

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11591	Date: September 8, 2022
	Change Request 12897

SUBJECT: Instructions for Retrieving the January 2023 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, 2023

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

IMPLEMENTATION DATE: January 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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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			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12897.1	Medicare contractors shall download and test the January 2023 MPFSDB files (including anesthesia) from the CMS mainframe around November 1, 2022.		X								
12897.1.1	The CMS shall notify the contractors when the January 2023 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 2023 final rule goes on display (around November 1, 2022).										CMS
12897.2	In the event that corrections are required and replacement January 2023 MPFSDB payment files are	X	X	X							

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	
	1) Duplicate Radiology editing; 2) Duplicate Diagnostic editing; 3) Pathology editing, and; 4) Relative Value Units (RVU) and payment indicator files.									
12897.4.1	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			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:

"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

Pre-Implementation Contact(s): Julie Rauch, 410-786-8932 or julie.rauch@cms.hhs.gov , Kathleen Kersell, 410-786-2033 or kathleen.kersell@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