

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1277	Date: August 9, 2013
	Change Request 8388

SUBJECT: Medicare Physician Fee Schedule Database (MPFSDB) Field Revisions for the New Purchased Diagnostic Test (PDT) Indicator and New Effective Date Field

I. SUMMARY OF CHANGES: This Change Request revises the 2014 MPFS layout to accommodate a new field for a PDT indicator and add a new effective date field by renaming and/or renumbering several existing fields.

EFFECTIVE DATE: January 1, 2014
IMPLEMENTATION DATE: January 6, 2014

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

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 obliged 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:

One Time Notification

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

Attachment - One-Time Notification

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SUBJECT: Medicare Physician Fee Schedule Database (MPFSDB) Field Revisions for the New Purchased Diagnostic Test (PDT) Indicator and New Effective Date Field

EFFECTIVE DATE: January 1, 2014

IMPLEMENTATION DATE: January 6, 2014

I. GENERAL INFORMATION

A. Background: The current Medicare Physician Fee Schedule Database (MPFSDB) update process consists of the MPFSDB file, and the Purchased Diagnostic Test (PDT) file. The Centers for Medicare and Medicaid Services (CMS) is creating a new MPFSDB indicator to identify PDT codes. With the creation of the new PDT indicator, the separate PDT file can be eliminated.

Also, the effective date for each code does not appear in the current MPFSDB file layout. The CMS is revising the MPFSDB to include an effective date that displays the month, day, and year, applicable for that particular code on the MPFSDB update file.

B. Policy: The purpose of this Change Request is to revise the 2014 MPFS layout to accommodate a new field for a PDT indicator and also add an effective date field. Several fields have been renamed and/or renumbered. The record length of fields 30 and 31 are being changed to make room for new field 29A. The changes are:

(1) Field 29A will be added to provide an indicator for PDT HCPCS codes. A value of "1" will indicate "Purchased Diagnostic Test HCPCS" and a value of "9" will indicate "concept does not apply".

(2) The redefined Field 30 will contain the Effective Date for the MPFSDB record for each HCPCS code. The new 8 numeric fields will contain the date in YYYYMMDD format.

(3) Field 31 is redefined as Filler.

The format of the MPFSDB will be changed as follows:

Field 29A – Purchased Diagnostic Test Indicator. Length and PIC: 1 Pic x

Field 30 – Effective Date. Length and PIC: 8 Pic x(8)

Field 31 – Filler. Length and PIC: 28 Pic x(28)

In addition, there will be a minor change to Field 33AA to correct a typo. The field number should be 31AA instead of 33AA. This correction will be made to the MPFSDB file layout displayed in Pub. 100-04, Medicare Claims Processing Manual, chapter 23, as part of the annual file layout Change Request. There are no other changes to this field.

NOTE: Starting with the January 2014 MPFSDB update, there will no longer be a separate PDT file generated by CMS. Also, for testing purposes, the test 2014 MPFSDB, which is scheduled to be released in mid-September, will contain valid values for these new/revised fields.

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	F I L L E R	C A R R I E R	R H I I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
8388.1	Effective for dates of service on or after January 1, 2014, contractors shall accept and recognize the revised MPFSDB layout that includes the new field 29A (Purchased Diagnostic Test Indicator) and revised fields 30 (Effective Date), and 31 (Filler).		X				X			X			
8388.2	Contractors that are currently using the separate PDT file provided by CMS shall use the new PDT indicator on the MPFSDB to create their own national list of PDT codes for payment purposes.		X				X			X			
8388.2.1	Contractors shall recognize the following new PDT indicators: "1" – Purchased Diagnostic Test HCPCS "9" – Concept does not apply		X				X			X			
8388.2.2	Contractors shall add HCPCS codes with PDT indicator "1" to the national list of PDT codes.		X				X			X			
8388.2.3	Contractors shall use the new national PDT codes list in all editing and system processes that require the use of the PDT file previously supplied by CMS.		X				X			X			
8388.3	Contractors shall use the date in field 30 as the effective date for the MPFSDB record for each HCPCS code.		X				X			X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E	F I	C A R R I E R	R H H I	Other
		A	B	H H H	M A C				
	None								

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): April Billingsley, 410-786-0140 or April.billingsley@cms.hhs.gov (Professional Claims Contact) , Kathy Kersell, 410-786-2033 or Kathleen.kersell@cms.hhs.gov (Professional Claims Contact) , Felicia Rowe, 410-786-5655 or Felicia.rowe@cms.hhs.gov (Supplier Claims Contact) , Chuck Campbell, 410-786-7209 or Charles.campbell@cms.hhs.gov (MPFSDB Contact)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

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

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