

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1110	Date: August 3, 2012
	Change Request 7729

Transmittal 1056, dated March 9, 2012, is being rescinded and replaced by Transmittal 1110 to remove a reference in the Policy section to the incorrect letter code associated with MSN 16.71. All other information remains the same.

SUBJECT: Revision of Medicare Summary Notice (MSN) for Non-Competitive Bid Claims

I. SUMMARY OF CHANGES: This CR resolves the issue of the incorrect MSN being displayed for non-competitive bid claims. CMS authorizes the contractors to use MSN message 16.71. This MSN message has been established to reflect the old verbiage for MSN 16.07 (for use with non-NCB claims).

EFFECTIVE DATE: July 1, 2012

IMPLEMENTATION DATE: July 2, 2012

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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – One-Time Notification

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SUBJECT: Revision of Medicare Summary Notice (MSN) for Non-Competitive Bid Claims

EFFECTIVE DATE: July 1, 2012

IMPLEMENTATION DATE: July 2, 2012

I. GENERAL INFORMATION

A. Background:

It has come to the Centers for Medicare & Medicaid Services' (CMS) attention that a Durable Medical Equipment Prosthetic, Orthotic and Supplies National Competitive Bidding (NCB) message, 16.07, is incorrectly displaying on Medicare Summary Notices (MSN) for non-competitive bid claims. The dates of service for the claims in question are prior to the NCB effective date. (This issue has been reported as help desk inquiry number 3363.)

MSN 16.07 currently reads **“Your provider must complete and submit your claim in accordance with DMEPOS Competitive Bidding Program”**. This language was established for beneficiary-submitted NCB claims, effective with the implementation of change request (CR) 7066, entitled “Durable Medical Equipment (DME) National Competitive Bidding (NCB) Implementation- Phase 11E: Remittance Advice (RA) and Medicare Summary Notice (MSN) Messages for Round One.” (See Transmittal 777, issued on September 24, 2010.)

Prior to the implementation of CR 7066, MSN 16.07 read **“Your provider must complete and submit your claim.”**

To resolve the issue of the incorrect MSN being displayed for non-competitive bid claims, CMS authorizes the contractors to use MSN message 16.71. This MSN message has been established to reflect the old verbiage for MSN 16.07 (for use with non-NCB claims).

B. Policy:

Contractors shall update MSN 16.71 with the English/Spanish language below:

MSN 16.71

English: “Your provider must complete and submit your claim.”

Spanish: “Su proveedor debe llenar y presentar su reclamacion.”

Contractors shall use MSN 16.07 (Your provider must complete and submit your claim in accordance with DMEPOS Competitive Bidding Program) for NCB- related claims only, per CR 7066.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
7729.1	<p>Contractors shall use the updated Medicare Summary Notice (MSN) 16.71 that reads as follow (when non-NCB claims are received):</p> <p>English: "Your provider must complete and submit your claim."</p> <p>Spanish: "Su proveedor debe llenar y presentar su reclamacion."</p>		X							
7729.2	<p>Contractors shall use MSN 16.07 (Your provider must complete and submit your claim in accordance with DMEPOS Competitive Bidding Program) for NCB-related claims only, per CR 7066.</p>		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7729.3	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>		X								

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
	None.

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Felicia Rowe, (410) 786-5655 or felicia.rowe@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:

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.