

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 373</b>	<b>Date: SEPTEMBER 5, 2008</b>
	<b>Change Request 6156</b>

**Subject: Schedule for Completing the Calendar Year (CY) 2009 Fee Schedule Updates and the Participating Physician Enrollment Procedures**

**I. SUMMARY OF CHANGES:** This schedule is provided as a convenience for the contractors. It requires no action and is informational only. Any associated actions will be directed through the listed change requests (CRs) and manual instructions.

**New / Revised Material**

**Effective Date:** October 6, 2008

**Implementation Date:** October 6, 2008

*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:**

**One-Time Notification**

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

# Attachment – One-Time Notification

<b>Pub. 100-20</b>	<b>Transmittal: 373</b>	<b>Date: September 5, 2008</b>	<b>Change Request: 6156</b>
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**SUBJECT: Schedule for Completing the Calendar Year (CY) 2009 Fee Schedule Updates and the Participating Physician Enrollment Procedures**

**Effective Date:** October 6, 2008

**Implementation Date:** October 6, 2008

## I. GENERAL INFORMATION

**A. Background:** This schedule is provided as a convenience for the contractors. It requires no action and is informational only. Any associated actions will be directed through the listed change requests (CRs) and manual instructions. Target dates are subject to change.

**B. Policy:** N/A

## II. BUSINESS REQUIREMENTS TABLE

*“Shall” denotes a mandatory requirement*

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				OTHER
							F I S S	M C S	V M S	C W F	
6156.1	This schedule is being made available as a convenience for contractors and CMS staff. Contractors should use this document as a guide for upcoming information related to the 2009 Fee Schedule Updates and the Participating Physician Enrollment Procedures.	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 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: Recommendations and supporting information associated with listed requirements:**

*Should” denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
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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):** Bridgitté Davis, (410) 786-4573

**Post-Implementation Contact(s):** Appropriate regional office

## VI. FUNDING

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

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.

## Schedule for Completing the Calendar Year (CY) 2009 Fee Schedule Updates and the Participating Physician Enrollment Process

<u>Target Date</u>	<u>Responsible Component</u>	<u>Activity</u>
September, 2008	CMS/DCPC	Issue "Instructions for Implementing and Updating 2009 Payment Amounts for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)," to notify DMERCs, SADMERC, and local Carriers/AB MACs/ AB MACs of codes subject to DME gap-filling. Includes instructions on gap-filling, crosswalking and any needed adjustments to base fees as well as instructions for updating 2009 DMEPOS fee schedule. Also includes instructions for the maintenance process for the 2009 DMEPOS.
September 2008	CMS/DPCP	Issue reminder instruction for the annual 2009 update: "2009 Healthcare Common Procedure Coding System (HCPCS)."
September 10, 2008	CMS/DDS	Release 2009 MPFSDB Test File.
October 1, 2008	CMS/DAS	Release ambulance fee schedule data file.
October 3, 2008	DMERCs Carriers/AB MACs	DMERCs submit base fee changes for 2009 updates.
October 17, 2008	CMS/DPCP	Issue instruction regarding, "Calendar Year (CY) 2009 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPARD) Procedures," which provides guidance on mailing the PAR DOC information.
Late October, 2008	CMS/DDS	Release the 2009 HCPCS file. Available after 8 p.m. e.s.t. (This date is dependent upon receipt of tape from the American Medical Association.)
Late-October 2008	CMS/DDS	Release the 2009 MPFSDB to Carriers/AB MACs. DDS to include 2008 fee schedule amount.
Early November, 2008	CMS/DPCP	Mail hard copy of data from 2009 MPFSDB. Files will include procedure codes, status code indicators, relative value units, and payment policy indicators. ROs will use in validation efforts.

<u>Target Date</u>	<u>Responsible Component</u>	<u>Activity</u>
November 1, 2008		Final rule implementing CY 2009 relative value units and payment policies to be published.
November 3, 2008	CMS/DDS Carriers/AB MACs.	Release clinical laboratory fee schedule data file to
November 3, 2008	CMS/DPCP	Release HPSA zip code files to Carriers/AB MACs. These files are effective 1/1/09.
November 7, 2008	CMS/DCPC/DDS	Release DMEPOS fee schedules.
November 7, 2008	CMS/DPS/DDS	Make the 2009 physician fee schedule amounts available on the Centers for Medicare/Medicaid Services (CMS) Home Page if the final rule has been published.
November 10, 2008	Carriers/AB MACs	Begin mailing of participation enrollment information to providers via first class mail or equivalent delivery for receipt no later than November 14, 2008.
	Carriers/AB MACs	Furnish 2009 physician fee schedule amounts to DDS for the carrier priced codes.
November 14, 2008	CMS/DDS	2009 DMEPOS fee schedule available on the CMS Home Page for use by Indian Health Service (IHS), United Mine Workers (UMW), Rail Road Board (RRB), State Medicaid agencies, and general public.
November 14, 2008	CMS/DDS	Release clinical laboratory fee schedule data file to IHS, UMW, RRB, State Medicaid agencies, and general public. Also available on the CMS website on or after this date.
November 20, 2008	Carriers/AB MACs	Furnish reasonable charge pricing files to, intermediaries, IHS, UMW, RRB and State Medicaid Agencies.  Furnish carrier priced codes to State Medicaid Agencies.

<u>Target Date</u>	<u>Responsible Component</u>	<u>Activity</u>
November 28, 2008	CMS/DDS/DSCP	Furnish 2009 Purchased Diagnostic abstract Medicare Purchase Physician Services Database (MPPSDB) to Carriers/AB MACs.
December 8, 2008	CMS/DDS	Furnish 2009 physician fee schedule amounts to IHS, UMW and RRB for local carrier priced codes.
December 18, 2008	CMS/DDS/DAS	Furnish 2009 ASP fee schedule amounts to Carriers/AB MACs/DMERC's.
December 31, 2008	Carriers/AB MACs	Process participation elections and withdrawals postmarked before 01/01/2009.
January 5, 2009	Carriers/AB MACs State Agencies RRB DMERCS	Implement 2009 fee schedule amounts.
	Carriers/AB MACs	Implement 2009HCPCS update.
January 30, 2009	Carriers/AB MACs	Send updated provider file to RRB.
February, 2009	CMS/DCPC/DDS	Issue instruction related to April quarterly DMEPOS Revisions as necessary.
February, 2009	CMS/DPS/DDS	Issue instruction, "Changes to the 2009 Medicare Physician Fee Schedule Database" and transmit files. (First quarterly update.)
February 2009	CMS/DDS/DSCP	Furnish Quarterly Update to Purchased Diagnostic abstract MPPSDB to Carriers/AB MACs.
February 16, 2009	Carriers/AB MACs	Submit the Participating Physicians and Supplier Report on Crowd.
April 10, 2009	DME MACs Carriers/AB MACs	Submit DME gap-filled amounts to DDS for new 2009 codes to be included in the July DMEPOS Quarterly Update.
May, 2009	CMS/DPS/DDS	Issue instruction, "Changes to the 2009 Medicare Physician Fee Schedule Database" and transmit files. (Second quarterly update.)
May 2009	CMS/DDS/DSCP	Furnish Quarterly Update to Purchased Diagnostic abstract MPPSDB to Carriers/AB MACs.
May, 2009	CMS/DDS/DDP	Issue instruction related to July quarterly DMEPOS Revisions.
May 6, 2009	CMS/DDS	Compute 2009 floors, ceilings and pricing amounts from DME gap-filled amounts for new 2009 codes and release to A/B MACs, DME MACs, SADMERC, RRB, HIS, and UMW.

<u>Target Date</u>	<u>Responsible Component</u>	<u>Activity</u>
August, 2009	CMS/DPS	Issue instruction, "Changes to the 2009 Medicare Physician Fee Schedule Database" and transmit files. (Third quarterly update.)
August 2009	CMS/DDS/DSCP	Furnish Quarterly Update Purchased Diagnostic Abstract MPPSDB to Carriers/AB MACs.
August, 2009	CMS/DDP/DDS	Issue instruction related to quarterly October DMEPOS Revisions as necessary.

Acronyms for the responsible components:

DPS–Division of Practitioner Services/Hospital and Ambulatory Policy Group  
DPCP Division of Practitioner Claims Processing/Provider Billing Group  
DCPC-Division of Community Post-acute Care/Chronic Care Policy Group  
DSCP-Division of Supplier Claims Processing/Provider Billing Group  
DAS–Division of Ambulatory Services/Hospital and Ambulatory Policy Group  
DDS-Division of Data Systems/Provider Billing Group

Other acronyms:

DME-Durable Medical Equipment  
DMEPOS-Durable Medical Equipment, Prosthetics, Orthotics, and Supplies  
DMERC-Durable Medical Equipment Regional Carrier  
HPSA-Health Professional Shortage Area  
HCPCS-Healthcare Common Procedure Coding System  
SADMERC-Statistical Analysis Durable Medical Equipment Regional Carrier  
MPPSDB-Medicare Purchase Physician Services Database

# Attachment – One-Time Notification

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6156.1	This schedule is being made available as a convenience for contractors and CMS staff. Contractors should use this document as a guide for upcoming information related to the 2009 Fee Schedule Updates and the Participating Physician Enrollment Procedures.	X	X	X	X					

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