

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3843	Date: August 18, 2017
	Change Request 10202

SUBJECT: 2018 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

I. SUMMARY OF CHANGES: The complete HCPCS file is updated and released annually to the Medicare contractors. The file contains existing, new, revised and discontinued HCPCS codes for 2018. Contractors must download the file via the CMS mainframe in November. The Recurring Update Notification applies to Chapter 23, Section 20 of the Medicare Claims Processing Manual.

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: January 2, 2018

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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IMPLEMENTATION DATE: January 2, 2018

I. GENERAL INFORMATION

A. Background: Medicare providers submitting claims to Medicare contractors for Part B services use a HCPCS code to indicate the service that was rendered. The updated HCPCS file containing the HCPCS codes is released annually to Medicare contractors via the CMS' mainframe telecommunications system.

B. Policy: Medicare providers submitting claims to Medicare contractors for Part B service use a HCPCS code to indicate the service that was rendered. The updated HCPCS file containing the HCPCS codes is released annually to Medicare contractors via CMS' mainframe telecommunications system. If any adjustments/updates are needed, the Contractors shall be notified by an email from CMS to the CMS Function Workgroup. The email will include the needed information to implement the adjustments/updates.

The alpha-numeric index and the table of drugs will also be posted to the CMS Web site in early November. The Web site address is <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html>

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 I C S S	M C S	V M S	C W F		
10202.1	Medicare contractors shall download the 2018 annual HCPCS update from the CMS mainframe. Contractors will be notified by an email from the CMS Functional Workgroup when the file is available for downloading in November 2017. The filename is as follows: P@HCP.@AAA2360.HCPC2018.CONTR NOTE: The new HCPCS update is effective for dates of service on or after January 1, 2018.	X	X	X	X	X	X	X	X	X	VDCs
10202.2	If any adjustments/updates are needed, the Contractors shall be notified by an email from CMS to the CMS Function Workgroup. The email will include the	X	X	X	X						VDCs

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
	needed information to implement the adjustments/updates. This may occur multiple times as needed and as the adjustments/updates are known.								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility								
		A/B MAC			H H H	D M E M A C	F I S S	M C S	V M S	C W F
		A	B							
	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: N/A
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Thomas Dorsey, 410-786-7434 or thomas.dorsey@cms.hhs.gov , Dennis Savedge, 410-786-0140 or dennis.savedge@cms.hhs.gov , Rebecca Zeller, 410-786-4063 or rebecca.zeller@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: 0