CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4121	Date: August 24, 2018
	Change Request 10894

SUBJECT: 2019 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 2019. Contractors must download the file via the CMS mainframe in early November. The recurring update notification applies to chapter 23, section 20 of the Medicare Claims Processing Manual.

EFFECTIVE DATE: January 1, 2019

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

IMPLEMENTATION DATE: January 7, 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: 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.

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 Functional Workgroups. The email will include the needed information to implement the adjustments/updates.

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

B. Policy: There is no new policy associated with this change request.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B		D	Shared-				Other	
		N	/IA		M		Sys	tem		
]		Е	Maintainers			ers	
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
10894.1	Medicare contractors shall download the 2019 annual	X	X	X	X	X	X	X	X	VDC
	HCPCS update from the CMS mainframe. Contractors									
	will be notified by an email from the CMS Functional									
	Workgroups when the file is available for									
	downloading in November 2018. The filename is as									
	follows:									
	P@HCP.@AAA2360.HCPC2019.CONTR									

Number	Requirement Responsibility									
		A/B MAC		A/B D			Sha Sys	tem		Other
		A	В	H H H	M A C	F I S S	M C S	V M S	_	
	NOTE : The new HCPCS update is effective for dates of service on or after January 1, 2019.									
10894.2	Contractors shall notify CMS of successful receipt via email to price_file_receipt@cms.hhs.gov stating the name of the file received, (e.g., Clinical Lab Fee Schedule, Average Sales Price, 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	X	X	X		X	VDC
10894.3	If any adjustments/updates are needed, the Contractors shall be notified by an email from CMS to the CMS Functional Workgroup. The email will include the needed information to implement the adjustments/updates. This may occur multiple times as needed and as the adjustments/updates are known.	X	X	X	X			X		VDC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
			A/B MAC		D M E M A C	C E D I
	None					

IV. 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: N/A
Requirement	
Number	

V. CONTACTS

Pre-Implementation Contact(s): Thomas Dorsey, thomas.dorsey@cms.hhs.gov, Dennis. Savedge, dennis.savedge@cms.hhs.gov, Rebecca Zeller, 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):

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ATTACHMENTS: 0