

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12712</b>	<b>Date: July 11, 2024</b>
	<b>Change Request 13693</b>

**SUBJECT: Accommodating 10-Digit Dollar Amounts on All Part A Medicare Summary Notices (MSNs)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update how 10-digit dollar amounts are displayed on all Part A Medicare Summary Notices (MSNs) so that the entire dollar amount can be shown in the Notes section.

**EFFECTIVE DATE: January 1, 2025**

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

**IMPLEMENTATION DATE: January 6, 2025**

*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/revise 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>
R	21/10/10.3.6/Specifications for Section 3: Claims

**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: 12712	Date: July 11, 2024	Change Request: 13693
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**SUBJECT: Accommodating 10-Digit Dollar Amounts on All Part A Medicare Summary Notices (MSNs)**

**EFFECTIVE DATE: January 1, 2025**

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**IMPLEMENTATION DATE: January 6, 2025**

## I. GENERAL INFORMATION

**A. Background:** The purpose of this Change Request (CR) is to accommodate 10-digit dollar amounts on all Part A Medicare Summary Notices (MSNs) by making use of the See Notes Below functionality on the MSN. Currently, large dollar amounts can cause printing errors on the MSN.

**B. Policy:** There are no policy implications.

## II. 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	
13693.1	Contractors shall, for outpatient, home health, and hospice MSNs, in the Amount Charged, Medicare-Approved Amount, Amount Medicare Paid, and You May Be Billed columns, when service line level amounts exceed 8 digits, display asterisks in the ‘grid portion’ of the MSN with a reference to SEE NOTES BELOW. The full amount shall then be displayed in the note.					X				
13693.1.1	Contractors shall, in the Total for Claim line, for outpatient, home health, and hospice MSNs, in the Amount Charged, Medicare-Approved Amount, Amount Medicare Paid, and You May Be Billed columns, when line level amounts exceed 8 digits, display “See Notes” in the					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	“grid portion” of the MSN with a reference to SEE NOTES BELOW. The full amount shall then be displayed in the note.									
13693.1.2	Contractor shall increase the limit of notes for line items and claim level from 6 to 9.					X				

**III. PROVIDER EDUCATION TABLE**

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

**IV. 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**

**V. CONTACTS**

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

**VI. 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: 0**