

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10211	Date: July 10, 2020
	Change Request 11833

SUBJECT: Manual Update to Section 20.7 in Chapter 23 of Publication (Pub) 100-04

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to update the language of section 20.7 in chapter 23 of Pub. 100-04 as it pertains to the medical codes associated with the American Medical Association (AMA), the American Dental Association (ADA), and the American Hospital Association (AHA).

EFFECTIVE DATE: August 10, 2020

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

IMPLEMENTATION DATE: August 10, 2020

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
R	23/20.7/Use of the American Medical Association's (AMA's) Physicians' Current Procedural Terminology (CPT) Fourth Edition Codes, and Use of the American Dental Association's (ADA's) Current Dental Terminology-Fourth Edition (CDT) Codes, on A/B MACs (A)'s, (B)'s, (HHH)'s, and DME MACs' Web Sites and Other Electronic Media
D	23/20.7/20.7.1/Displaying Material with CPT Codes
D	23/20.7/20.7.2/Use of CPT Codes with Long Descriptors
D	23/20.7/20.7.3/Distinguishing CPT and Non-CPT Material
D	23/20.7/20.7.4/Required Notices
D	23/20.7/20.7.4.1/AMA Copyright Notice
D	23/20.7/20.7.4.2/Point and Click License
D	23/20.7/20.7.5/Effective Dates for Compliance and Application of the Amendment
D	23/20.7/20.7.6/Attachments for AMA-CMS CPT Agreement
D	23/20.7/20.7.6.1/Attachment I-CPT 2000 and 2001 Section Counts
D	23/20.7/20.7.6.2/Attachment II-Example: CPT Long Descriptions Incorporated Into Narrative
D	23/20.7/20.7.6.3/Attachment III Examples of Formats With CPT and Non-CPT Information
D	23/20.7/20.7.6.3.1/Example 1: Separation CPT and Non-CPT Information
D	23/20.7/20.7.6.3.2/Example 2: Distinguishing CPT and HCPCS Codes- Notes and Guidelines
D	23/20.7/20.7.6.3.3/Example 3- Separation of CPT and Non CPT Codes and Short Descriptions in a Fee Schedule or Similar Listing
D	23/20.7/20.7.6.4/Attachment IV- License for Use of "Physicians' Current Procedural Terminology" (CPT) Fourth Edition
D	23/20.7/20.7.6.5/Attachment V-License for Use of "Physicians' Current Procedural Terminology" (CPT) Fourth Edition- (Shrink-Wrap License)
D	23/20.7/20.7.7/Reserved for Future Use
D	23/20.7/20.7.8/Reserved for Future Use
D	23/20.7/20.7.9/Reserved for Future Use
D	23/20.7/20.7.10/Displaying Material with (CDT) Codes
D	23/20.7/20.7.11/Use of CDT Nomenclature and Descriptors
D	23/20.7/20.7.12/Required Notices
D	23/20.7/20.7.12.1/ADA Copyright Notice
D	23/20.7/20.7.12.2/Point and Click License, and Shrink Wrap License

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
D	23/20.7/20.7.13/Exhibits for ADA-CMS Agreement
D	23/20.7/20.7.13.1/Exhibit I - Samples of CDT Nomenclature and Descriptors
D	23/20.7/20.7.13.2/Exhibit II - Point and Click License
D	23/20.7/20.7.13.3/Exhibit III - Shrink Wrap License

III. FUNDING:

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 10211	Date: July 10, 2020	Change Request: 11833
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IMPLEMENTATION DATE: August 10, 2020

I. GENERAL INFORMATION

A. Background: Section 20.7 in Chapter 23 of Pub. 100-04 is being updated to modernize the language and links regarding medical codes.

B. Policy: There are no regulations, legislation, or new policy associated with this CR.

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	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11833.1	Contractors shall note the changes in language and the links added to section 20.7 in chapter 23 of Pub. 100-04.	X	X	X	X					

III. PROVIDER EDUCATION TABLE

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

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Charles Nixon, Charles.Nixon@cms.hhs.gov , Vickie Poff, Vickie.Poff@cms.hhs.gov , Wilfried Gehne, Wilfried.Gehne@cms.hhs.gov , Karen Pardue, Karen.Pardue@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0

20.7 - Use of the American Medical Association's (AMA's) Physicians' Current Procedural Terminology (CPT) Fourth Edition Codes, and Use of the American Dental Association's (ADA's) Current Dental Terminology-Fourth Edition (CDT) Codes, on A/B MACs (A)'s, (B)'s, (HHH)'s, and DME MACs' Web Sites and Other Electronic Media

(Rev. 10211, Issued: 07-10-2020, Effective:08-10-2020, Implementation:08-10-2020)

See Business Requirements at http://www.cms.hhs.gov/manuals/pm_trans/R43CP.pdf

CMS AMA-ADA-AHA Medical Codes

Overview

*The Centers for Medicare & Medicaid Services (CMS) staff may access the following **copyright protected** medical codes and descriptors:*

- *American Medical Association's Current Procedural Terminology – AMA/CPT*
- *American Dental Association's Current Dental Terminology – ADA/CDT*
- *American Hospital Association's National Uniform Billing Codes – AHA/NUBC UB-04*

CMS signed licensing agreements with the AMA, ADA, and AHA giving staff limited use of CPT, CDT, and NUBC data codes and descriptors.

Access the CPT, CDT, or NUBC codes

Prior to accessing the codes, CMS staff must accept the terms and conditions of an association's licensing agreement.

- *American Medical Association's Current Procedural Terminology – AMA/CPT*
 - *[AMA Terms and Conditions](#)*
 - *[AMA CPT Exhibits Directory](#)*
- *American Dental Association's Current Dental Terminology – ADA/CDT*
 - *[ADA Terms and Conditions](#)*
 - *[ADA CDT Exhibits Directory](#)*
- *American Hospital Association's National Uniform Billing Codes – AHA/NUBC*
 - *[AHA Terms and Conditions](#)*
 - *[AHA NUBC Exhibits Directory](#)*

Any proposed usage not covered by the current agreement requires the completion of a [CPT-CDT-NUBC New Use Application](#). CMS, then, will negotiate your "new use" with the appropriate association.