
PROGRAM MEMORANDUM INTERMEDIARIES

Department of Health
and Human Services

Health Care Financing
Administration

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CHANGE REQUEST 1302

SUBJECT: File Descriptions and Instructions for Retrieving the 2001 Physician, Clinical Lab, Durable Medical Equipment, Prosthetics/Orthotics and Supplies (DMEPOS) Fee Schedule Payment Amounts Through HCFA's Mainframe Telecommunications Systems

Attached are file descriptions and instructions for retrieving the 2001 physician, clinical lab, and durable medical equipment, prosthetics/orthotics and supplies (DMEPOS) fee schedule payment amounts through HCFA's mainframe telecommunications system, formerly the Network Data Mover (NDM) system. The effective date for these pricing updates is January 1, 2001. Target implementation date will be January 1, 2001.

Included is information for retrieving the annual HCPCS file update through the HCFA mainframe telecommunications system. The HCPCS data files include deleted codes for the upcoming grace period. These are not identifiable solely from this file. In your system, refer to the HCPCS files to identify those codes which are deleted in 2001.

HCFA's Division of Health Plan and Provider Data (DHPPD) will release the following files on the dates indicated. The last trailer of the filename listed identifies the intended recipient of the file, i.e., FI for fiscal intermediaries, RHHI for regional home health intermediaries, and FIRHHI for both.

File Name

Retrieval Dates

**MU00.@AAA2360.HCPCS01.CONTR and
MU00.@AAA2360.HCPCS01.PRINT**

Oct 11 - Oct 31

These files contain coding data for all HCPCS codes. Both files need to be retrieved. The first (with CONTR suffix) is the 2001 HCPCS file which is made up of procedure and modifier codes. The second (with PRINT suffix) is the print file of the 2001 HCPCS edition; a utility may be used to produce a printed copy of HCPCS.

MU00.@BF12390.MPFS2001.ALL.V1109.RHHI

Nov 09 - Nov 18

This file is to be used only by regional home health intermediaries (RHHIs) to process hospice claims for Part B services and it will be labeled HPH. Included are fees for all radiology and other diagnostic services, even those that are not subject to payment limitations. All available fees (global, professional, and technical) are transmitted. Codes subject to the grossing up formula are not grossed-up on the HPH file.

NOTE: If an RHHI also functions as an intermediary for a provider service area, the RHHI **must** also retrieve MU00.@BF12390.MPFS2001.RADDIAG.V1109.FI (RADDIAG file) identified above in order to process claims for radiology and other diagnostic services submitted by hospitals accurately. If the RADDIAG file is not used for hospital outpatient claims, payment limits will **not** be applied correctly.

MU00.@BF12390.MPFS2001.LOC.V1207.FIRHHI **Dec 07 - Dec 29**

This file contains pricing data for carrier-priced and local HCPCS codes for radiology, other diagnostic, and hospice services paid under the physician fee schedule, including some high volume services such as portable x-rays.

MU00.@BF12394.CLAB2001.V1121.FIRHHI **Nov 21 - Dec 15**

This file contains pricing data priced under the clinical diagnostic lab fee schedule. The file will also include HCPCS codes for clinical lab services that must be gap-filled. The fee field transmitted for these codes will contain a zero.

MU00.@BF12393.DMEPOS01.V1207.FIRHHI **Dec 07 - Dec 23**

This file contains HCPCS codes and related prices subject to the DMEPOS fee schedule. This file will include only those services which are subject to the DMEPOS national floors and ceilings. It will NOT include services which are priced by carriers (e.g., customized services) or services priced under reasonable charges. These pricing amounts will continue to be provided by the Part B carriers.

The nine DMEPOS categories have been mapped to extraction labels as follows:

- o IN = Inexpensive/routinely purchased...DME;
- o FS = Frequency Service...DME;
- o CR = Capped Rental... DME;
- o OX = Oxygen and Oxygen Equipment... OXY;
- o OS = Ostomy, Tracheostomy and Urogicals...P/O;
- o S/D = Surgical Dressings...S/D;
- o P/O = Prosthetics and Orthotics...P/O;
- o SU = Supplies...DME; and
- o TE = TENS...DME,

RHHIs will need to retrieve data from all of the above categories. Regular intermediaries only need to retrieve data from categories P/O and S/D.

MU00.@BF12393.DMEPOS01.GAP.V1214.FIRHHI **Dec 14 - Dec 31**

This file contains DMEPOS gap-filled amounts.

MU00.@BF12390.MFS2001.ABSTR.V1109.FI **Nov 09 - Nov 18**

This is a final physician fee schedule abstract file for outpatient rehabilitation and CORF services payment.

MU00.@BF12390.MFS2001.SUPLPHYS.V1109.FI **Nov 09 – Nov 18**

This is a supplemental file which contains pricing amounts of all physician fee schedule services for CORFs .

This Program Memorandum contains several attachments. Attachment A provides instructions for receiving the 2001 pricing files via HMTS. Attachments B through E contain the record layouts for the HMTS files you will be receiving. Attachment F contains the locality structures. Changes in locality structure have been bolded.

Pricing methodologies under reasonable charge will still be released to you by the carriers.

The physician fee schedule data is to be treated as confidential. Payment amounts calculated for 2001 should not be released prior to the publication of the Final Rule implementing the fee schedule for physicians services for 2001. Carriers have also been informed of this directive. Central office will notify you of the publication date.

The implementation date for this Program Memorandum (PM) is January 1, 2001.

The effective date for this PM is January 1, 2001.

These instructions are to be implemented within your current operating budget.

This PM may be discarded after December 31, 2001.

For further general information, contact Sarah Shirey on (410) 786-0187 or Linda Gregory on (410) 786-6138. For information regarding transmission of the files and/or the file layouts, contact Mary Ann Stevenson on (410) 786-1818.

6 Attachments

**INSTRUCTIONS FOR RECEIVING
2001 PART B PRICING FILES
VIA HCFA MAINFRAME TELECOMMUNICATIONS SYSTEM**

Listed below are instructions for receiving the 2001 Part B pricing files via HCFA's mainframe telecommunications system. In order not to incur additional transmission cost, transmission must occur during the evening hours, specifically after 8:00 P.M. Eastern Standard Time (EST).

Listed below are the most common problems encountered when carriers/intermediaries receive data via HCFA's mainframe telecommunications system:

- o Receipt was performed in interactive mode, rather than batch. If transmission is performed interactively, it is impossible for DHPPD to access the HCFA's mainframe telecommunications system log to verify transmission success/failure.

- o Omission or change of NEWNAME parameter. Omission of this parameter makes it extremely difficult and cumbersome for DHPPD to access HMTS log to verify transmission success/failure. See the following NEWNAME parameters:

DMEPOS for services priced under the durable medical equipment, prosthetics, orthotic and supply fee schedule;

- **CLAB** for services priced under the clinical diagnostic laboratory fee schedule.

- **MPFS** for the radiology and other diagnostic services priced under the physician fee schedule.

- **HCPCS** for procedure coding information required for claims processing.

- o Omission or change of STARTT parameter. This parameter establishes the starting time for the batch job. As stated earlier, transmission must occur during the evening hours. Setting the STARTT to 20:00:00 hours assures that transmission will not commence prior to 8:00 PM EST.

The following is the JCL required for setting up an HMTS transmission of the 2000 Part B pricing files file from the HCFA Data Center.

```
*****
//UID#DMEP JOB (ACCTNG),'NAME',MSGCLASS=A,CLASS=C,
//  MSGLEVEL=(1,1)
//DMBATCH EXEC PGM=DMBATCH,REGION=512K,PARM=(YYSLYNN)
//DMPUBLIB DD DSN= NDM.PROCESS.LIBRARY,DISP=SHR
//DMMSGFIL DD DSN= NDM.MESSAGE.LIBRARY,DISP=SHR
//DMNETMAP DD DSN= NDM.NETWORK.MAP,DISP=SHR
//DMPRINT DD SYSOUT=*
//NDMCMDS DD SYSOUT=*
//SYSUDUMP DD SYSOUT=*
//SYSPRINT DD SYSOUT=*
//SYSIN DD *
  SIGNON USERID=(NDM USERID) -
        NODE= NDM NODE ID -
        NETMAP= NDM NETWORK MAP
  SUBMIT DSN= PROCESS LIBRARY MEMBER -
        STARTT=(,20:00:00) -
        NEWNAME=DMEPOS or CLAB or MPFS or HCPCS
SIGNOFF
/*
//
*****
```

Prior to submitting this job, supply the following parameters particular to your job site:

UID#	= Your system User-ID
ACCTNG	= Accounting Information, if applicable
NAME	= Programmer's Name
NDM.PROCESS.LIBRARY	= NDM Process Library for your system
NDM.MESSAGE.LIBRARY	= NDM Message Library for your system
NDM.NETWORK.MAP	= NDM Network Map File for your system
NDM USERID	= NDM Userid for your system
NDM NODE	= NDM Node ID for your system
PROCESS LIBRARY MEMBER	= Member where the code for the NDM COPY (see next page) is stored

The following code should be placed in your process library. This code will be executed from within HMTS to perform the copying of the 2001 Part B pricing data from a file at the HCFA Data Center to a file at your processing site.

```
DMEPOS PROCESS PNODE= NDM NODE -
                SNODE=NDM.HCFA -
                SNODEID=(TWXX, PASSWD) -
                PACCT= 'ACCTNG' -
                &DSN= DATASET NAME
```

```
STEP01 COPY -
  FROM -
    (DSN=HCFA FILE
     DISP=SHR -
     SNODE) -
  TO -
    (DSN=&DSN -
     DISP=(,CATLG,DELETE) -
     UNIT= UNIT ID -
     PNODE)
```

Supply the following parameters particular to your job site:

<i>NDM NODE</i>	= NDM Node ID for your system
<i>TWXX</i>	= NDM User ID for HCFA's system
<i>PASSWD</i>	= Password to access NDM at HCFA
<i>ACCTNG</i>	= Accounting Information (if required)
<i>DATASET NAME</i>	= File to receive HCFA data transmission
<i>HCFA FILE</i>	= <i>APPROPRIATE DATA SET NAME</i>
<i>UNIT ID</i>	= Unit Identifier for your system

The submission of this JCL will enter this job in the MTS queue. In order not to incur additional transmission line costs, the job must not run before 8:00 P.M.(EST) of the day it is submitted. If you have any questions or problems, call Susan Watson at (410) 786-1822.

MEDICARE PHYSICIAN FEE SCHEDULE FILE CHARACTERISTICS

DATA SET NAMES: MU00.@BF12390.MPFS2001.ALL.V1109.RHHI

(Contains hospice which are priced under a physician fee schedule. If an RHHI also functions as an intermediary for a provider service area, the RHHI must also retrieve the file identified below in order to process claims for radiology and other diagnostic services submitted by hospitals.)

Date Available: November 9, 2000
or

MU00.@BF12390.MPFS2001.LOC.V1207.FIRHHI

(Hospice, radiology and other diagnostic prices which are carrier-priced and local HCPCS codes. This file contains some high volume services such as portable x-rays)

Date Available: December 7, 2000

RECORD LENGTH: 60
RECORD FORMAT: FB
BLOCK SIZE: 6000
CHARACTER CODE: EBCDIC
SORT SEQUENCE: CARRIER, LOCALITY, HCPCS CODE, MODIFIER

<u>Data Element Name</u>	<u>Cobol Location</u>	<u>Picture</u>
<u>DATA RECORD:</u>		
1--HCPCS	1-5	X(05)
2--Modifier	6-7	X(02)
3--Filler	8-9	X(02)
4--Fee	10-16	9(05)V99
5--Filler	17-23	X(07)
6--Filler	24-30	X(07)
7--Carrier Number	31-35	X(05)
8*-- Locality*	36-37	X(02)
9**--Label**	38-40	X(03)
10-- Filler	41-60	X(20)

* Locality Code: See Attachment in Excel file.
 **Label: HPH -- Hospice Physician Services
 ODX -- Other Diagnostic Services
 PRF -- Portable Radiology
 RAD -- Radiology

CLINICAL DIAGNOSTIC LABORATORY FEE SCHEDULE
FILE CHARACTERISTICS

DATA SET NAME: MU00.@BF12394.CLAB2001.V1121.FIRHHI

(Contains services subject to national limitation amounts under the clinical diagnostic laboratory fee schedule.)

Date Available: November 21, 2000

RECORD LENGTH: 60
RECORD FORMAT: FB
BLOCK SIZE: 6000
CHARACTER CODE: EBCDIC
SORT SEQUENCE: CARRIER, LOCALITY, HCPCS CODE

<u>Data Element Name</u>	<u>Cobol Location</u>	<u>Picture</u>	
HEADER RECORD:			
1--Label	1-3	X(03)	Value = LAB
2--Filler	4-10	X(07)	
3--Filler	11-15	X(08)	
4--Filler	16-22	X(04)	
5--Date Fee Update	23-30	X(08)	YYYYMMDD
6--Filler	31-52	X(22)	
7--Date File Created	53-60	X(08)	YYYYMMDD

DATA RECORD:			
1--HCPCS	1-5	X(05)	
2--Filler	6-9	X(04)	
3--60% Fee	10-16	9(05)V99	
4--62% Fee	17-23	9(05)V99	
5--Filler	24-30	X(07)	
6--Carrier Number	31-35	X(05)	
7*--Locality*	36-37	X(02)	
8--Filler	38-60	X(23)	

*Locality Code:

- 00 -- Single State Carrier
- 01 -- North Dakota
- 02 -- South Dakota
- 20 -- Puerto Rico
- 40 -- New Hampshire
- 50 -- Vermont

**DURABLE MEDICAL EQUIPMENT, PROSTHETIC, ORTHOTIC AND SUPPLY
FEE SCHEDULE FILE CHARACTERISTICS**

DATA SET NAME: MU00.@BF12393.DMEPOS01.V1207.FIRHHI

(Contains services subject to national floors and ceilings under the DMEPOS fee schedules including surgical dressings.)

Date Available: December 7, 2000
or

MU00.@BF12393.DMEPOS01.GAP.V1214.FIRHHI

(Contains new services which were gapped-filled by DMERCs or local Part B carriers.)

Date Available: December 14, 2000

RECORD LENGTH: 60
RECORD FORMAT: FB
BLOCK SIZE: 6000
CHARACTER CODE: EBCDIC
SORT SEQUENCE: LABEL, HCPCS, MOD, STATE

<u>Data Element Name</u>	<u>Cobol Location</u>	<u>Picture</u>
DATA RECORD		
1--HCPCS	1-5	X(05)
2--MOD	6-7	X(02)
2--Filler	8-9	X(02)
3--Fee Schedule Amt	10-16	9(05)V99
4--Filler	17-30	X(14)
6--State	31-32	X(02)
7--Filler	33-37	X(05)
8*--Label*	38-40	X(3)
9--Filler	41-60	X(20)

**Label: DME--Durable Medical Equipment (other than oxygen)
OXY--Oxygen
P/O--Prosthetic/Orthotic
S/D--Surgical Dressings

OUTPATIENT REHABILITATION and CORF SERVICES FEE SCHEDULE

DATA SET NAMES: **MU00.@BF12390.MFS2001.ABSTR. V1109.FI**

(This is a final physician fee schedule abstract file for outpatient rehabilitation and CORF services payment.)

Date Available: November 9, 2000
or

MU00.@BF12390.MFS2001.SUPLPHYS.V1109.FI

(This is a supplemental file which contains pricing amounts of all physician fee schedule services for CORFs.)

RECORD LENGTH: 60
RECORD FORMAT: FB
BLOCK SIZE: 6000
CHARACTER CODE: EBCDIC
SORT SEQUENCE: Carrier, Locality HCPCS Code, Modifier

<u>Data Element Name</u>	<u>Cobol Location</u>	<u>Picture Value</u>	
1--HCPCS	1-5	X(05)	
2--Modifier	6-7	X(02)	
3--Filler	8-9	X(02)	
4--Non-Facility Fee	10-16	9(05)V99	
5--Filler	17-23	X(07)	
6--Filler	24-30	X(07)	
7--Carrier Number	31-35	X(05)	
8--Locality	36-37	X(02)	Identical to the radiology/diagnostic fees
9--Filler	38-40	X(03)	
10--Fee Indicator	41-41	X(1)	“R”-- Rehab/Audiology function test/CORF services
11--Outpatient Hospital	42-42	X(1)	“0” -- Fee applicable in hospital outpatient setting “1” -- Fee not applicable in hospital outpatient setting
12--Filler	43-60	X(18)	

2001 Pricing Area

Carrier Number	Locality Number	Locality Name
00510	00	ALABAMA
00831	01	ALASKA
00832	00	ARIZONA
00520	13	ARKANSAS
31146	26	ANAHEIM/SANTA ANA, CA
31146	18	LOS ANGELES, CA
31140	03	MARIN/NAPA/SOLANO, CA
31140	07	OAKLAND/BERKELEY, CA
31140	05	SAN FRANCISCO, CA
31140	06	SAN MATEO, CA
31140	09	SANTA CLARA, CA
31146	17	VENTURA, CA
31146	99	REST OF CALIFORNIA*
31140	99	REST OF CALIFORNIA*
00824	01	COLORADO
00591	00	CONNECTICUT
00902	01	DELAWARE
00903	01	DC + MD/VA SUBURBS
00590	03	FORT LAUDERDALE, FL
00590	04	MIAMI, FL
00590	99	REST OF FLORIDA
00511	01	ATLANTA, GA
00511	99	REST OF GEORGIA
00833	01	HAWAII/GUAM
05130	00	IDAHO
00952	16	CHICAGO, IL
00952	12	EAST ST. LOUIS, IL
00952	15	SUBURBAN CHICAGO, IL
00952	99	REST OF ILLINOIS
00630	00	INDIANA
00826	00	IOWA
00650	00	KANSAS*

00740	04	JOHNSON AND WYANDOTTE, KANSAS*
00660	00	KENTUCKY
00528	01	NEW ORLEANS, LA
00528	99	REST OF LOUISIANA
31142	03	SOUTHERN MAINE
31142	99	REST OF MAINE
00901	01	BALTIMORE/SURR. CNTYS, MD
00901	99	REST OF MARYLAND
31143	01	METROPOLITAN BOSTON
31143	99	REST OF MASSACHUSETTS
00953	01	DETROIT, MI
00953	99	REST OF MICHIGAN
00954	00	MINNESOTA
00512	00	MISSISSIPPI
00740	02	METROPOLITAN KANSAS CITY, MO
00523	01	METROPOLITAN ST. LOUIS, MO
00740	99	REST OF MISSOURI*
00523	99	REST OF MISSOURI*
00751	01	MONTANA
00655	00	NEBRASKA
00834	00	NEVADA
31144	40	NEW HAMPSHIRE
00805	01	NORTHERN NJ
00805	99	REST OF NEW JERSEY
00521	05	NEW MEXICO
00803	01	MANHATTAN, NY
00803	02	NYC SUBURBS/LONG I., NY
00803	03	POUGHKPSIE/N NYC SUBURBS, NY
14330	04	QUEENS, NY
00801	99	REST OF NEW YORK
05535	00	NORTH CAROLINA
00820	01	NORTH DAKOTA
16360	00	OHIO
00522	00	OKLAHOMA
00835	01	PORTLAND, OR
00835	99	REST OF OREGON
00865	01	METROPOLITAN PHILADELPHIA, PA

00865	99	REST OF PENNSYLVANIA
00973	20	PUERTO RICO
00870	01	RHODE ISLAND
00880	01	SOUTH CAROLINA
00820	02	SOUTH DAKOTA
05440	35	TENNESSEE
00900	31	AUSTIN, TX
00900	20	BEAUMONT, TX
00900	09	BRAZORIA, TX
00900	11	DALLAS, TX
00900	28	FORT WORTH, TX
00900	15	GALVESTON, TX
00900	18	HOUSTON, TX
00900	99	REST OF TEXAS
00910	09	UTAH
31145	50	VERMONT
00973	50	VIRGIN ISLANDS
00904	00	VIRGINIA
00836	02	SEATTLE (KING CNTY), WA
00836	99	REST OF WASHINGTON
16510	16	WEST VIRGINIA
00951	00	WISCONSIN
00825	21	WYOMING

*Payment locality is serviced by two carriers.