CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2278	Date: August 19, 2011
	Change Request 7540

SUBJECT: 2012 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 codes for 2012. Contractors must download the file via the CMS mainframe in late October. The attached Recurring Update Notification applies to chapter 23, section 20.

EFFECTIVE DATE: January 1, 2012

IMPLEMENTATION DATE: January 3, 2012

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

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SUBJECT: 2012 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

Effective Date: January 1, 2012

Implementation Date: January 3, 2012

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 HCPCS consists of Level I codes, which are the American Medical Association's (AMA) Current Physician Terminology Codes (CPT-4), and Level II codes which are the alpha-numeric and maintained by CMS. The updated HCPCS file is released annually to Medicare contractors via CMS' mainframe telecommunication system.

B. Policy: This is our annual reminder that the 2012 HCPCS file and its print file will be made available via the CMS mainframe telecommunication system. The file may be retrieved after 8:00 p.m. Eastern time, on October 26, 2011.

The paper documentation which consists of a cover memorandum, HCPCS tape characteristics and record layout, and transaction lists printouts will be sent via U.S. Postal Service priority mail. The alpha-numeric index and the table of drugs will be posted to the CMS Web site by the end of October. The Web site address is http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D		С	R		Shai	ed-		OTHER
		/ M I A H System				em					
		В	Е		R	R H Maintainers			rs		
					R	I					
		M	M		I						
		A	A		E						
		C	C		R						
							F	M	V	С	
							I	C	M	W	
							S	S	S	F	
							S				
7540.1	Medicare contractors shall download the 2012 annual	X	X	X	X	X	X		X	X	HP EDC
	HCPCS update from the CMS mainframe. The update										
	will be available after 8:00 p.m. Eastern time, on October										
	26, 2011.										
	NOTE : The new HCPCS update is effective for dates of										
	service on or after January 1, 2012.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each									
		applicable column)									
		A D F C R Sha					Shared-			OTHER	
		/	M	I	A	Н		Syst	tem		
		В	Е		R	Н	M	aint	aine	ers	
					R	I	F	M	V	С	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
	None.										

IV. SUPPORTING INFORMATION

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

X-Ref	Recommendations or other supporting information:
Requirement	
Number	
	None.

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

V. CONTACTS

Pre-Implementation Contact(s): Joscelyn Lissone (410) 786-5116, <u>Joscelyn.lissone@cms.hhs.gov</u> for carrier claims processing issues and Antoinette Johnson (410) 786-9326, <u>Antoinette.johnson@cms.hhs.gov</u> for fiscal intermediary claims processing issues.

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

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

Section B: 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.

ATTACHMENT (1)

ATTACHMENT

Instructions for the Retrieval of the 2012 HCPCS via CMS's Mainframe Telecommunications System (Formerly Network Data Mover)

Listed below are the most common problems encountered when carriers/ intermediaries receive data via the mainframe telecommunications system:

- Receipt was performed in interactive mode, rather than in batch. If transmission is performed
 interactively, it is impossible for the Division of Data Systems (DDS) to access the log to verify the
 transmission success/failure.
- Omission or change of NEWNAME parameter. Omission of this parameter makes it extremely difficult and cumbersome for DDS to access the log to verify transmission success/failure. Make sure that the NEWNAME parameter equals HCPCS.
- Omission or change of START parameter. This parameter establishes the starting time for the batch job. As stated earlier, transmission must occur during the evening hours. Setting the START to 20:00:00 hours assures that transmission will not commence prior to 8:00 p.m. eastern standard time.

NOTE: In order not to incur additional transmission line cost, transmission must occur during the evening hours, specifically after 8:00 p.m., eastern standard time.

The following is the JCL required for setting up a mainframe telecommunications system transmission of the 2012 HCPCS file from the CMS's Data Center.

```
//UID#HCPC 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) -

Instructions for the Retrieval of the 2012 HCPCS via CMS's Mainframe Telecommunications System (Formerly Network Data Mover)

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and cumbersome for DDS to access the log to verify transmission success/failure. Make sure that the

NEWNAME parameter equals HCPCS.

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assures that transmission will not commence prior to 8:00 p.m. eastern standard time.

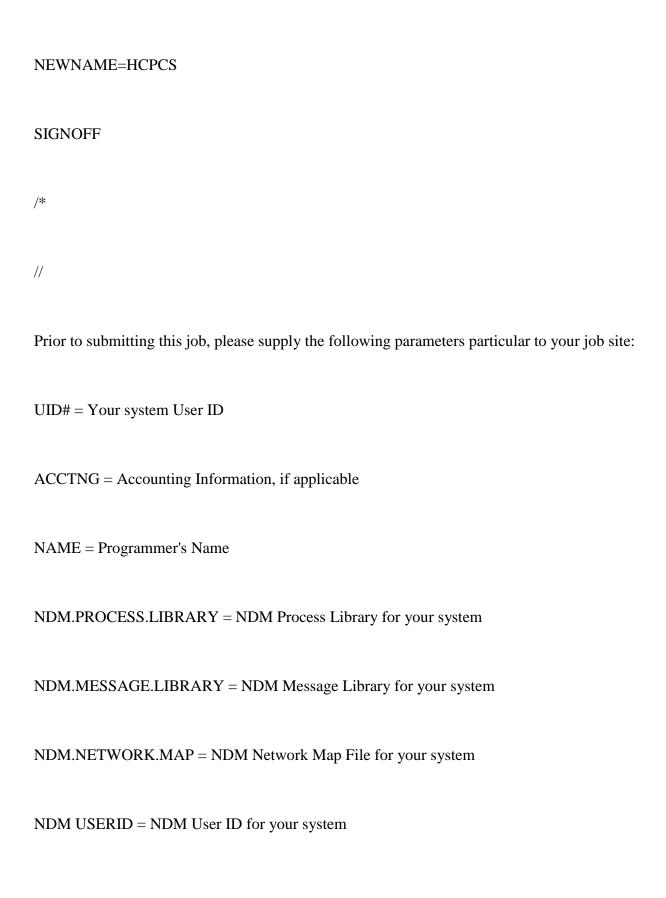
NOTE: In order not to incur additional transmission line cost, transmission must occur during the evening hours, specifically after 8:00 p.m., eastern standard time. The following is the JCL required for setting up a mainframe telecommunications system transmission of the 2012 HCPCS file from the CMS's Data Center. //UID#HCPC 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=*

//SYSIN DD *

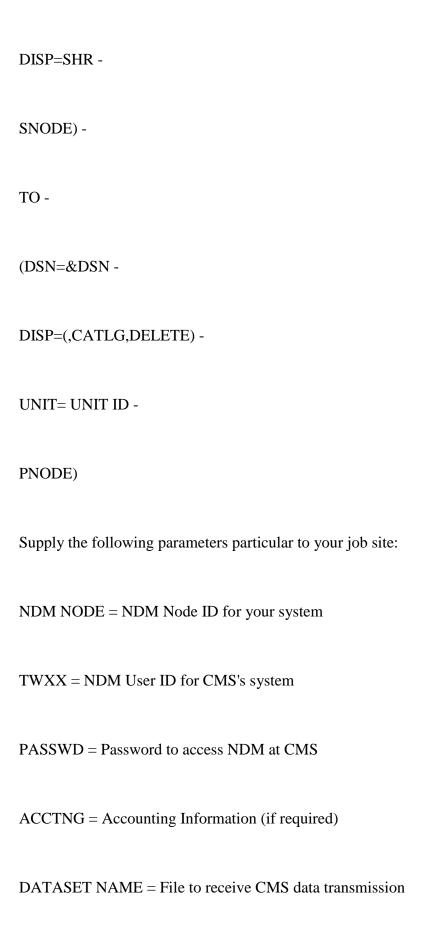
SIGNON USERID=(NDM USERID)
NODE= NDM NODE ID
NETMAP= NDM NETWORK MAP

SUBMIT DSN= PROCESS LIBRARY MEMBER
STARTT=(,20:00:00) -



NDM NODE = NDM Node ID for your system MEMBER = Member where the code for the NDM COPY (see below) is stored Place the following code in your process library. This code will be executed from within the mainframe telecommunications system to perform the copying of the 2012 HCPCS data from a file at the CMS's Data Center to a file at your processing site. HCPCS PROCESS PNODE = NDM NODE -SNODE=NDM.HCFA -SNODEID=(TWXX, PASSWD) -PACCT= 'ACCTNG' -&DSN= DATASET NAME STEP01 COPY -FROM -

(DSN=CMS FILE



CMS FILE = P@HCP.@AAA2360.HCPC2012.CONTR (This is the 2012 HCPCS file

comprised of procedure and modifier codes.) = P@HCP.@AAA2360.HCPC2012.PRINT (This is the

Print file of the 2012 HCPCS; a utility may be used to produce a printed copy of the HCPCS.)