

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1837	Date: October 28, 2009
	Change Request 6620

Transmittal 1813, dated September 4, 2009 is being rescinded and replaced by Transmittal 1837, dated October 28, 2009 because the Attachment was inadvertently left out of the instruction. All other information remains the same.

SUBJECT: 2010 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

I. SUMMARY OF CHANGES: The complete HCPCS file is updated and released annually to the Medicare contractors. The file contains existing, new, revised, and discontinued codes for 2010. The attached Recurring Update Notification applies to Chapter 23, Section 20.

New / Revised Material

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

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	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: 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

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1837	Date: September 4, 2009	Change Request: 6620
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SUBJECT: 2010 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

I. GENERAL INFORMATION

A. Background: Medicare providers submitting claims to Medicare contractors for Part B services use a HCPCS code to indicate the service that was rendered. The HCPCS consists of Level I codes, which are the American Medical Association’s (AMA) Current Physician Terminology Codes (CPT-4), and Level II codes which are alpha-numeric and maintained by CMS. The updated HCPCS file is released annually to Medicare contractors via CMS’ mainframe telecommunication system.

B. Policy: This is our annual reminder that the 2010 HCPCS file and its print file will be made available via the CMS mainframe telecommunication system. The file may be retrieved after 8:00 p.m. Eastern time, on October 28, 2009.

The paper documentation which consists of a cover memorandum, HCPCS tape characteristics and record layout, and transactions lists printouts will be sent via U.S. Postal Service priority mail. The alpha-numeric index and the table of drugs will be posted to the CMS Website by the end of October. The Web site address is <http://www.cms.hhs.gov/HCPCSReleaseCodeSet/ANHCPSC/list.asp>.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6620.1	Medicare contractors shall download the 2010 annual HCPCS update from the CMS mainframe which will be available after 8:00 p.m. Eastern time, on October 28, 2009. NOTE: The new 2010 HCPCS update is effective for dates of service on or after January 1, 2010.	X	X	X	X		X		X	X

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
	None

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Vera A. Dillard (410) 786-6149, Vera.dillard@cms.hhs.gov for carrier claims processing issues and Antoinette Johnson (410) 786-9326, Antionette.johnson@cms.hhs.gov for fiscal intermediary claims processing issues.

Post-Implementation Contact(s): Appropriate Project Officer or Contractor Manager

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: 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.

ATTACHMENT: Instructions for the Retrieval of the 2010 HCPCS via CMS' Mainframe Telecommunications System (Formerly Network Data Mover)

ATTACHMENT
Instructions for the Retrieval of the 2010 HCPCS
via CMS's Mainframe Telecommunications System
(Formerly Network Data Mover)

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

- o Receipt was performed in interactive mode, rather than in batch. If transmission is performed interactively, it is impossible for the Division of Data Systems (DDS) to access the log to verify the transmission success/failure.

- o Omission or change of NEWNAME parameter. Omission of this parameter makes it extremely difficult and cumbersome for DDS to access the log to verify transmission success/failure. Make sure that the NEWNAME parameter equals HCPCS.

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

NOTE: In order not to incur additional transmission line cost, transmission must occur during the evening hours, specifically after 8:00 p.m., eastern standard time.

The following is the JCL required for setting up a mainframe telecommunications system transmission of the 2010 HCPCS file from the CMS's Data Center.

```
*****  
//UID#HCPC 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=HCPCS  
SIGNOFF
```

/*

//

Prior to submitting this job, please 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 User ID for your system

NDM NODE = NDM Node ID for your system

PROCESS LIBRARY MEMBER = Member where the code for the NDM COPY (see below) is stored

Place the following code in your process library. This code will be executed from within the mainframe telecommunications system to perform the copying of the 2010 HCPCS data from a file at the CMS's Data Center to a file at your processing site.

HCPCS PROCESS PNODE= NDM NODE -

SNODE=NDM.HCFA -

SNODEID=(TWXX, PASSWD) -

PACCT= 'ACCTNG' -

&DSN= DATASET NAME

STEP01 COPY -

FROM -

(DSN=CMS FILE

DISP=SHR -

SNODE) -

TO -

(DSN=&DSN -

DISP=(,CATLG,DELETE) -

UNIT= UNIT ID -

PNODE)

Supply the following parameters particular to your job site:

NDM NODE = NDM Node ID for your system

TWXX = NDM User ID for CMS's system

PASSWD = Password to access NDM at CMS

ACCTNG = Accounting Information (if required)

DATASET NAME = File to receive CMS data transmission

CMS FILE = P@HCP.@AAA2360.HCPC2010.CONTR (This is the 2010 HCPCS file comprised of procedure and modifier codes.)

= P@HCP.@AAA2360.HCPC2010.PRINT (This is the Print file of the 2010 HCPCS; a utility may be used to produce a printed copy of the HCPCS.)

UNIT ID = Unit Identifier for your system