CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11114	Date: November 16, 2021
	Change Request 12506

SUBJECT: Instructions for Retrieving the 2022 Pricing and Healthcare Common Procedure Coding System (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 the Medicare Administrative Contractors (MACs) to adjudicate Part B fee schedule paid claims. The attached recurring update notification applies to chapter 23, section 40.

EFFECTIVE DATE: January 1, 2022

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: January 3, 2022

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: 11114	Date: November 16, 2021	Change Request: 12506
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EFFECTIVE DATE: January 1, 2022

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I. GENERAL INFORMATION

A. Background: Attached are the instructions for retrieving the 2022 Pricing and HCPCS Data Files through CMS' Mainframe Telecommunications System (MTS). These instructions pertain to institutional abstract files only, so there is no A/B Medicare Administrative Contractors (MAC Part B) impact. CMS' Division of Data Systems (DDS) will release the fee schedules files on the dates indicated. Contractors shall use these files for pricing HCPCS codes for dates of service beginning January 1, 2022.

B. Policy: This Recurring Update Notification replaces Change Request 12032, issued on January 5, 2021.

Section 5102(b) of the Deficit Reduction Act requires payment for imaging services to be limited to the Medicare Outpatient Department fee schedule amount established under the Prospective Payment System (PPS) for hospital outpatient department services. To the extent possible, this limit is reflected in the fees contained in these files. However, contractor priced services are not included in these files. For any imaging services that are contractor priced, the contractor will need to ensure this limit is implemented when its fee is developed.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility															
		A/B MAC										D M E		Sha Sys ⁻ aint	tem		Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F								
12506.1	Medicare contractors shall download the 2022 HCPCS file with the following name from the CMS MTS on or after November 15, 2021. MU00.@AAA2360.HCPC2022.CONTR.Q1	X								VDC							
12506.2	Medicare contractors shall download the 2022 fee amounts for clinical diagnostic laboratory services with the following name from the CMS MTS on or after December 15, 2021 after 8:00 PM Eastern Standard Time (EST):	X								VDC							

Number	Requirement	Re	espo	onsi	bilit	v								
		A/B		D	r -	Sha	red-		Other					
						MAC M			MAC M System			tem		
					Е	Μ	aint	aine	ers					
		Α	В	Η		F	Μ	V	С					
				Η		-	С							
				Η	A	S	S	S	F					
	MU00.@BF12394.CLAB.V2022Q1				С	S								
	MO00.@BF12394.CLAB. V2022Q1													
12506.3	Medicare contractors shall download the 2022 fee	X		Х						VDC				
	amounts for Durable Medical Equipment, Prosthetics,													
	Orthotics and Supplies (DMEPOS) with the following													
	name from the CMS MTS on or after the release date													
	still to be determined after 8:00 PM EST:													
	MU00.@BF12393.DMEPOS.T220101.V1202.FI													
	We													
12506.3.1	MACs shall retrieve from the following DMEPOS	Х												
	categories as appropriate:													
	OS, IL, P/O SC, and S/D													
12506.3.2	Medicare contractors shall retrieve as appropriate from	X		X										
1200000	all DMEPOS categories except T/S.													
	5 1													
12506.4	Medicare contractors shall download the 2022	Х								VDC				
	physician fee schedule abstract fee amounts for													
	outpatient rehabilitation and Comprehensive													
	Outpatient Rehabilitation Facility (CORF) services with the following name from the CMS MTS on or													
	after the release date still to be determined after 8:00													
	PM EST:													
	MU00.@BF12390.MPFS.CY22.ABSTR.V1101.FI													
1250(5	M. 1'	v		v						VDC				
12506.5	Medicare contractors shall download the 2022 fee amounts for Part B hospice claims, outpatient	Х		Х						VDC				
	rehabilitation, CORF, Skilled Nursing Facilities (SNF)													
	and Critical Access Hospital (CAH) services with the													
	following name from the CMS MTS on or after the													
	release date still to be determined after 8:00 PM EST:													
	MU00.@BF12390.MPFS.CY22.HHH.V1101.FI													
12506.5.1	Medicare contractors shall download the 2022	X								VDC				
12300.3.1	Physician Fee Schedule Payment Policy Indicator file	Λ								VDC				
	for Method II CAH professional services with the													
	following name from the CMS MTS on or after the													
	release date still to be determined after 8:00 PM EST:													
	MU00 @DE12200 MDES CV22 DAVIND V1101 EL													
	MU00.@BF12390.MPFS.CY22.PAYIND.V1101.FI													
12506.6	Medicare contractors shall download the 2022 fee	X								VDC				
	amounts for the new digital mammography technology		L											
			-				-							

Number	Requirement	Re	espo	onsi	bilit	V				
		A/B			D	Ĩ.	Sha	red-		Other
		N	MА	С	Μ		Sys	tem		
					Е	Μ	aint	aine	ers	
		Α	В	Η		F	Μ	V	С	
				Η		-	С			
				Η	A	S	S	S	F	
	and recorder concerning memory complex convices with the				С	S				
	and regular screening mammography services with the following name from the CMS MTS on or after the									
	release date still to be determined after 8:00 PM EST:									
	MU00.@BF12390.MPFS.CY22.MAMMO.V1101.FI									
12506.7	Medicare contractors shall download the 2022 fee	X								VDC
12300.7	amounts for Part B SNF claims with the following	Λ								VDC
	name from the CMS MTS on or after the release date									
	still to be determined after 8:00 PM EST:									
	MU00.@BF12390.MPFS.CY22.SNF.V1101.FI									
12506.8	Medicare contractors shall download the 2022	X								VDC
	Anesthesia conversion factor fee amounts for CAH									
	services from the CMS MTS on or after the release									
	date still to be determined after 8:00 PM EST:									
	NOTE: The data set name for this file will be provided									
	in email from CMS later.									
12506.9	Medicare contractors shall download the 2022	Х								VDC
	ambulance fee amounts by locality for all localities									
	with the following name from the CMS MTS on									
	November 15, 2021 after 8:00 PM EST:									
	MU00.@AAA2390.AMBFS.FINAL.CY2022.V1115									
12506.10	Medicare contractors shall refer to the locality	Χ		Х						
	structure listed in the file below to identify the carrier									
	number associated with the locality name and number.									
	http://www.cms.gov/Medicare/Medicare-Fee-for-									
	Service-Payment/PhysicianFeeSched/PFS-Relative-									
	Value-Files.html									
		_								
12506.11	Medicare contractors shall treat pricing data as	Х		Х						
	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 2022).									
12506 12	Madiaana aantroatana ahall ariaa alainna midh dataa f	X		v						
12506.12	Medicare contractors shall price claims with dates of service on and after January 1, 2022, with codes and			Х						
	fee rates furnished in the 2022 files.									
12506.13	Medicare contractors shall notify CMS of successful	Х		Х						

Number	Requirement	Responsibility															
		A/B MAC					MAC						M System				Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F								
	receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received, (e.g., Clinical Lab (CLAB), Average Sales Price (ASP), etc.) and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).																
12506.14	Medicare contractors shall compare selected contractor priced imaging service fees to the outpatient PPS amount in their system for the same service and load the lower amount for payment.	X															

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	С
		I	MAG	2	Μ	E
					E	D
		Α	В	Η		Ι
				Η	Μ	
				Η	Α	
					С	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: The record layouts can be found 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, Kimberly Oliver-Culbreath, kimberly.oliver-culbreath@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

INSTRUCTIONS FOR RECEIVING 2022 PART B PRICING FILES VIA CMS' MAINFRAME TELECOMMUNICATIONS SYSTEM

Listed below are instructions for receiving the 2022 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 A/M MACs 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 2022 Part B Pricing Files file from the CMS 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,DIŚP=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# ACCTNG NAME NDM.PROCESS.LIBRARY

- = Your system User-ID
- = Accounting Information, if applicable
- = Programmer's Name
- = NDM Process Library for your system

NDM.MESSAGE.LIBRARY NDM.NETWORK.MAP NDM USERID NDM NODE **PROCESS LIBRARY MEMBER**

- = NDM Message Library for your system = NDM Network Map File for your system
- = NDM Userid for your system = NDM Node ID for your system
- = 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 2022 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= <i>CMS FILE</i>
DISP=SHR -
SNODE) -
TO -
(DSN=&DSN -
DISP=(,CATLG,DELETE) -
UNIT= $UNIT ID$ -
PNODE)

Supply the following parameters particular to your job site:

NDM NODE TWXX PASSWD ACCTNG DATASET NAME CMS FILE	 NDM Node ID for your system NDM User ID for CMS' system Password to access NDM at CMS Accounting Information (if required) File to receive HCFA data transmission APPROPRIATE DATA SET NAME
UNIT 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.