CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12774	Date: August 8, 2024
	Change Request 13740

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2024 Update

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to amend payment files that were issued to contractors based upon the 2024 Medicare Physician Fee Schedule (MPFS) Final Rule. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

EFFECTIVE DATE: January 1, 2024

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

IMPLEMENTATION DATE: October 7, 2024

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: 12774 Date: August 8, 2024 Change Request: 1374	0
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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to amend payment files that were issued to contractors based upon the 2024 MPFS Final Rule.

Payment files were issued to contractors based upon the Calendar Year (CY) 2024 MPFS Final Rule to be effective for services furnished between January 1, 2024, and December 31, 2024.

B. Policy: Section 1848(c)(4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B	;	D		Sha	red-		Other
		N	/AA	\mathbb{C}	M	System				
					Е	Maintainers			ers	
		A	В	Н		F	M	V	С	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					С	S				
13740.1	The CMS shall notify the Medicare contractors via e-									CMS
	mail when the revised payment files are available for									
	their retrieval.									
	NI-4 Th Cl									
	Note: These files will be available on or around									
	August 16, 2024. (See attachment for a summary of									

Number	Requirement	Responsibility										
		A/B			D			red-		Other		
		MAC			M E		•	tem aine				
		A	В	Н		F	M	V	С			
				H H	M A	I S	C S	M S	W F			
					С	S			•			
	changes and effective dates.)											
13740.1.1	Medicare contractors shall retrieve the revised payment files and update their systems (manually or via provided files), as identified in this CR, from the CMS Mainframe Telecommunications System.	X	X	X		X				Dental - MAP		
13740.2	The contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov, stating the name of the file received (e.g., 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).	X	X	X						Dental - MAP		
13740.3	Medicare contractors shall not search their files to retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X	X	X						Dental - MAP		
13740.4	The contractors shall, in accordance with Pub 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1, give providers a 30-day notice before implementing the changes identified in this CR.	X	X	X						Dental - MAP		
13740.5	The CMS shall notify the Common Working File (CWF) maintainer via e-mail when the MPFSDB files are available for downloading, along with the file names for the files below to facilitate duplicate billing edits:									CMS		
	1) Duplicate Radiology editing;											
	2) Duplicate Diagnostic editing;											
	3) Pathology editing, and;											
	4) Relative Value Units (RVU) and payment indicator files.											
13740.5.1	The CWF shall compare the existing files to the new files and install any necessary changes.								X			

IV. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
			A/B MA(D M E	C E D
		A	В	H H H	M A C	Ι
13740.6	Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.	X	X	X		

V. SUPPORTING INFORMATION

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

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

VI. CONTACTS

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

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1