

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10969	Date: September 8, 2021
	Change Request 12422

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 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: October 1, 2021

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

IMPLEMENTATION DATE: October 4, 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.

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: 10969	Date: September 8, 2021	Change Request: 12422
-------------	--------------------	-------------------------	-----------------------

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

EFFECTIVE DATE: October 1, 2021

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

IMPLEMENTATION DATE: October 4, 2021

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the CY 2021 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on December 28, 2020, to be effective for services furnished between January 1, 2021 and December 31, 2021.

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	
12422.1	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 August 16, 2021. (See attachment for a summary of changes and effective dates.)								CMS
12422.1.1	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			
12422.2	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					
12422.3	Medicare contractors shall not search their files to retract payment for claims already paid or to retroactively pay claims. However, contractors shall	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	
	adjust claims brought to their attention.								
12422.4	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					
12422.5	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
12422.5.1	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		
12422.6	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 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.	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: MPFS File:
MU00.@BF12390.MPFS.CY2021.RV4.C00000.V0815

FI Abstract Files:

MU00.@BF12390.MPFS.CY21.ABSTR.V0815.FI

MU00.@BF12390.MPFS.CY21.HHH.V0815.FI

MU00.@BF12390.MPFS.CY21.MAMMO.V0815.FI

MU00.@BF12390.MPFS.CY21.PAYIND.V0815

MU00.@BF12390.MPFS.CY21.SNF.V0815.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: 12422 Quarterly Update to the Medicare Physician Fee Schedule
Database (MPFSDB) – October 2021 Update**

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

The following HCPCS code has a change to the Bilateral Surgery Indicator. This change is effective for dates of service January 1, 2021, and after.

CODE MOD ACTION

31591 Bilat Surg = 1

The following HCPCS codes have changes to the Diagnostic Imaging Family Indicator. These changes are effective for dates of service July 1, 2021, and after.

CODE MOD ACTION

0648T Diag. Img. Fam. Ind. = 88

0648T TC Diag. Img. Fam. Ind. = 88

0648T 26 Diag. Img. Fam. Ind. = 88

There is a revision to the short descriptor for the following HCPCS codes:

CODE DESCRIPTOR

M0243 Casirivi and imdevi inj

M0244 Casirivi and imdevi inj hm

The following are HCPCS codes from the July 2021 HCPCS file update.

Please see the link below for more information on the new codes:

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

CODE ACTION

Effective Date

M0201 Proc Stat = X; payment policy indicators do not apply. June 08, 2021

M0247 Proc Stat = X; payment policy indicators do not apply. May 26, 2021

M0248 Proc Stat = X; payment policy indicators do not apply. May 26, 2021

Q0247 Proc Stat = X; payment policy indicators do not apply. May 26, 2021

The following new HCPCS code is from the October 2021 HCPCS file update. It is effective for dates of service June 3, 2021 and after.

CODE ACTION

Q0244 Proc Stat = X; payment policy indicators do not apply.

The following new HCPCS codes are from the October 2021 HCPCS file update. They are effective for dates of service June 24, 2021, and after.

CODE ACTION

M0249 Proc Stat = X; payment policy indicators do not apply.

M0250 Proc Stat = X; payment policy indicators do not apply.
Q0249 Proc Stat = X; payment policy indicators do not apply.

The following new HCPCS codes are from the October 2021 HCPCS file update. They are effective for dates of service October 1, 2021 and after.

CODE ACTION

A4453 Proc Stat = X; payment policy indicators do not apply.
J0699 Proc Stat = E; payment policy indicators do not apply.
J0741 Proc Stat = E; payment policy indicators do not apply.
J1305 Proc Stat = E; payment policy indicators do not apply.
J1426 Proc Stat = E; payment policy indicators do not apply.
J1445 Proc Stat = E; payment policy indicators do not apply.
J1448 Proc Stat = E; payment policy indicators do not apply.
J2406 Proc Stat = E; payment policy indicators do not apply.
J7294 Proc Stat = N; payment policy indicators do not apply.
J7295 Proc Stat = N; payment policy indicators do not apply.
J9247 Proc Stat = E; payment policy indicators do not apply.
J9318 Proc Stat = E; payment policy indicators do not apply.
J9319 Proc Stat = E; payment policy indicators do not apply.
P9025 Proc Stat = X; payment policy indicators do not apply.
P9026 Proc Stat = E; payment policy indicators do not apply.
Q2054 Proc Stat = X; payment policy indicators do not apply.
Q4251 Proc Stat = E; payment policy indicators do not apply.
Q4252 Proc Stat = E; payment policy indicators do not apply.
Q4253 Proc Stat = E; payment policy indicators do not apply.
Q9004 Proc Stat = I; payment policy indicators do not apply.
S9432 Proc Stat = I; payment policy indicators do not apply.

The following HCPCS codes are deleted from the MPFS effective for dates of service October 1, 2021, and after.

CODE ACTION

J0693 Procedure Status = I
J7303 Procedure Status = I
J9315 Procedure Status = I
Q4228 Procedure Status = I
Q4236 Procedure Status = I