

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10098	Date: May 1, 2020
	Change Request 11661

Transmittal 10039, dated April 6, 2020, is being rescinded and replaced by Transmittal 10098, dated, May 1, 2020, to revise the relative value units for codes 99441, 99442, and 99443, and add information for codes G2025 and G0071, listed in the CR attachment. All other information remains the same.

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2020 Update

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the 2020 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, 2020

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

IMPLEMENTATION DATE: April 6, 2020

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: 10098	Date: May 1, 2020	Change Request: 11661
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Transmittal 10039, dated April 6, 2020, is being rescinded and replaced by Transmittal 10098, dated, May 1, 2020, to revise the relative value units for codes 99441, 99442, and 99443, and add information for codes G2025 and G0071, listed in the CR attachment. All other information remains the same.

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2020 Update

EFFECTIVE DATE: January 1, 2020

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

IMPLEMENTATION DATE: April 6, 2020

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2020 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 15, 2019, to be effective for services furnished between January 1, 2020 and December 31, 2020.

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								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
11661.1	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 shall be notified via email when these files are available for retrieval (on or around February 14). (See attachment for summary of changes and effective dates.)	X	X	X		X				
11661.2	The contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov, stating 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).	X	X	X						
11661.3	Medicare contractors shall not search their files to retract payment for claims already paid or to	X	X	X						

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	
	retroactively pay claims. However, contractors shall adjust claims brought to their attention.									
11661.4	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 CR.	X	X	X						
11661.5	<p>The CMS shall notify the Common Working File (CWF) maintainer when the MPFSDB files are available for downloading, along with the file names for the files below to facilitate duplicate billing edits, through an e-mail notification:</p> <p>1) Duplicate Radiology editing;</p> <p>2) Duplicate Diagnostic editing;</p> <p>3) Pathology editing, and;</p> <p>4) Relative Value Units (RVU) and payment indicator files.</p> <p>The CWF shall be notified via email when these files have been sent to them.</p>								CMS	
11661.5.1	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 M A C	C E D I
		A	B	H H H		
11661.6	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 distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or	X	X	X		

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	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:
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Section B: All other recommendations and supporting information:

MPFS – MU00.@BF12390.MPFS.CY2020.RV2.C00000.V0215

FI Abstracts - MU00.@BF12390.MPFS.CY20.ABSTR.V0215.FI

MU00.@BF12390.MPFS.CY20.HHH.V0215.FI

MU00.@BF12390.MPFS.CY20.MAMMO.V0215.FI

MU00.@BF12390.MPFS.CY20.PAYIND.V0215

MU00.@BF12390.MPFS.CY20.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.hss.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 11661: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April 2020 Update

Below is a summary of the changes for the April update to the 2020 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2020.

The G codes listed below are new codes effective January 1, 2020 and were implemented by CR 11550.

CODE ACTION

G2168 Status indicator = E, there are no RVUs, payment policy indicators do not apply

G2169 Status indicator = E, there are no RVUs, payment policy indicators do not apply

Note: For new codes, please refer to the following link for more information:

<https://www.cms.gov/Medicare/Coding/HCPSCReleaseCodeSets/HCPSC-Quarterly-Update>

The HCPCS codes listed below have revisions to Relative Value Units effective for dates of service on and after January 1, 2020.

CODE MOD ACTION

G0105 53 Non-Facility PE RVU change = 2.88, MP RVU change = 0.20

G0121 53 Non-Facility PE RVU change = 2.88, MP RVU change = 0.21

44388 53 Non-Facility PE RVU change = 2.79, MP RVU change = 0.20

45378 53 Non-Facility PE RVU change = 2.88, MP RVU change = 0.21

G2001 MP RVU change = 0.05

G2002 MP RVU change = 0.08

G2003 MP RVU change = 0.13

G2004 MP RVU change = 0.22

G2005 MP RVU change = 0.28

G2006 MP RVU change = 0.05

G2007 MP RVU change = 0.09

G2008 MP RVU change = 0.13

G2009 MP RVU change = 0.22

G2013 MP RVU change = 0.28

The HCPCS codes listed below have been revised effective January 21, 2020. Please see the link below for more information regarding these codes:

<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=295>

CODE ACTION

20560 Status code indicator change = A, Multiple Procedure indicator = 0, Bilateral Surgery indicator = 0, Assistant at Surgery indicator = 1, Co-Surgeons indicator = 0, Team Surgeons indicator = 0, Professional/Technical Component indicator = 0

20561 Status code indicator change = A, Multiple Procedure indicator = 0, Bilateral Surgery indicator = 0, Assistant at Surgery indicator = 1, Co-Surgeons indicator = 0, Team Surgeons indicator = 0, Professional/Technical Component indicator = 0

- 97810 Status Code indicator change = A, Multiple Procedure indicator = 0, Bilateral Surgery indicator = 0, Assistant at Surgery indicator = 1, Co-Surgeons indicator = 0, Team Surgeons indicator = 0, Professional/Technical Component indicator = 0
- 97811 Status code indicator change = A, Multiple Procedure indicator = 0, Bilateral Surgery indicator = 0, Assistant at Surgery indicator = 1, Co-Surgeons indicator = 0, Team Surgeons indicator = 0, Professional/Technical component indicator = 0
- 97813 Status code indicator change = A, Multiple Procedure indicator = 0, Bilateral Surgery indicator = 0, Assistant at Surgery indicator = 1, Co-Surgeons indicator = 0, Team Surgeons indicator = 0, Professional/Technical Component indicator = 0
- 97814 Status code indicator change = A, Multiple Procedure indicator = 0, Bilateral Surgery indicator = 0, Assistant at Surgery indicator = 1, Co-Surgeons indicator = 0, Team Surgeons indicator = 0, Professional/Technical Component indicator = 0

The Relative Value Units (RVU) for these codes are listed below.

Code	Work RVU	Non Facility PE RVU	Facility PE RVU	MP RVU
20560	0.32	0.39	0.12	0.03
20561	0.48	0.57	0.18	0.05
97810	0.60	0.40	0.23	0.05
97811	0.50	0.25	0.19	0.05
97813	0.65	0.47	0.25	0.05
97814	0.55	0.36	0.21	0.05

The G code listed below is no longer valid on the MPFSDB effective for dates of service on and after April 1, 2020.

CODE ACTION

G1000 Status change to I

The G codes listed below are new codes effective April 1, 2020 and were implemented by CR 11550.

CODE ACTION

- G1012 Status indicator = X, there are no RVUs, payment policy indicators do not apply
- G1013 Status indicator = X, there are no RVUs, payment policy indicators do not apply
- G1014 Status indicator = X, there are no RVUs, payment policy indicators do not apply
- G1015 Status indicator = X, there are no RVUs, payment policy indicators do not apply
- G1016 Status indicator = X, there are no RVUs, payment policy indicators do not apply
- G1017 Status indicator = X, there are no RVUs, payment policy indicators do not apply
- G1018 Status indicator = X, there are no RVUs, payment policy indicators do not apply
- G1019 Status indicator = X, 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/HCPSCReleaseCodeSets/HCPSC-Quarterly-Update>

As part of the public health emergency for the 2019 Novel Coronavirus (COVID-19) pandemic, the following codes have been revised per guidance provided in: the interim final rule with comment (IFC) entitled, **Medicare Program and Medicaid Program; Revisions in Response to the COVID-19 Public Health Emergency (CMS-1744-IFC)**; the IFC entitled, **Medicare and Medicaid Programs; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (CMS-5531-IFC)**; and the **Coronavirus Aid, Relief, and Economic Security Act (CARES Act)**.

The changes below are effective for dates of service March 1, 2020, and after.

CODE ACTION

- 98966 Status code indicator change = A, 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
- 98967 Status code indicator change = A, 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
- 98968 Status code indicator change = A, 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
- 99441 Status code indicator change = A, 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
- 99442 Status code indicator change = A, 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
- 99443 Status code indicator change = A, 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

The Relative Value Units (RVU) for these codes are listed below.

Code	Work RVU	Non Facility PE RVU	Facility PE RVU	MP RVU
98966	0.25	0.13	0.10	0.02
98967	0.50	0.23	0.19	0.05
98968	0.75	0.33	0.29	0.06
99441	0.48	0.75	0.20	0.05
99442	0.97	1.06	0.40	0.08
99443	1.50	1.45	0.62	0.11

The following new codes are effective March 1, 2020, and after. Please see CR 11681 for more information.

CODE ACTION

- G2023 Status indicator = X; there are no RVUs, payment policy indicators do not apply
- G2024 Status indicator = X; there are no RVUs, payment policy indicators do not apply

The following new code is effective March 13, 2020, and after. Please see CR 11681 for more information.

CODE ACTION

87635 Status indicator = X; there are no RVUs, payment policy indicators do not apply

The following new code is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs). Please see Special Edition Medicare Learning Network Matters (MLN) article SE20016 for more information. MLN SE20016 can be found on the CMS web site at:

<https://www.cms.gov/files/document/se20016.pdf>

CODE

SHORT DESCRIPTOR

G2025

Dis site tele svcs RHC/FQHC

NOTE: MLN article SE20016 also displays a revised RHC/FQHC payment for G0071 effective March 1, 2020. Codes G0071 and G2025 will appear on the MPFSDB with Status indicator X, but have no physician fee schedule payment, and the payment policy indicators will not apply.