



Medicare Physician Fee Schedule Database (MPFSDB) Mediasite Script

Have you ever wondered how the Medicare carrier knows which procedure codes are payable? Have you ever wondered how the Medicare carriers know if a procedure code/modifier combination is payable? View the Medicare Physician Fee Schedule Database (MPFSDB) to find out.

The MPFSDB is located on www.cms.hhs.gov, the CMS Website. Click on the "Medicare" at the top of the page. Scroll down until "Physician Fee Schedule" appears under the header "Medicare Fee-for-Service Payment" in the right-hand navigation column.

Clicking on "Physician Fee Schedule" brings you to an overview of the fee schedule. Scroll down until you see "PFS Relative Value Files" in the right-hand navigation column. The PFS Relative Value Files contains the MPFSDB, select that link.

The next page will provide the oldest file first, working to the most current. In order to change to the most recent file first, click on "Calendar Year."

The MPFSDB is updated quarterly, and each update is given a letter following the year. The most current file is 2007C. Click on the calendar year to enter the file.

Scroll down to view the calendar year, file name, description, file size, and lastly the link to the file. The RVU07C ZIP file is the most recent file.

What is a ZIP file? The file is compressed and needs to be decompressed in order to be read. By clicking on the file and then "Open," the system will decompress the file and make it readable. In order to make it readable an unzip software must be used. WPS Medicare uses PowerArchiver as our unzip software. If you are not sure about software, contact your IT department and discuss it with them.

We will be looking at the bottom two documents on the list. The last document is a Word document and contains the explanation, definition, and formulas needed to read the MPFSDB. The Excel file directly above that document is the actual MPFSDB.

Double click on the Excel file and we will begin to look through the document. The first column is the HCPCS code and does not need a further explanation. The second column is labeled "Mod" or Modifiers. In order to find out what information is contained in this field, open the word document.

The first few pages of the word document explain the MPFSDB and provide formulas for converting the base dollar amounts assigned by congress to a fee payable by Medicare.

On page six, we find the explanations of the fields contained on the MPFSDB Excel file. An example to look at is the "Mod" or modifier column and we find the column is used for diagnostic service. The explanation continues with some of the modifiers that are applicable to diagnostic procedure codes.



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Explanations of each column in the MPFSDB is located in the Word document as well. You will need to look at the different indicators to determine if a code is payable and a variety of other information.

Let us review the "Status Code" column and "Glob Days" column.

In the Word document under the "Status Code" column an explanation indicates the column is used to tell if the code is payable by Medicare, and refers you to Attachment A. Attachment A is located at the end of the word document.

Look on page 19 in Attachment A to find out what the status indicators mean. A status of "I" indicates the code is not valid for Medicare purposes, and possibly Medicare uses another code for this service. Let us review codes "A" and code "B." If you see an "A" in the status column, the code is active and payable under the Physician Fee Schedule by Medicare. A "B" means this code is bundled into another service and is never payable separately under the Physician Fee Schedule. Please continue to familiarize yourself with the other definitions and codes.

Next, let us review the "Glob Days" or Global Days column. This column provides the number of global days that apply to each surgical procedure code. The main indicators to be aware of are "000," "010," and "090." "000" which indicates no global days apply to the service provided. "010" indicates that service has 10 global days included in the payment. "090" indicates there are 90 days included in the payment for the service. For all indicators read the definitions in the column to determine the number of global days applied to each of the surgical codes.

Remember that for each column in the Excel file you will need to view the word document. The Word document provides explanations of the information contained on the MPFSDB. We hope that this will help you use the MPFSDB more efficiently.

Thank You