

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2557	Date: September 28, 2012
	Change Request 8058

SUBJECT: Annual Medicare Physician Fee Schedule (MPFS) Files Delivery and Implementation

I. SUMMARY OF CHANGES: The Medicare Physician Fee Schedule Files is released annually to the Medicare contractors. This instruction is to give direction of the notification and implementation of the annual Medicare Physician Fee Schedule Files. The attached Recurring Update Notification applies to chapter 1, section 30.3.12.1.2.

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 7, 2013

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:

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:

Recurring Update Notification

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

Attachment - Recurring Update Notification

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SUBJECT: Annual Medicare Physician Fee Schedule (MPFS) Files Delivery and Implementation

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 7, 2013

I. GENERAL INFORMATION

A. Background: The CMS releases each year a recurring change request 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.

B. Policy: Contractors shall follow the instructions for retrieving the annual MPFS files as stated in Publication 100-04, Chapter 1, section 30.3.12.1.2. This change request makes no change to policy.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
8058.1	As soon as the files are available (late October/early November), Medicare contractors shall download the 2013 MPFS files (including purchased diagnostic and anesthesia) from the CMS mainframe. The file names are: MPFS: <u>MU00.@BF12390.MPFS.CY13.RV1.C00000.V1101</u> Purchase Diagnostic File: <u>MU00.@BF12390.MPFS.CY13.PURDIAG.V1101</u> Anesthesia file: <u>MU00.@BF12390.MPFS.CY13.ANES.V1101</u>	A	B			X						

Number	Requirement	Responsibility											
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other	
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F		
8058.1.1	CMS shall provide the date, regarding the availability of the annual 2013 MPFS files (including purchased diagnostic and anesthesia), by an email notification via the Part B Functional Workgroup. NOTE: CMS will send the email notification as soon as the files are ready.		X				X						
8058.1.2	CMS will send CWF two files to facilitate duplicate billing edits: 1) Purchase Diagnostic and 2) Duplicate Radiology Editing. CWF shall install these files into their systems. CWF will be notified via email when these files have been sent to them.												X
8058.1.3	Upon successful receipt of the file, the carrier/MAC shall send notification of receipt via email to price_file_receipt@cms.hhs.gov 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						
8058.2	Medicare contractors shall download, test and be ready to implement the 2013 MPFS files on January 7 unless otherwise notified by CMS.		X				X						
8058.3	Medicare contractors shall treat pricing data CONFIDENTIAL and shall not release/or publish fees on the web until notification is received from CMS regarding publication of the 2013 MPFS final rule.		X				X						
8058.4	CMS shall notify Medicare contractors when the 2013 MPFS final rule is put on display by email.		X				X						
8058.5	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
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		A/B MAC	D M E	F I	C A R R I E R	R H H I	Other
		P a r t A	P a r t B	M A C			
	None						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
 Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

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:

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 do 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.