

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9977

Related Change Request (CR) #: CR 9977

Related CR Release Date: February 15, 2017

Effective Date: January 1, 2017

Related CR Transmittal #: R3719CP

Implementation Date: April 3, 2017

## Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April CY 2017 Update

### Provider Types Affected

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This MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries and subject to the Medicare Physician Fee Schedule (MPFS).

### Provider Action Needed

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Change Request (CR) 9977 informs MACs about changes to the MPFS payment files. While the changes will be implemented in Medicare systems on April 3, the changes are effective January 1, 2017. Note that MACs need not search their files to either retract payment for claims already paid or to retroactively pay claims already processed. However, the MACs will adjust such claims that you bring to their attention. Make sure that your billing staffs are aware of these changes.

### Background

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Payment files were issued to the MACs based upon the CY 2017 MPFS Final Rule, published in the Federal Register on November 15, 2016, to be effective for services furnished between January 1, 2017, and December 31, 2017.

#### Disclaimer

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Below is a summary of the changes for the April update to the 2017 MPFSDB. These changes are effective for dates of service on or after January 1, 2017

<b>CPT/HCPCS Code</b>	<b>MOD</b>	<b>ACTION</b>
G0477		Procedure Status = I
G0478		Procedure Status = I
G0479		Procedure Status = I
22867		Assistant Surgery Indicator = 2
22869		Assistant Surgery Indicator = 2
76519	26	Bilateral Surgery Indicator = 3
92136	26	Bilateral Surgery Indicator = 3
97161		Non-facility & Facility PE RVU = 1.00
97162		Non-facility & Facility PE RVU = 1.00
97163		Non-facility & Facility PE RVU = 1.00
97165		Non-facility & Facility PE RVU = 1.32
97166		Non-facility & Facility PE RVU = 1.32
97167		Non-facility & Facility PE RVU = 1.32
97168		Non-facility & Facility PE RVU = 0.93

In addition, the following new codes have been added to the HCPCS file effective February 1, 2017. The HCPCS file coverage code is C (carrier judgment) for these new codes. Coverage and payment will be determined by the MAC (they are not part of the MPFS).

<b>CPT Code</b>	<b>Short Descriptor</b>	<b>Long Descriptor</b>
0001U	RBC DNA HEA 35 AG 11 BLD GRP	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported
0002U	ONC CLRCT 3 UR METAB ALG PLP	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps

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CPT Code	Short Descriptor	Long Descriptor
0003U	ONC OVAR 5 PRTN SER ALG SCOR	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score

### Additional Information

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The official instruction, CR9977, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-guidance/Guidance/Transmittals/2017Downloads/R3719CP.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

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