CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 11640	**Date: October 13, 2022**
	Change Request 12912

SUBJECT: Calendar Year (CY) 2023 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPARD) Procedures

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to furnish contractors with the information needed for the 2023 participation enrollment. The attached Recurring Update Notification applies to Chapter 1, Section 30.3.12.

EFFECTIVE DATE: October 13, 2022
**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: November 15, 2022, following the close of the annual participation enrollment process for BRs related to MEDPARD and the processing of participation elections and withdraws; November 15 for BRs related to disclosure reports, MPFS, and postcard mailing; November 8, 2022 for all other requirements

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 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

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 11640	Date: October 13, 2022	Change Request: 12912

SUBJECT: Calendar Year (CY) 2023 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPARD) Procedures

EFFECTIVE DATE: October 13, 2022
**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: November 15, 2022, following the close of the annual participation enrollment process for BRs related to MEDPARD and the processing of participation elections and withdraws; November 15 for BRs related to disclosure reports, MPFS, and postcard mailing; November 8, 2022 for all other requirements

I. GENERAL INFORMATION

A. Background: Contractors conduct an enrollment period on an annual basis in order to provide eligible physicians, practitioners and suppliers with an opportunity to make their calendar year Medicare participation decision by December 31. Providers (physicians, practitioners, or suppliers) who want to maintain their current Participating (PAR) status (PAR or non PAR) do not need to take any action in the upcoming annual participation enrollment program. To sign a participating agreement is to agree to accept assignment for all covered services that are provided to Medicare patients. After the enrollment period ends, contractors publish an updated list of participating physicians, practitioners, and suppliers in their local MEDPARDs on their websites.

B. Policy: The annual participation enrollment program for CY 2023 will commence on November 15, 2022, and will run through December 31, 2022.

The purpose of this recurring update notification is to furnish contractors with information needed for the CY 2023 participation enrollment effort. The following documents are attached:

- CMS-460

Contractors shall mail the participation enrollment postcard as directed in publication 100-04, chapter 1, section 30.3.12. **Contractors shall place the new fees (physician fee schedule fees and anesthesia conversion factors) on their website for providers to access and download. The information contained in this recurring update notification must be kept CONFIDENTIAL until the Physician Fee Schedule Final Rule is put on display. Fees should not be posted on the Web or be mailed until after the final rule is put on display.**

In CR 7412 (Postcard Mailing for the Annual Participation Open Enrollment Period), CMS directed contractors to mail a postcard instead of a Compact Disc (CD). The postcards should be mailed in time for physicians, practitioners, and suppliers to receive the participation enrollment material by November 15, but should not be mailed before November 8.

The CMS will send all contractors an e-mail notice when the January 2023 Medicare Physician Fee Schedule Database (MPFSDB) files (including anesthesia) are available for downloading, along with the file names, through an email notification via the Functional Workgroups as soon as the 2023 final rule goes on display (around November 1).

Please note, the Participation Announcement is hosted on the CMS website. It will NOT be attached to the CR and the MACs will not be directed to post it to their website. Instead, the MACs will be

directed to post a CMS weblink.

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	
12912.1	Contractors shall mail postcards announcing the annual open participation enrollment by November 15, 2022, but not before November 8, 2022. See the Internet Only Manual (IOM) Pub. 100-04, Chapter 1, section 30.3.12.1 B1.		X							
12912.2	Contractors shall display the fee data prominently on their website. For CY 2023 disclosure reports, contractors shall use the following format for displaying fees on the Web and/or hardcopy: • Procedure code (including professional and technical component modifiers, as applicable); • Par amount (non-facility); • Par amount (facility-based); • Non-par amount (non-facility); • Limiting charge (non-facility); • Non-par amount (facility-based); • Limiting charge (facility-based)		X							
12912.3	Contractors shall provide a link to the 2023 Medicare Fee Schedule on their website. **NOTE:** Disclosure materials may not be posted on your Web site until you receive an email notification from CMS via the Functional Workgroups that the MPFSDB files (including anesthesia) are available for downloading, along with the file names, as soon as the 2023 final rule goes on display (around November 1).		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12912.4	For CY 2023 disclosure reports, contractors shall provide the anesthesia conversion factors on their website.		X							
12912.5	Contractors shall display the fee schedule using a provider friendly format from which providers can download their particular locality. Providers should not have to download the whole fee schedule file.		X							
12912.6	Effective immediately, contractors shall educate providers via their website and whatever other provider outreach that can be utilized that the fees will be placed on the contractor website after the CY 2023 physician fee schedule regulation is put on display.		X							
12912.7	Contractors shall prominently display a weblink to the Participation Announcement on their website. The Participation Announcement will be found at the following CMS web address: https://www.cms.gov/medicare/provider-enrollment-and-certification/annual-medicare-participation-announcement **NOTE:** Contractors are permitted to use an appropriate hyperlink to the URL above.		X							
12912.8	Contractors shall prominently display the participation agreement on the website.		X							
12912.9	Contractors shall inform providers via their listserv when the CY 2023 fees are posted to their website**.**		X							
12912.10	Contractors shall **NOT** produce hard copy disclosures until January 1, 2023 unless otherwise notified by CMS. **NOTE**: Contractors have the discretion to produce no more than 2 percent hardcopy if needed.		X							
12912.10.1	Contractors shall keep track of any requests for hard copy paper disclosures.		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12912.10.2	Contractors shall not charge providers requesting hard copy disclosures who do not have Internet access.		X							
12912.10.2.1	For providers who have verified Internet access, who request hard copy disclosures, contractors shall inform providers that they may be charged, allowing the provider the opportunity to rescind the request.		X							
12912.10.3	Contractors shall mail the hard copy disclosures via first class or equivalent delivery service.		X							
12912.11	The Medicare Physician Fee Schedule Database (MPFSDB) will contain the CY 2023 fee schedule amounts. Contractors shall include fee amounts for procedure codes with status indicators of A, T, and R (if Relative Value Units (RVUs) have been established by CMS). The following statements shall be included on the fee disclosure reports: "All Current Procedural Terminology (CPT) codes and descriptors are copyrighted 2022 by the American Medical Association." "These amounts apply when service is performed in a facility setting." (This statement should be made applicable to those services subject to a differential based on place of service). "The payment for the technical component is capped at the OPPS amount." (This statement should be made applicable to services in which the technical portion was capped at the Outpatient Prospective Payment System amount). See the Internet Only Manual (IOM) Pub. 100-04, Chapter 1, section 30.3.12.1.		X							
12912.12	If contractors choose to use code descriptors on their Web site, they shall use the short descriptors contained in the Healthcare Common Procedure Coding System (HCPCS) file and the MPFSDB. If contractors find descriptor discrepancies between these two files, use the HCPCS file short descriptor.		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	NOTE: The CMS has signed agreements with the American Medical Association regarding use of CPT, and the American Dental Association regarding use of Current Dental Terminology (CDT), on Medicare contractor websites, CD-ROMs, bulletin boards, and other electronic communications (refer to the IOM Publication 100-04, Chapter 23, section 20.7).									
12912.13	Contractors shall process participation elections and withdraws post-marked before January 1, 2023.		X							
12912.14	Contractors shall not print hardcopy participation directories (i.e., MEDPARDs) for CY 2023 without regional office prior authorization and advanced approved funding for this purpose.		X							
12912.15	If contractors receive inquiries from a customer who does not have access to the contractor website, they shall ascertain the nature and scope of each request and furnish the desired MEDPARD participation information via phone or letter.		X							
12912.16	Contractors shall load their local MEDPARD information for providers on their Web site within 30 days following the close of the annual participation enrollment process.		X							
12912.17	Contractors shall notify providers via regularly scheduled newsletters or web postings as to the availability of the MEDPARD information and how to access it electronically.		X							
12912.18	Contractors shall also inform hospitals and other organizations (i.e., Social Security offices, area Administration on Aging offices, and other beneficiary advocacy organizations) how to access MEDPARD information on your website.		X							
12912.19	Contractors shall make sure that the Form CMS-460 is readily available on their web sites in order for their providers to complete needed information and download for their use.		X							
12912.19.1	Contractors shall allow providers to enter all required information (except for the signature and effective date in item 2) before printing. Then, the provider will only have to print out the Form CMS-460, sign it, and		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	transmit it to the contractor by mail or via web-based application submission upload in PECOS.									
12912.20	Contractors shall protect all parts of the Form CMS-460 that do not require data entry from being altered. (The provider can only be allowed to enter their required information, and not change any other parts of the Form CMS-460).		X							
12912.21	Contractors shall continue to plug-in the January 1, (appropriate year), effective date in item 2 of the Form CMS-460 included on your web site.		X							
12912.22	Contractors shall refer to the IOM Pub. 100-04, Chapter 1, section 30.3.12.1 for more information about the postcard mailing and website.		X							

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:

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

V. CONTACTS

Pre-Implementation Contact(s): Mark Baldwin, 410-786-8139 or Mark.Baldwin@cms.hhs.gov , Charles Nixon, 410-786-9183 or Charles.Nixon@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: 1

FORM APPROVED
OMB NO. 0938-0373
EXPIRES 10/31/2022

MEDICARE PARTICIPATING PHYSICIAN OR SUPPLIER AGREEMENT

Name(s) and Address of Participant*	National Provider Identifier (NPI)*

*List all names and the NPI under which the participant files claims with the Medicare Administrative Contractor (MAC)/carrier with whom this agreement is being filed.

The above named person or organization, called "the participant," hereby enters into an agreement with the Medicare program to accept assignment of the Medicare Part B payment for all services for which the participant is eligible to accept assignment under the Medicare law and regulations and which are furnished while this agreement is in effect.

1. **Meaning of Assignment:** For purposes of this agreement, accepting assignment of the Medicare Part B payment means requesting direct Part B payment from the Medicare program. Under an assignment, the approved charge, determined by the MAC/carrier, shall be the full charge for the service covered under Part B. The participant shall not collect from the beneficiary or other person or organization for covered services more than the applicable deductible and coinsurance.
2. **Effective Date:** If the participant files the agreement with any MAC/carrier during the enrollment period, the agreement becomes effective _____.
3. **Term and Termination of Agreement:** This agreement shall continue in effect through December 31 following the date the agreement becomes effective and shall be renewed automatically for each 12-month period January 1 through December 31 thereafter unless one of the following occurs:
    a. During the enrollment period provided near the end of any calendar year, the participant notifies in writing every MAC/carrier with whom the participant has filed the agreement or a copy of the agreement that the participant wishes to terminate the agreement at the end of the current term. In the event such notification is mailed or delivered during the enrollment period provided near the end of any calendar year, the agreement shall end on December 31 of that year.
    b. The Centers for Medicare & Medicaid Services may find, after notice to and opportunity for a hearing for the participant, that the participant has substantially failed to comply with the agreement. In the event such a finding is made, the Centers for Medicare & Medicaid Services will notify the participant in writing that the agreement will be terminated at a time designated in the notice. Civil and criminal penalties may also be imposed for violation of the agreement.

Signature of participant (or authorized representative of participating organization)		Date
Title (if signer is authorized representative of organization)		Office Phone Number (including area code)
Received by (name of carrier)	Initials of Carrier Official	Effective Date

INSTRUCTIONS FOR THE MEDICARE PARTICIPATING PHYSICIAN AND SUPPLIER AGREEMENT (CMS-460)

To sign a participation agreement is to agree to accept assignment for all covered services that you provide to Medicare patients.

WHY PARTICIPATE?

If you bill for physicians' professional services, services and supplies provided incident to physicians' professional services, outpatient physical and occupational therapy services, diagnostic tests, or radiology services, your Medicare fee schedule amounts are 5 percent higher if you participate. Also, providers receive direct and timely reimbursement from Medicare.

Regardless of the Medicare Part B services for which you are billing, participants have "one stop" billing for beneficiaries who have Medigap coverage not connected with their employment and who assign both their Medicare and Medigap payments to participants. After we have made payment, Medicare will send the claim on to the Medigap insurer for payment of all coinsurance and deductible amounts due under the Medigap policy. The Medigap insurer must pay the participant directly.

Currently, the large majority of physicians, practitioners and suppliers are billing under Medicare participation agreements.

DO YOU WANT TO OPT OUT OF MEDICARE?

Certain physicians and practitioners who do not want to engage with the Medicare program when treating Medicare beneficiaries may choose to "opt out" of Medicare. While Medicare does not pay for covered items or services provided by an "opt-out" physician or practitioner, beneficiaries and opt-out physicians or practitioners have the flexibility to set mutually acceptable payment terms through a negotiated private contract. Medicare will still pay opt-out physicians or practitioners for emergency or urgent care services rendered to beneficiaries with whom they have not privately contracted. The opt-out decision applies to all items and services provided by the physician or practitioner to any Medicare beneficiary for the entire opt-out period. A physician or practitioner who chooses to opt-out must do so for a two-year period, which automatically renews for successive two-year periods unless the physician or practitioner affirmatively requests that his or her opt-out status not be renewed. Opt-out physicians and practitioners can offer and enter into arrangements with beneficiaries that would otherwise be prohibited under Medicare. Opt-out physicians and practitioners also need not consider certain Medicare requirements, such as deciding on a case-by-case basis whether to provide an advance beneficiary notice of Medicare non-coverage for services in compliance with Medicare rules and guidance. More information can be found by visiting *Opt-Out Affidavits*
WARNING: YOU CANNOT USE THIS FORM TO OPT OUT!

WHEN THE DECISION TO PARTICIPATE CAN BE MADE:

- Toward the end of each calendar year, all MAC/carriers have an open enrollment period. The open enrollment period generally is from mid-November through December 31. During this period, providers who are currently enrolled in the Medicare Program can change their current participation status beginning the next calendar year on January 1. This is the only time these providers are given the opportunity to change their participation status. These providers should contact their MAC/carrier to learn where to send the agreement, and get the exact dates for the open enrollment period when the agreement will be accepted.

- New physicians, practitioners, and suppliers can sign the participation agreement and become a Medicare participant at the time of their enrollment into the Medicare Program. The participation agreement will become effective on the date of filing; i.e., the date the participant mails (post-mark date) the agreement to the carrier or delivers it to the carrier.

Contact your MAC/carrier to get the exact dates the participation agreement will be accepted, and to learn where to send the agreement.

WHAT TO DO DURING OPEN ENROLLMENT:

If you choose to be a participant:

- Do nothing if you are currently participating, or
- If you are not currently a Medicare participant, complete the blank agreement (CMS-460) and mail it (or a copy) to each carrier to which you submit Part B claims. (On the form show the name(s) and identification number(s) under which you bill.)

If you decide not to participate:

- Do nothing if you are currently not participating, or
- If you are currently a participant, write to each carrier to which you submit claims, advising of your termination effective the first day of the next calendar year. This written notice must be postmarked prior to the end of the current calendar year.

WHAT TO DO IF YOU'RE A NEW PHYSICIAN, PRACTITIONER OR SUPPLIER:

If you choose to be a participant:

- Complete the blank agreement (CMS-460) and submit it with your Medicare enrollment application to your MAC/carrier.
- If you have already enrolled in the Medicare program, you have 90 days from when you are enrolled to decide if you want to participate. If you decide to participate within this 90-day timeframe, complete the CMS-460 and send to your MAC/carrier.

If you decide not to participate:

- Do nothing. All new physicians, practitioners, and suppliers that are newly enrolled are automatically non-participating. You are not considered to be participating unless you submit the CMS-460 form to your MAC/carrier.

We hope you will decide to be a Medicare participant.

Please call the MAC/carrier in your jurisdiction if you have any questions or need further information on participation.

DO NOT SEND YOUR CMS-460 FORM TO CMS, SEND TO YOUR MAC/CARRIER. IF YOU SEND YOUR FORMS TO CMS, IT WILL DELAY PROCESSING OF YOUR CMS-460 FORMS.

To view updates and the latest information about Medicare, or to obtain telephone numbers of the various Medicare Administrative Contractor (MAC)/carrier contacts including the MAC/carrier medical directors, please visit the CMS web site at *http://www.cms.gov/*.