CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13380	**Date: August 21, 2025**
	Change Request 14138

SUBJECT: Changing the Frequency of No-Pay Medicare Summary Notice (MSN) Mailings from Every 120 Days to Every 180 Days

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to change the frequency of MSN mailings from every 120 days to every 180 days, in order to conserve funding.

EFFECTIVE DATE: January 1, 2026
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 5, 2026

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
R	21/10/General Medicare Summary Notices (MSN) Requirements
R	21/10/10.1/General Requirements for the MSN

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:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 13380	Date: August 21, 2025	Change Request: 14138

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EFFECTIVE DATE: January 1, 2026
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I.   SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to change the frequency of MSN mailings from every 120 days to every 180 days, in order to conserve funding.

II.   GENERAL INFORMATION

A.   Background: The purpose of this Change Request (CR) is to change the frequency of the MSN mailings from every 120 days to every 180 days.

B.   Policy: There is no current policy that prevents this change from being made.

III.   BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14138.1	Contractors shall change the frequency of MSN mailings from every 120 days to every 180 days. This change shall only affect all no-pay batch MSNs, and shall include large print MSNs and all alternate formats, other than electronic. NOTE: CMS accepts that during the first cycling through of zip code ranges, some MSNs may contain less than 180 days of date due to the movement of zip codes into different printing buckets.	X	X	X	X	X	X	X		
14138.1.1	Contractors shall continue to send MSNs monthly to select zip codes currently excluded from the 120-day printing	X	X	X	X	X		X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	process.									
14138.1.2	Contractors shall update the "Claims Processed Between" section on page 1 of all no-pay batch MSNs, including large print and all alternate formats, so it shows a span of 180 days, instead of 120 days.					X	X	X		
14138.2	Contractors shall continue to send electronic MSNs monthly.	X	X	X	X	X	X	X		
14138.2.1	Contractors shall update the "Claims Processed Between" section on page 1 of all electronic MSNs, so it shows a span of one month (28, 29, 30, or 31 days, as appropriate), instead of 120 days.					X	X	X		
14138.3	CMS shall update Chapter 21 of the IOM to reflect the frequency mailing changes for no-pay MSNs.									CMS
14138.4	Contractors shall note this change is effective based on process/implementation date.	X	X	X	X	X		X		
14138.5	DME MACs shall provide the new zip code ranges to VMS via a mainframe TSO file in the attached format, and work with the data centers to ensure that file location is accessible to VMS.				X					
14138.6	Part A A/B MACs shall update online PARM CTLMNZIP with the new zip code ranges/timeframes.	X								
14138.7	Part B A/B MACs shall update MCS with the new zip code ranges/timeframes.		X							
14138.8	Contractors shall note, this CR does not change any processing for undeliverable	X	X	X	X	X		X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	MSNs, duplicate MSNs, or expatriate MSNs.									
14138.9	Contractors shall perform testing for this change request prior to its implementation.	X	X	X	X					

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B, A/B MAC Part HHH, DME MAC

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):
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.

ATTACHMENTS: 1

Medicare Claims Processing Manual
Chapter 21 - Medicare Summary Notices

Table of Contents
(Rev. 13380; Issued: 08-21-25)

Transmittals for Chapter 21

10 - General Medicare Summary Notices (MSN) Requirements
(Rev. 13380; Issued: 08-21-25; Effective: 01-01-26; Implementation: 01-05-26)

Effective July 1, 2002, the MSN is used by all A/B MACs (A), (B), (HHH), and DME MACs.

The MSN is the primary vehicle by which beneficiaries are notified of decisions on their claims for Medicare benefits. The A/B MAC (A), (B), (HHH), or DME MAC mails a single MSN at the end of the month to each beneficiary for whom claim was processed during the month to inform the beneficiary of the disposition of all claims. All MACs shall issue No-Pay MSNs on a *180-day* mailing cycle. MSNs with checks to the beneficiary will continue to be mailed out as processed. To ensure that all messages are uniform throughout the Medicare program, A/B MACs (A), (B), (HHH), and DME MACs may not use locally developed MSN messages until approved by the regional office (RO).

The MSNs are not sent to providers. Providers receive remittance advice records. (See Chapter 22 for instructions about the provider remittance record.)

The MSN contains the following sections or areas:

- Disclaimer;
- Title;
- Claims Information;
- Message; and
- Appeals.

Detailed requirements for completion of each section are included in §10.3. Generally, A/B MAC (A), (B), (HHH), or DME MAC requirements are the same. Where there are differences or where the specific specification applies to only the A/B MAC (B)/DME MAC or to only the A/B MAC (A)/(HHH), the difference is noted in the specific instruction.

Although every attempt has been made to make the MSN as simple as possible, the MSN is sufficiently complex that MACs must maintain continuing training efforts directed at beneficiaries and providers for understanding and interpretation of data on the MSN. Although providers are not mailed copies of MSNs, beneficiaries frequently show MSNs to providers to establish deductible status for provider billing.

10.1 - General Requirements for the MSN
(Rev. 13380; Issued: 08-21-25; Effective: 01-01-26; Implementation: 01-05-26)

A. A/B MAC (A)/(HHH) MSN

The MSN is used to notify Medicare beneficiaries of action taken on A/B MAC (A)/(HHH) processed claims. MSNs are not used by A/B MACs (HHH) for RAPs, and RAP data are not included on the monthly MSN.

The MSN provides the beneficiary with a record of services received and the status of any deductibles. The MSN also informs the beneficiary of appeal rights. The Balanced Budget Act of 1997 requires all Part A benefit notices to include the amount of Medicare payment for each service. A/B MACs (A) and (HHH), must furnish an MSN to all beneficiaries for whom claims are filed during the month unless the situation is specifically excluded by other manual instructions. MACs shall issue No-Pay MSNs on a *180-day* mailing cycle. MSNs with a payment check to the beneficiary shall continue to be mailed out as processed. No-pay MSNs are defined as those MSNs which do not require payment to the beneficiary for the respective claim(s).

The MSN replaced the following documents:

- Form CMS-1533, Part A Medicare Benefit Notice, also known as the Part A Notice of Utilization (NOU) sent for inpatient services;

- Form CMS-1954, Benefit Denial Letter (BDL), sent for partially denied claims; and

- Form CMS-1955, BDL sent for totally denied claims.

Since CMS eliminated BDLs, Medicare beneficiaries receive the information previously conveyed on BDLs through narrative messages contained on the MSN. Providers no longer receive a separate written notification or copy of the BDL. Providers must utilize the coding information (e.g., ANSI Reason Codes) conveyed on the financial remittance advice to ascertain reasons associated with Medicare claims determinations affecting payment and applicable appeal rights and/or appeals information.

Field Name	Starting Position	Ending Position	Length	Attributes	Sample	Valid Values and Notes
Cycle Number	1	2	2	Numeric-2	01	Values: 01 - 25
Filler	3	3	1	Alphanumeric-1	N/A	Space fill
Zip Code Range Start	4	8	5	Numeric-5	12345	Values: 00001 - 99999
Filler	9	9	1	Alphanumeric -1	N/A	Space fill
Zip Code Range End	10	14	5	Numeric-5	23456	Values: 00001 - 99999

The conversion process will be forced to abend when/if any of the following conditions are found:

1. If any of the cycle number values are not numeric.
2. If any of the cycle number values are less than 01 or greater than 25.
3. If any of the zip code values are not numeric.
4. If the Zip Code Range Start value is less than the Zip Code Range End value on any record.
5. If the Zip Code Range End value on any record is equal to or greater than the Zip Code Range Start value on the next record.
6. If there is more than 1 record on the file for a given Cycle Number
7. If there aren't records for each Cycle Number

Sample file contents to illustrate the format:

```
01 00001 04999
02 05000 09999
03 10000 14999
04 15000 19999
05 20000 24999
06 25000 29999
07 30000 34999
08 35000 39999
09 40000 44999
10 45000 45999
11 50000 54999
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12 55000 59999
13 60000 64999
14 65000 69999
15 70000 74999
16 75000 79999
17 80000 82999
18 83000 84999
19 85000 85999
20 86000 86999
21 87000 88999
22 89000 91999
23 92000 93999
24 94000 95999
25 96000 97999
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