

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4192	Date: January 11, 2019
	Change Request 11097

SUBJECT: Quarterly Update for the Temporary Gap Period of the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - April 2019

I. SUMMARY OF CHANGES: The DME CBP files are updated on a quarterly basis in order to implement necessary changes to the healthcare common procedure coding system, zip code, single payment amount, and supplier files. These requirements provide specific instruction for implementing the DMEPOS CBP files. This recurring update notification applies to Chapter 23, section 100.

EFFECTIVE DATE: April 1, 2019

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

IMPLEMENTATION DATE: April 1, 2019

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

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I. GENERAL INFORMATION

A. Background: DMEPOS CBP was mandated by Congress through the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The statute requires that Medicare replace the current fee schedule payment methodology for selected DMEPOS items with a competitive bidding process. The intent is to improve the effectiveness of the Medicare methodology for setting DMEPOS payment amounts, which will reduce beneficiary out-of-pocket expenses and save the Medicare program money while ensuring beneficiary access to quality items and services.

The current Round 1 2017, Round 2 Recompete, and National Mail Order (NMO) Recompete CBP contracts expire on December 31, 2018. Due to a delay in announcement of the next round of the CBP, contracts will not be in effect in Round 1, Round 2, or the NMO Competitive Bidding Areas (CBAs) beginning January 1, 2019, resulting in a temporary gap period in the CBP.

B. Policy: During the temporary gap period in the DMEPOS CBP, any Medicare enrolled DMEPOS supplier may furnish any DMEPOS item, including items that were formerly included in the CBP. In addition, payment for all items and services that were included in the CBP are based on the lower of the supplier's charge for the item or fee schedule amounts adjusted in accordance with sections 1834(a)(1)(F) and 1842(s)(3)(B) of the Social Security Act. The fee schedule amounts for items furnished in areas that are CBAs as of December 31, 2018, will be adjusted based on the Single Payment Amounts (SPAs) for each specific CBA, increased by the projected percentage change in the Consumer Price Index for all Urban Consumers (CPI-U) for the 12-month period ending January 1, 2019. These fee schedule amounts will be different than the fee schedule amounts for items furnished in all other non-bid areas, or areas that are not CBAs as of December 31, 2018.

Different fee schedule files will be used to reflect these changes. The normal DMEPOS fee schedule file will be used for all non-bid areas that currently are not included in the CBP. A second fee schedule file will be used to pay claims for items and services that were included in the CBP and are furnished in areas that are CBAs as of December 31, 2018.

The adjusted fee schedule for former CBAs and the former CBA ZIP codes Public Use Files (PUFs) will be available for interested parties shortly after the release of the data files on the CMS website

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html>.

The following three competitive bidding files are transmitted by the Competitive Bidding Implementation Contractor (CBIC) on a quarterly basis for use in processing CBP claims: the CBA ZIP code file, the Healthcare Common Procedure Coding System (HCPCS) file, and the CBA pricing file. These files will continue to be transmitted to the contractors for use in paying claims based on the fee schedules for items and services that were included in the CBP and furnished on or after January 1, 2019, in a previous CBA. Because the fee schedule amounts will be different, the following message will be used to alert suppliers about the difference in payment amounts for items and services that were included in the CBP furnished on or after January 1, 2019, to beneficiaries residing in a previous CBA.

Alert: The fee schedule amount for this service was adjusted based on prior competitive bidding rates. For more information, contact your local contractor.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F M V C	M I C S	V M S	C W F	
11097.1	The CBIC shall generate updated files quarterly for the CBA zip code file, the HCPCS file, and the CBA pricing file and transmit them to the Virtual Data Center (VDC).								CBIC	
11097.2	The VDC shall retrieve the following files from the CMS mainframe telecommunications system via Connect: Direct on a quarterly basis: CBA ZIP Code File HCPCS File CBA Pricing File								PDAC, VDC	
11097.3	During the testing phase of this Change Request (CR), the VDC shall retrieve the Calendar Year (CY) 2019 CBA zip code file, HCPCS File and the CY 2019 Former CBA Fee Schedule File via Connect: Direct under the following dataset names: T#EFT.ON.CBAZIPQ.C19Q02 T#EFT.ON.PRICEQ.C19Q02 T#EFT.ON.HCATGQ.C19Q02								PDAC, VDC	
11097.4	During the production phase of this CR, the VDC shall transmit the CY 2019 CBA zip code file, HCPCS File and the CY 2019 Former CBA Fee Schedule File to VMS via Connect: Direct under the following dataset names: P#EFT.ON.CBAZIPQ.C19Q02 P#EFT.ON.PRICEQ.C19Q02 P#EFT.ON.HCATGQ.C19Q02								PDAC, VDC	
11097.5	The VDC shall automate the retrieval process for refreshing these files quarterly.								PDAC, VDC	
11097.6	The Durable Medicare Equipment (DME) Medicare Administrative Contractors (MACs), Pricing, Data Analysis and Coding (PDAC) and VDC shall load these quarterly files.				X				PDAC, VDC	

Number	Requirement	Responsibility								
		A/B MAC		H H H	M A C	Shared-System Maintainers				Other
		A	B			F I S S	M C S	V M S	C W F	
11097.7	The Fiscal Intermediary Shared System (FISS) shall pull in the correct files for reason code 31716.					X				
11097.8	The VDC shall receive notice via technical direction in the event the dataset names listed in business requirements 11097.3 and 11097.4 are changed for any reason.									PDAC, VDC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			M A C	D M E D I
		A	B	H H H		
11097.9	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.				X	

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): Jessica Slater, 410-786-1891 or jessica.slater@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