CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2429	**Date: March 23, 2012**
	Change Request 7745

SUBJECT: April Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the CY 2012 Medicare Physician Fee Schedule (MPFS) Final Rule, released on November 1, 2011 and published in the Federal Register on November 28, 2011, as modified by the Final Rule Correction Notice released on December 30, 2011 and published in the Federal Register on January 04, 2012, and relevant statutory changes applicable January 1, 2012. This change request amends those payment files. This Recurring Update Notification applies to chapter 23, section 30.1.

EFFECTIVE DATE: January 1, 2012 (unless otherwise indicated).

IMPLEMENTATION DATE: April 2, 2012

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: 2429	Date: March 23, 2012	Change Request: 7745

SUBJECT: April Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2012 (unless otherwise indicated).

Implementation Date: April 2, 2012

I. GENERAL INFORMATION

A. Background:

Payment files were issued to contractors based upon the CY 2012 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 28, 2011, as modified by the Final Rule Correction Notice, published in the Federal Register on January 4, 2012, and relevant statutory changes applicable January 1, 2012. On December 23, 2011, the **Temporary Payroll Tax Cut Continuation Act of 2011 (TPTCCA)** became law and suspended the automatic negative update that would have taken effect with current law. TPTCCA temporarily allowed for a zero percent update to the Medicare Physician Fee Schedule from January 1, 2012 until February 29, 2012. On February 22, 2012, **The Middle Class Tax Relief and Job Creation Act of 2012 (MCTRJCA)** was signed into law and extended the zero percent update to the end of the calendar year, to December 31, 2012. This new legislation contains a number of Medicare provisions which change or extend Medicare fee-for-service policies. Specific changes to the payment files resulting from the MCTRJCA and effective March 1, 2012, will be addressed in a separate change request.

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 2012 MPFS Final Rule, the MPFSDB has been updated effective January 1, 2012, 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.

CMS is correcting payments for all anesthesia codes for CY 2011 and for the first part of CY 2012. New Anesthesia Conversion Factor files will be made available for CY 2011 and CY 2012 as part of this change request. Practitioners may elect to have payments adjusted on claims for anesthesia services where the provided service dates fall between January 1, 2012, and March 1, 2012. The new 2012 Anesthesia Conversion Factor file is to be use to adjust these payments, and it is the same file to be used to calculate anesthesia claims for the rest of the 2012 calendar year (file effective date from January 1, 2012, to December 31, 2012). Contractors have been previously directed to start processing anesthesia claims with the revised 2012 Anesthesia Conversion Factor file, with dates of service, March 1, 2012, and forward. Practitioners may elect to have payments adjusted on claims for anesthesia services, where the provided service dates fall between January 1, 2011, and December 31, 2011. The new 2011 Anesthesia Conversion Factor file is to be use to adjust these CY2011 payments (file effective date from January 1, 2011, to December 31, 2011). Practitioners should contact their local carrier and bring to their attention these anesthesia payment adjustments, noting that the corrected conversion factors are different for the CY 2011 and CY 2012.

II. BUSINESS REQUIREMENTS 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	
7745.1	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				
7745.2	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					
7745.3	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					
7745.4	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	
7745.5	Contractors shall manually update their systems to add codes G9148, G9149, G9150, G9151, G9152, G9153 with an effective date of July 1, 2011 (See Attachment-April Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB))	X			X					X	OCE
7745.6	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, 2012.	X			X						
7745.7	Medicare contractors shall retrieve the revised Anesthesia Conversion Factor files for 2011 and 2012 , as identified in this CR, from the CMS Mainframe Telecommunications System. Contractors will be notified via email when these files are available for retrieval. The 2011 Anesthesia Conversion Factor file has an effective date of January 1, 2011 through December 31, 2011. The 2012 Anesthesia Conversion Factor file has an effective date of January 1, 2012.	X		X	X	X	X				
7745.7.1	Contractor shall post these revised 2011 and 2012 Anesthesia Conversion Factor files to their websites as	X			X						

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	
	soon as possible.										
7745.8	Contractors shall adjust 2011 and 2012 anesthesia claims brought to their attention, making payment modifications with the revised Anesthesia Conversion Factor files. Any anesthesia claims with service dates falling between January 1, 2011 through to December 31, 2011 shall have payments recalculated with the 2011 Anesthesia Conversion Factor file "`MU00.@BF12390.MPFS.CY11.ANES.V0301`". Any anesthesia claims with service dates falling between January 1, 2012 through to March 1 , 2012 shall have payments recalculated, with the 2012 Anesthesia Conversion Factor file "`MU00.@BF12390.MPFS.CY12.ANES.V0301`".	X		X	X	X	X				

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	
7745.9	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. 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	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
							FISS	MCS	VMS	CWF	
	in billing and administering the Medicare program correctly.										

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- **April Update to the CY 2012 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, Larry Chan, larry.chan@cms.hhs.gov, (410) 786-6864, Jody Blatt Jody.Blatt@cms.hhs.gov ; (410) 786-6921), Kimberly A. Schwartz (CMS/OCSQ)) Kimberly.Schwartz@cms.hhs.gov ; (410) 786-2571.

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; 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:
April Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)
All changes are effective January 1, 2012, unless otherwise indicated.

Revised Medicare Physician Fee Schedule Payment File Names for changes effective January 1, 2012.

The revised Physician Fee Schedule payment file names are as follows:
MU00.@BF12390.MPFS.CY12.RV2.C00000.V0215
MU00.@BF12390.MPFS.CY12.PURDIAG.V0215

The revised FI Abstract file names are as follows:
MU00.@BF12390.MPFS.CY12.SNF.V0215.FI
MU00.@BF12390.MPFS.CY12.ABSTR.V0215.FI
MU00.@BF12390.MPFS.CY12.MAMMO.V0215.FI
MU00.@BF12390.MPFS.CY12.SUPL.V0215.FI
MU00.@BF12390.MPFS.CY12.V0215.RHHI
MU00.@BF12390.MPFS.CY12.PAYIND.V0215

Revised Medicare Physician Fee Schedule Payment File Names for changes effective April 1, 2012.

The revised Physician Fee Schedule payment file names are as follows:
MU00.@BF12390.MPFS.CY12.RV2.C00000.V0228
MU00.@BF12390.MPFS.CY12.PURDIAG.V0228

The revised FI Abstract file names are as follows:
MU00.@BF12390.MPFS.CY12.SNF.V0228.FI
MU00.@BF12390.MPFS.CY12.ABSTR.V0228.FI
MU00.@BF12390.MPFS.CY12.MAMMO.V0228.FI
MU00.@BF12390.MPFS.CY12.SUPL.V0228.FI
MU00.@BF12390.MPFS.CY12.V0228.RHHI
MU00.@BF12390.MPFS.CY12.PAYIND.V0228

Revised Medicare Anesthesia File Names for changes effective January 1, 2012.

MU00.@BF12390.MPFS.CY12.ANES.V0301

Revised Medicare Anesthesia File Names for changes effective January 1, 2011 through to December 31, 2011.

MU00.@BF12390.MPFS.CY11.ANES.V0301

HCPCS Codes with Revised Medicare Physician Fee Schedule Payment Indicators.

HCPCS Code:	43775
Short Descriptor:	Lap sleeve gastrectomy
Global Surgery:	090
Effective Date:	January 1, 2012

HCPCS Code:	92072
Short Descriptor:	Fit contac lens for managmnt
Bilateral Surgery:	2
Effective Date:	January 1, 2012

HCPCS Code:	4050F
Short Descriptor:	Ht care plan doc
Procedure Status:	M
Effective Date:	January 1, 2012

New HCPCS Codes to be added with the Effective Date of April 1, 2012.

HCPCS Code	**S0353**	**S0354**	**S0596**	**S3721**	**S8930**
Procedure Status	I	I	I	I	I
Short Descriptor	**Cancer treatment plan initial**	**Cancer treatment plan change**	**Phakic iol refractive error**	**Pca3 testing**	**Auricular electrostimulation**
Long Descriptor	**Treatment planning and care coordination management**	**Treatment planning and care coordination management**	**Phakic intraocular lens for correction of**	**Prostate cancer antigen 3 (pca3) testing**	**Electrical stimulation of auricular acupuncture points; each 15**

	for cancer initial treatment	for cancer established patient with a change of regimen	refractive error		minutes of personal one-on-one contact with the patient
Effective Date	**04/01/2012**	**04/01/2012**	**04/01/2012**	**04/01/2012**	**04/01/2012**
Work RVU	0.00	0.00	0.00	0.00	0.00
Tran Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Tran Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9
Co-Surgery Indicator	9	9	9	9	9
Team Surgery Indicator	9	9	9	9	9
PC/TC	9	9	9	9	9
Site of Service	9	9	9	9	9
Global Surgery	XXX	XXX	XXX	XXX	XXX
Pre	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99
Non-Facility PE used for OPPS Payment	0.00	0.00	0.00	0.00	0.00

Amount					
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00
Type of Service	1	1	1	1	1

New HCPCS Codes to be added with the Effective Date of January 1, 2012.

HCPCS Code	**G8675**	**G8676**	**G8677**	**G8678**	**G8679**	**G8680**
Procedure Status	**M**	**M**	**M**	**M**	**M**	**M**
Short Descriptor	**BP Syst >= 140 mmHg**	**BP Diast >= 90 mmHg**	**BP Syst < 130 mmHg**	**BP Syst >=130 - 139 mmHg**	**BP Diast < 80 mmHg**	**BP Diast 80-89 mmHg**
Effective Date	**01/01/2012**	**01/01/2012**	**01/01/2012**	**01/01/2012**	**01/01/2012**	**01/01/2012**
Work RVU	0.00	0.00	0.00	0.00	0.00	0.00
Tran Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Tran Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9	9

Co-Surgery Indicator	9	9	9	9	9	9
Team Surgery Indicator	9	9	9	9	9	9
PC/TC	9	9	9	9	9	9
Site of Service	9	9	9	9	9	9
Global Surgery	XXX	XXX	XXX	XXX	XXX	XXX
Pre	0.00	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99	99
Non-Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
Type of Service	1	1	1	1	1	1

(Contact for above codes: Kimberly A. Schwartz (CMS/OCSQ)) (Kimberly.Schwartz@cms.hhs.gov ; ((410) 786-2571) PQRS measure #235).

New HCPCS Codes to be added with the Effective Date of July 1, 2011.

HCPCS Code	**G9148**	**G9149**	**G9150**	**G9151**	**G9152**	**G9153**
Procedure Status	**R**	**R**	**R**	**R**	**R**	**R**

Short Descriptor	Medical Home Level I	Medical Home Level II	Medical Home Level III	MAPCP demo State	MAPCP demo community	MAPCP demo physician
Effective Date	**07/01/2011**	**07/01/2011**	**07/01/2011**	**07/01/2011**	**07/01/2011**	**07/01/2011**
Work RVU	0.00	0.00	0.00	0.00	0.00	0.00
Tran Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Non-Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Tran Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Full Facility PE RVU	0.00	0.00	0.00	0.00	0.00	0.00
Malpractice RVU	0.00	0.00	0.00	0.00	0.00	0.00
Multiple Procedure Indicator	9	9	9	9	9	9
Bilateral Surgery Indicator	9	9	9	9	9	9
Assistant Surgery Indicator	9	9	9	9	9	9
Co-Surgery Indicator	9	9	9	9	9	9
Team Surgery Indicator	9	9	9	9	9	9
PC/TC	9	9	9	9	9	9
Site of Service	9	9	9	9	9	9
Global Surgery	XXX	XXX	XXX	XXX	XXX	XXX
Pre	0.00	0.00	0.00	0.00	0.00	0.00
Intra	0.00	0.00	0.00	0.00	0.00	0.00
Post	0.00	0.00	0.00	0.00	0.00	0.00
Physician Supervision Diagnostic Indicator	09	09	09	09	09	09
Diagnostic Family Imaging Indicator	99	99	99	99	99	99

Non-Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
Facility PE used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
MP Used for OPPS Payment Amount	0.00	0.00	0.00	0.00	0.00	0.00
Type of Service	1	1	1	1	1	1

(Contact for above codes: Jody Blatt (Jody.Blatt@cms.hhs.gov ; (410) 786-6921) CR 7283).

The following HCPCS codes are discontinued effective April 1, 2012:

HCPCS Code	Short Descriptor	Procedure Status	Termination Date
S3711	Circulating tumor cell test	D	04/01/2012
S3713	KRAS mutation analysis	D	04/01/2012
S3818	BRCA1 gene anal	D	04/01/2012
S3819	BRCA2 gene anal	D	04/01/2012
S3820	Comp BRCA1/BRCA2	D	04/01/2012
S3822	Sing mutation brst/ovar	D	04/01/2012
S3823	3 mutation brst/ovar	D	04/01/2012
S3828	Comp MLH1 gene	D	04/01/2012
S3829	Comp MSH2 gene	D	04/01/2012
S3830	Gene test HNPCC comp	D	04/01/2012
S3831	Gene test HNPCC single	D	04/01/2012
S3835	Gene test cystic fibrosis	D	04/01/2012
S3837	Gene test hemochromato	D	04/01/2012
S3843	DNA analysis factor v	D	04/01/2012
S3847	Gene test Tay-Sachs	D	04/01/2012
S3848	Gene test Gaucher	D	04/01/2012
S3851	Gene test canavan	D	04/01/2012
S3860	Genet test cardiac ion-comp	D	04/01/2012
S3862	Genet test cardiac ion-spec	D	04/01/2012
S8049	Intraoperative radiation the	D	04/01/2012

HCPCS code 92227 OPPS imaging cap amounts are being included in the April update files. Their omission was due to a technical error and the error has been fixed to prevent this from happening again.