

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1347	Date: SEPTEMBER 28, 2007
	Change Request 5722

Subject: MSN Message: Revised 38.13

I. SUMMARY OF CHANGES: The current message instructs beneficiaries to compare their MSN to their provider bill. It is revised to notify beneficiaries that they may need to pay their provider before receiving their MSN. This General Information message should be printed on the MSN indefinitely.

New / Revised Material

Effective Date: October 29, 2007

Implementation Date: October 29, 2007

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.*

Status	CHAPTER/SECTION/SUBSECTION/TITLE
R	21/50.38/General Information
R	21/90.38/Sección De Información General

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2008 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1347	Date: September 28, 2007	Change Request: 5722
-------------	-------------------	--------------------------	----------------------

SUBJECT: MSN Message: Revised 38.13

Effective Date: October 29, 2007

Implementation Date: October 29, 2007

I. GENERAL INFORMATION

MSN message 38.13 is revised to notify beneficiaries that they may need to pay their provider before receiving their MSN due to the quarterly mailing schedule. This message is effective October 29, 2007 and will remain indefinitely.

A. Background:

Because the quarterly mailing schedule changed, beneficiaries may not be able to wait to compare their MSN to their provider bill. Therefore, they may have to pay their provider before receiving their MSN. This CR was requested by Office of Business Information Systems (OBIS).

B. Policy:

Clarification to message 38.13 is because of quarterly mailing schedule.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I	C A R I E R	D M R R C	R M H R I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
5722.1	<p>Contractors shall print the following revised General Information MSN message 38.13 on the MSN:</p> <p>38.13 – If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than</p>	X	X	X	X	X	X				

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	D M R R C	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C M W F		
	<p>the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.</p> <p>Spanish version shall be revised to read: 38.13 - Si Medicare no le debe pagos o cheques, sus Resúmenes de Medicare (MSN, por sus siglas en inglés) le serán enviados por correo cada 3 meses. Usted no volverá a recibir mensualmente estos Resúmenes de Medicare. A partir de ahora, recibirá cada 90 días un resumen que incluye todas las reclamaciones de Medicare. Sin embargo, podría recibir una factura de su proveedor que debe pagarse antes de recibir su MSN. En este caso, cuando reciba su MSN, verifíquelo para saber si pago más de lo debido. De ser así, llame a su proveedor para pedir un reembolso. Si tiene preguntas sobre la factura del proveedor, favor de llamar a su proveedor de servicios.</p>											

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	D M R R C	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C M W F		
5722.2	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLN MattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. 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 1 week of the availability of the	X	X	X	X	X	X					

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	D M R C	R E H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F		
	provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.											

IV. SUPPORTING INFORMATION

A. Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

B. All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jeannie Wilkerson, jeannie.wilkerson@cms.hhs.gov
Eileen Zerhusen, Eileen.zerhusen@cms.hhs.gov

Post-Implementation Contact(s):
Jeannie Wilkerson, jeannie.wilkerson@cms.hhs.gov
Eileen Zerhusen, Eileen.zerhusen@cms.hhs.gov

VI. FUNDING:

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC):
The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.

50.38 - General Information Section

(Rev. 1347; Issued: 09-28-07; Effective/Implementation Date: 10-29-07)

38.3 - If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

38.4 - You are at high risk for complications from the flu and it is very important that you get vaccinated. Please contact your health care provider for the flu vaccine.

38.5 - If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the vaccine.

38.6 - January is cervical cancer prevention month.

38.7 - The Pap test is the most effective way to screen for cervical cancer.

38.8 - Medicare helps pay for screening Pap tests once every two years.

38.9 - Colorectal cancer is the second leading cancer killer in the United States. However, screening tests can find polyps before they become cancerous. They can also find cancer early when treatment works best. Medicare helps pay for screening tests. Talk to your doctor about the screening options that are right for you.

38.10 - Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

38.12 - Your physician participates in the Competitive Acquisition Program for Medicare Part B drugs (CAP). The drug(s) you received in your physician's office were provided by an approved CAP vendor. You will receive two separate Medicare Summary Notices (MSNs). This MSN is from the Medicare carrier that processes claims for your drug that came from the approved CAP vendor. You will receive another MSN from the Medicare carrier that processes claims for your physician, for the administration of the drug(s). If you appeal the determination for this drug vendor claim, you must send your appeal to the Medicare carrier address listed on the physician administration MSN, and not this vendor claim MSN.

38.13 – If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a

refund. If you have any questions about the bill from your provider, you should call your provider.

38.18 - ALERT: Coverage by Medicare will be limited for outpatient physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT) services for services received on January 1, 2006 through December 31, 2007. The limits are \$1,740 in 2006 and \$1780 in 2007 for PT and SLP combined and \$1,740 in 2006 and \$1780 in 2007 for OT. Medicare pays up to 80 percent of the limits after the deductible has been met. These limits don't apply to certain therapy approved by Medicare or to therapy you get at hospital outpatient departments, unless you are a resident of and occupy a Medicare-certified bed in a skilled nursing facility. If you have questions, please call 1-800-MEDICARE.

90.38 - Sección De Información General

(Rev. 1347; Issued: 09-28-07; Effective/Implementation Date: 10-29-07)

38.3 - Si usted cambia de dirección, por favor comuníquese con la Administración del Seguro Social al 1-800-772-1213.

38.4 - Usted está en alto riesgo para complicaciones de la influenza y es muy importante que usted se vacune. Favor de comunicarse con su proveedor del cuidado de la salud para la vacuna contra la influenza.

38.5 - Si usted no ha recibido su vacuna contra la influenza no es demasiado tarde. Favor de comunicarse con su proveedor del cuidado de la salud sobre recibir la vacuna contra la influenza.

38.6 - El cáncer colorectal es el segundo cáncer principal que ataca en los E.E.U.U. Sin embargo, pruebas de investigación pueden encontrar pólipos antes de que lleguen a ser cancerosos. También pueden encontrar el cáncer temprano cuando el tratamiento trabaja lo mejor posible. Medicare ayuda a pagar por pruebas de investigación. Comuníquese con su doctor sobre las opciones de pruebas de investigación que son apropiadas para usted.

38.7 - Medicare cubre las pruebas de investigación del cáncer colorectal que pueden encontrar pólipos precancerosos en el colon y recto. Los pólipos pueden ser removidos antes de que sean cancerosos. Comuníquese con su doctor sobre hacerse la prueba.

38.8 - Enero es el mes de la prevención del cáncer cervical.

38.9 - La prueba de papanicolao (o prueba pap) es la manera más efectiva de examinar el cáncer cervical.

38.10 - Compare los servicios que usted recibe con los que aparecen en su Resumen de Medicare. Si tiene preguntas, llame a su doctor o proveedor. Si usted cree que se necesita investigar más debido a un posible fraude o abuso, llame al teléfono que aparece en la sección Información de Servicios al Cliente.

38.12 – Su médico participa en el Programa de Adquisición Competitiva para las medicinas cubiertas por la Parte B de Medicare (CAP, por sus siglas en inglés). Las medicinas que usted recibió en la oficina de su médico fueron provistas por un suplidor autorizado del CAP. Usted recibirá dos Resúmenes de Medicare por separado. Este Resumen es de la empresa de seguros Medicare que procesa las reclamaciones de sus medicinas provistas por el suplidor autorizado del CAP. Usted recibirá otro Resumen de la empresa de seguros Medicare que procesa las reclamaciones de su médico, por el suministro de sus medicinas. Si usted apela la decisión de esta reclamación del suplidor de medicinas, debe enviar la apelación a la empresa de seguros Medicare que se menciona en el Resumen de la reclamación de su médico y no a la dirección que aparece en este Resumen.

38.13 - *Si Medicare no le debe pagos o cheques, sus Resúmenes de Medicare (MSN, por sus siglas en inglés) le serán enviados por correo cada 3 meses. Usted no volverá a recibir mensualmente estos Resúmenes de Medicare. A partir de ahora, recibirá cada 90 días un resumen que incluye todas las reclamaciones de Medicare. Sin embargo, podría recibir una factura de su proveedor que debe pagarse antes de recibir su MSN. En este caso, cuando reciba su MSN, verifíquelo para saber si pago más de lo debido. De ser así, llame a su proveedor para pedir un reembolso. Si tiene preguntas sobre la factura del proveedor, favor de llamar a su proveedor de servicios.*

38.18 - ALERTA: La cobertura de Medicare estará limitada para los servicios de terapia física ambulatoria (PT, por sus siglas en inglés), terapia de patología del habla (SLP, por sus siglas en inglés), y terapia ocupacional (OT) si son recibidos entre el 1 de enero de 2006 y el 31 de diciembre de 2007. Estos límites son \$1,740 en 2006 y \$1780 en 2007 para PT y SLP combinados y \$1,740 en 2006 y \$1780 en 2007 para OT. Medicare paga hasta 80 por ciento de los límites después que se haya pagado el deducible. Estos límites no se aplican a cierta terapia aprobada por Medicare ni a terapia que usted obtenga en los departamentos de hospital para paciente ambulatorio, a menos que usted sea un residente y ocupe una cama certificada por Medicare en un centro de enfermería especializada. Si tiene preguntas, por favor llame GRATIS al 1-800-MEDICARE.