



MLN Matters®

Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 2617

MLN Matters Number: MM2617

Related CR Release Date: June 25, 2004

Related CR Transmittal #: 298

Effective Date: September 25, 2004

Implementation Date: September 25, 2004

MSN Messages and Reason Codes for Mammography

Note: This article was updated on April 5, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Providers and suppliers who bill for mammography services

Provider Action Needed

Suppliers and providers should note that this article discusses changes in Medicare Summary Notices (MSNs), which are sent to Medicare beneficiaries, and Remittance Advice messages sent to providers and suppliers regarding mammography claims.

Background

Revised instructions for the Medicare Claims Processing Manual have been issued regarding which MSN message and ANSI X-12 835¹ Adjustment Reason Code will be used on the Remittance Advice when Medicare processes mammography claims. The Spanish translation for each new MSN message has also been added to the revised manual.

Remittance Advice Messages

For providers/suppliers who bill carriers, the remittance advice messages will be as follows:

- For claims submitted by a facility not certified to perform digital mammographies, the remittance advice will contain reason code *B6* "This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty," along with remark code *N92* "This facility is not certified for digital mammography."

¹ American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X-12 transactions are part of the *Transactions and Code Sets Rule* selected by HIPAA.

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- For claims submitted by a facility not certified to perform film mammographies, carriers will use existing reason code B6, *"This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty" along with remark code N110 "This facility is not certified for film mammography."*
- For claims that were submitted with an invalid or missing FDA identification number, use existing reason code 16 *"Claim/service lacks information which is needed for adjudication,"* along with remark code MA128 *"Missing/incomplete/invalid six digit FDA approved identification number."*

Additional Information

The Medicare Claims Processing Manual (Pub 100-4), Chapter 18 (Preventive and Screening Services), Section 20 (Mammography Services), Sub-section 20.8 (Beneficiary and Provider Notices), Sub-subsections 20.8.1 (MSN Messages) and 20.8.2 can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf> on the CMS website.

The official instruction issued to your carrier regarding this change may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R298CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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