



Related MLN Matters Article #: MM5070

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New Use of Hospital Issued Notice of Noncoverage (HINN)

Key Words

MM5070, CR5070, R982CP, HINN, LOL, CR3903, R594CP

Provider Types Affected

Providers submitting claims to Medicare Fiscal Intermediaries (FIs) for hospital inpatients services

Key Points

- The effective date of the instruction is September 18, 2006.
- The implementation date is September 18, 2006.
- Limitation of Liability (LOL) notices are required under Section 1879 of the Social Security Act (http://www.ssa.gov/OP_Home/ssact/title18/1879.htm) in order to hold beneficiaries liable for certain noncovered services.
- The HINN is the only LOL notice for fee for-service beneficiaries who are hospital inpatients, but traditionally these notices have only addressed entire hospital stays.
- While there are several different versions of the HINN, none of the current versions adequately address the ability of hospitals to charge their inpatients for certain noncovered services that are severable from the inpatient stay (i.e., not bundled or integral to payment or treatment for the diagnoses/reasons justifying the stay under Medicare policy).
- The ability to charge beneficiaries for such items (medically unnecessary diagnostic and therapeutic services) is codified under the Code of Federal Regulations at 42 CFR 412.42 (d) (<http://www.gpoaccess.gov/cfr/retrieve.htm>).
- The attachment to CR5070 provides model language for a new HINN to fit this specific case, "HINN 11," and instructions for use of this language are also provided. This attachment to CR5070 includes the following major sections:
 - Introduction (HINN 11 Model Language and Instructions)
 - Use of HINN 11
 - Delivery of HINN 11

- Model Language
- Completion of the HINN 11
- Procedures After Signature
- Quality Improvement Organizations (QIOs), which review most other HINNs, will not automatically review this HINN. In this case, QIOs will only exercise medical judgment and review cases related to this new HINN (after services have been delivered) when specifically requested by the:
 - Involved beneficiary;
 - Beneficiary representative; or
 - FI.
- FIs have the discretion to review this HINN for other than inpatient hospital stays if relevant to a claim being reviewed as part of the progressive corrective action process. FIs must include this cost as part of the review of the claim.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5070.pdf>

<http://www.cms.hhs.gov/Transmittals/downloads/R982CP.pdf>

Basic LOL information can be found in the *Medicare Claims Processing Manual* (Publication 100-4, Chapter 30) at <http://www.cms.hhs.gov/manuals/downloads/clm104c30.pdf> on the CMS website.

Information on the HINNs can be found at Section V of the attachment to CR3903 Transmittal 594, dated June 24, 2005 <http://www.cms.hhs.gov/Transmittals/downloads/R594CP.pdf> on the CMS website.

If providers have any questions, they may contact their FI at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.