

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

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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			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		
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		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	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	D M E	C E D

		A	B	H H H	M A C	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

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