

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2107	Date: November 24, 2010
	Change Request 7227

SUBJECT: Instructions for Retrieving the 2011 Pricing and HCPCS Data Files through CMS' Mainframe Telecommunications Systems

I. SUMMARY OF CHANGES: This transmittal gives contractors processing institutional claims the new file names and date for retrieving the 2011 pricing files for various benefits. The attached Recurring Update Notification applies to Chapter 23, Sections 40 and 50.

EFFECTIVE DATE: * January 1, 2011

IMPLEMENTATION DATE: January 3, 2011

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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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. ATTACHMENT:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2107	Date: November 24, 2010	Change Request: 7227
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SUBJECT: Instructions for Retrieving the 2011 Pricing and HCPCS Data Files through CMS’ Mainframe Telecommunications System

Effective Date: January 1, 2011

Implementation Date: January 3, 2011

I. GENERAL INFORMATION

A. Background: Attached are the instructions for retrieving the 2011 Pricing and HCPCS Data Files through CMS’ Mainframe Telecommunications System (MTS). CMS’ Division of Data Systems (DDS) will release the fee schedules files on the dates indicated. You must use these files for pricing HCPCS codes for dates of service beginning January 1, 2011.

B. Policy: This Recurring Update Notification replaces CR 6661, Transmittal 1826, dated October 9, 2009.

Section 5102(b) of the Deficit Reduction Act requires payment for imaging services to be limited to the Medicare OPD fee schedule amount established under the prospective payment system for hospital outpatient department services. To the extent possible, this limit is reflected in the fees contained in these files. However, carrier priced services are not included in these files. For any imaging services that are carrier priced, fiscal intermediaries will need to ensure this limit is implemented when the fee is obtained from the carrier.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)								
		A B M A C	D M M A C	F I E R	C A R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
7227.1	Medicare contractors shall download the 2011 HCPCS file and its companion print file with the following names from the CMS MTS in late October after 8:00 PM EST: P@HCP.@AAA2360.HCPC2011.CONTR and P@HCP.@AAA2360.HCPC2011.PRINT CMS will provide the date of retrieval via separate email communication.	X		X						
7227.2	Medicare contractors shall download the 2011 fee amounts for Part B hospice claims with the following name from the	X				X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	CMS MTS on November 22, 2010, after 8:00 PM EST: MU00.@BF12390.MPFS.CY11.RV1.ALL.V1101.RHHI										
7227.3	Medicare contractors shall download the 2011 fee amounts for carrier priced and local HCPCS with the following name from the CMS MTS on November 3, 2010, after 8:00 PM EST: MU00.@BF12390.MPFS.CY11.RV1.C00000.V1101	X		X		X					
7227.4	Medicare contractors shall download the 2011 fee amounts for clinical diagnostic laboratory services with the following name from the CMS MTS on November 19, 2010, after 8:00 PM EST: MU00.@BF12394.CLAB.CY11.V1119.FI	X		X							
7227.5	Medicare contractors shall download the 2011 fee amounts for DMEPOS with the following name from the CMS MTS on November 23, 2010, after 8:00 PM EST: MU00.@BF12393.DMEPOS.T110101.V1123.FI	X		X		X					
7227.5.1	MACs and FIs shall retrieve from the following DMEPOS categories as appropriate: OS, P/O and S/D	X		X							
7227.5.2	Medicare contractors shall retrieve as appropriate from all DMEPOS categories except T/S.	X				X					
7227.6	Medicare contractors shall download the 2011 physician fee schedule abstract fee amounts for outpatient rehabilitation and CORF services with the following name from the CMS MTS on November 22, 2010, after 8:00 PM EST: MU00.@BF12390.MPFS.CY11.RV1.ABSTR.V1101.FI	X		X							
7227.7	Medicare contractors shall download the 2011 fee amounts for outpatient rehabilitation, CORF, SNF and CAH services with the following name from the CMS MTS on November 22, 2010, after 8:00 PM EST: MU00.@BF12390.MPFS.CY11.RV1.SUPL.V1101.FI	X		X							
7227.7.1	Shared System Maintainers shall download the 2011 Physician Fee Schedule Payment Policy Indicator file for Method II CAH professional services with the following name from the CMS MTS on November 22, 2010, after						X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	8:00 EST: MU00.@BF12390.MPFS.CY11.RV1.PAYIND.V1101.FI										
7227.8	Medicare contractors shall download the 2011 fee amounts for the new digital mammography technology and regular screening mammography services with the following name from the CMS MTS on November 22, 2010, after 8:00 PM EST: MU00.@BF12390.MPFS.CY11.RV1.MAMMO.V1101.FI	X		X							
7227.9	Medicare contractors shall download the 2011 fee amounts for Part B SNF claims with the following name from the CMS MTS on November 22, 2010, after 8:00 PM EST: MU00.@BF12390.MPFS.CY11.RV1.SNF.V1101.FI	X		X							
7227.10	Medicare contractors shall download the 2011 Anesthesia conversion factor fee amounts for CAH services from the CMS MTS on November 22, 2010. NOTE: The data set name for this file will be provided in email from OIS later.	X		X							
7227.11	Medicare contractors shall download the 2011 ambulance fee amounts by locality for all localities with the following name from the CMS MTS on November 3, 2010, after 8:00 PM EST: MU00.@AAA2390.AMBFS.FINAL.CY2011.V1112	X		X							
7227.12	Medicare contractors shall use the locality structure in Attachment C to identify the carrier associated with the locality name and number.	X		X		X					
7227.13	Medicare contractors shall treat pricing data 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 2011).	X		X		X					
7227.14	Medicare contractors shall price claims with dates of service on and after January 1, 2011, with codes and fee rates furnished in the 2011 files.	X		X		X					
7227.15	For each file referenced above, notification of successful receipt shall be sent via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (fiscal intermediary name and number).	X		X		X					
7227.16	Medicare contractors shall compare selected carrier priced imaging service fees to the outpatient PPS amount in their system for the same service and load the lower amount for payment.	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R I E R	R H I	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
	None.										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
7227.1 – 7227.13	See attachments B and C for pricing and localities. Please find the record layouts in Pub. 100-04 Chapter 23, sections 40 through 50.

B. For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Shauntari Cheely, (410) 786-1818, Shauntari.Cheely1@cms.hhs.gov
 Wilfried Gehne, (410) 786-6148, Wilfried.Gehne@cms.hhs.gov

Post-Implementation Contact(s): Appropriate regional office

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC):

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.

ATTACHMENT A

INSTRUCTIONS FOR RECEIVING 2011 PART B PRICING FILES VIA CMS' MAINFRAME TELECOMMUNICATIONS SYSTEM

Listed below are instructions for receiving the 2011 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 carriers/intermediaries 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 2011 Part B Pricing Files file from the HCFA 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,DISP=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:

<i>UID#</i>	= Your system User-ID
<i>ACCTNG</i>	= Accounting Information, if applicable
<i>NAME</i>	= Programmer's Name
<i>NDM.PROCESS.LIBRARY</i>	= NDM Process Library for your system
<i>NDM.MESSAGE.LIBRARY</i>	= NDM Message Library for your system
<i>NDM.NETWORK.MAP</i>	= NDM Network Map File for your system
<i>NDM USERID</i>	= NDM Userid for your system
<i>NDM NODE</i>	= NDM Node ID for your system
<i>PROCESS LIBRARY MEMBER</i>	= 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 2011 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=CMS FILE
     DISP=SHR -
     SNODE) -
  TO -
    (DSN=&DSN -
     DISP=(,CATLG,DELETE) -
     UNIT= UNIT ID -
     PNODE)
```

Supply the following parameters particular to your job site:

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

CarrierLocality/StateLocality Map

Carrier/Loc 1010200=StateLoc 01 (ALABAMA)
Carrier/Loc 1020200=StateLoc 02 (GEORGIA)
Carrier/Loc 0051200=StateLoc 03 (MISSISSIPPI)
Carrier/Loc 0052000=StateLoc 04 (ARKANSAS)
Carrier/Loc 0420200=StateLoc 05 (NEW MEXICO)
Carrier/Loc 0430200=StateLoc 06 (OKLAHOMA)
Carrier/Loc 0530207=StateLoc 07 (MISSOURI GENERAL AMERICAN)
Carrier/Loc 0052800=StateLoc 08 (LOUISIANA)
Carrier/Loc 0910200=StateLoc 09 (FLORIDA)
Carrier/Loc 1310200=StateLoc 10 (CONNECTICUT)
Carrier/Loc 0063000=StateLoc 11 (INDIANA)
Carrier/Loc 0520200=StateLoc 12 (KANSAS)
Carrier/Loc 0540200=StateLoc 13 (NEBRASKA)
Carrier/Loc 0066000=StateLoc 14 (KENTUCKY)
Carrier/Loc 0530215=StateLoc 15 (MISSOURI)
Carrier/Loc 0320200=StateLoc 16 (MONTANA)
Carrier/Loc 1328200=StateLoc 17(WESTERN NEW YORK)
Carrier/Loc 1320200=StateLoc 18 (EMPIRE NEW YORK)
Carrier/Loc 1240200=StateLoc 19 (NEW JERSEY)
Carrier/Loc 0330201=StateLoc 20 (NORTH DAKOTA)
Carrier/Loc 0340202=StateLoc 21(SOUTH DAKOTA)
Carrier/Loc 0410200=StateLoc 22 (COLORADO)
Carrier/Loc 0360200=StateLoc 23 (WYOMING)
Carrier/Loc 0510200=StateLoc 24 (IOWA)
Carrier/Loc 0210200=StateLoc 25 (ALASKA)
Carrier/Loc 0310200=StateLoc 26 (ARIZONA)
Carrier/Loc 0120200=StateLoc 27 (HAWAII)
Carrier/Loc 0130200=StateLoc 28 (NEVADA)
Carrier/Loc 0230200=StateLoc 29 (OREGON)
Carrier/Loc 0240200=StateLoc 30 (WASHINGTON STATE)
Carrier/Loc 1250200=StateLoc 31 (PENNSYLVANIA)
Carrier/Loc 1440200=StateLoc 32 (RHODE ISLAND)
Carrier/Loc 0088000=StateLoc 33 (SOUTH CAROLINA)
Carrier/Loc 0088300=StateLoc 34 (OHIO)
Carrier/Loc 0088400=StateLoc 35 (WEST VIRGINIA)
Carrier/Loc 0440200=StateLoc 36 (TEXAS)
Carrier/Loc 1230200=StateLoc 37 (MARYLAND)
Carrier/Loc 1210200=StateLoc 38 (DELAWARE)
Carrier/Loc 1220200=StateLoc 39 (DISTRICT OF COLUMBIA)
Carrier/Loc 0090400=StateLoc 40 (VIRGINIA)
Carrier/Loc 0350200=StateLoc 41 (UTAH)
Carrier/Loc 0095100=StateLoc 42 (WISCONSIN)
Carrier/Loc 0095200=StateLoc 43 (ILLINOIS)
Carrier/Loc 0095300=StateLoc 44 (MICHIGAN)
Carrier/Loc 0095400=StateLoc 45 (MINNESOTA)
Carrier/Loc 0920220=StateLoc 46 (PUERTO RICO)
Carrier/Loc 0513000=StateLoc 47 (IDAHO)

Carrier/Loc 1030200=StateLoc 48 (TENNESSEE)

ATTACHMENT B, Page 2

Carrier/Loc 0553500=StateLoc 49 (NORTH CAROLINA)

Carrier/Loc 1329200=StateLoc 50 (NEW YORK GHI)

Carrier/Loc 0110200=StateLoc 51 (NORTHERN CALIFORNIA)

Carrier/Loc 1410200=StateLoc 52 (MAINE)

Carrier/Loc 1420200=StateLoc 53 (MASSACHUSETTS)

Carrier/Loc 1430200=StateLoc 54 (NEW HAMPSHIRE)

Carrier/Loc 1450200=StateLoc 55 (VERMONT)

Carrier/Loc 0119200=StateLoc 56 (SOUTHERN CALIFORNIA OCCIDENTAL)

ATTACHMENT C

2010 PRICING AREA

Carrier Number	Locality Number	Locality Name
10102	00	ALABAMA
02102	01	ALASKA
03102	00	ARIZONA
00520	13	ARKANSAS
01192	26	ANAHEIM/SANTA ANA, CA
01192	18	LOS ANGELES, CA
01102	03	MARIN/NAPA/SOLANO, CA
01102	07	OAKLAND/BERKELEY, CA
01102	05	SAN FRANCISCO, CA
01102	06	SAN MATEO, CA
01102	09	SANTA CLARA, CA
01192	17	VENTURA, CA
01192	99	REST OF CALIFORNIA*
01102	99	REST OF CALIFORNIA*
04102	01	COLORADO
13102	00	CONNECTICUT
12102	01	DELAWARE
12202	01	DC + MD/VA SUBURBS
09102	03	FORT LAUDERDALE, FL
09102	04	MIAMI, FL
09102	99	REST OF FLORIDA
10202	01	ATLANTA, GA
10202	99	REST OF GEORGIA
01202	01	HAWAII/GUAM
05130	00	IDAHO
00952	16	CHICAGO, IL
00952	12	EAST ST. LOUIS, IL
00952	15	SUBURBAN CHICAGO, IL
00952	99	REST OF ILLINOIS

00630	00	INDIANA
05102	00	IOWA
05202	00	KANSAS*
00660	00	KENTUCKY
00528	01	NEW ORLEANS, LA
00528	99	REST OF LOUISIANA
14102	03	SOUTHERN MAINE
14102	99	REST OF MAINE
12302	01	BALTIMORE/SURR. CNTYS, MD
12302	99	REST OF MARYLAND
14202	01	METROPOLITAN BOSTON
14202	99	REST OF MASSACHUSETTS
00953	01	DETROIT, MI
00953	99	REST OF MICHIGAN
00954	00	MINNESOTA
00512	00	MISSISSIPPI
05302	02	METROPOLITAN KANSAS CITY, MO
05302	01	METROPOLITAN ST. LOUIS, MO
05302	99	REST OF MISSOURI
03202	01	MONTANA
05402	00	NEBRASKA
01302	00	NEVADA
14302	40	NEW HAMPSHIRE
12402	01	NORTHERN NJ
12402	99	REST OF NEW JERSEY
04202	05	NEW MEXICO
13202	01	MANHATTAN, NY
13202	02	NYC SUBURBS/LONG I., NY
13202	03	POUGHKPSIE/N NYC SUBURBS, NY
13292	04	QUEENS, NY
13282	99	REST OF NEW YORK
05535	00	NORTH CAROLINA
03302	01	NORTH DAKOTA
00883	00	OHIO
04302	00	OKLAHOMA
02302	01	PORTLAND, OR
02302	99	REST OF OREGON
12502	01	METROPOLITAN PHILADELPHIA, PA
12502	99	REST OF PENNSYLVANIA

09202	20	PUERTO RICO
14402	01	RHODE ISLAND
00880	01	SOUTH CAROLINA
03402	02	SOUTH DAKOTA
10302	35	TENNESSEE
04402	31	AUSTIN, TX
04402	20	BEAUMONT, TX
04402	09	BRAZORIA, TX
04402	11	DALLAS, TX
04402	28	FORT WORTH, TX
04402	15	GALVESTON, TX
04402	18	HOUSTON, TX
04402	99	REST OF TEXAS
03502	09	UTAH
14502	50	VERMONT
09202	50	VIRGIN ISLANDS
00904	00	VIRGINIA
02402	02	SEATTLE (KING CNTY), WA
02402	99	REST OF WASHINGTON
00884	16	WEST VIRGINIA
00951	00	WISCONSIN
03602	21	WYOMING

*Payment locality is serviced by two carriers.