

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12818</b>	<b>Date: August 30, 2024</b>
	<b>Change Request 13728</b>

**SUBJECT: American Dental Association (ADA) Paper Claims in the Medicare Adjudication Portal (MAP) for 837D Dental Claims**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to inform contractors of the changes to the MAP system related to manual entry or paper claims.

**EFFECTIVE DATE: October 7, 2024**

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

**IMPLEMENTATION DATE: October 7, 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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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:**

**One Time Notification**



Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13728.2.2	The contractor shall prompt the MAC when required fields are missing and let them know that the claim cannot be processed because it has missing information.		X							Dental - MAP
13728.3	The contractor shall execute all adjudication edits for the manually entered paper claim.									Dental - MAP
13728.4	The contractor shall ensure the manually entered claim is processed as a paper claim, and all paper claim rules are applied.									Dental - MAP
13728.5	The MAP system shall transmit adjustments for dental claims to HIGLAS (through the Multi-Carrier System (MCS)) with the following Internal Control Number (ICN) format.  PPEEYNNNJJSSS, where:  <b>EE - Mode of Entry: 01 - paper claim</b>									Dental - MAP
13728.6	The contractor shall ensure the appropriate messages to the beneficiary and provider are generated.		X							Dental - MAP
13728.7	The contractor shall indicate the claim was a manually entered paper claim in MAP for the MACs to view.									Dental - MAP
13728.8	The contractor shall allow the MAC to enter a document control number in MAP.		X							Dental - MAP
13728.9	The contractor shall allow the MAC to enter an attachment control number		X							Dental - MAP

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CFW	
	in MAP.									
13728.10	The contractor shall ensure manually entered claims appear in the claim listings with other electronic claims in MAP for that MAC contractor.									Dental - MAP
13728.11	MACs shall begin entry of ADA paper claims in MAP on or after October 7, 2024		X							
13728.11.1	MACs shall accept all 2024 version ADA paper claim forms, with or without the OMB approval number, until 12/31/2025.		X							
13728.11.2	Beginning January 1, 2026, MACs shall return to provider any ADA paper claim forms that do not include the "Approved OMB No. 0938-1471 FORM CMS-10883" notation on the form.		X							
13728.12	MACs shall participate in the Dental System/MAC Weekly Sync Calls to provide feedback on demonstrations of the system updates.		X							Dental - MAP
13728.13	The MAP team shall provide training to the MACs on the new functionality before the start of testing.		X							Dental - MAP
13728.14	The MACs shall test manual entry of ADA paper claims in MAP from end to end during User Acceptance Testing (UAT) for the October Release.		X							
13728.15	The contractors shall note this CR is effective for ADA paper claim forms		X							Dental - MAP

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	with a date of receipt of October 7, 2024, or greater and a date of service January 1, 2024, or greater.									

**IV. PROVIDER EDUCATION TABLE**

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

**V. 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:

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

**VI. CONTACTS**

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

**VII. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**