

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11848	Date: February 9, 2023
	Change Request 13092

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2023 Update

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the 2023 Medicare Physician Fee Schedule (MPFS) Final Rule. The purpose of this Change Request (CR) is to amend those payment files. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

EFFECTIVE DATE: April 1, 2023

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

IMPLEMENTATION DATE: April 3, 2023

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/revise 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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EFFECTIVE DATE: April 1, 2023

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

IMPLEMENTATION DATE: April 3, 2023

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2023 Medicare Physician Fee Schedule (MPFS) Final Rule, to be effective for services furnished between January 1, 2023 and December 31, 2023.

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		
13092.1	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 17, 2023. (See attachment for a summary of changes and effective dates.)										CMS
13092.1.1	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					
13092.2	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	X	X	X							

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	
	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).									
13092.3	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						
13092.4	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						
13092.5	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
13092.5.1	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
13092.6	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

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 Rauch, 410-786-8932 or julie.rauch@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

Below is a summary of the changes for the April update to the 2023 MPFSDB. Unless otherwise stated, these changes are effective for dates of service on and after January 1, 2023.

The following codes have been added to the MPFSDB effective for dates of service January 1, 2023, and after. These codes are part of the April 2023 HCPCS file.

CODE ACTION

91316 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.
 91317 Procedure Status = X; there are no RVUs, payment policy indicators do not apply.
 0164A Procedure Status = X; there are no RVUs, payment policy indicators do not apply.
 0173A Procedure Status = 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/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

The following codes have been added to the MPFSDB effective for dates of service April 1, 2023, and after. These codes were part of the April 2023 HCPCS file.

CODE ACTION

M0010 Procedure Status = C; there are no RVUs, Multiple Procedure indicator = 9, Bilateral Surgery indicator = 9, Assistant at Surgery indicator = 9, Co-Surgeons indicator = 9, Team Surgeons indicator = 9, Professional/Technical Component indicator = 9, Global days = XXX, PhysSup indicator = 09

J0208 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J0218 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J0612 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J0613 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J1449 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J1747 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J2403 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J9196 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J9294 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J9296 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 J9297 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4265 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4266 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4267 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4268 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4269 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4270 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q4271 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q5127 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q5128 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.
 Q5129 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

Q5130 Procedure Status = E; there are no RVUs, payment policy indicators do not apply.

The following procedure status changes are effective for dates of April 1, 2023, and after.

CODE ACTION

J0610 Procedure Status = I

J0611 Procedure Status = I