

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-05 Medicare Secondary Payer</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 111</b>	<b>Date: November 24, 2015</b>
	<b>Change Request 8486</b>

**Transmittal 111, dated May 8, 2015, is being rescinded and replaced by Transmittal 116, dated November 24, 2015, to add the term “prior” to the Summary of Changes, the Background, the Policy sections and BRs 8486.2, 8486.2.1, 8486.4, 8486.5, 8486.5.1, 8486.5.2, 8486.5.3, 8486.6, 8486.6.1, and modify one section of the IOM. We are re-communicating this transmittal, because we inadvertently sent out transmittal number 111 instead of 116. We apologize for any inconvenience. All other information remains the same.**

**NOTE: This Transmittal is no longer sensitive and is being re-communicated on December 3, 2015. The Transmittal Number, Date of Transmittal and all other information remain the same. This instruction may now be posted on the Internet.**

**SUBJECT: Instructions on Using the Claim Adjustment Segment (CAS) for Medicare Secondary Payer (MSP) Part A CMS-1450 Paper Claims, Direct Data Entry (DDE), and 837 Institutional Claims Transactions**