CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2546	Date: September 14, 2012
	Change Request 8061

SUBJECT: Instructions for Retrieving the 2013 Pricing and HCPCS Data Files through CMS' Mainframe Telecommunications Systems

I. SUMMARY OF CHANGES: This transmittal provides the annual update to the various pricing files used by FIs/MACs to adjudicate Part B fee schedule paid claims.

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 7, 2013

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		

III. FUNDING:

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

Recurring Update Notification

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

Attachment - Recurring Update Notification

Pub.100-04 Transmittal: 2546 Date: September 14, 2012 Change Request: 8061

SUBJECT: Instructions for Retrieving the 2013 Pricing and HCPCS Data Files through CMS'

Mainframe Telecommunications Systems

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 7, 2013

I. GENERAL INFORMATION

A. Background: Attached are the instructions for retrieving the 2013 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, 2013.

B. Policy: This Recurring Update Notification replaces CR 7568, Transmittal 2360, Dated November 23, 2011.

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										
		A	/B	D	F	C	R		Shai	red-		Other
		M	MAC M			A	Н		Syst			
				Е		R	H		aint		rs	
		P	P				I	F	M		C	
		a	a	M		I		I	C	M	W	
		r	r	A C		E R		S	S	S	F	
		t	t			K		S				
		A	В									
8061.1	Medicare contractors shall download the 2013 HCPCS	X			X							
	file and its companion print file with the following											
	names from the CMS MTS in late October after 8:00											
	PM EST:											
	P@HCP.@AAA2360.HCPC2013.CONTR											
	and											
	P@HCP.@AAA2360.HCPC2013.PRINT											

	Responsibility										
		A/B MAC		F I	C A R	R H H		Sys			Other
	P a r t	P a r t	M A C		R I E R	Ι	F I S S	M C S			
CMS will provide the date of retrieval via separate email communication.	A	В									
Medicare contractors shall download the 2013 fee amounts for Part B hospice claims with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST: MU00.@BF12390.MPFS.CY13.V1101.RHHI	X					X					
Medicare contractors shall download the 2013 fee amounts for clinical diagnostic laboratory services with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST: MUO @RE12394 CLAR CV13 V1119 FI	X			X							
MO00.@B112374.CLAB.C113.V1117.11											
Medicare contractors shall download the 2013 fee amounts for DMEPOS with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST:	X			X		X					
MU00.@BF12393.DMEPOS.T130101.V1116.FI											
MACs and FIs shall retrieve from the following DMEPOS categories as appropriate: OS, P/O and S/D	X			X							
Medicare contractors shall retrieve as appropriate from all DMEPOS categories except T/S.	X					X					
Medicare contractors shall download the 2013 physician fee schedule abstract fee amounts for outpatient rehabilitation and CORF services with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST: MU00.@BF12390.MPFS.CY13.ABSTR.V1101.FI	X			X							
	email communication. Medicare contractors shall download the 2013 fee amounts for Part B hospice claims with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST: MU00.@BF12390.MPFS.CY13.V1101.RHHI Medicare contractors shall download the 2013 fee amounts for clinical diagnostic laboratory services with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST: MU00.@BF12394.CLAB.CY13.V1119.FI Medicare contractors shall download the 2013 fee amounts for DMEPOS with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST: MU00.@BF12393.DMEPOS.T130101.V1116.FI MACs and FIs shall retrieve from the following DMEPOS categories as appropriate: OS, P/O and S/D Medicare contractors shall retrieve as appropriate from all DMEPOS categories except T/S. Medicare contractors shall download the 2013 physician fee schedule abstract fee amounts for outpatient rehabilitation and CORF services with the following name from the CMS MTS on November 15,	CMS will provide the date of retrieval via separate email communication. 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Medicare contractors shall retrieve as appropriate from outpatient rehabilitation and CORF services with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST:

Number	Requirement	Responsibility										
			/B AC	D M E	F	C A R	R H H		Sha Systaint	tem		Other
		P a r t	P a r t	M A C		R I E R	Ι	F I S S	M C S	V M S		
8061.6	Medicare contractors shall download the 2013 fee amounts for outpatient rehabilitation, CORF, SNF and CAH services with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST: MU00.@BF12390.MPFS.CY13.SUPL.V1101.FI	X	В		X							
8061.6.1	Medicare contractors shall download the 2013 Physician Fee Schedule Payment Policy Indicator file for Method II CAH professional services with the following name from the CMS MTS on November 15, 2012, after 8:00 EST:	X			X							
	MU00.@BF12390.MPFS.CY13.PAYIND.V1101											
8061.7	Medicare contractors shall download the 2013 fee amounts for the new digital mammography technology and regular screening mammography services with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST: MU00.@BF12390.MPFS.CY13.MAMMO.V1101.FI	X			X							
8061.8	Medicare contractors shall download the 2013 fee amounts for Part B SNF claims with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST: MU00.@BF12390.MPFS.CY13.SNF.V1101.FI	X			X							
8061.9	Medicare contractors shall download the 2013 Anesthesia conversion factor fee amounts for CAH services from the CMS MTS on November 15, 2012. NOTE: The data set name for this file will be provided	X			X							
	in email from OIS later.											
8061.10	Medicare contractors shall download the 2013 ambulance fee amounts by locality for all localities with the following name from the CMS MTS on November 15, 2012, after 8:00 PM EST:	X			X							

Number	Requirement	Re	espoi	nsibi	lity									
			A/B MAC				F I	C A R	R H H		Sys	red- tem aine		Other
		P a r t	P a r t	M A C		R I E R	Ι	F I S S	M C S	V M S	_			
		A	В											
	MU00.@AAA2390.AMBFS.FINAL.CY2013.V1115													
8061.11	Medicare contractors shall use the locality structure in Attachment C to identify the carrier associated with the locality name and number.	X			X		X							
8061.12	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 2013.)	X			X		X							
8061.13	Medicare contractors shall price claims with dates of service on and after January 1, 2013, with codes and fee rates furnished in the 2013 files.	X			X		X							
8061.14	For each file referenced above, notification of successful receipt shall be sent via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (fiscal intermediary name and number.)	X			X		X							
8061.15	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						
		A/B	D	F		R	Other	
		MAC	M	I	A	Н		
			Е		R	Н		

	P	P		R	I	
	a	a	M	I		
	r	r	A	Е		
	t	t	C	R		
	A	В				
None						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A *Use "Should" to denote a recommendation.*

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: See attachments B and C for pricing and localities. Please find the record layouts 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

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

Attachment (1)

INSTRUCTIONS FOR RECEIVING 2013 PART B PRICING FILES VIA CMS' MAINFRAME TELECOMMUNICATIONS SYSTEM

Listed below are instructions for receiving the 2013 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 2013 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 2013 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

	2013 PRICING AREA								
Carrier	Locality	Locality name							
10102	00	Alabama							
02102	01	Alaska							
03102	00	Arizona							
07102	13	Arkansas							
01192	26	Anaheim/Santa Ana, CA							
01192	18	Los Angeles, CA							
01102	03	Marin/Napa/Solano, CA							
01102	07	Oakland/Berkeley, CA							
01102	99	Rest of California							
01192	99	Rest of California							
01102	05	San Francisco, CA							
01102	06	San Mateo, CA							
01102	09	Santa Clara, CA							
01192	17	Ventura, CA							
04112	01	Colorado							
13102	00	Connecticut							
12202	01	DC + MD/VA Suburbs							
12102	01	Delaware							
09102	03	Fort Lauderdale, FL							
09102	04	Miami, FL							
09102	99	Rest of Florida							
10202	01	Atlanta, GA							
10202	99	Rest of Georgia							
01202	01	Hawaii/Guam							
02202	00	Idaho							
00952	16	Chicago, IL							
00952	12	East St. Louis, IL							
00952	99	Rest of Illinois							
00952	15	Suburban Chicago, IL							
08102	00	Indiana							
05102	00	Iowa							
05202	00	Kansas							
15102	00	Kentucky							

T	Т	
07202	01	New Orleans, LA
07202	99	Rest of Louisiana
14102	99	Rest of Maine
14102	03	Southern Maine
12302	01	Baltimore/Surrounding Counties, MD
12302	99	Rest of Maryland
14202	01	Metropolitan Boston
14202	99	Rest of Massachusetts
08202	01	Detroit, MI
08202	99	Rest of Michigan
00954	00	Minnesota
07302	00	Mississippi
05302	02	Metropolitan Kansas City, MO
05302	01	Metropolitan St Louis, MO
05302	99	Rest of Missouri
03202	01	Montana
05402	00	Nebraska
01302	00	Nevada
14302	40	New Hampshire
12402	01	Northern NJ
12402	99	Rest of New Jersey
04212	05	New Mexico
13202	01	Manhattan, NY
13202	02	NYC Suburbs/Long I., NY
13202	03	Poughkpsie/N NYC Suburbs, NY
13292	04	Queens, NY
13282	99	Rest of New York
11502	00	North Carolina
03302	01	North Dakota
15202	00	Ohio
04312	00	Oklahoma
02302	01	Portland, OR
02302	99	Rest of Oregon
12502	01	Metropolitan Philadelphia, PA
12502	99	Rest of Pennsylvania
09202	20	Puerto Rico
14402	01	Rhode Island
11202	01	South Carolina
03402	02	South Dakota
10302	35	Tennessee
04412	31	Austin, TX
04412	20	Beaumont, TX
U 1 1 1 2		

04412	09	Brazoria, TX
04412	11	Dallas, TX
04412	28	Fort Worth, TX
04412	15	Galveston, TX
04412	18	Houston, TX
04412	99	Rest of Texas
03502	09	Utah
14502	50	Vermont
09302	50	Virgin Islands
11302	00	Virginia
02402	99	Rest of Washington
02402	02	Seattle (King Cnty), WA
11402	16	West Virginia
00951	00	Wisconsin
03602	21	Wyoming

^{*}Payment locality is serviced by two carriers.