CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2360	Date: November 23, 2011
	Change Request 7568

Transmittal 2348, dated November 18, 2011, is being rescinded and replaced by Transmittal 2360 dated November 23, 2011 to correct Attachment B of the transmittal. All other information remains the same.

**SUBJECT: Instructions for Retrieving the 2012 Pricing and HCPCS Data Files through CMS Mainframe Telecommunications Systems** 

**I. SUMMARY OF CHANGES:** This transmittal gives contractors processing institutional claims the new file names and date for retrieving the 2012 pricing files for various benefits. The attached Recurring Update Notification applies to Chapter 23, Sections 40 and 50.

**EFFECTIVE DATE: January 1, 2012** 

**IMPLEMENTATION DATE: January 3, 2012** 

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 Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: No additional funding will be provided by CMS; Contractor activities are to be carried out within 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 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

1.		C	•
regarding	continued	performance	requirements.
regulating	Commuca	periormance	requirements.

# IV. ATTACHMENTS:

# **Recurring Update Notification**

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

# **Attachment – Recurring Update Notification**

Pub. 100-04   Transmittal: 2360	Date: November 23, 2011	Change Request: 7568	
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Transmittal 2348, dated November 18, 2011, is being rescinded and replaced by Transmittal 2360 dated November 23, 2011, to correct Attachment B of the transmittal. All other information remains the same.

SUBJECT: Instructions for Retrieving the 2012 Pricing and HCPCS Data Files through CMS' Mainframe Telecommunications System

Effective Date: January 1, 2012

**Implementation Date:** January 3, 2012

# I. GENERAL INFORMATION

- **A. Background:** Attached are the instructions for retrieving the 2012 Pricing and HCPCS Data Files through CMS' Mainframe Telecommunications System (MTS). CMS' Division of Data Systems (DDS) will release the fee schedules files on the dates indicated. You must use these files for pricing HCPCS codes for dates of service beginning January 1, 2012.
- **B.** Policy: This Recurring Update Notification replaces CR 7227, dated November 24, 2010.

Section 5102(b) of the Deficit Reduction Act requires payment for imaging services to be limited to the Medicare OPD fee schedule amount established under the prospective payment system for hospital outpatient department services. To the extent possible, this limit is reflected in the fees contained in these files. However, carrier priced services are not included in these files. For any imaging services that are carrier priced, fiscal intermediaries will need to ensure this limit is implemented when the fee is obtained from the carrier.

# II. BUSINESS REQUIREMENTS TABLE

*Use* "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each									
		ap	plic	abl	e co	lun	nn)				
		Α	D	F	C	R		Sha	red-		O
		/	M	I	A	Н		Sys	tem		T
		В	Ε		R	Н	M	[aint	aine	ers	Н
					R	I	F	M	V	С	Е
		M	M		I		I	С	M	W	R
		A	A		Е		S	S	S	F	
		C	C		R		S				
7568.1	Medicare contractors shall download the 2012 HCPCS file	X		X							
	and its companion print file with the following names from										
	the CMS MTS in late October after 8:00 PM EST:										

Number	Requirement				Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F	C A R	R H H	M.	Sys Iaint		ers	O T H				
		M A C	M A C		R I E R	Ι	F I S S	M C S	V M S	C W F	E R				
	P@HCP.@AAA2360.HCPC20XX.CONTR														
	and														
	P@HCP.@AAA2360.HCPC20XX.PRINT														
	CMS will provide the date of retrieval via separate email communication.														
7568.2	Medicare contractors shall download the 2012 fee amounts for Part B hospice claims with the following name from the CMS MTS on November 15, 2011 after 8:00 PM EST:	X				X									
	MU00.@BF12390.MPFS.CY12.V1101.RHHI														
7568.3	Medicare contractors shall download the 2012 fee amounts for clinical diagnostic laboratory services with the following name from the CMS MTS on November 21, 2011 after 8:00 PM EST:	X		X											
	MU00.@BF12394.CLAB.CY12.V1121.FI														
7568.4	Medicare contractors shall download the 2012 fee amounts for DMEPOS with the following name from the CMS MTS on November 14, 2011 after 8:00 PM EST:	X		X		X									
	MU00.@BF12393.DMEPOS.T120101.V1114.FI														
7568.4.1	MACs and FIs shall retrieve from the following DMEPOS categories as appropriate:	X		X											
	OS, P/O and S/D														
7568.4.2	Medicare contractors shall retrieve as appropriate from all DMEPOS categories except T/S.	X				X									
7568.5	Medicare contractors shall download the 2012 physician fee schedule abstract fee amounts for outpatient rehabilitation and CORF services with the following name from the CMS MTS on November 15, 2011 after 8:00 PM EST:	X		X											
	MU00.@BF12390.MPFS.CY12.ABSTR.V1101.FI														

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	1	F	C A R	R H		Sha Sys Iaint	tem		O T H	
		M A C	M A C		R I E R	Ι	F I S S	M C S	V M S		E R	
7568.6	Medicare contractors shall download the 2012 fee amounts for outpatient rehabilitation, CORF, SNF and CAH services with the following name from the CMS MTS on November 15, 2011 after 8:00 PM EST:  MU00.@BF12390.MPFS.CY12.SUPL.V1101.FI	X		X								
7568.6.1	Shared System Maintainers shall download the 2012 Physician Fee Schedule Payment Policy Indicator file for Method II CAH professional services with the following name from the CMS MTS on November 15, 2011 after 8:00 EST:						X					
	MU00.@BF12390.MPFS.CY12.PAYIND.V1101											
7568.7	Medicare contractors shall download the 2012 fee amounts for the new digital mammography technology and regular screening mammography services with the following name from the CMS MTS on November 15, 2011 after 8:00 PM EST:	X		X								
	MU00.@BF12390.MPFS.CY12.MAMMO.V1101.FI											
7568.8	Medicare contractors shall download the 2012 fee amounts for Part B SNF claims with the following name from the CMS MTS on November 15, 2011 after 8:00 PM EST:	X		X								
	MU00.@BF12390.MPFS.CY12.SNF.V1101.FI											
7568.9	Medicare contractors shall download the 2012 Anesthesia conversion factor fee amounts for CAH services from the CMS MTS on November 15, 2011.	X		X								
	<b>NOTE:</b> The data set name for this file will be provided in email from OIS later.											
7568.10	Medicare contractors shall download the 2012 ambulance fee amounts by locality for all localities with the following name from the CMS MTS on November 15, 2011 after 8:00 PM EST:	X		X								
	MU00.@AAA2390.AMBFS.FINAL.CY2012.V1112											

Number	Requirement		espo plic					e an	"X	" in	each
		A / B	D M E	F I	C A R	R H H		Sha Sys Iaint	tem		O T H
		M A C	M A C		R I E R	Ι	F I S S	M C S	V M S	C W F	E R
7568.11	Medicare contractors shall use the locality structure in Attachment C to identify the carrier associated with the locality name and number.	X		X		X					
7568.12	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 2012).	X		X		X					
7568.13	Medicare contractors shall price claims with dates of service on and after January 1, 2012, with codes and fee rates furnished in the 2012 files.	X		X		X					
7568.14	For each file referenced above, notification of successful receipt shall be sent via e-mail to <a href="mailto:price_file_receipt@cms.hhs.gov">price_file_receipt@cms.hhs.gov</a> stating the name of the file received and the entity for which it was received (fiscal intermediary name and number).	X		X		X					
7568.15	Medicare contractors shall compare selected carrier priced imaging service fees to the outpatient PPS amount in their system for the same service and load the lower amount for payment.	X		X							

# III. PROVIDER EDUCATION TABLE

Number	Requirement		Responsibility (place an "X" in each applicable column)								
		A	D	F	С	R		Shai	red-		OTH
		/	M	I	A	Н		Syst	tem		ER
		В	Е		R	H Maintainers		ers			
					R	I	F	M	V	С	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
	None.										

# IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref	Recommendations or other supporting information:
Requireme	
nt	
Number	
7568.1 –	See attachments B and C for pricing and localities. Please find the record layouts in Pub.
7568.13	100-04 Chapter 23, sections 40 through 50.

# B. For all other recommendations and supporting information, use this space: N/A

### V. CONTACTS

**Pre-Implementation Contact(s):** Shauntari Cheely, <u>Shauntari.Cheely1@cms.hhs.gov</u> Wil Gehne, Wilfried.Gehne@cms.hhs.gov

**Post-Implementation Contact(s):** Your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

#### VI. FUNDING

### 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.

## **B.** For Medicare Administrative Contractors (MAC):

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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**

## INSTRUCTIONS FOR RECEIVING 2012 PART B PRICING FILES VIA CMS' MAINFRAME TELECOMMUNICATIONS SYSTEM

Listed below are instructions for receiving the 2012 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 carriers/intermediaries 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 2012 Part B Pricing Files file from the HCFA 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
```

UID#= Your system User-IDACCTNG= Accounting Information, if applicableNAME= Programmer's NameNDM.PROCESS.LIBRARY= NDM Process Library for your systemNDM.MESSAGE.LIBRARY= NDM Message Library for your systemNDM.NETWORK.MAP= NDM Network Map File for your systemNDM USERID= NDM Userid for your systemNDM 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 2012 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 systemTWXX= NDM User ID for CMS' systemPASSWD= Password to access NDM at CMSACCTNG= Accounting Information (if required)DATASET NAME= File to receive HCFA data transmissionCMS FILE= APPROPRIATE DATA SET NAMEUNIT 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.

# **CARRIER LOCALITY/STATE LOCALITY MAP**

	2012 PRICING AREA								
Carrier									
Number	Locality	Locality Name							
10102	00	Alabama							
00831	01	Alaska							
01192	26	Anaheim/Santa Ana, CA							
03102	00	Arizona							
00520	13	Arkansas							
10202	01	Atlanta, GA							
04402	31	Austin, TX							
12302	01	Baltimore/Surrounding County, MD							
04402	20	Beaumont, TX							
04402	09	Brazoria, TX							
00952	16	Chicago, IL							
04102	01	Colorado							
13102	00	Connecticut							
04402	11	Dallas, TX							
		District of Columbia/ Maryland/Virginia							
12202	01	Suburbs							
12102	01	Delaware							
00953	01	Detroit, MI							
00952	12	East St. Louis, IL							
09102	03	Fort Lauderdale, FL							
04402	28	Fort Worth, TX							
04402	15	Galveston, TX							
01202	01	Hawaii/Guam							
04402	18	Houston, TX							
05130	00	Idaho							
00630	00	Indiana							
05102	00	Iowa							
05202	00	Kansas							
15102	00	Kentucky							
01192	18	Los Angeles, CA							
13202	01	Manhattan, NY							
01102	03	Marin/Napa/Solano, CA							
14202	01	Metropolitan Boston							

05302	02	Metropolitan Kansas City, MO
12502	01	Metropolitan Philadelphia, PA
05302	01	Metropolitan St Louis, MO
09102	04	Miami, FL
00954	00	Minnesota
00512	00	Mississippi
03202	01	Montana
05402	00	Nebraska
01302	00	Nevada
14302	40	New Hampshire
04202	05	New Mexico
00528	01	New Orleans, LA
11502	00	North Carolina
03302	01	North Dakota
12402	01	Northern NJ
13202	02	New York City Suburbs/Long Island, NY
01102	07	Oakland/Berkeley, CA
15202	00	Ohio
04302	00	Oklahoma
00835	01	Portland, OR
13202	03	Poughkpsie/N NYC Suburbs, NY
09202	20	Puerto Rico
13292	04	Queens, NY
09102	99	Rest of Florida
10202	99	Rest of Georgia
00952	99	Rest of Illinois
00528	99	Rest of Louisiana
14102	99	Rest of Maine
12302	99	Rest of Maryland
14202	99	Rest of Massachusetts
00953	99	Rest of Michigan
05302	99	Rest of Missouri
12402	99	Rest of New Jersey
13282	99	Rest of New York
00835	99	Rest of Oregon
12502	99	Rest of Pennsylvania
04402	99	Rest of Texas
00836	99	Rest of Washington
14402	01	Rhode Island
01102	05	San Francisco, CA
01102	06	San Mateo, CA
01102	09	Santa Clara, CA

00836	02	Seattle (King County), WA
11202	01	South Carolina
03402	02	South Dakota
14102	03	Southern Maine
00952	15	Suburban Chicago, IL
10302	35	Tennessee
03502	09	Utah
01192	17	Ventura, CA
14502	50	Vermont
09202	50	Virgin Islands
11302	00	Virginia
11402	16	West Virginia
00951	00	Wisconsin
03602	21	Wyoming

<sup>\*</sup>Payment locality is serviced by two carriers.