

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2276	Date: August 19, 2011
	Change Request 7528

SUBJECT: October Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2011 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.

EFFECTIVE DATE: January 1, 2011

IMPLEMENTATION DATE: October 3, 2011

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; contractor activities are to be carried out within 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 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. ATTACHMENT:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2276	Date: August 19, 2011	Change Request: 7528
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SUBJECT: October Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2011

Implementation Date: October 3, 2011

I. GENERAL INFORMATION

A. Background:

Payment files were issued to contractors based upon the CY 2011 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 29, 2010, as modified by the Final Rule Correction Notice, published in the Federal Register on January 11, 2011, and relevant statutory changes applicable January 1, 2011. This change request 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. In order to reflect appropriate payment policy in line with the CY 2011 MPFS Final Rule, the MPFSDB has been updated effective October 3, 2011, and new payment files have been created. Contractors will be notified when they are available. The revised payment file names and a list of the changes can be found in the attachment to this recurring update notification.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A D B M A C	D M E M A C	F I R E R	C A R E R	R H I	Shared-System Maintainers				O T H E R
						F S S	M C S	V M S	C W F		
7528.1	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				
7528.2	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					
7528.3	Medicare contractors need not search their files to either	x		x	x	x					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I I S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.										
7528.4	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
7528.5	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. Unless otherwise stated in this transmittal, changes will be retroactive to January 1, 2011.	x			x						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I I S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
7528.6	<p>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.</p> <p>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. 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.</p>	x		x	x	x					

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

See Attachment- October Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

V. CONTACTS

Pre-Implementation Contact(s): Sara Vitolo, sara.vitolo@cms.hhs.gov, (410) 786-5714; Charles Campbell, charles.campbell@cms.hhs.gov, (410) 786-7209

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) 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; 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.

ATTACHMENT

Attachment

October Update to the CY 2011 Medicare Physician Fee Schedule Database (MPFSDB)

All changes are effective January 1, 2011

Revised Medicare Physician Fee Schedule Payment File Names

The revised Physician Fee Schedule payment file names are as follows:

[MU00.@BF12390.MPFS.CY11.RV4.C00000](#)

[MU00.@BF12390.MPFS.CY11.RV4.PURDIAG](#)

The revised FI Abstract file names are as follows:

[MU00.@BF12390.MPFS.CY11.RV4.MAMMO.FI](#)

[MU00.@BF12390.MPFS.CY11.RV4.PAYIND](#)

[MU00.@BF12390.MPFS.CY11.RV4.SNF.FI](#)

[MU00.@BF12390.MPFS.CY11.RV4.SUPL.FI](#)

[MU00.@BF12390.MPFS.CY11.RV4.ABSTR.FI](#)

[MU00.@BF12390.MPFS.CY11.RV4.ALL.RHHI](#)

HCPCS Codes with Revised Medicare Physician Fee Schedule Payment Indicators

The following HCPCS codes have MPFSDB payment indicator changes:

HCPCS	Mod	Short Descriptor	Action: Indicator Change	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Diag Supv
14302		Skin tissue rearrange add-on	Assistant at Surgery		2			
15201		Skin full graft trunk add-on	Assistant at Surgery		1			
19291		Place needle wire breast	Assistant at Surgery		1			
21089		Prepare face/oral prosthesis	Co-Surgeon and Team Surgery			1	1	
26989		Hand/finger surgery	Co-Surgeon			1		
29999		Arthroscopy of joint	Team Surgery				1	
31579		Diagnostic laryngoscopy	Diagnostic Supervision					09
37501		Vascular endoscopy procedure	Team Surgery				1	
38129		Laparoscope proc spleen	Co-Surgeon and Team Surgery			1	1	
38589		Laparoscope proc lymphatic	Co-Surgeon and Team Surgery			1	1	
43289		Laparoscope proc esoph	Co-Surgeon and Team Surgery			1	1	
43659		Laparoscope proc stom	Co-Surgeon and Team Surgery			1	1	
44238		Laparoscope proc intestine	Co-Surgeon and Team Surgery			1	1	
44979		Laparoscope proc app	Co-Surgeon and Team Surgery			1	1	
45499		Laparoscope proc rectum	Co-Surgeon and Team Surgery			1	1	
47379		Laparoscope procedure liver	Co-Surgeon and Team Surgery			1	1	

47579		Laparoscope proc biliary	Co-Surgeon and Team Surgery			1	1	
49329		Laparo proc abdm/per/oment	Co-Surgeon and Team Surgery			1	1	
49659		Laparo proc hernia repair	Co-Surgeon and Team Surgery			1	1	
50549		Laparoscope proc renal	Co-Surgeon and Team Surgery			1	1	
50949		Laparoscope proc ureter	Team Surgery				1	
51999		Laparoscope proc bla	Co-Surgeon and Team Surgery			1	1	
54699		Laparoscope proc testis	Co-Surgeon and Team Surgery			1	1	
55559		Laparo proc spermatic cord	Co-Surgeon and Team Surgery			1	1	
58578		Laparo proc uterus	Co-Surgeon and Team Surgery			1	1	
58579		Hysteroscope procedure	Co-Surgeon and Team Surgery			1	1	
58679		Laparo proc oviduct-ovary	Co-Surgeon and Team Surgery			1	1	
59898		Laparo proc ob care/deliver	Co-Surgeon and Team Surgery			1	1	
75901		Remove cva device obstruct	Diagnostic Supervision					09
75902		Remove cva lumen obstruct	Diagnostic Supervision					09
75954		Iliac aneurysm endovas rpr	Diagnostic Supervision					09
76813		Ob us nuchal meas 1 gest	Diagnostic Supervision					01
76813	TC	Ob us nuchal meas 1 gest	Diagnostic Supervision					01
76814		Ob us nuchal meas add-on	Diagnostic Supervision					01
76814	TC	Ob us nuchal meas add-on	Diagnostic Supervision					01
91132		Electrogastrography	Diagnostic Supervision					09
91132	TC	Electrogastrography	Diagnostic Supervision					01
92270		Electro-oculography	Diagnostic Supervision					09
92275		Electroretinography	Diagnostic Supervision					09
92285		Eye photography	Diagnostic Supervision					09
92286		Internal eye photography	Diagnostic Supervision					09
92511		Nasopharyngoscopy	Diagnostic Supervision					09
93025		Microvolt t-wave assess	Diagnostic Supervision					09
93025	TC	Microvolt t-wave assess	Diagnostic Supervision					01
93025	26	Microvolt t-wave assess	Diagnostic Supervision					09
95925	TC	Somatosensory testing	Diagnostic Supervision					21
95928		C motor evoked uppr limbs	Bilateral Surgery	2				
95928	TC	C motor evoked uppr limbs	Bilateral Surgery	2				
95928	26	C motor evoked uppr limbs	Bilateral Surgery	2				
95929		C motor evoked lwr limbs	Bilateral Surgery	2				
95929	TC	C motor evoked lwr limbs	Bilateral Surgery	2				
95929	26	C motor evoked lwr limbs	Bilateral Surgery	2				