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# CMS Manual System

## Pub. 100-20 One-Time Notification

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 22

Date: NOVEMBER 21, 2003

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**CHANGE REQUEST 2950**

**I. SUMMARY OF CHANGES:** This instruction clarifies the supporting information found in Section III.A. of Transmittal B-03-059. Transmittal B-03-059 stated to “delete all previous periods except for the October 2004 file that contains the previous year’s prices to be used for claims before January 1, 2005 and begin adding new periods as they are released”. The SDP dates of service have also been changed.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2004**

**\*IMPLEMENTATION DATE: January 5, 2004**

*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.*

### **II. CHANGES IN MANUAL INSTRUCTIONS:**

**(R = REVISED, N = NEW, D = DELETED)**

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
N/A	

### **III. FUNDING: \*Medicare contractors only:**

**These instructions should be implemented within your current operating budget.**

### **IV. ATTACHMENTS:**

	<b>Business Requirements</b>
	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
<b>X</b>	<b>One-Time Notification</b>

# One-Time Notification

Pub. 100-20	Transmittal: 22	Date: November 21, 2003	Change Request 2950
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**SUBJECT: Clarification to Transmittal B-03-059 (CR 2755) - Minimum Number of Pricing Files That Must Be Maintained Online for Medicare Single Drug Pricer (SDP)**

## I. GENERAL INFORMATION

**A. Background:** CMS has historically mandated that a minimum of two pricing files be maintained for systematically pricing services. The accuracy of Medicare Part B drug pricing is, in part, dependent on the number of pricing files maintained/utilized online within carrier claims processing systems. When these pricing methodologies were implemented, CMS did not specify requirements for a minimum number of online pricing files that should be maintained by carrier claims processing systems. With the implementation of Transmittal B-03-007 (CR 2460) the carriers now maintain five online pricing files for determining approved charges for Part B physician fee schedule.

**B. Policy:** This instruction clarifies the supporting information found in Section III.A. of Transmittal B-03-059. Transmittal B-03-059 stated to “delete all previous periods except for the October 2004 file that contains the previous year’s prices to be used for claims before January 1, 2005 and begin adding new periods as they are released”. The SDP dates of service have also been changed. The revised language is stated in the business requirements section of this instruction.

**NOTE:** The multiple pricing periods created by Transmittal B-03-007 (CR 2460) should not be used to handle the multiple pricing periods for Single Drug Pricer.

**C. Provider Education:** None.

## II. BUSINESS REQUIREMENTS

*“Shall” denotes a mandatory requirement*

*“Should” denotes an optional requirement*

Requirement #	Requirements	Responsibility
1.1	When the January file is released add another period for January 1, 2004 ( <b>for dates of service 01/01/04 through 03/31/04</b> ). When the April file is released add another period for April 1, 2004 ( <b>for SDP dates of service 04/01/04 through 06/30/04</b> ). When the July file is released add a period beginning July 1, 2004 ( <b>for SDP dates of service 07/01/04 through 09/30/04</b> ). Add a new period when the October 2004 file is released beginning October 1, 2004	Carrier SSMS

	( for SDP dates of service 10/01/04 through 12/31/04). When the January 2005 file is released add a new period beginning January 1, 2005 (for dates of service 01/01/05 through 03/31/05). The standard systems must maintain a minimum of five online pricing files (a current period and four prior period files).	
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### III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

### IV. SCHEDULE, CONTACTS, AND FUNDING

<p><b>Effective Date:</b> January 1, 2004</p> <p><b>Implementation Date:</b> January 5, 2004</p> <p><b>Pre-Implementation Contact(s):</b> Angie Costello at 410-786-1554 or acostello@cms.gov.</p> <p><b>Post-Implementation Contact(s):</b> Angie Costello at 410-786-1554 or acostello@cms.gov.</p>	<p><b>These instructions should be implemented within your current operating budget.</b></p>
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