

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11871	Date: February 23, 2023
	Change Request 13075

SUBJECT: July 2023 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to remind the Medicare contractors that the quarterly update to the HCPCS file is available for them to download. The complete HCPCS file is updated and released quarterly to the Medicare contractors. The file contains existing, new, revised and discontinued HCPCS codes for the July 2023 quarter. Contractors must download the file via the CMS mainframe in June 2023. The recurring update notification applies to chapter 23, section 20 of the Medicare Claims Processing Manual.

EFFECTIVE DATE: July 1, 2023

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

IMPLEMENTATION DATE: July 3, 2023

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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EFFECTIVE DATE: July 1, 2023

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IMPLEMENTATION DATE: July 3, 2023

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 updated HCPCS file containing the HCPCS codes is released quarterly to Medicare contractors via the CMS mainframe telecommunications system. If any adjustments/updates are needed prior to the Change Request effective date, the contractors shall be notified by an email from CMS to the CMS Functional Workgroups. The email will include instructions to implement the adjustments/updates. The alphanumeric index and the table of drugs will also be posted to the CMS website in May 2023. The website address is <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

B. Policy: There is no new policy associated with this change request.

II. BUSINESS REQUIREMENTS TABLE

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

[illegible]

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
13075.3	If any adjustments/updates are needed prior to the Change Request implementation date, such as a corrected HCPCS file, CMS shall notify the contractors by an email from CMS to the CMS Functional Workgroup. The email shall instruct the contractors what action(s) to take to implement the adjustments/updates.	X	X	X	X	X	X		X	CMS, PDAC, VDC
13075.3.1	Contractors shall implement the adjustments/updates to the HCPCS file in accordance with the instructions CMS has sent to the CMS Functional Workgroup.	X	X	X	X	X	X		X	PDAC, VDC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Rebecca Zeller, rebecca.zeller@cms.hhs.gov, Thomas Dorsey, thomas.dorsey@cms.hhs.gov

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0