CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12501	**Date: February 8, 2024**
	Change Request 13529

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2024 Update

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to amend payment files that were issued to contractors based upon the 2024 Medicare Physician Fee Schedule (MPFS) Final Rule. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 1, 2024

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: 12501	Date: February 8, 2024	Change Request: 13529

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2024 Update

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I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2024 Medicare Physician Fee Schedule (MPFS) Final Rule, to be effective for services furnished between January 1, 2024 and December 31, 2024.

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.

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	
13529.1	The CMS shall notify the Medicare contractors via e-mail when the revised payment files are available for their retrieval. Note: These files will be available on or around February 16, 2024. (See attachment for a summary of changes and effective dates.)									CMS
13529.1.1	Medicare contractors shall retrieve the revised payment files and update their systems (manually or via provided files), as identified in this Change Request, from the CMS Mainframe Telecommunications System.	X	X	X		X				
13529.2	The contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov, stating	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	the name of the file received (e.g., CLAB, Average Sales Price (ASP), etc.), and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).									
13529.3	Medicare contractors shall not search their files to retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X	X	X						
13529.4	The contractors shall, in accordance with Pub 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers a 30-day notice before implementing the changes identified in this Change Request.	X	X	X						
13529.5	The CMS shall notify the Common Working File (CWF) maintainer via e-mail when the MPFSDB files are available for downloading, along with the file names for the files below to facilitate duplicate billing edits: 1) Duplicate Radiology editing; 2) Duplicate Diagnostic editing; 3) Pathology editing, and; 4) Relative Value Units (RVU) and payment indicator files.									CMS
13529.5.1	The CWF shall compare the existing files to the new files and install any necessary changes.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	DME	CED

		A	B	HHH	MAC	I
13529.6	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	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:
N/A

V. CONTACTS

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: FFS13529 **Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April 2024 Update**

Below is a summary of the changes for the April update to the 2024 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2024.

The following codes have been added to the MPFSDB effective for dates of April 1, 2024, and after. These codes are part of the April 2024 HCPCS file.

CODE	ACTION
J0177	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J0209	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J0577	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J0578	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J0589	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J0650	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J0651	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J0652	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J1010	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J1202	Procedure Status = I; there are no RVUs, payment policy indicators do not apply.
J1203	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J1323	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J1434	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J2277	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J2782	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J2801	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J2919	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J3055	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J3424	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J7165	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J7354	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9073	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9074	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9075	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9248	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9249	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
J9376	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4305	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4306	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4307	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4308	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4309	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q4310	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q5133	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
Q5134	Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

Please see the link below for more information on the above new codes:

https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

The following new G code is effective for dates of service April 1, 2024, and after:

CODE	ACTION
G0138	Status indicator = C, there are no RVUs, Multiple Procedure indicator = 0, Bilateral Surgery indicator = 0, Assistant at Surgery indicator = 0, Co-Surgeons indicator = 0, Team Surgeons indicator = 0, Professional/Technical Component indicator = 0

Please see the link below for more information on the above new code:

https://www.cms.gov/files/document/2023-hcpcs-application-summary-quarter-4-2023-drugs-and-biologicals-updated-1/30/2024.pdf

The following procedure status changes are effective for dates of service April 1, 2024, and after:

CODE	ACTION
J0576	Procedure Status = I
J1020	Procedure Status = I
J1030	Procedure Status = I
J1040	Procedure Status = I
J1840	Procedure Status = I
J1850	Procedure Status = I
J2920	Procedure Status = I
J2930	Procedure Status = I
J9070	Procedure Status = I
J9250	Procedure Status = I
Q4244	Procedure Status = I

The following codes have revised short descriptors effective for dates of service April 1, 2024, and after:

CODE	Descriptor
J0208	Inj, pedmark, 100 mg
J0612	Inj, calcium gluconate, nos
J3380	Inj, vedolizumab iv 1 mg
J3425	Hydroxocobalamin im 10mcg
J7516	Inj, cyclosporine, 250mg
J9260	Inj, methotrexate sodium 50mg