

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Executive Guidance Number 0028	Date: August 16, 2007
Planned Web Site Address http://www.cms.hhs.gov/manuals/	Release planned: August 30, 2007

PROGRAM AREA: Claims Processing

SUBJECT: Schedule for Completing the Calendar Year (CY) 2008 Fee Schedule Updates and the Participating Physician Enrollment Process--(For Informational Purposes Only)

APPLIES TO: No Provider Impact

I. SUMMARY OF DOCUMENT: This schedule is provided as a convenience for carriers and Medicare Administrative Contractors. It requires no action and is informational only. Any associated action will be directed through the listed change requests (CRs) and manual instructions. Target dates are subject to change.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Liz Richter/(410) 786-4164/CMM
Agency POC	Melvia Page-Lasowski/(410)786-4727/CMM/PBG/DPCP

IV. TYPE (Check appropriate boxes for type of guidance)

	Audit Guide
X	Change Request
	HPMS
	Joint Signature Memorandum/Technical Director Letter
	Manual Transmittal/Non-Change Request
	State Medicaid Director Letters
	Other

V. STATUTORY OR REGULATORY AUTHORITY: N/A

Attachment – One-Time Notification

Pub. 100-04	Transmittal:	Date:	Change Request: 5712
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SUBJECT: Schedule for Completing the Calendar Year 2008 Fee Schedule Updates and the Participating Physician Enrollment Procedures

Effective Date: Upon Issuance

Implementation Date: N/A – Informational purposes only

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 action 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	A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5712.1	This schedule is being made available as a convenience for contractors and CMS staff. Contractors shall use this document as a guide for upcoming information related to the 2008 Fee Schedule Updates and the Participating Physician Enrollment Procedures.	X	X		X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Melvia Page-Lasowski at (410) 786-4727.

Post-Implementation Contact(s): Appropriate Regional office.

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2008 operating budgets.

B. For Medicare Administrative Contractors (MAC):

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.

Attachment

Schedule for Completing the Calendar Year (CY) 2008 Fee Schedule Updates and the Participating Physician Enrollment Process

<u>Target Date</u>	<u>Responsible Component</u>	<u>Activity</u>
September, 2007	CMS/DCPC	Issue "Instructions for Implementing and Updating 2008 Payment Amounts for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)," to notify DMERCs, SADMERC, and local carriers 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 2008 DMEPOS fee schedule. Also includes instructions for the maintenance process for the 2008 DMEPOS.
September 2007	CMS/DPCP	Issue reminder instruction for the annual 2008 update: "2008 Healthcare Common Procedure Coding System (HCPCS)."
September 12, 2007	CMS/DDS	Release 2008 MPFSDB Test File.
Late-September 2007	CMS/DPCP	Issue instruction, "Medicare Physician Fee Schedule Database (MPFSDB) 2008 File Layout," which updates the manual to correspond with the CY 2008 file layout.
October 1, 2007	CMS/DPCP	Release HPSA zip code files to carriers. These files are effective 1/1/08.
October 3, 2007	DMERCs Carriers DME MACs	Submit base fee changes for 2008 updates.
October 19, 2007	CMS/DPCP	Issue instruction regarding, "Calendar Year (CY) 2008 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPAR) Procedures," which provides guidance on mailing the PAR DOC information.
Late-October, 2007	CMS/DDS	Release the 2008 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 2007	CMS/DDS	Release the 2008 MPFSDB to carriers. DDS to include 2008 fee schedule amount.
Early- November, 2007	CMS/DPCP	Mail hard copy of data from 2008 MPFSDB to ROs and carriers. Data includes procedure codes, status code indicators, relative value units, and payment policy indicators.

<u>Target Date</u>	<u>Responsible Component</u>	<u>Activity</u>
November 1, 2007		Final rule implementing CY 2008 relative value units and payment policies to be published.
November 7, 2007	CMS/DCPC/DDS	Release DMEPOS fee schedules.
November 8, 2007	CMS/DAS/DDS	Release ambulance fee schedule data file.
November 8, 2007	CMS/DDS	Release clinical laboratory fee schedule data file to carriers.
November 8, 2007	DMERCs Carriers DME MAC'S	Submit DME gap-filled amounts to DDS.
November 8, 2007	CMS/DPS/DDS	Make the 2008 physician fee schedule amounts available on the Centers for Medicare/Medicaid Services (CMS) Home Page if the final rule has been published.
November 9, 2007	Carriers	Begin mailing of participation enrollment information to providers via first class mail or equivalent delivery for receipt no later than November 15, 2007.
	Carriers	Furnish 2008 physician fee schedule amounts to DDS for the carrier priced codes.
November 15, 2007	CMS/DDS	2008 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 16, 2007	CMS/DDS	Furnish 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.
Mid – Late November	CMS/DPCP/DDS	Release final ASCFS files to carriers with coding and payment changes for CY 2008. Exact release date is dependent upon final issuance of the ASC final rule.
November 22, 2007	Carriers	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 30, 2007	CMS/DDS/DSCP	Furnish 2008 Purchased Diagnostic abstract Medicare Purchase Physician Services Database (MPPSDB) to carriers.
December 7, 2007	CMS/DDS	Furnish 2008 physician fee schedule amounts to IHS, UMW and RRB for local carrier priced codes.
December 8, 2007	CMS/DDS	Compute 2008 floors, ceilings, and pricing amounts from DME gap-filled amounts for new 2008 codes and release to carriers, DMERCs, SADMERC, RRB, IHS, and UMW.
December 18, 2007	CMS/DDS/DAS	Furnish 2008 ASP fee schedule amounts to carriers/DMERC's.
December 31, 2007	Carriers	Process participation elections and withdrawals postmarked before 01/01/2008.
January 7, 2008	Carriers State Agencies RRB DMERCS DME MACs	Implement 2008 fee schedule amounts.
	Carriers DMERCS DME MACs	Implement 2008 HCPCS update.
January 31, 2008	Carriers	Send updated provider file to RRB.
February, 2008	CMS/DCPC/DDS	Issue instruction related to quarterly DMEPOS Revisions.
February, 2008	CMS/DPS/DDS	Issue instruction, "Changes to the 2008 Medicare Physician Fee Schedule Database" and transmit files. (First quarterly update.)
February 2008	CMS/DDS/DSCP	Furnish Quarterly Update to Purchased Diagnostic abstract MPPSDB to carriers.
February 14, 2008	Carriers	Submit the Participating Physicians and Supplier Report on Crowd.
May, 2008	CMS/DPS/DDS	Issue instruction, "Changes to the 2008 Medicare Physician Fee Schedule Database" and transmit files. (Second quarterly update.)
May 2008	CMS/DDS/DSCP	Furnish Quarterly Update to Purchased Diagnostic abstract MPPSDB to carriers.
May, 2008	CMS/DDS/DCPC	Issue instruction related to quarterly DMEPOS Revisions.

<u>Target Date</u>	<u>Responsible Component</u>	<u>Activity</u>
August, 2008	CMS/DPS	Issue instruction, “Changes to the 2008 Medicare Physician Fee Schedule Database” and transmit files. (Third quarterly update.)
August 2008	CMS/DDS/DSCP	Furnish Quarterly Update Purchased Diagnostic Abstract MPPSDB to carriers.
August, 2008	CMS/DCPC/DDS	Issue instruction related to quarterly DMEPOS Revisions.

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:

ASC-Ambulatory Surgical Center
ASCFS- Ambulatory Surgical Center Fee Schedule
ASP-Average Sales Price
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