CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2529	Date: August 24, 2012
	Change Request 7909

SUBJECT: 2013 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 alpha-numeric codes for 2013. 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, 2013
IMPLEMENTATION DATE: January 7, 2013

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	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 obliged 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: 2529	Date: August 24, 2012	Change Request: 7909

SUBJECT: 2013 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

Effective Date: January 1, 2013

Implementation Date: January 7, 2013

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 2013 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 24, 2012.

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 / B MAC	D M E MAC	F I	C A R R I E R	R H H I	F I S S	M C S	V M S	C W F	
7909.1	Medicare contractors shall download the 2013 annual HCPCS update from the CMS mainframe. The update will be available after 8:00 p.m. Eastern time, on October 24, 2012. **NOTE**: The new HCPCS update is effective for dates of service on or after January 1, 2013.	X	X	X	X	X	X	X	X	X	HP EDC

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV.   SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
	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, Joscelyn.lissone@cms.hhs.gov for carrier claims processing issues and Antoinette Johnson (410) 786-9326, Antoinette.johnson@cms.hhs.gov for fiscal intermediary claims processing issues.

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