

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 3675</b>	<b>Date: December 13, 2016</b>
	<b>Change Request 9752</b>

**Transmittal 3606, dated August 26, 2016, is being rescinded and replaced by Transmittal 3675, December 13, 2016, to add a new business requirement 9752.2 that addresses when adjustments/updates are needed. All other information remains the same.**

**SUBJECT: 2017 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 2017. Contractors must download the file via the CMS mainframe in early November. The recurring Update Notification applies to Chapter 23, Section 20 of the Medicare Claims Processing Manual.

**EFFECTIVE DATE: January 1, 2017**

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

**IMPLEMENTATION DATE: January 3, 2017**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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**



Number	Requirement	Responsibility								
		A/B MAC		H H H	M A C	D M E	Shared-System Maintainers			Other
		A	B				F I S S	M C S	V M S	
	<b>NOTE:</b> The new HCPCS update is effective for dates of service on or after January 1, 2017.									
9752.2	If any adjustments/updates are needed, the Contractors shall be notified by an email from CMS to the CMS Function Workgroup. The email will include the needed information to implement the adjustments/updates. This may occur multiple times as needed and as the adjustments/updates are known.	X	X	X	X	X	X	X	VDCs	

### III. PROVIDER EDUCATION TABLE

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

### IV. SUPPORTING INFORMATION

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

*"Should" denotes a recommendation.*

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

### V. CONTACTS

**Pre-Implementation Contact(s):** Thomas Dorsey, thomas.dorsey@gmail.com , Dennis Savedge, dennis.savedge@cms.hhs.gov

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

### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**