

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2342</b>	<b>Date: November 4, 2011</b>
	<b>Change Request 7607</b>

**SUBJECT: Annual Medicare Physician Fee Schedule Files Delivery and Implementation Manualization**

**I. SUMMARY OF CHANGES:** The purpose of this instruction is to manualize direction given to Medicare contractors regarding notification and implementation of the annual Medicare Physician Fee Schedule Files. This CR is a formal documentation for a process that is already in place.

**EFFECTIVE DATE: January 1, 2012**

**IMPLEMENTATION DATE: January 3, 2012**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N	1/30.3.12.1.2/Annual Medicare Physician Fee Schedule File Information

**III. FUNDING:**

**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.

**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:**

## **Business Requirements**

## **Manual Instruction**

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

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 2342	Date: November 4, 2011	Change Request: 7607
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**SUBJECT: Annual Medicare Physician Fee Schedule Files Delivery and Implementation Manualization**

**Effective Date: January 1, 2012**

**Implementation Date: January 3, 2012**

## I. GENERAL INFORMATION

**A. Background:** There are three purposes for this instruction: (1) manualize directions supplied to Medicare contractors on an annual basis regarding notification, retrieving, and implementation of the annual Medicare Physician Fee Schedule Files (MPFS), (2) announce to Medicare contractors that CMS will be issuing a recurring change request each year which will announce the annual files names and give direction to contractors to download; and (3) provide the file names and direction for the upcoming January 2012 MPFS. This CR represents formal documentation for the contractors’ auditing process. Contractors shall follow the instructions for retrieving the annual MPFS file as stated in Publication 100-04, Chapter 1, section 30.3.12.1.2.

**B. Policy:** This change request makes no change to policy. CMS will release each year a recurring CR that contains the file names of the upcoming MPFS files, as well as directs Medicare contractors to download, test and be ready to implement in January, unless otherwise notified.

## II. BUSINESS REQUIREMENTS TABLE

*Use “Shall” to denote a mandatory requirement*

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B  M A C	D M  M A C	F I  I E R	C A  I E R	R H  I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7607.1	As soon as the files are available (late October/early November), Medicare contractors shall download the 2012 MPFS files (including purchased diagnostic and anesthesia), from the CMS mainframe. The file names are:  MPFS: <a href="mailto:MU00.@BF12390.MPFS.CY12.RV1.C00000.V1101">MU00.@BF12390.MPFS.CY12.RV1.C00000.V1101</a>  Purchase Diagnostic File: <a href="mailto:MU00.@BF12390.MPFS.CY12.PURDIAG.V1101">MU00.@BF12390.MPFS.CY12.PURDIAG.V1101</a>  Anesthesia file: <a href="mailto:MU00.@BF12390.MPFS.CY12.ANES.V1101">MU00.@BF12390.MPFS.CY12.ANES.V1101</a>	X			X						
7607.1.1	CMS shall provide the date, regarding the availability of the annual 2012 MPFS files (including purchased	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I  I E R	C A R I E R	R H I  I S S	Shared-System Maintainers				OTHER
							F I S	M C S	V M S	C W F	
	diagnostic and anesthesia), by an email notification via the Part B Functional Workgroup.  <b>NOTE:</b> CMS will send the email notification as soon as the files are ready.										
7607.1.2	Upon successful receipt of the file, the carrier/MAC shall send notification of receipt via email to <a href="mailto:price_file_receipt@cms.hhs.gov">price_file_receipt@cms.hhs.gov</a> stating the name of the file received and the entity for which it was received (e.g., carrier/FI/MAC name and number).	X			X						
7607.2	Medicare contractors shall download, test and be ready to implement the 2012 MPFS files on January 3 unless otherwise notified by CMS.	X			X						
7607.3	Medicare contractors shall treat pricing data <b>CONFIDENTIAL</b> and shall not release/or publish fees on the web until notification is received from CMS regarding publication of the 2012 MPFS final rule.	X			X						
7607.4	CMS shall notify Medicare contractors when the 2012 MPFS final rule is put on display by email.	X			X						
7607.5	Medicare contractors shall be in compliance with the instruction in Publication 100-04, Chapter 1, section 30.3.12.1.2.	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  I E R	C A R I E R	R H I  I S S	Shared-System Maintainers				OTHER
							F I 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: N/A**

Use "Should" to denote a recommendation.

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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X-Ref Requirement Number	Recommendations or other supporting information:

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

**V. CONTACTS**

**Pre-Implementation Contact(s):** April Billingsley, (410) 786-0140, [april.billingsley@cms.hhs.gov](mailto:april.billingsley@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer’s Technical Representative (COTR) or Contractor Manager, as applicable.

**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)*, include the following statement:**

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.

# Medicare Claims Processing Manual

## Chapter 1 - General Billing Requirements

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*(Rev.2342, Issued: 11-04-11, Effective: 01-01-12, Implementation: 01-03-12)*

*30.3.12.1.2 - Annual Medicare Physician Fee Schedule File Information*

### ***30.3.12.1.2 - Annual Medicare Physician Fee Schedule File Information***

*The CMS transmits the annual Medicare Physician Fee Schedule (MPFS) file electronically for carriers/MACs to download each year around late-October. The annual MPFS files (including anesthesia and purchased diagnostic) are effective January 1<sup>st</sup>. Carriers/MACs must implement these files each January, unless otherwise directed by CMS.*

***NOTE:*** *There will be an annual recurring change request for the implementation of the yearly Medicare Physician Fee Schedule Files.*

*The CMS will advise all contractors, via email notification, when annual MPFS files are available for download from the mainframe. Carriers/MACs can retrieve the new files and begin the process of testing and loading the new fees into the system. Carriers/MACs must place the new fees, including the anesthesia conversion factor(s), on their Web site after the MPFS final rule is placed on display. (The CMS will send notification of when the MPFS final rule is put on display via email.)*

*In addition, there may be last minute corrections, therefore you may have to retrieve one or more MPFS corrected files. Notification of the availability of any correction files, including the file names, will be made via an email to Carriers and MACs.*