

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11663	Date: October 27, 2022
	Change Request 12904

SUBJECT: Instructions for Retrieving the 2023 Pricing and Healthcare Common Procedure Coding System (HCPCS) Data Files through CMS' Mainframe Telecommunications Systems

I. SUMMARY OF CHANGES: The purpose of this recurring Change Request (CR) is to provide the annual update to the various pricing files used by the Medicare Administrative Contractors (MACs). The attached recurring update notification applies to chapter 23, section 40.

EFFECTIVE DATE: January 1, 2023

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

IMPLEMENTATION DATE: January 3, 2023

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	N/A

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:

Recurring Update Notification

Attachment - Recurring Update Notification

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SUBJECT: Instructions for Retrieving the 2023 Pricing and Healthcare Common Procedure Coding System (HCPCS) Data Files through CMS' Mainframe Telecommunications Systems

EFFECTIVE DATE: January 1, 2023

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IMPLEMENTATION DATE: January 3, 2023

I. GENERAL INFORMATION

A. Background: Attached are the instructions for retrieving the 2023 Pricing and HCPCS Data Files through CMS' Mainframe Telecommunications System (MTS). These instructions pertain to institutional abstract files only, so there is no A/B Medicare Administrative Contractors (MAC Part B) impact. CMS' Division of Data Systems (DDS) will release the fee schedules files on the dates indicated. Contractors shall use these files for pricing HCPCS codes for dates of service beginning January 1, 2023.

B. Policy: This Recurring Update Notification replaces Change Request 12506, issued on January 3, 2022.

Section 5102(b) of the Deficit Reduction Act requires payment for imaging services to be limited to the Medicare Outpatient Department fee schedule amount established under the Prospective Payment System (PPS) for hospital outpatient department services. To the extent possible, this limit is reflected in the fees contained in these files. However, contractor priced services are not included in these files. For any imaging services that are contractor priced, the contractor will need to ensure this limit is implemented when its fee is developed.

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	
12904.1	Medicare contractors shall download the 2023 HCPCS file with the following name from the CMS MTS on or after November 4, 2022. P@HCP.@AAA2360.HCPC2023.CONTR.V1	X								VDC
12904.2	Medicare contractors shall download the 2023 fee amounts for clinical diagnostic laboratory services with the following name from the CMS MTS on or	X								VDC

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	
	after December 16, 2022 after 8:00 PM EST: MU00.@BF12394.CLAB.V2023Q1.FULLREPL MU00.@BF12394.CLAB.V2023Q1.UPDTONLY									
12904.3	Medicare contractors shall download the 2023 fee amounts for DMEPOS with the following name from the CMS MTS on or after the release date still to be determined after 8:00 PM EST: MU00.@BF12393.DMEPOS.T230101.V1201.FI	X		X					VDC	
12904.3.1	MACs shall retrieve from the following DMEPOS categories, as appropriate: OS, IL, P/O SC, and S/D	X								
12904.3.2	Medicare contractors shall retrieve as appropriate from all DMEPOS categories except T/S.	X		X						
12904.4	Medicare contractors shall download the 2023 physician fee schedule abstract fee amounts for outpatient rehabilitation and Comprehensive Outpatient Rehabilitation Facility (CORF) services with the following name from the CMS MTS on or after the release date still to be determined after 8:00 PM EST: MU00.@BF12390.MPFS.CY23.ABSTR.V1101.FI	X							VDC	
12904.5	Medicare contractors shall download the 2023 fee amounts for Part B hospice claims, outpatient rehabilitation, CORF, Skilled Nursing Facilities (SNF) and Critical Access Hospital (CAH) services with the following name from the CMS MTS on or after the release date still to be determined after 8:00 PM EST: MU00.@BF12390.MPFS.CY23.HHH.V1101.FI	X		X					VDC	
12904.5.1	Medicare contractors shall download the 2023 Physician Fee Schedule Payment Policy Indicator file for Method II CAH professional services with the	X							VDC	

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	
	following name from the CMS MTS on or after the release date still to be determined after 8:00 PM EST: MU00.@BF12390.MPFS.CY23.PAYIND.V1101									
12904.6	Medicare contractors shall download the 2023 fee amounts for the new digital mammography technology and regular screening mammography services with the following name from the CMS MTS on or after the release date still to be determined after 8:00 PM EST: MU00.@BF12390.MPFS.CY23.MAMMO.V1101.FI	X							VDC	
12904.7	Medicare contractors shall download the 2023 fee amounts for Part B SNF claims with the following name from the CMS MTS on or after the release date still to be determined after 8:00 PM EST: MU00.@BF12390.MPFS.CY23.SNF.V1101.FI	X							VDC	
12904.8	Medicare contractors shall download the 2023 Anesthesia conversion factor fee amounts for CAH services from the CMS MTS on or after the release date still to be determined after 8:00 PM EST: NOTE: The data set name for this file will be provided in email from CMS later.	X							VDC	
12904.9	Medicare contractors shall download the 2023 ambulance fee amounts by locality for all localities with the following name from the CMS MTS on or after November 15, 2022 after 8:00 PM EST: MU00.@AAA2390.AMBFS.FINAL.CY2023.V1115	X							VDC	
12904.10	Medicare contractors shall refer to the locality structure listed in the file below to identify the carrier number associated with the locality name and number. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html	X		X						

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	
12904.11	Medicare contractors shall treat pricing data confidential and shall not release data until notification is received from CMS (publication of the final rule implementing the fee schedule for physician services for 2023).	X		X						
12904.12	Medicare contractors shall price claims with dates of service on and after January 1, 2023, with codes and fee rates furnished in the 2023 files.	X		X						
12904.13	Medicare contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received, (e.g., Clinical Lab (CLAB), Average Sales Price (ASP), etc.) and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).	X		X						
12904.14	Medicare contractors shall compare selected contractor priced imaging service fees to the outpatient PPS amount in their system for the same service and load the lower amount for payment.	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:

"Should" denotes a recommendation.

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

Section B: All other recommendations and supporting information: The record layouts can be found in Pub. 100-04 Chapter 23, sections 40 through 50.

V. CONTACTS

Pre-Implementation Contact(s): Wil Gehne, Wilfried.Gehne@cms.hhs.gov , Shauntari Cheely, Shauntari.Cheely@cms.hhs.gov , Kimberly Oliver-Culbreath, kimberly.oliver-culbreath@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: 1

INSTRUCTIONS FOR RECEIVING 2023 PART B PRICING FILES VIA CMS' MAINFRAME TELECOMMUNICATIONS SYSTEM

Listed below are instructions for receiving the 2023 Part B Pricing Files via CMS' mainframe telecommunications system. In order not to incur additional transmission cost, transmission must occur during the evening hours, specifically after 8:00 P.M. Eastern Standard Time (EST).

Listed below are the most common problems encountered when A/M MACs receive data via CMS' mainframe telecommunications system:

- o Receipt was performed in interactive mode, rather than batch. If transmission is performed interactively, it is impossible for DHPPD to access the CMS' mainframe telecommunications system log to verify transmission success/failure.
- o Omission or change of NEWNAME parameter. Omission of this parameter makes it extremely difficult and cumbersome for DHPPD to access CMTS log to verify transmission success/failure. See the following NEWNAME parameters:
 - **DMEPOS** for services priced under the durable medical equipment, prosthetics, orthotic and supply fee schedule
 - **CLAB** for services priced under the clinical diagnostic laboratory fee schedule
 - **MPFS** for the radiology and other diagnostic services priced under the physician fee schedule
 - **HCPCS** for procedure coding information required for claims processing
- o Omission or change of STARTT parameter. This parameter establishes the starting time for the batch job. As stated earlier, transmission must occur during the evening hours. Setting the STARTT to 20:00:00 hours assures that transmission will not commence prior to 8:00 PM EST.

The following is the JCL required for setting up a CMTS transmission of the 2023 Part B Pricing Files file from the CMS Data Center.

```
//UID#DMEP JOB (ACCTNG),'NAME',MSGCLASS=A,CLASS=C,
//  MSGLEVEL=(1,1)
//DMBATCH EXEC PGM=DMBATCH,REGION=512K,PARM=(YYSLYNN)
//DMPUBLIB DD DSN= NDM.PROCESS.LIBRARY,DISP=SHR
//DMMSGFIL DD DSN= NDM.MESSAGE.LIBRARY,DISP=SHR
//DMNETMAP DD DSN= NDM.NETWORK.MAP,DISP=SHR
//DMPRINT DD SYSOUT=*
//NDMCMDS DD SYSOUT=*
//SYSUDUMP DD SYSOUT=*
//SYSPRINT DD SYSOUT=*
//SYSIN DD *
SIGNON USERID=(NDM USERID) -
      NODE= NDM NODE ID -
      NETMAP= NDM NETWORK MAP
SUBMIT DSN= PROCESS LIBRARY MEMBER -
      STARTT=(,20:00:00) -
      NEWNAME=DMEPOS or CLAB or MPFS or HCPCS
SIGNOFF
/*
//
*****
```

Prior to submitting this job, supply the following parameters particular to your job site:

UID# = Your system User-ID

ACCTNG	= Accounting Information, if applicable
NAME	= Programmer's Name
NDM.PROCESS.LIBRARY	= NDM Process Library for your system
NDM.MESSAGE.LIBRARY	= NDM Message Library for your system
NDM.NETWORK.MAP	= NDM Network Map File for your system
NDM USERID	= NDM Userid for your system
NDM NODE	= NDM Node ID for your system
PROCESS LIBRARY MEMBER	= Member where the code for the NDM COPY (see next page) is stored

The following code should be placed in your process library. This code will be executed from within CMTS to perform the copying of the 2023 Part B pricing data from a file at the CMS Data Center to a file at your processing site.

```
DMEPOS PROCESS PNODE= NDM NODE -
      SNODE=NDM.CMS -
      SNODEID=(TWXX, PASSWD) -
      PACCT= 'ACCTNG' -
      &DSN= DATASET NAME
```

```
STEP01 COPY -
  FROM -
    (DSN=CMS FILE
    DISP=SHR -
    SNODE) -
  TO -
    (DSN=&DSN -
    DISP=(,CATLG,DELETE) -
    UNIT= UNIT ID -
    PNODE)
```

Supply the following parameters particular to your job site:

NDM NODE	= NDM Node ID for your system
TWXX	= NDM User ID for CMS' system
PASSWD	= Password to access NDM at CMS
ACCTNG	= Accounting Information (if required)
DATASET NAME	= File to receive HCFA data transmission
CMS FILE	= APPROPRIATE DATA SET NAME
UNIT ID	= Unit Identifier for your system

The submission of this JCL will enter this job in the MTS queue. In order not to incur additional transmission line costs, the job must not run before 8:00 P.M. (EST) of the day it is submitted.