CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3100	Date: October 24, 2014
	Change Request 8975

SUBJECT: 2015 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

I. SUMMARY OF CHANGES: The complete HCPCS file is updated and released annually to the Medicare contractors. The file contains existing, new, revised, and discontinued HCPCS codes for 2015. Contractors must download the file via the CMS mainframe in early November. The attached Recurring Update Notification applies to Chapter 23, Section 20.

EFFECTIVE DATE: January 1, 2015
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 5, 2015

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	23/20.1/Use and Maintenance of CPT-4 in HCPCS

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 obliged 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

Pub. 100-04	Transmittal: 3100	Date: October 24, 2014	Change Request: 8975

SUBJECT: 2015 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

EFFECTIVE DATE: January 1, 2015
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 5, 2015

I.   GENERAL INFORMATION

A.   Background: Medicare providers submitting claims to Medicare contractors for Part B services use a HCPCS code to indicate the service that was rendered. The updated HCPCS file is released annually to Medicare contractors via CMS' mainframe telecommunication system.

B.   Policy: This is our annual reminder that the 2015 HCPCS file will be made available via the CMS mainframe telecommunication system. The file may be retrieved after 8:00 p.m. Eastern time, on November 3, 2014.

The alpha-numeric index and the table of drugs will be posted to the CMS Web site in early November. The Web site address is http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp.

The Medicare Claims Processing Manual, Pub.100-04, Chapter 23, Section 20.1 has been revised in the last paragraph to delete the reference to a print file in the first sentence because an electronic print file is no longer provided. The second and last sentence in the former paragraph referring to the mailing of paper documentation was deleted in its entirety since paper documentation is no longer provided.

II.   BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
8975.1	Medicare contractors shall download the 2015 annual HCPCS update from the CMS mainframe. The update will be available after 8:00 p.m. Eastern time, on November 3, 2014. The filename is as follows: P@HCP.@AAA2360.HCPC2015.CONTR **NOTE**: The new HCPCS update is effective for dates of service on or after January 1, 2015.	X	X	X	X	X	X	X	X	VDCs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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: N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Leslie Trazzi, leslie.trazzi@cms.hhs.gov , Tom Dorsey, thomas.dorsey@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

20.1 - Use and Maintenance of CPT-4 in HCPCS

(Rev. 3100, Issued: 10-24-14, Effective: 01-01-15, Implementation: 01-05--15)

There are over 7,000 service codes, plus titles and modifiers, in the CPT-4 section of HCPCS, which is copyrighted by the AMA. The AMA and CMS have entered into an agreement that permits the use of HCPCS codes and describes the manner in which they may be used. See §20.7 below.

- The AMA permits CMS, its agents, and other entities participating in programs administered by CMS to use CPT-4 codes/modifiers and terminology as part of HCPCS;

- CMS shall adopt and use CPT-4 in connection with HCPCS for the purpose of reporting services under Medicare and Medicaid;

- CMS agrees to include a statement in HCPCS that participants are authorized to use the copies of CPT-4 material in HCPCS only for purposes directly related to participating in CMS programs, and that permission for any other use must be obtained from the AMA;

- HCPCS shall be prepared in format(s) approved in writing by the AMA, which include(s) appropriate notice(s) to indicate that CPT-4 is copyrighted material of the AMA;

- Both the AMA and CMS will encourage health insurance organizations to adopt CPT-4 for the reporting of physicians' services in order to achieve the widest possible acceptance of the system and the uniformity of services reporting;

- The AMA recognizes that CMS and other users of CPT-4 may not provide payment under their programs for certain procedures identified in CPT-4. Accordingly, CMS and other health insurance organizations may independently establish policies and procedures governing the manner in which the codes are used within their operations; and

- The AMA's CPT-4 Editorial Panel has the sole responsibility to revise, update, or modify CPT-4 codes.

The AMA updates and republishes CPT-4 annually and provides CMS with the updated data. The CMS updates the alpha-numeric (Level II) portion of HCPCS and incorporates the updated AMA material to create the HCPCS code file. The CMS provides the file to Medicare contractors and Medicaid State agencies annually.

It is the contractor's responsibility to develop payment screens and limits within Federal guidelines and to implement CMS' issuances. The coding system is merely one of the tools used to achieve national consistency in claims processing.

Contractors may edit and abridge CPT-4 terminology within their claims processing area. However, contractors are not allowed to publish, edit, or abridge versions of CPT-4 for distribution outside of the claims processing structure. This would violate copyright laws. Contractors may furnish providers/suppliers AMA and CMS Internet addresses, and may issue newsletters with codes and approved narrative descriptions that instruct physicians, suppliers and providers on the use of certain codes/modifiers when reporting services on claims forms, e.g., need for documentation of services, handling of unusual circumstances. The CMS acknowledges that CPT is a trademark of the AMA, and the newsletter must show the following statement in close proximity to listed codes and descriptors:

> CPT codes, descriptors and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS apply.

If only a small portion of the terminology is used, contractors do not need to show the copyright legend. Contractors may also print the code and approved narrative description in development requests relating to individual cases.

The CMS provides contractors an annual update file of HCPCS codes and instructions to retrieve the update via CMS mainframe telecommunication system.