



Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website.

MLN Matters Number: MM5070

Related Change Request (CR) #: 5070

Related CR Release Date: June 16, 2006

Effective Date: September 18, 2006

Related CR Transmittal #: R982CP

Implementation Date: September 18, 2006

New Use of Hospital Issued Notice of Noncoverage (HINN)

Note: This article was updated on July 12, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

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

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 5070, which introduces model language for a new Hospital Issued Notice of Noncoverage (HINN), specifically HINN 11, and describes its uses with hospital inpatients.



CAUTION – What You Need to Know

CR5070 offers model language for a new HINN that may be used as a liability notice for fee-for-service inpatient hospital beneficiaries who are due to receive specific diagnostic or therapeutic procedures that are separate from treatment covered/paid/bundled into the inpatient stay.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



GO – What You Need to Do

See the *Background* and *Additional Information* sections of this article for further details regarding these changes.

Background

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 Hospital Issued Notice of Noncoverage (HINN) is the only limitation of liability (LOL) notice for fee-for-service beneficiaries who are hospital inpatients, but traditionally these notices have only addressed entire hospital stays.

Note: Basic LOL information can be found in the *Medicare Claims Processing Manual* (Publication 100-4, Chapter 30) at <http://www.cms.gov/Regulations-and-Guidance/Guidance/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.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R594CP.pdf> on the CMS website.

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

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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
- Intermediary

Intermediaries 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. Intermediaries must include this cost as part of the review of the claim.

Additional Information

For complete details, including the revised manual section and model language, please see the official instruction (CR5070) issued to your intermediary regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R982CP.pdf> on the CMS website.

Hospitals may choose to begin using this HINN immediately and need not wait for the September 18, 2006, implementation date.

If you have any questions, please contact your 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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