

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3719	Date: February 15, 2017
	Change Request 9977

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April CY 2017 Update

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2017 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, 2017

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

IMPLEMENTATION DATE: April 3, 2017

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: 3719	Date: February 15, 2017	Change Request: 9977
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SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April CY 2017 Update

EFFECTIVE DATE: January 1, 2017

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IMPLEMENTATION DATE: April 3, 2017

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2017 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 15, 2016, to be effective for services furnished between January 1, 2017 and December 31, 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.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
9977.1	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					
9977.2	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., A/B MAC name and number).	X	X	X							
9977.3	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							

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	I C M	S S S	A W		
9977.4	Contractors shall, in accordance with Pub 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers 30 day notices before implementing the changes identified in this CR.	X	X	X							
9977.5	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 will be notified via email when these files have been sent to them. CWF shall compare the existing file to the new file and install any necessary changes.									X	
9977.6	Contractors shall add new CPT codes 0001U, 0002U and 0003U with type of service (TOS) 5 to their systems effective for dates of service on and after February 1, 2017 (see the CR 9977 attachment for code descriptors).	X	X	X						X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			D M E	C	D	I
		A	B	H H H				
9977.7	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 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.	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: N/A
	N/A

Section B: All other recommendations and supporting information: MPFS:

MU00.@BF12390.MPFS.CY2017.RV2.C00000.V0215

FI Abstracts:

MU00.@BF12390.MPFS.CY17.ABSTR.V0215.FI

MU00.@BF12390.MPFS.CY17.HHH.V0215.FI

MU00.@BF12390.MPFS.CY17.MAMMO.V0215.FI

MU00.@BF12390.MPFS.CY17.PAYIND.V0215

MU00.@BF12390.MPFS.CY17.SNF.V0215.FI

V. CONTACTS

Pre-Implementation Contact(s): Donta Henson, 410-786-1947 or donta.henson1@cms.hhs.gov (Contact for questions related to payment policy.) , Kathleen Kersell, 410-786-2033 or kathleen.kersell@cms.hhs.gov (Contact for questions related to payment policy.)

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 9977: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April CY 2017 Update

Below is a summary of the changes for the April update to the 2017 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2017.

<u>CPT/ HCPCS & MOD</u>	<u>ACTION</u>
G0477	Procedure Status = I
G0478	Procedure Status = I
G0479	Procedure Status = I
22867	Assistant Surgery Indicator = 2
22869	Assistant Surgery Indicator = 2
76519-26	Bilateral Surgery Indicator = 3
92136-26	Bilateral Surgery Indicator = 3
97161	Non-facility & Facility PE RVU = 1.00
97162	Non-facility & Facility PE RVU = 1.00
97163	Non-facility & Facility PE RVU = 1.00
97165	Non-facility & Facility PE RVU = 1.32
97166	Non-facility & Facility PE RVU = 1.32
97167	Non-facility & Facility PE RVU = 1.32
97168	Non-facility & Facility PE RVU = 0.93

The following new codes have been added to the HCPCS file effective February 1, 2017. The HCPCS file coverage code is C (carrier judgment) for these new codes. Coverage and payment will be determined by the Medicare contractor (they are not part of the MPFS).

CPT Code	Short Descriptor	Long Descriptor
0001U	RBC DNA HEA 35 AG 11 BLD GRP	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported
0002U	ONC CLRCT 3 UR METAB ALG PLP	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps
0003U	ONC OVAR 5 PRTN SER ALG SCOR	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score