CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1709	**Date: APRIL 3, 2009**
	Change Request: 6443

Subject: Manualization of the Medicare Physician Fee Schedule (MPFS) Record Layouts for Contractors Processing Institutional Claims

I. SUMMARY OF CHANGES: This change request manualizes the record layouts used by contractors processing institutional claims for the various benefits in Chapter 23 of the Medicare Claims Processing Manual.

New / Revised Material
Effective Date: July 6, 2009
Implementation Date: July 6, 2009

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
R	23/40/40.3/Intermediary and Regional Home Health Intermediary (RHHI) Record Layout for Clinical Laboratory Fee Schedule
R	23/50/50.1/RHHI Fees for Hospice, Radiology and Other Diagnostic Prices and Local HCPCS Codes
R	23/50/50.2/Intermediary Format for Durable Medical Equipment, Prosthetic, Orthotic and Supply Fee Schedule
R	23/50/50.3/Intermediary Outpatient Rehabilitation and CORF Services Fee Schedule
R	23/50/50.4/Intermediary Format for Skilled Nursing Facility Fee Schedule
N	23/50/50.5/Intermediary Format for CORF Services Supplemental and Critical Access Hospital Fee Schedule
N	23/50/50.6/Physician Fee Schedule Payment Policy Indicator File Record Layout
N	23/50/50.7/Intermediary Format for Mammography Fee Schedule
N	23/50/50.8/Intermediary Format for Ambulance Fee Schedule

D	23/30/30.4/Localities for Pricing

III. FUNDING:
SECTION 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.

SECTION B: 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:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1709	Date: April 3, 2009	Change Request: 6443

SUBJECT: Manualization of the Medicare Physician Fee Schedule (MPFS) Record Layouts for Contractors Processing Institutional Claims

Effective Date: July 6, 2009

Implementation Date: July 6, 2009

I. GENERAL INFORMATION

A. Background: On an annual basis, CMS issues a change request with the file descriptions for retrieving the forthcoming years pricing and HCPCS data files through CMS' mainframe telecommunications systems. This change request manualizes the record layouts used by contractors processing institutional claims for the various benefits in Chapter 23 of the Medicare Claims Processing Manual.

B. Policy: No new policy.

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement

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	
6443.1	Contractors shall reference Chapter 23 of the Medicare Claims Processing Manual for the applicable record layouts when attempting to retrieve the pricing files for the various benefits.	X		X		X					

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:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Yvonne Young, (410.786.1886), Yvonne.Young@cms.hhs.gov

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs)* use only one of the following statements:

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

Section B: *For Medicare Administrative Contractors (MACs)*, use the following statement:

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.

Medicare Claims Processing Manual
Chapter 23 - Fee Schedule Administration and Coding Requirements

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Table of Contents
(Rev. 1709, 04-03-09)

40.3 - Intermediary and Regional Home Health Intermediary (RHHI) Record Layout for Clinical Laboratory Fee Schedule

(Rev. 1709; Issued: 04-03-09; Effective/Implementation Date: 07-06-09)

The instructions for each annual update contain the actual file name for that year. The Data Set Name is included with each annual update instructions.

Record Length = 60

Record Format = FB

Block Size = 6000

Character Code = *EBCDIC*

Sort Sequence = Carrier, Locality, HCPCS Code

Header Record

Data Element Name	Picture	Location	Comment
1-Label	X(03)	1 - 3	Value = Lab
2-Filler	X(07)	4 - 10	
3-Filler	X(08)	11 - 15	
4-Filler	X(04)	16 - 22	
5-Date Fee Update	X(08)	23 - 30	YYYYMMDD
6-Filler	X(22)	31 - 52	
7-Date File Created	X(08)	53 - 60	YYYYMMDD

Data Record

Data Element Name	Picture	Location	Comment
1-HCPCS	X(05)	1 – 5	
2-Filler	X(04)	6 – 9	
3-60% *Fee*	9(05)V99	10 - 16	
4-62% *Fee*	9(05)V99	17 - 23	

Data Element Name	Picture	Location	Comment
*5-*Filler	X(07)	24 - 30	
*6-*Carrier Number	X(05)	31 - 35	
7-Carrier Locality	X(02)	36 - 37	00 = Single State Carrier 01 = North Dakota 02 = South Dakota 20 = Puerto Rico
8-State Locality	X(*02*)	38 - *39*	*Separate instructions will be used for the use of this field at a later date.*
9-Filler	*X(21)*	*40 - 60*	

50.1 - RHHI Fees for Hospice, Radiology and Other Diagnostic Prices and Local HCPCS Codes

(Rev. 1709; Issued: 04-03-09; Effective/Implementation Date: 07-06-09)

The Hospice fee schedule contains prices extracted from the Physician Fee schedule. This file contains pricing data for carrier-priced and local HCPCS codes for radiology, other diagnostic services, and hospice services paid under the physician fee schedule. This file contains some high volume services such as portable x-rays.

Record Length	-	60
Record Format	-	FB
Block Size	-	6000
Character Code	-	EBCDIC
Sort Sequence	-	Carrier, Locality, HCPCS Code, Modifier

Data Element Name	**Picture**	**Location**	**Comment**
*1-*HCPCS	X(05)	1 - 5	
*2-*Modifier	X(02)	6 - 7	

Data Element Name	Picture	Location	Comment
*3-*Filler	X(02)	8 - 9	
4-Non-Facility Fee	9(05)V99	10 - 16	
*5-*Filler	X(0*1*)	17 - *17*	
6-PCTC Indicator	X(0*1*)	*18 - 18*	*This field is only applicable when pricing Critical Access Hospitals (CAHs) that have elected the optional method (Method 2) of payment.*
7-Filler	X(*12*)	*19 - 30*	
8-Carrier Number	X(0*5*)	*31 - 35*	
9-Locality	X(0*2*)	*36 - 37*	
*10-**Label***	*X(03)*	*38 – 40*	*HPH = Hospice Physician Services* *ODX = Other Diagnostic Services* *PRF = Portable Radiology* *RAD = Radiology*
11-Filler	*X(2)*	*41 – 42*	
12-Status Code	*X(1)*	*43 – 43*	*Separate instructions will be used for the use of this field at a later date. This field indicates whether the code is in the physician fee schedule and whether it is separately payable if the service is covered.*
13-Filler	*X(17)*	*44 - 60*	

50.2 - Intermediary Format for Durable Medical Equipment, Prosthetic, Orthotic and Supply Fee Schedule

(Rev. 1709; Issued: 04-03-09; Effective/Implementation Date: 07-06-09)

This file contains services subject to national Floors and Ceilings under the DMEPOS Fee Schedules including Surgical Dressings. RHHIs retrieve data from all DME categories contained in this file. Regular intermediaries retrieve prices for prosthetics, orthotics and surgical dressings. Also, new services that were gapped-filled by DMERCs or local Part B Carriers contain the same format with a different file name. The CMS will provide the specific file names when the prices are released.

Record Length	-	60
Record Format	-	FB
Block Size	-	6000
Character Code	-	EBCDIC
Sort Sequence	-	Label, HCPCS Code, *MOD*, State

Data Element Name	**Picture**	**Location**	**Comment**
*1-*HCPCS	X(05)	1 - 5	
*2-*M*OD*	X(02)	6 – 7	
*3-*MOD 2	X(02)	8 – 9	
*4-*Fee Schedule Amt	9(05)V99	10 - 16	
*5-*Filler	X(14)	17 - 30	
*6-*State	X(02)	31 - 32	
*7-*Filler	X(05)	33 - 37	
*8-**Label*	X(3)	38 - 40	DME = Durable Medical Equipment (other than oxygen) OXY = Oxygen P/O = Prosthetic/Orthotic S/D = Surgical Dressings
*9-*Filler	X(*4*)	41 - *44*	
*10-*Pricing Change Indicator*	*X(1)*	*45 - 45*	*0 = No change to Update Fee Schedule Amount since previous release* *1 = A change has occurred to the Update Fee Schedule Amount since the previous release.* *NOTE: In the initial release of the annual update, this field is initialized to >0'*
11-Filler	*X(15)*	*46 - 60*	

50.3 - Intermediary Outpatient Rehabilitation and CORF Services Fee Schedule

(Rev. 1709; Issued: 04-03-09; Effective/Implementation Date: 07-06-09)

This is a physician fee schedule abstract file for outpatient rehabilitation and CORF services payment for intermediaries. A separate file name with the same record layout is also available containing HCPCS codes that are needed to price services provided in a CORF, an outpatient Critical Access Hospital (CAH) and Indian Health Services that are not part of the abstract file.

Record Length - *60*

Record Format - *FB*

Block Size - *6000*

Character Code - *EBCDIC*

Sort Sequence - *Carrier, Locality HCPCS Code, Modifier*

Data Element Name	Picture	Location	Comment
1-HCPCS	X(05)	1 – 5	
*2-*Modifier	X(02)	6 – 7	
*3-*Filler	X(02)	8 – 9	
*4-*Non-Facility Fee	9(05)V99	10 - 16	
*5-*Filler	X(0*1*)	17 – *17*	
6-PCTC Indicator	X(0*1*)	*18 - 18*	*This field is only applicable when pricing Critical Access Hospitals (CAHs) that have elected the optional method (Method 2) of payment.*
7-Filler	X(*12*)	*19 – 30*	
8-Carrier Number	X(0*5*)	*31 – 35*	
9-Locality	X(0*2*)	*36 - 37*	
10-Filler	X(*03*)	*38 - 40*	
11-Fee Indicator	X(1)	*41 - 41*	*R = Rehab/Audiology function*

Data Element Name	Picture	Location	Comment
			test/CORF services
12-Outpatient Hospital	X(*1*)	*42 – 42*	*0 = Fee applicable in hospital outpatient setting* *1 = Fee not applicable in hospital outpatient setting*
13-Status Code	*X(1)*	*43 – 43*	*Separate instructions will be used for the use of this field at a later date. This field indicates whether the code is in the physician fee schedule and whether it is separately payable if the service is covered.*
14-Filler	*X(17)*	*44 - 60*	

50.4 - Intermediary Format for Skilled Nursing Facility Fee Schedule

(Rev. 1709; Issued: 04-03-09; Effective/Implementation Date: 07-06-09)

This section contains the record layout for the SNF Extract from the MPFSDB for radiology Services, other diagnostic services, and other SNF services priced on the MPFS. The CMS will provide the specific file names when the prices are released.

Record Length - 60

Record Format - FB

Block Size - 6000

Character Code - EBCDIC

Data Element Name	Picture	Location	Comment
1-HCPCS	X(05)	1 – 5	
2-Modifier	X(02)	6 – 7	
3-Filler	X(02)	8 – 9	
4-Non-Facility Fee	9(05)V99	10 - 16	The SNF fee schedule amount is based on the “non-facility rate” which is the fee that physicians may receive if

Data Element Name	Picture	Location	Comment
			performing the service in the physician's office.
*5-*Filler	X(01)	17 - 17	
*6-*PCTC Indicator	X(01)	18 - 18	
*7-*Filler	X(*12*)	19 – *30*	
8-Carrier Number	X(*05*)	*31 – 35*	
9-Locality	X(0*2*)	*36 – 37*	
10-Filler	X(0*5*)	*38 - 42*	
11-Status Code	X(*1*)	*43 - 43*	*Separate instructions will be used for the use of this field at a later date. This field indicates whether the code is in the physician fee schedule and whether it is separately payable if the service is covered.*
*12-*Filler	X(*17*)	*44 - 60*	

50.5 - Intermediary Format for CORF Services Supplemental and Critical Access Hospital Fee Schedule

(Rev. 1709; Issued: 04-03-09; Effective/Implementation Date: 07-06-09)

This is a physician fee schedule abstract file for CORF supplemental services and Critical Access Hospital services payment for intermediaries. The CMS will provide the specific file names when the prices are released.

Record Length - *60*

Record Format - *FB*

Block Size - *6000*

Character Code - *EBCDIC*

Sort Sequence - *Carrier, Locality HCPCS Code, Modifier*

Data Element Name	***Picture***	***Location***	***Comment***

Data Element Name	*Picture*	*Location*	*Comment*
1-HCPCS	*X(05)*	*1 – 5*	
2-Modifier	*X(02)*	*6 – 7*	
3-Filler	*X(02)*	*8 – 9*	
4-Non-Facility Fee	*9(05)V99*	*10 - 16*	
5-Filler	*X(01)*	*17 – 17*	
6-PCTC Indicator	*X(01)*	*18 - 18*	*This field is only applicable when pricing Critical Access Hospitals (CAHs) that have elected the optional method (Method 2) of payment.*
7-Filler	*X(1)*	*19*	
8-Facility Fee	*9(05)V99*	*20 – 26*	
9-Filler	*X(4)*	*27 – 30*	
10-Carrier Number	*X(05)*	*31 – 35*	
11-Locality	*X(02)*	*36 – 37*	
12-Filler	*X(03)*	*38 – 40*	
13-Fee Indicator	*X(1)*	*41 – 41*	
14-Outpatient Hospital	*X(1)*	*42 – 42*	
15-Status Code	*X(1)*	*43 – 43*	*Separate instructions will be used for the use of this field at a later date. This field indicates whether the code is in the physician fee schedule and whether it is separately payable if the service is covered.*
16-Filler	*X(1)*	*44 - 60*	

50.6 – Physician Fee Schedule Payment Policy Indicator File Record Layout

(Rev. 1709; Issued: 04-03-09; Effective/Implementation Date: 07-06-09)

The information on the Physician Fee Schedule Payment Policy Indicator file record layout is used for processing Method II CAH professional services with revenue codes 96X, 97X or 98X. The file contains endoscopic base codes, payment policy indicators, global surgery indicators or the preoperative, intraoperative and postoperative percentages that are needed to determine if payment adjustment rules apply to a specific CPT/HCPCS code and the associated pricing modifier(s). See Chapter 12 of Pub.100-04 for more information on payment policy indicators and payment adjustment rules.

Data Element Name	Picture	Location	Comment
1-File Year	X(04)	1-4	
2-HCPCS Code	X(05)	5-9	
3-Modifier	X(02)	10-11	
4-Code Status	X(01)	12	
5-Global Surgery	X(03)	13-15	
6-Preoperative Percentage (Modifier 56)	9(v)9(5)	16-21	
7-Intraoperative Percentage (Modifier 54)	9(v)9(5)	22-27	
8-Postoperative Percentage (Modifier 55)	9(v)9(5)	28-33	
9-Professional Component (PC)/Technical Component (TC) Indicator	X(01)	34	
10-Multiple Procedure (Modifier 51)	X(01)	35	
11-Bilateral Surgery Indicator (Modifier 50)	X(01)	36	
12-Assistant at Surgery (Modifiers AS, 80, 81 and 82)	X(01)	37	
13-Co-Surgeons (Modifier 62)	X(01)	38	

Data Element Name	Picture	Location	Comment
14-Team Surgeons (Modifier 66)	X(01)	39	
15-Endoscopic Base Codes	X(05)	40-44	
16-Performance Payment Indicator	X(01)	45	
17-Filler	X(30)	46-75	For Future Use

50.7 - Intermediary Format for Mammography Fee Schedule

(Rev. 1709; Issued: 04-03-09; Effective/Implementation Date: 07-06-09)

This is a physician fee schedule abstract file for mammography services payment for intermediaries. The CMS will provide the specific file names when the prices are released.

Record Length	-	60
Record Format	-	FB
Block Size	-	6000
Character Code	-	EBCDIC
Sort Sequence	-	Carrier, Locality HCPCS Code, Modifier

Data Element Name	Picture	Location	Comment
1-HCPCS	X(05)	1 – 5	
2-Modifier	X(02)	6 – 7	
3-Filler	X(02)	8 – 9	
4-Non-Facility Fee	9(05)V99	10 - 16	
5-Filler	X(01)	17 – 17	
6-PCTC Indicator	X(01)	18 - 18	This field is only applicable when pricing Critical Access Hospitals (CAHs) that have elected the optional method (Method 2) of payment.
7-Filler	X(12)	19 – 30	

Data Element Name	*Picture*	*Location*	*Comment*
8-Carrier Number	*X(05)*	*31 – 35*	
9-Locality	*X(02)*	*36– 37*	
10-Filler	*X(05)*	*38– 42*	
11-Status Code	*X(1)*	*43– 43*	*Separate instructions will be used for the use of this field at a later date. This field indicates whether the code is in the physician fee schedule and whether it is separately payable if the service is covered.*
12-Filler	*X(17)*	*44 - 60*	

50.8 - Intermediary Format for Ambulance Fee Schedule

(Rev. 1709; Issued: 04-03-09; Effective/Implementation Date: 07-06-09)

This is a physician fee schedule abstract file for ambulance services payment for intermediaries. The CMS will provide the specific file names when the prices are released.

Record Length	-	*80*
Record Format	-	*FB*
Block Size	-	*27920*
Character Code	-	*EBCDIC*
Sort Sequence	-	*HCPCS, Carrier, Locality*

Field Name	*Format*	*Position*	*Description*
1-HCPCS	*X(05)*	*1 – 5*	*HCFA Common Procedure Coding System*
2-Carrier Number	*X(05)*	*6 – 10*	
3-Locality Code	*X(02)*	*11–12*	
4-Base RVU	*9(4)v99*	*13 – 18*	*Relative Value Unit*
5-Non-Facility PE	*9v9(3)*	*19 – 22*	*Geographic Adjustment Factor*

Field Name	*Format*	*Position*	*Description*
GPCI			
6-Conversion Factor	*9(5)v99*	*23 – 29*	*Conversion Factor*
7-Urban Mileage	*9(5)v99*	*30 – 36*	*Urban payment rate or base rate mileage rate (determined by HCPCS)*
8-Rural Mileage	*9(5)v99*	*37 – 43*	*Rural payment rate or base rate mileage rate (determined by HCPCS)*
9-Current Year	*9(04)*	*44– 47*	*YYYY*
10-Current Quarter	*9(01)*	*48*	*Calendar Quarter-value 1-4*
11-Effective Date	*9(8)*	*49– 56*	*Effective date of fee schedule file*
12-Filler	*X(24)*	*57 - 80*	*Future Use*