CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12233	**Date: August 31, 2023**
	Change Request 13356

SUBJECT: Instructions for Retrieving the January 2024 Medicare Physician Fee Schedule Database (MPFSDB) Files Through the CMS Mainframe Telecommunications System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide instructions for the Medicare contractors to download, test, and implement the annual January MPFSDB update files. In addition, Medicare contractors will need to be prepared to implement up to three revised MPFS payment files for the January update in the event that technical errors are discovered or any other corrections are required.

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 2, 2024

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: The Centers for Medicare & Medicaid Services releases a recurring Change Request (CR) each year for the annual January Medicare Physician Fee Schedule (MPFS) update. This CR provides the Medicare contractors with instructions on how they will receive the file names for downloading, testing, and implementation of the annual January MPFS update. In addition, Medicare contractors will need to be prepared to implement up to three revised January MPFS payment files in the event that technical errors are discovered or any other corrections are required.

B. Policy: Contractors shall follow the instructions for retrieving the annual January MPFS files as stated in Publication 100-04, Chapter 23, Section 30.1.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13356.1	Medicare contractors shall download and test the January 2024 MPFSDB files (including anesthesia) from the CMS mainframe around November 1, 2023.		X							
13356.1.1	The CMS shall notify the contractors when the January 2024 MPFSDB files (including anesthesia) are available for downloading, along with the file names, through an e-mail notification via the Functional Workgroups as soon as the 2024 final rule goes on display (around November 1, 2023).									CMS
13356.2	In the event that corrections are required and replacement January 2024 MPFSDB payment files are issued, contractors shall be prepared to retrieve up to	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	three replacement payment files from the CMS mainframe.									
13356.2.1	The CMS shall notify the contractors when the replacement files are available for retrieval, along with the file names through an e-mail notification via the Part A and Part B Functional Workgroups.									CMS
13356.2.2	Contractors shall be ready to implement any replacement files no later than the January 2, 2024, implementation date of this CR, unless otherwise directed by CMS. (NOTE: Replacement files will not be issued under this CR too far into January, when claims are no longer routinely being held for the January Release. Any revisions after then will need a separate instruction.)	X	X	X						CMS
13356.2.3	Contractors shall post any revised MPFS fees on their websites as soon as possible, but no later than 10 business days after receipt of the files, if replacement files are issued,	X	X	X						
13356.3	Contractors shall notify CMS of successful receipt of the files described in requirement 1, and requirement 2 when replacement files are issued, via e-mail to price_file_receipt@cms.hhs.gov, stating the name of the file received (e.g., Clinical Laboratory Fee Schedule (CLAB), Average Sales Price (ASP), etc.), and the entity for which it was received (i.e., include states, workload numbers, quarter, and if Part A, Part B, or both).	X	X	X						
13356.4	The CMS shall notify the Common Working File (CWF) maintainer via e-mail when the January 2024 MPFSDB files, described in requirement 1 and requirement 2 (when replacement files are issued), are available for downloading, along with the file names for the files below to facilitate duplicate billing edits: 1) Duplicate Radiology editing;									CMS

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	2) Duplicate Diagnostic editing; 3) Pathology editing, and; 4) Relative Value Units (RVU) and payment indicator files.									
13356.4.1	For the new files (and when replacement files are issued), the CWF shall compare the existing files to the new files and install any necessary changes.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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