chan@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:
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- Recurring Update Notification
(Pub. 100-04) Change Request 8386

Subject: October Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2013 for MU00.@BF12390.MPFS.CY13.RV4.C00000.V0831
and October 1, 2013 for MU00.@BF12390.MPFS.CY13.RV4.C00000.V0816

Implementation Date: October 7, 2013

IV. SUPPORTING INFORMATION

Section B: All other recommendations and supporting information

This set of filenames is effective for October 1, 2013 to December 31, 2013.

MPFS Payment File –
MU00.@BF12390.MPFS.CY13.RV4.C00000.V0816

Purchased Diagnostic File –
MU00.@BF12390.MPFS.CY13.PURDIAG.V0816
FI Abstract Files –
MU00.@BF12390.MPFS.CY13.SNF.V0815.FI
MU00.@BF12390.MPFS.CY13.ABSTR.V0815.FI
MU00.@BF12390.MPFS.CY13.MAMMO.V0815.FI
MU00.@BF12390.MPFS.CY13.HHH.V0815.FI
MU00.@BF12390.MPFS.CY13.PAYIND.V0815

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

MPFS Payment File –
MU00.@BF12390.MPFS.CY13.RV4.C00000.V0831

Purchased Diagnostic File –
MU00.@BF12390.MPFS.CY13.PURDIAG.V0831

In addition, please note the following filename for duplicate pathology edits.

Duplicate Pathology Edits File – effective October 1, 2013.

MU00.@BF12390.MPFS.CY13.PATHEDIT.CWF0815

The summary of changes in the October 2013 update consists of the following:

The new G-code, G9187 is being added to the MPFSDB, effective October 1, 2013 with these values.

HCPCS Code		**G9187**
Procedure Status		A
Short Descriptor		BPCI home visit
Effective Date		**10/01/2013**
Work RVU		0.18
Full Non-Facility PE RVU		1.20
Full Facility PE RVU		0.00
Malpractice RVU		0.01
Multiple Procedure Indicator		0
Bilateral Surgery Indicator		0
Assistant Surgery Indicator		9
Co-Surgery Indicator		9
Team Surgery Indicator		9
PC/TC		0
Site of Service		9
Global Surgery		XXX
Pre		0.00
Intra		0.00
Post		0.00
Physician Supervision Diagnostic Indicator		09
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
Type of Service		1

Long Descriptor		Bundled Payments for Care Improvement Initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting. (For use only in the Medicare-approved Bundled Payments for Care Improvement Initiative.) May not be billed for a 30-day period covered by a transitional care management code.

72040 is having its short descriptor corrected to “X-RAY EXAM NECK SPINE 2-3 VW”.
35013 is having its short descriptor corrected to “REPAIR ARTERY RUPTURE AORTA”.
90700 is having its short descriptor corrected to “DTAP VACCINE < 7 YRS IM”.
90702 is having its short descriptor corrected to “DT VACCINE < 7 YRS IM”.
3082F is having its short descriptor corrected to “KT/V <1.2”.
These changes are effective January 1, 2013.

For 95782-TC (“Polysom <6 yrs 4/> paramtrs”) and 95783-TC (“Polysom <6 yrs cpap/bilvl”), their Physician supervision of diagnostic procedure Indicators are being corrected to show “01”= “Procedure must be performed under the general supervision of a physician”. This change is effective January 1, 2013.

The effective date for procedure code G0460 “Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds” is August 2, 2012. Contractors shall manually adjust their systems to make G0460’s effective date August 2, 2012. Contractors shall manually add G0460 (and all its payment indicators as seen below) to their local 2012 Physician Fee Schedule (effective August 2, 2012). G0460 shall also be added to CWF for 2012.

While no claims for G0460 are expected to be submitted before July 1, 2013, the 2013 Physician Fee Schedule currently allows this HCPCS code to be accepted for the entire of 2013. It shall now be allowed to be accepted from August 2, 2012 forward. (Please reference CR 8213 for full details.)

(In the July Update CR 8291, the attachment had a global indicator as “000” for G0460. It should have displayed “YYY”=”Global concept determined by carrier”. This should have had no effect since the data file used to update contractor systems contained the correct global indicator of “YYY”.)

HCPCS Code		**G0460**
Procedure Status		C
Short Descriptor		Autologous PRP for ulcers

Effective Date		**08/02/2012**
Work RVU		0.00
Full Non-Facility PE RVU		0.00
Full Facility PE RVU		0.00
Malpractice RVU		0.00
Multiple Procedure Indicator		9
Bilateral Surgery Indicator		9
Assistant Surgery Indicator		9
Co-Surgery Indicator		9
Team Surgery Indicator		9
PC/TC		0
Site of Service		9
Global Surgery		YYY
Pre		0.00
Intra		0.00
Post		0.00
Physician Supervision Diagnostic Indicator		09
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
Type of Service		1
Long Descriptor		Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment

For G9157 “Transesoph doppl cardiac mon”, its effective date is currently January 1, 2013. This remains unchanged in the MPFSDB and CR 8330 will be adjusted to reflect the effective date of January 1, 2013.