CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 341	Date: May 16, 2008
	Change Request 5975

SUBJECT: Update the Medicare Secondary Payer Payment (MSPPAY) Module to Accommodate the Medicare Part A Claims Expansion

I. SUMMARY OF CHANGES: Update and recompile the MSPPAY software for all fields that have S9(7)V99 to S9(9)V99 to be in compliance with the 837V5010 and the ICD-10.

New / Revised Material Effective Date: July 1, 2008

Implementation Date: September 8, 2008

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

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):

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

SUBJECT: Update the Medicare Secondary Payer Payment (MSPPAY) Module to Accommodate the Medicare Part A Claims Expansion

Effective Date: July 1, 2008

Implementation Date: September 8, 2008

I. GENERAL INFORMATION

- **A. Background**: The Part A shared system is being updated to accommodate the claims payment field expansion. This is due in part to the upcoming transition to the Electronic Data Interchange Health Care Claim Institutional 837 version 5010 and the update to the ICD-10. CMS is updating and recompiling the MSPPAY software for all fields that have S9(7)V99 to S9(9)V99 to be in compliance with the 837V5010 and the ICD-10. The update will ensure that MSP claims are adjudicated and calculated appropriately in the Part A shared systems and in MSPPAY.
- **B. Policy:** MSPPAY must process MSP claims in accordance with the Medicare claims processing procedures.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable									
		column)									
		A	D	F	C	C R Shared-System			m	OTHER	
		/	M	I	Α	Н					
		В	Е		R	Н	F	M	V	C	
					R	I	I	C	M	W	
		M	M		I E		S	S	S	F	
		A C	A C		R		S				
5975.1	CMS shall update and recompile the MSPPAY software	X		X		X	X				
	for all fields that have S9(7)V99 to S9(9)V99 to be in										
	compliance with the 837V5010 and the ICD-10.										
5975.2	CMS shall send the updated MSPPAY software to the	X		X		X	X				
	shared systems for testing and implementation. Part A										
	contractors shall test MSP claims with the MSPPAY										
	software as deemed necessary.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	O F C R Shared-Syste					Syste	m	OTHER
		/	M	I	Α	H Maintainers					
		В	Е		R	Н	F	M	V	С	
					R	I	I	C	M	W	
		M	M		I		S	S	S	F	
		Α	Α		Е		S				
		C	C		R						
	None.										

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Richard.Mazur@cms.hhs.gov (410) 786-1418

Post-Implementation Contact(s): Richard.Mazur@cms.hhs.gov (410) 786-1418

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs):

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):

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.