

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10631</b>	<b>Date: March 10, 2021</b>
	<b>Change Request 12155</b>

**SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2021 Update**

**I. SUMMARY OF CHANGES:** Payment files were issued to contractors based upon the 2021 Medicare Physician Fee Schedule (MPFS) Final Rule. This Change Request (CR) amends those payment files. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

**EFFECTIVE DATE: January 1, 2021**

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

**IMPLEMENTATION DATE: April 5, 2021**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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**



Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	and if Part A, Part B, or both).										
12155.3	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							
12155.4	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							
12155.5	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
12155.5.1	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			D M E	C E D I	
		A	B	H H H			M A C
12155.6	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for	X	X	X			

Number	Requirement	Responsibility				
		A/B MAC			D M E	C D I
		A	B	H H H	M A C	
	distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.					

**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: MPFS File – MU00.@BF12390.MPFS.CY2021.RV2.C00000.V0215**

FI Abstract Files – MU00.@BF12390.MPFS.CY21.ABSTR.V0215.FI

MU00.@BF12390.MPFS.CY21.HHH.V0215.FI

MU00.@BF12390.MPFS.CY21.MAMMO.V0215.FI

MU00.@BF12390.MPFS.CY21.PAYIND.V0215

MU00.@BF12390.MPFS.CY21.SNF.V0215.FI

**V. CONTACTS**

**Pre-Implementation Contact(s):** Michael Soracoe, 410 786-6312 or Michael.Soracoe@cms.hhs.gov , Kathleen Kersell, 410-786-2033 or kathleen.kersell@cms.hhs.gov , Julie Adams, 410-786-8932 or julie.adams@cms.hhs.gov

**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 12155: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April 2021 Update**

Below is a summary of the changes for the April update to the 2021 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2021.

The following new code is effective for dates of service January 1, 2021, and after. This code was implemented under CR 11907 for the January 2021 HCPCS update.

**CODE ACTION**

G2211 Procedure Status = B; there are no RVUs, payment policy indicators do not apply.

The following code has changes to the Multiple Procedure Payment Reduction (MPPR) indicator. These changes are effective for dates of service January 1, 2021 and after.

**CODE MOD ACTION**

0508T Mult Proc = 0  
0508T TC Mult Proc = 0  
0508T 26 Mult Proc = 0

The following updates are effective for dates of service April 1, 2021, and after. These codes were part of the April 2021 HCPCS update (CR 12029).

**CODE ACTION**

A9592 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.  
G2020 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.  
G2172 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.  
G9868 Short Descriptor = CMMI asynotelehealth <10min  
G9869 Short Descriptor = CMMI asynotelehealth 10-20min  
G9870 Short Descriptor = CMMI asynotelehealth >20min  
J1427 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.  
J1554 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.  
J7321 Short Descriptor = Hyalgan supartz visco-3 dose  
J7333 Procedure Status = I  
J7401 Procedure Status = I  
J7402 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.  
J9037 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.  
J9349 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.  
Q2053 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.  
S1091 Procedure Status = I; there are no RVUs, payment policy indicators do not apply.

A technical correction associated with indirect Practice Expense (PE) allocation was applied to HCPCS codes G2082 and G2083 in the Calendar Year (CY) 2021 Physician Fee Schedule final rule. Since this technical correction was applied too late to allow for discussion in the preamble text of the rule, we are reverting this change for the 2021 calendar year, retroactive to January 1, 2021. Therefore, the following RVU changes are effective for dates of service January 1, 2021, and after.

**CODE ACTION**

G2082 Non-facility PE RVU = 24.06; Facility PE RVU = 0.27  
G2083 Non-facility PE RVU = 34.72; Facility PE RVU = 0.27

The following RVUs have been added for DISPLAY PURPOSES ONLY for CPT code 99417. Note: The procedure Status indicator is "I" for code 99417 because it is not valid for Medicare purposes. These RVUs can be viewed on the

CMS web site at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

Work RVU = 0.61; Non-facility PE RVU = 0.30; Facility PE RVU = 0.27; MP RVU = 0.05