

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1164</b>	<b>Date: January 18, 2013</b>
	<b>Change Request 8106</b>

**Transmittal 1161, dated December 28, 2012, is being rescinded and replaced by Transmittal 1164 to delete the original BR 8106.2 (which no longer applies), to re-number the business requirements, and to provide contractors with an updated spreadsheet of the new, revised, and discontinued MSN messages. All other information remains the same.**

**SUBJECT: Implementation of New and Revised Medicare Summary Notice (MSN) Messages and Discontinuation of Obsolete MSN Messages**

**I. SUMMARY OF CHANGES:** The Centers for Medicare & Medicaid Services recently undertook a re-design of the Medicare Summary Notice (MSN) – see CR 7676. It was decided that this was an ideal opportunity to revise many of the outdated, complicated, and obsolete MSN messages currently in use. Complicated, difficult to understand MSN messages were revised to plain language messages that can be easily understood by Medicare beneficiaries; information contained in the MSN messages was updated to reflect current policy; messages no longer applicable have been marked obsolete and the use of these messages will cease. New MSN messages that need to be implemented as soon as possible and new MSN messages that need to be implemented at the same time the new MSN design is implemented are also included in this CR.

**EFFECTIVE DATE: February 18, 2013**

**IMPLEMENTATION DATE: February 18, 2013**

*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/revised 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

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

**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 obliged 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:**

##### **One Time Notification**

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

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1164	Date: January 18, 2013	Change Request: 8106
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**SUBJECT: Implementation of New and Revised Medicare Summary Notice (MSN) Messages and Discontinuation of Obsolete MSN Messages**

**EFFECTIVE DATE: February 18, 2013**

**IMPLEMENTATION DATE: February 18, 2013**

## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services recently undertook a re-design of the Medicare Summary Notice (MSN) – see CR 7676. It was decided that this was an ideal opportunity to revise many of the outdated, complicated, and obsolete MSN messages currently in use. Complicated, difficult to understand MSN messages were revised to plain language messages that can be easily understood by Medicare beneficiaries; information contained in the MSN messages was updated to reflect current policy; messages no longer applicable have been marked obsolete and the use of these messages will cease. New MSN messages that need to be implemented as soon as possible and new MSN messages that need to be implemented at the same time the new MSN design is implemented are also included in this CR.

**B. Policy:** Per section 1806(a) of the Social Security Act, CMS is required to provide an MSN (Part A, Part B, and/or DME) to each Medicare beneficiary. Federal agencies are required by the Plain Writing Act of 2010 to use clear language on all documents intended for, or that will be distributed to, the public.

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement.*

Number	Requirement	Responsibility										
		A/B MAC		D M E	F I	C A R I	R H	Shared- System Maintainers				Other
		P a r t  A	P a r t  B					M A C	R I E R	F I S S	M C S	
8106.1	Contractors shall discontinue use of all MSN messages on the attached spreadsheet that are marked “Discontinue use of message. There is no replacement message.”	X	X	X	X	X	X					
8106.2	Contractors shall begin use of “NEW MESSAGE WHICH INCLUDES BOLDING” MSN messages	X	X	X	X	X	X					

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I E R	C A R R I E R	R H I	Shared-System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
	on the attached spreadsheet, which contain some bold text, when their MAC begins implementation of the new MSN design. Contractors shall not begin use of “NEW MESSAGE WHICH INCLUDES BOLDING” MSN messages before they implement the new MSN design.											
8106.3	Contractors shall begin use of the updated versions of all messages on the attached spreadsheet which indicate they have been revised.	X	X	X	X	X	X					

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		D M E M A C	F I E R	C A R R I E R	R H I	Other
		P a r t A	P a r t B					
	None.							

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

## V. CONTACTS

**Pre-Implementation Contact(s):** Scott Schiller, 410-786-4514 or scott.schiller@cms.hhs.gov, Cindy Dickerson, 410-786-7410 or cynthia.dickerson@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

## VI. FUNDING

### **Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:**

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

### **Section B: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

Attachment

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
<b>11.6</b>       <b>Updated for CR8106 re-issue.</b>	We have asked your provider to submit this claim to the proper carrier (intermediary). That carrier (intermediary) is (name and address of carrier, intermediary, or durable medical equipment regional carrier, etc.)	We have asked your provider to submit this claim to the proper Medicare Administrative Contractor (MAC). That MAC is (name and address).  <b>NOTE: Due to different systems' capabilities, DMACs may omit the final sentence in this message, "That MAC is (name and address)," whenever this message is used. Part A and Part B MACs are expected to use the complete message. This instruction also applies to the Spanish translation of the message.</b>	Approx. 136	Le hemos pedido a su proveedor presentar esta reclamación al Contratista Administrativo Medicare (MAC en inglés) apropiado. El MAC es (name and address).	Approx. 153	<b>02/18/2013</b>
<b>13.10</b>	Medicare Part B does not pay for items or services provided by this type of practitioner since our records show that you were receiving Medicare benefits in a skilled nursing facility on this date.	Medicare Part B doesn't pay for items or services provided by this type of healthcare provider since our records show that you were receiving Medicare Part A benefits in a skilled nursing facility on this date.	210	La Parte B de Medicare no paga por artículos o servicios prestados por este tipo de proveedor ya que nuestros registros indican que usted estaba recibiendo los beneficios de la Parte A de Medicare en un centro de enfermería especializada durante esta fecha.	257	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
<b>15.19</b>  <b>Updated for CR8106 re-issue.</b>	<p>A local medical review policy (LMRP) or local coverage determination (LCD) was used when we made this decision. An LMRP/LCD provides a guide to assist in determining whether a particular item or service is covered by Medicare. A copy of this policy is available from your local intermediary or carrier by calling the number in the customer service information box on page one. You can compare the facts in your case to the guidelines set out in the LMRP/LCD to see whether additional information from your physician would change our decision.</p>	<p>Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD.</p>	288	<p>Las Determinaciones Locales de Cobertura (LCDs en inglés) le ayudan a decidir a Medicare lo que está cubierto. Un LCD se usó para su reclamación. Usted puede comparar su caso con la determinación y enviar información de su médico si piensa que puede cambiar nuestra decisión. Para obtener una copia del LCD, llame al 1-800-MEDICARE (1-800-633-4227).</p>	349	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
16.17	Medicare does not pay for these services when they are not given in conjunction with total parenteral nutrition.	Medicare only pays for these services if you get them with total parenteral nutrition.	86	Medicare sólo paga por estos servicios si los recibe con la nutrición parenteral total.	87	02/18/2013
16.18	Service provided prior to the onset date of certified parenteral/enteral nutrition therapy is not covered.	Medicare won't pay for services provided before certified parenteral/enteral nutrition therapy started.	103	Medicare no pagará los servicios recibidos antes del inicio de la nutrición parenteral/enteral autorizada.	106	02/18/2013
16.19	The approved amount of the parenteral/enteral nutrition supply is based on a less extensive level of care for the nature of the diagnosis stated.	The amount Medicare pays for a parenteral/enteral nutrition supply is based on the level of care you need (based on your diagnosis).	132	La cantidad que Medicare paga por el suministro de nutrición parenteral/enteral se basa en el nivel de cuidado que necesite (basado en su diagnóstico).	151	02/18/2013
16.23	This check is for the excess amount you paid toward a prior overpayment.	This check is for the amount you overpaid.	42	Este cheque es por la cantidad que pagó en exceso.	50	02/18/2013
16.37	Please see the back of this notice.	<b>Discontinue use of message. There is no replacement message.</b>				02/18/2013
16.51	This service is not covered prior to July 1, 2001.	<b>Discontinue use of message. There is no replacement message.</b>				02/18/2013

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
16.54	This service is not covered prior to January 1, 2002.	<b>Discontinue use of message. There is no replacement message.</b>				<b>02/18/2013</b>
16.60  <b>Updated for CR8106 re-issue.</b>	Want to see your latest claims? Visit MyMedicare.gov on the web anytime, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.	Want to see your MSN right away? Access your Original Medicare claims directly at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can also order duplicate MSNs, track your preventive services, and print an "On the Go" report to share with your provider.	289	¿Quiere ver su MSN de inmediato? Acceda a sus reclamaciones, si tiene Medicare Original, directamente en www.MiMedicare.gov, por lo general 24 horas después de Medicare procesar la reclamación. También puede ordenar duplicados de MSN, darle seguimiento a sus servicios de prevención, e imprimir un "Informe Inmediato", para compartir con su proveedor.	351	<b>02/18/2013</b>
16.64	IMPORTANT: Starting in March 2010, Medicare will begin to mail Part A and Part B MSNs in the same envelope when possible.	<b>Discontinue use of message. There is no replacement message.</b>				<b>02/18/2013</b>
17.13  <b>Updated for CR8106 re-issue.</b>		<b>This message has been removed from this CR. Message 17.13 is discussed in CR 7891.</b>				

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
18.13	This service is not covered for beneficiaries under 50 years of age.	This service isn't covered for people under 50 years old.	57	Este servicio no está cubierto para las personas menores de 50 años.	68	<b>02/18/2013</b>
18.15	Medicare only covers this procedure for beneficiaries considered to be at high risk for colorectal cancer.	Medicare only covers this procedure for people considered to be at high risk for colorectal cancer.	99	Medicare sólo cubre este procedimiento para las personas con alto riesgo de cáncer colorrectal.	95	<b>02/18/2013</b>
18.19	This service is not covered until after the beneficiary's 50th birthday.	This service isn't covered until after your 50th birthday.	58	Este servicio no está cubierto hasta después de cumplir 50 años.	64	<b>02/18/2013</b>
18.22	This service was denied because Medicare only allows the one-time initial preventive physical exam with an electrocardiogram within the first six months that you have Part B coverage, and only if that coverage begins on or after January 1, 2005.	This service was denied because Medicare only allows the Welcome to Medicare preventive visit within the first 12 months you have Part B coverage.	146	Este servicio fue negado porque Medicare sólo permite la visita preventiva "Bienvenido a Medicare" durante los primeros 12 meses de su inscripción a la Parte B.	160	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
<b>18.24</b>	This service was denied. Medicare doesn't cover an Annual Wellness Visit within the first 12 months of your Medicare Part B coverage. Medicare does cover a one-time initial preventive physical exam ("Welcome to Medicare" physical exam) within the first 12 months of your Medicare Part B coverage.	This service was denied. Medicare doesn't cover an Annual Wellness Visit within the first 12 months of your Medicare Part B coverage. Medicare does cover a one-time Welcome to Medicare preventive visit within the first 12 months.	229	Este servicio fue negado. Medicare no cubre la Visita Anual de Bienestar durante los primeros 12 meses de su inscripción a la Parte B de Medicare. Medicare cubre un servicio preventivo (Bienvenido a Medicare) durante los primeros 12 meses de su inscripción.	257	<b>02/18/2013</b>
<b>21.17</b>	Your provider submitted noncovered charges for which you are responsible.	Your provider submitted noncovered charges. You are responsible for paying these charges.	89	Su proveedor sometió cargos no cubiertos. Usted es responsable por estos cargos.	80	<b>02/18/2013</b>
<b>24.17</b>		<b>24.17 will not be a message. This language has been added to the new MSN as static text. Message #24.17 is, therefore, not in use.</b>				

**Revised MSN Messages - CR 8106 - Reissuance**

<b>Msg. #</b>	<b>Original Text</b>	<b>Revised English Text</b>	<b>Character Count (Eng.)</b>	<b>Revised Spanish Text</b>	<b>Character Count (Span.)</b>	<b>Implementation</b>
<b>24.21</b>  Updated for CR8106 re-issue.		<b>24.21 will not be a message. This language has been added to the new MSN as static text. Message #24.21 is, therefore, not in use.</b>				
<b>24.22</b>  Updated for CR8106 re-issue.	<b>NEW MESSAGE WHICH INCLUDES BOLDING</b>	<b>You can make a difference!</b> Last year, tax-payers saved \$4 billion—the largest sum ever recovered in a single year—thanks in large part to people who came forward and reported suspicious activity.	196	<b>¡Usted puede hacer la diferencia!</b> El año pasado, Medicare les ahorró a los contribuyentes más de \$4 mil millones—la cantidad anual más grande que se haya recuperado de acciones fraudulentas— usted puede ayudar denunciando las actividades sospechosas a Medicare.	261	<b>Concurrent with your MAC's implementation of the new MSN design.</b>
<b>27.10</b>	The documentation indicates that the indicates that the service level of continuous home care was not reasonable and necessary. Therefore, payment will be adjusted to the routine home care rate.	The documentation indicates that the service level of continuous home care wasn't reasonable and necessary. Therefore, payment will be adjusted to the routine home care rate.	175	La documentación indica que el nivel de cuidado continuo no era razonable y necesario. Por lo tanto, el pago va a ser ajustado a la tarifa de cuidado rutinario en el hogar.	173	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
<b>29.18</b>	The amount listed in the “You May Be Billed” column assumes that your primary insurer paid the provider. If your primary insurer paid you, then you are responsible to pay the provider the amount your primary insurer paid to you plus the amount in the “You May Be Billed” column.	If your primary insurer paid you for this claim, you are responsible to pay that amount to your provider plus the amount in the “Maximum You May Be Billed” column.	164	Si su asegurador primario le pagó por esta reclamación, usted es responsable de pagarle esa cantidad y la cantidad en la columna "Máxima Cantidad que Podría ser Facturado" a su proveedor.	189	<b>Concurrent with your MAC's implementation of the new MSN design.</b>
<b>29.19</b>	The amount listed in the “You May Be Billed” column assumes that your primary insurer paid you. If your primary insurer paid the provider, then you only need to pay the provider the difference between the amount charged and the amount the primary insurer paid.	If your primary insurer paid your provider for this claim, you now only need to pay your provider the difference between the amount charged and the amount your primary insurer paid.	181	Si su asegurador primario le pagó a su proveedor por esta reclamación, usted tendrá que pagarle a su proveedor la diferencia entre la cantidad facturada y la cantidad que su asegurador primario pagó.	199	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
29.20	The amount listed in the “You May Be Billed” column assumes that your primary insurer paid you. If your primary insurer paid the provider, then you only need to pay the provider the difference between the amounts the provider agreed to accept and the amount the primary insurer paid.	If your primary insurer paid your provider for this claim, you only need to pay the difference between the amount your provider agreed to accept and the amount your primary insurer paid.	186	Si su asegurador primario le pagó a su proveedor por esta reclamación, usted tendrá que pagar la diferencia entre la cantidad que su proveedor acordó en aceptar y la cantidad que pagó su asegurador primario.	207	<b>02/18/2013</b>
29.21	The amount listed in the “You May Be Billed” column assumes that your primary insurer made no payment for this service. If your primary insurer did make payment for this service, the amount you may be billed is the difference between the amount charged and the primary insurer’s payment.	If your primary insurer made payment on this claim, you may be billed the difference between the amount charged and your primary insurer's payment.	147	Si su asegurador primario pagó por esta reclamación, se le puede cobrar la diferencia entre la cantidad facturada y la cantidad que pagó su asegurador primario.	161	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
29.22	The amount listed in the “You May Be Billed” column assumes that your primary insurer paid you. If your primary insurer paid the provider, then you only need to pay the provider the difference between the amount the provider can legally charge and the amount the primary insurer paid. See note (___) for the legal charge limit.	If your primary insurer paid the provider, you need to pay the provider the difference between the limiting charge amount and the amount the primary insurer paid your provider.	176	Si su asegurador primario le pagó al proveedor por esta reclamación, usted tendrá que pagar la diferencia del cargo límite y la cantidad que su asegurador primario le pagó a su proveedor.	187	<b>02/18/2013</b>
29.32	Medicare’s secondary payment is (\$_____). This is the difference between Medicare’s limiting charge amount of (\$_____ ) and the primary insured’s paid amount of (\$_____ )	Medicare’s secondary payment is (\$_____). This is the difference between Medicare’s limiting charge amount of (\$_____ ) and the primary insurer's paid amount of (\$_____).	Approx. 173	El pago secundario de Medicare es (\$_____). Esta es la diferencia entre la cantidad de (\$____) por el cargo límite de Medicare y la cantidad de (\$____) pagada por su asegurador primario.	Approx. 186	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
<b>31.19</b>	If you do not agree with the Medicare approved amount(s), you may ask for a reconsideration. You must request a reconsideration within 180 days of the date of receipt of this notice. You may present any new evidence which could affect your decision. Call us at the number in the Customer Service block if you need more information about the reconsideration process.	If you disagree with the Medicare-Approved Amount, you may ask for a redetermination within 120 days of receipt of this notice. Call 1-800-MEDICARE if you need information on the redetermination process.	204	Si no está de acuerdo con la cantidad aprobada por Medicare, usted puede solicitar una redeterminación dentro de los 120 días de haber recibido este aviso. Llame al 1-800-MEDICARE si necesita información sobre el proceso de redeterminación.	242	<b>Concurrent with your MAC's implementation of the new MSN design.</b>

**Revised MSN Messages - CR 8106 - Reissuance**

<b>Msg. #</b>	<b>Original Text</b>	<b>Revised English Text</b>	<b>Character Count (Eng.)</b>	<b>Revised Spanish Text</b>	<b>Character Count (Span.)</b>	<b>Implementation</b>
31.5	<p>If you do not agree with the Medicare approved amount(s) and \$100 or more is in dispute (less deductible and coinsurance), you may ask for a hearing. You must request a hearing within 6 months of the date of this notice. To meet the limit you may combine amounts on other claims that have been reviewed. At the hearing, you may present any new evidence which could affect the decision. Call us at the number in the Customer Service block if you need more information about the hearing process.</p>	<p align="center"><b>Discontinue use of message. There is no replacement message.</b></p>				<p align="center"><b>02/18/2013</b></p>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
<b>34.2</b>  <b>Added for CR8106 re-issue.</b>	The amount in the “You May Be Billed” column has been reduced by the amount you paid the provider at the time the services were rendered.	The amount in the "Maximum You May Be Billed" column has been reduced by the amount you paid the provider at the time services were rendered.	141	La cantidad en la columna cantidad máxima que le pueden cobrar ha sido reducida por la cantidad que usted le pagó al proveedor, cuando los servicios fueron prestados.	167	<b>Concurrent with your MAC's implementation of the new MSN design.</b>
<b>34.5</b>  <b>Added for CR8106 re-issue.</b>	The amount owed you is (\$_____). Medicare does not routinely issue checks for amounts under \$1.00. This amount due will be included in your next check. If you want this money issued immediately, please contact us at the address or phone number in the Customer Service Information box.	The amount owed you is (\$_____). Medicare does not routinely issue checks for amounts under \$1.00. This amount due will be included in your next check. If you want this money issued immediately, please call 1-800-MEDICARE (1-800-633-4227).	243	La cantidad que le debemos es (\$_____). Medicare normalmente no imprime cheques por cantidades inferiores a \$1.00. Esta cantidad será incluida en su próximo cheque. Si usted desea esta cantidad inmediatamente, por favor llame al 1-800-MEDICARE (1-800-633-4227).	264	<b>Concurrent with your MAC's implementation of the new MSN design.</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
36.2	<p>It appears that you did not know that we would not pay for this service, so you are not liable. Do not pay your provider for this service. If you have paid your provider for this service, you should submit to this office three things: (1) a copy of this notice, (2) your provider's bill, and (3) a receipt of proof that you have paid the bill. You must file a written request for payment within 6 months of the date of this notice. Future services of this type provided to you will be your responsibility.</p>	<p>You didn't know this service isn't covered so you don't have to pay. If you paid and do not receive a refund from your provider, you have 6 months to send a copy of this notice, your provider's bill, and proof that you paid to the address on the last page of this notice. Future services of this type won't be paid.</p>	315	<p>Usted no sabia que este servicio no está cubierto, por lo tanto no tiene que pagar. Si usted pagó y no recibe un reembolso de su proveedor, tiene 6 meses para enviar una copia de ésta notificación, la factura del proveedor y, el recibo o prueba de que pagó a la dirección en la última página de esta notificación. No se pagarán servicios de este tipo en el futuro.</p>	367	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
36.3	Your provider has been notified that you are due a refund if you paid for this service. If you do not receive a refund from the provider within 30 days from your receipt of this notice, please write our office and include a copy of this notice. Your provider has the right to appeal this decision, which may change your right to a refund.	Your provider was told that you're owed a refund for this service. If you don't get a refund within 30 days of getting this notice, send a copy of this notice to the address on the last page. Refunds may be delayed if your provider appeals this decision.	254	Se le notificó a su proveedor su derecho a un reembolso por este servicio. Si no recibe un reembolso dentro de los 30 días de recibir esta notificación, envíe una copia de esta notificación a la dirección en la última página. Su reembolso se puede demorar si su proveedor apela esta decisión.	296	<b>Concurrent with your MAC's implementation of the new MSN design.</b>
36.4	This payment refunds the full amount you paid to your provider for the services previously processed and denied. You are entitled to this refund because your provider did not tell you in writing before providing the service(s) that Medicare would not pay for the denied service (s). In the future, you will have to pay for this service when it is denied.	You are getting a refund because your provider didn't tell you in writing that Medicare wouldn't pay for this service. In the future, you will have to pay for the service.	172	Usted está recibiendo un reembolso porque su proveedor no le dijo por escrito que Medicare no paga por este servicio. En el futuro, usted tendrá que pagar por el servicio.	171	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
36.5	This payment refunds the full amount you are entitled to for services previously processed and reduced. You are entitled to this refund because your provider did not tell you in writing before providing the service (s) that Medicare would approve it at a lower amount. In the future, you will have to pay for the service as billed when it is reduced.	You are getting a refund because your provider didn't tell you in writing that Medicare would approve a reduced level/amount of services. In the future, you will have to pay for the service.	191	Usted está recibiendo un reembolso porque su proveedor no le informó por escrito que Medicare aprueba una cantidad reducida de los servicios. En el futuro, usted tendrá que pagar por el servicio.	195	<b>02/18/2013</b>
36.6	Medicare is paying this claim, this time only, because it appears that neither you nor the provider knew that the service(s) would be denied. Future services of this type provided to you will be your responsibility.	Medicare is paying this claim, this time only, because it appears that neither you nor the provider knew that the service(s) would be denied. You will have to pay for future services of this type.	196	Medicare está pagando esta reclamación, esta vez, porque parece que ni usted ni el proveedor sabían que el servicio sería denegado. En el futuro, usted tendrá que pagar por los servicios de este tipo.	200	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
37.8	Coinsurance amount includes outpatient mental health treatment limitation.	This coinsurance amount reflects the amount that you are required to pay for outpatient mental health treatment services under the Medicare program.	148	Esta cantidad refleja el coseguro que usted está obligado a pagar por los servicios de salud mental para pacientes ambulatorios bajo el programa de Medicare.	157	<b>02/18/2013</b>
38.10 <b>Added for CR8106 re-issue.</b>	Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.	Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call 1-800-MEDICARE (1-800-633-4227).	255	Compare los servicios que usted recibe con los que aparecen en su Resumen de Medicare. Si tiene preguntas, llame a su doctor o proveedor. Si usted cree que se necesita investigar más debido a un posible fraude o abuso, llame al 1-800-MEDICARE (1-800-633-4227).	260	<b>Concurrent with your MAC's implementation of the new MSN design.</b>
38.11 <b>Added for CR8106 re-issue.</b>	January - Cervical Health January is cervical health month. The Pap test is the most effective way to screen for cervical cancer. Medicare helps pay for screening Pap tests every two years. For more information on Pap tests, call your Medicare carrier.  January – National Glaucoma	<b>Discontinue use of message. There is no replacement message.</b>				<b>Concurrent with your MAC's implementation of the new MSN design.</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
38.12	<p>Your physician participates in the Competitive Acquisition Program for Medicare Part B drugs (CAP. The drug(s) you received in your physician's office were provided by an approved CAP vendor. You will receive two separate Medicare Summary Notices (MSNs). This MSN is from the Medicare carrier that processes claims for your drug that came from the approved CAP vendor. You will receive another MSN from the Medicare carrier that processes claims for your physician, for the administration of the drug(s). If you appeal the determination for this drug vendor claim, you must send your appeal to the Medicare carrier address listed on the physician administration MSN, and not this vendor claim MSN.</p>	<p>If you appeal this drug claim determination, send it to the Medicare contractor who processed your doctor's claim for giving you the drug.</p>	138	<p>Si usted apela la decisión de la reclamación para este medicamento, envíesela al contratista de Medicare que procesó la reclamación de su médico por recetarle el medicamento.</p>	174	<b>02/18/2013</b>

**Revised MSN Messages - CR 8106 - Reissuance**

<b>Msg. #</b>	<b>Original Text</b>	<b>Revised English Text</b>	<b>Character Count (Eng.)</b>	<b>Revised Spanish Text</b>	<b>Character Count (Span.)</b>	<b>Implementation</b>
38.13	<p>If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.</p>	<p align="center"><b>Discontinue use of message. There is no replacement message.</b></p>				<p align="center"><b>02/18/2013</b></p>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
38.14	Have limited income? Social Security can help with prescription drug costs. For more information on who can get extra help with prescription drug costs and how to apply, visit <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a> on the web or call 1-800-772-1213. TTY users should call 1-800-325-0778.	Have limited income? Social Security can help with prescription drug costs. For more information on Extra Help with prescription drug costs and how to apply, visit <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a> on the web or call 1-800-772-1213. TTY users should call 1-800-325-0778.	261	¿Tiene ingresos limitados? El Seguro Social puede ayudar con los gastos de medicamentos recetados. Para obtener más información sobre la ayuda adicional con los costos de medicamentos recetados y cómo aplicar, visite <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a> o llame al 1-800-772-1213. Los usuarios de TTY deben llamar al 1-800-325-0778.	318	<b>02/18/2013</b>

**Revised MSN Messages - CR 8106 - Reissuance**

<b>Msg. #</b>	<b>Original Text</b>	<b>Revised English Text</b>	<b>Character Count (Eng.)</b>	<b>Revised Spanish Text</b>	<b>Character Count (Span.)</b>	<b>Implementation</b>
38.18	<p>ALERT: Coverage by Medicare will be limited for outpatient physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT) services for services received on January 1, 2006 through December 31, 2007. The limits are \$1,740 in 2006 and \$1780 in 2007 for PT and SLP combined and \$1,740 in 2006 and \$1780 in 2007 for OT. Medicare pays up to 80 percent of the limits after the deductible has been met. These limits don't apply to certain therapy approved by Medicare or to therapy you get at hospital outpatient departments, unless you are a resident of and occupy a Medicare-certified bed in a skilled nursing facility. If you have questions, please call 1-800-MEDICARE.</p>	<p>&gt;&gt;&gt;&gt; <b>Continued from previous column.</b></p> <p>Beneficiaries needing or receiving home health care may qualify for the new Home Health Independence Demonstration and have the freedom to leave home more often while remaining eligible for Medicare home health services. To qualify, you must meet several criteria, have a permanent disabling condition, and live in Colorado, Massachusetts, or Missouri.</p> <p>For more information, ask your home health agency about the "Home Health Independence Demonstration"; call 1(800) MEDICARE (1-800-633-4227); or visit our website at: <a href="http://www.cms.hhs.gov/researchers/demos/homehealthindependence.asp">www.cms.hhs.gov/researchers/demos/homehealthindependence.asp</a></p>		<p align="center"><b>Discontinue use of message. There is no replacement message.</b></p>		<p align="center"><b>02/18/2013</b></p>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
38.18	<p>ALERT: Coverage by Medicare will be limited for outpatient physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT) services for services received on January 1, 2006 through December 31, 2007. The limits are \$1,740 in 2006 and \$1780 in 2007 for PT and SLP combined and \$1,740 in 2006 and \$1780 in 2007 for OT. Medicare pays up to 80 percent of the limits after the deductible has been met. These limits don't apply to certain therapy approved by Medicare or to therapy you get at hospital outpatient departments, unless you are a resident of and occupy a Medicare-certified bed in a skilled nursing facility. If you have questions, please call 1-800-MEDICARE.</p>	<p><b>Discontinue use of message. There is no replacement message.</b></p>				<p><b>02/18/2013</b></p>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
<b>38.20</b>	You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.	You have the right to request an itemized statement which details each Medicare item or service you have received from a physician, hospital, or any other healthcare provider or supplier. Contact your provider to get an itemized statement.	239	Usted tiene derecho a solicitar una declaración detallada la cual especifica cada servicio o artículo de Medicare que recibió de su médico, hospital, o de cualquier otro suplidor o proveedor de la salud. Por favor, comuníquese con ellos directactamente para obtener una declaración detallada.	292	<b>02/18/2013</b>
<b>38.23</b>	Save tax dollars by getting your "Medicare and You" handbooks by email. Visit <a href="http://www.mymedicare.gov">www.mymedicare.gov</a> to sign up before May 31. Save tax dollars by getting your "Medicare and You" handbooks by email. Visit <a href="http://www.mymedicare.gov">www.mymedicare.gov</a> to sign up before May 31.	Save tax dollars by getting your "Medicare & You" handbook electronically. Visit <a href="http://www.mymedicare.gov">www.mymedicare.gov</a> to sign up.	112	Ahorre dinero de los contribuyentes recibiendo su manual "Medicare y Usted" electrónicamente. Visite <a href="http://www.mimedicare.gov">www.mimedicare.gov</a> para inscribirse.	137	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
38.24	Please have your complete Medicare number with you when you call so your record can be located. For your protection this MSN does not include your entire number.	Please have your complete Medicare number with you when you call so your record can be located. To protect your privacy, this MSN doesn't include your entire number.	166	Por favor tenga a mano su número de Medicare cuando llame para poder localizar su archivo. Para proteger su privacidad, este MSN no incluye su número completo.	159	<b>02/18/2013</b>
38.27	<b>NEW MESSAGE WHICH INCLUDES BOLDING</b>	<b>Get a pneumococcal shot.</b> You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.	200	<b>Aplíquese la vacuna neumocócica.</b> Tal vez la necesita una vez en su vida. Hable sobre la vacuna con su médico. Usted no tiene que pagar por ella si su médico acepta la asignación.	178	<b>Concurrent with your MAC's implementation of the new MSN design.</b>

**Revised MSN Messages - CR 8106 - Reissuance**

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
38.28	<b>NEW MESSAGE WHICH INCLUDES BOLDING</b>	Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.	134	La detección temprana es su mejor protección. Haga hoy mismo una cita para la mamografía y recuerde que Medicare le ayuda a pagar por ella.	139	Concurrent with your MAC's implementation of the new MSN design.
38.3	If you change your address, contact the Social Security Administration by calling 1-800-772-1213.	<b>Discontinue use of message. There is no replacement message.</b>				Concurrent with your MAC's implementation of the new MSN design.
38.31	<b>NEW MESSAGE WHICH INCLUDES BOLDING</b>	To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.	108	<b>Cambio de domicilio.</b> Para informar sobre un cambio de domicilio llame al Seguro Social al 1-800-772-1213. Los usuarios de TTY deben llamar al 1-800-325-0778.	157	Concurrent with your MAC's implementation of the new MSN design.

**Revised MSN Messages - CR 8106 - Reissuance**

<b>Msg. #</b>	<b>Original Text</b>	<b>Revised English Text</b>	<b>Character Count (Eng.)</b>	<b>Revised Spanish Text</b>	<b>Character Count (Span.)</b>	<b>Implementation</b>
<b>38.32</b>  Added for CR8106 re-issue.	<b>NEW MESSAGE WHICH INCLUDES BOLDING</b>	<b>Welcome to your new Medicare Summary Notice!</b> It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!	297	<b>¡Bienvenido al nuevo Resumen de Medicare!</b> Ahora con un vocabulario más claro, en letra más grande y con un resumen personalizado sobre sus reclamos y deducibles. Este resumen mejorado le explica cómo obtener respuestas a sus preguntas, denunciar el fraude o solicitar una apelación. Además, incluye información importante sobre Medicare!	337	<b>Concurrent with your MAC's implementation of the new MSN design.</b>
<b>38.4</b>	You are at high risk for complications from the flu and it is very important that you get vaccinated. Please contact your health care provider for the flu vaccine.	You're at high risk for complications from the flu and it's very important that you get vaccinated. Please contact your healthcare provider about getting the flu vaccine.	170	Usted está en alto riesgo para complicaciones de la gripe y es muy importante que se vacune. Favor de comunicarse con su proveedor del cuidado de la salud sobre como recibir la vacuna contra la gripe.	201	<b>02/18/2013</b>
<b>38.5</b>	If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the vaccine.	If you haven't gotten your flu vaccine, it isn't too late. Please contact your health care provider about getting the vaccine.	126	Si usted no ha recibido su vacuna contra la gripe, no es demasiado tarde. Favor de comunicarse con su proveedor del cuidado de la salud sobre como recibir la vacuna contra la gripe.	182	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
<b>38.9</b>	Colorectal cancer is the second leading cancer killer in the United States. However, screening tests can find polyps before they become cancerous. They can also find cancer early when treatment works best. Medicare helps pay for screening tests. Talk to your doctor about the screening options that are right for you.	Colorectal cancer is the second leading cancer killer in the United States. Medicare helps pay for screening tests that can find polyps before they become cancerous and find cancer early when treatment may work best. Medicare helps pay for screening tests. Talk to your doctor about the screening options that are right for you.	328	El cáncer colorectal es el segundo cáncer principal que ataca en los Estado Unidos. Medicare le ayuda a pagar por las pruebas de detección que pueden encontrar pólipos antes de que lleguen a ser cancerosos y, encontrar el cáncer temprano cuando el tratamiento puede trabajar mejor. Hable con su médico sobre las opciones que son mejor para usted.	346	<b>02/18/2013</b>
<b>4.11</b> <b>Added for CR8106 re-issue.</b>	The amount listed in the “You May Be Billed” column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.	The amount listed in the “Maximum You May Be Billed” column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.	197	La cantidad que aparece en la columna "Cantidad máxima que le pueden cobrar" está basada en la cantidad aprobada por Medicare. Usted no es responsable por la diferencia entre la cantidad facturada y la cantidad aprobada.	221	<b>Concurrent with your MAC's implementation of the new MSN design.</b>
<b>41.11</b>	Doctor's orders were incomplete.	The doctor's orders for home health services were incomplete.	61	Las instrucciones del médico para los servicios de salud en el hogar estaban incompletas.	89	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
41.12	The provider has billed in error for items/services according to the medical record.	According to the medical record, the provider has billed in error for these items/services.	91	De acuerdo al expediente médico, el proveedor facturó por error por estos artículos/servicios.	94	02/18/2013
41.15	The information shows that you can do your own personal care.	The information provided indicates that you are able to perform personal care activities on your own.	101	La información proporcionada indica que usted puede hacerse cargo de su cuidado personal.	89	02/18/2013
41.2	This service must be performed by a nurse with the required psychiatric nurse credentials.	This service must be performed by a nurse who has the required psychiatric nurse credentials.	93	Este servicio debe ser desempeñado por una enfermera psiquiátrica que tiene los credenciales requeridos.	104	02/18/2013
41.4	This item is not considered by Medicare to be appropriate for home use.	Medicare considers this item to be inappropriate for home use.	62	Medicare considera que este artículo inadecuado para el uso en el hogar.	72	02/18/2013
41.7	This item is not considered by Medicare to be a prosthetic and/or orthotic device.	<b>Discontinue use of message. There is no replacement message.</b>				02/18/2013
41.8	Based on the information provided, your illness or injury did not prevent you from leaving your home unaided.	The information provided indicates that your illness or injury doesn't restrict your ability to leave your home, except with the assistance of another individual or the aid of a supportive device (such as crutches, a cane, a wheelchair, or a walker).	250	La información proporcionada indica que su lesión o enfermedad no limita su habilidad para dejar su hogar, excepto con la ayuda de otra persona o la ayuda de un dispositivo de apoyo (tales como muletas, un bastón, una silla de ruedas o un andador).	248	02/18/2013

**Revised MSN Messages - CR 8106 - Reissuance**

<b>Msg. #</b>	<b>Original Text</b>	<b>Revised English Text</b>	<b>Character Count (Eng.)</b>	<b>Revised Spanish Text</b>	<b>Character Count (Span.)</b>	<b>Implementation</b>
<b>60.10</b>	Even though this service is being paid in accordance with the rules and guidelines under the Competitive Bidding Demonstration, future claims may be denied when this item is provided to this patient by a non-demonstration supplier. If you would like more information regarding this project, you may contact 1-888-289-0710.	<b>Discontinue use of message. There is no replacement message.</b>				<b>02/18/2013</b>
<b>60.12</b>	Your co-payment under this demonstration is the lesser of 20% of the Medicare allowed amount or 20% of the allowed amount under your drug discount card.	<b>Discontinue use of message. There is no replacement message.</b>				<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
60.15	Beginning April 1, 2005 through March 31, 2007, Medicare will cover additional chiropractic services. For more information, talk to your chiropractor, call 1-800-MEDICARE, or go to <a href="http://www.cms.hhs.gov/researchers/demos/eccs/default.asp">http://www.cms.hhs.gov/researchers/demos/eccs/default.asp</a> .	<p><b>Discontinue use of message.</b>  <b>There is no replacement message.</b></p>				02/18/2013
60.2	The total Medicare approved amount for your hospital service is (\$_____). (\$_____ ) is the Part A Medicare amount for hospital services and (\$_____ ) is the Part B Medicare amount for physician services (of which Medicare pays 80 percent). You are responsible for any deductible and coinsurance amounts represented.	<p><b>Discontinue use of message.</b>  <b>There is no replacement message.</b></p>				02/18/2013

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
60.6	A claim has been submitted on your behalf indicating that you are participating in the Medicare Coordinated Care Demonstration project. However, our records indicate that you are not currently enrolled or your enrollment has not yet been approved for the demonstration.	<b>Discontinue use of message. There is no replacement message.</b>				<b>02/18/2013</b>
60.7	A claim has been submitted on your behalf indicating that you are participating in the Medicare Coordinated Care Demonstration project. However, our records indicate that either you have terminated your election to participate in the demonstration project or the dates of service are outside the demonstration participation dates.	<b>Discontinue use of message. There is no replacement message.</b>				<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
60.9	Our records indicate that this patient began using this service(s) prior to the current round of the DMEPOS Competitive Bidding Demonstration. Therefore, the approved amount is based on the allowance in effect prior to this round of bidding for this item.	<b>Discontinue use of message. There is no replacement message.</b>				<b>02/18/2013</b>
7.3	This service/item is a duplicate of a previously processed service. No appeal rights are attached to the denial of this service except for the issue as to whether the service is a duplicate. Disregard the appeals information on this notice unless you are appealing the duplicate service issue.	This service/item is a duplicate of a previously processed service. You may only appeal the decision that this service/item is a duplicate. The appeals information on this notice only applies to the duplicate service issue.	224	Este servicio/artículo es un duplicado de otro servicio procesado previamente. Sólo se puede apelar la decisión de que este servicio es un duplicado. La información sobre las apelaciones en esta notificación sólo aplican al asunto de servicio duplicado.	253	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
<b>7.7</b>	Your physician has elected to participate in the Competitive Acquisition Program for these drugs. Claims for these drugs must be billed by the appropriate drug vendor rather than your physician.	Your physician has elected to participate in the Competitive Acquisition Program for these drugs. Claims for these drugs must be billed by the appropriate drug vendor instead of your physician.	193	Su médico eligió participar en el Programa de Adquisición Competitiva para estas medicinas. Las reclamaciones para estas medicinas deben ser facturadas por el distribuidor de medicinas adecuado y no por su médico.	214	<b>02/18/2013</b>
<b>8.11</b>	The purchase allowance has been reached. If you continue to rent this piece of equipment, the rental charges are your responsibility.	The purchase allowance has been reached. If you continue to rent this piece of equipment, you will have to pay the rental charges.	131	La cantidad de compra ha sido alcanzada. Si usted continúa alquilando esta pieza de equipo, tendrá que pagar los cargos de alquiler.	134	<b>02/18/2013</b>
<b>8.21</b>	This item cannot be paid without a new, revised or renewed certificate of medical necessity.	Medicare won't cover this item without a new, revised or renewed certificate of medical necessity.	98	Medicare no cubrirá este artículo sin un certificado de necesidad médica nuevo, revisado o renovado.	100	<b>02/18/2013</b>
<b>8.22</b>	No further payment can be made because the cost of repairs has equaled the purchase price of this item.	No further payment can be made because the cost of repairs has added up to the purchase price of this item.	107	No se pueden hacer más pagos porque el costo de las reparaciones ha igualado el precio de compra de este artículo.	114	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
8.24	The claim does not show that you own or are purchasing the equipment requiring these parts or supplies.	The claim doesn't show that you own the equipment requiring these parts or supplies.	84	La reclamación no demuestra que usted es dueño del equipo que necesita estas piezas o suministros.	98	<b>02/18/2013</b>
8.38	This item must be rented for 2 months prior to purchasing it.	This item must be rented for 2 months before purchasing it.	59	Este artículo debe ser alquilado por 2 meses antes de comprarlo.	64	<b>02/18/2013</b>
8.4	Payment cannot be made for equipment that is the same or similar to equipment already being used.	Payment can't be made for equipment that's the same or similar to equipment already being used.	95	No se puede hacer un pago por equipo que es igual o similar al equipo que usted está usando actualmente.	104	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
8.50	Medicare cannot pay for this drug/equipment because our records do not show your supplier is licensed to dispense prescription drugs, and, therefore, cannot assure the safety and effectiveness of the drug/equipment. You are not financially liable for any amount for this drug/equipment unless your supplier gave you a written notice in advance that Medicare would not pay for it and you agreed to pay.	Medicare can't pay for this drug/equipment because our records show that your supplier isn't licensed to dispense prescription drugs, and, therefore, can't assure the safety and effectiveness of the drug/equipment.	214	Medicare no puede pagar por esta medicina o por el equipo debido a que nuestros expedientes no muestran que su suplidor está autorizado para distribuir medicinas, y, por lo tanto, no puede asegurar la seguridad y efectividad de la medicina o del equipo.	256	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
8.54	<p>If the supplier should have known that Medicare would not pay for the denied items or services and did not tell you in writing before providing them that Medicare probably would deny payment, you may be entitled to a refund of any amounts you paid. However, if the supplier requests a review of this claim within 30 days, a refund is not required until we complete our review. If you paid for this service and do not hear anything about a refund within the next 30 days, contact your supplier.</p>	<p>If a supplier knew that Medicare wouldn't pay and you paid, you might get a refund unless you signed a notice in advance. Refunds may be delayed if the provider appeals. Call your supplier if you don't hear anything within 30 days.</p>	232	<p>Si pagó por un servicio que su proveedor sabía Medicare no iba a pagar, usted tiene derecho a un reembolso, a menos de que haya firmado un aviso por adelantado. Los reembolsos se pueden demorar si el proveedor apela la decisión. Llame a su proveedor si no escucha nada en 30 días.</p>	280	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
8.55	Medicare will process your first claim only. In the future, you must use a Medicare enrolled supplier and provide the supplier identification number on your claim. For a listing of enrolled Medicare suppliers, contact your local Durable Medical Equipment Medicare Administrative Contractor (DME MAC).	Medicare will process your first claim but, from now on, you must use a Medicare-enrolled supplier and put the supplier ID number on your claim. For a list of Medicare-enrolled suppliers call 1-800-MEDICARE or visit <a href="http://www.medicare.gov/supplier">www.medicare.gov/supplier</a>	241	Medicare procesará su primera reclamación, pero de ahora en adelante, usted debe usar un proveedor inscrito en Medicare y debe proporcionar en la reclamación el número de identificación del proveedor. Para una lista de proveedores inscritos en Medicare llame al 1-800-MEDICARE o visite <a href="http://www.medicare.gov/supplier">www.medicare.gov/supplier</a> .	312	<b>02/18/2013</b>
8.56	Medicare cannot process this claim as you were previously notified that you must use a supplier who has a Medicare supplier identification number.	Medicare can't process this claim because you were already notified that you must use a supplier who has a Medicare supplier identification number, and this supplier doesn't have one.	183	Medicare no puede procesar esta reclamación porque ya le habíamos notificado que debe usar un proveedor con un número de identificación autorizado por Medicare, y este proveedor no tiene uno.	189	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
<b>8.61</b>	This supplier is not located in your competitive bidding area, but is required to accept the same price as a supplier in your area. This supplier may not charge you more than 20% of the bid price, and any unmet deductibles.	This supplier isn't located in your competitive bidding area, but is required to accept the same price as a supplier in your area. This supplier may not charge you more than 20% of the bid price, plus any unmet deductibles.	224	Este suplidor no se encuentra en su área de oferta competitiva pero está obligado a aceptar el mismo precio que un suplidor en su área. Este suplidor no le puede cobrar más del 20% del precio de oferta, además de los deducibles que deba.	240	<b>02/18/2013</b>
<b>8.62</b>	This supplier is not located in your competitive bidding area, but is located in a different competitive bidding area. This supplier did not win a contract under national competitive bidding and is not allowed to charge you for this item. You must use a winning supplier in this area.	This supplier didn't win a contract for furnishing this item in the competitive bidding area where you received it. This supplier isn't allowed to charge you for this item unless you signed a written notice agreeing to pay before you got the item.	247	Este suplidor no ganó un contrato para ofrecer el artículo en el área de oferta competitiva donde usted lo recibió. Este suplidor no está autorizado a cobrar por este artículo a menos que usted haya firmado una notificación por escrito de pago antes recibir el artículo.	270	<b>02/18/2013</b>

**Revised MSN Messages - CR 8106 - Reissuance**

<b>Msg. #</b>	<b>Original Text</b>	<b>Revised English Text</b>	<b>Character Count (Eng.)</b>	<b>Revised Spanish Text</b>	<b>Character Count (Span.)</b>	<b>Implementation</b>
<b>8.63</b>	This supplier is not located in your competitive bidding area, but is located in a different competitive bidding area. This supplier won a contract under national competitive bidding in their area. They must accept the bid price from your area as payment in full, and may not charge you more than 20% of the bid price for your area, and any unmet deductibles.	This supplier isn't located in your competitive bidding area, but is located in a different competitive bidding area. This supplier won a contract under national competitive bidding in their area. They must accept the bid price from your area as payment in full, and may not charge you more than 20% of the bid price for your area, plus any unmet deductibles.	355	Este suplidor no se encuentra en su área de oferta competitiva sino que está en un área de oferta competitiva distinta. Este suplidor ganó un contrato en su área bajo la oferta competitiva nacional. El suplidor debe aceptar el precio de la oferta de su área como pago completo y no le puede cobrar más del 20% del precio de oferta para su área, además de los deducibles que deba.	379	<b>02/18/2013</b>
<b>8.64</b>	Monthly rental payments can be made for up to 13 months from the first paid rental month or until the equipment is no longer needed, whichever comes first. After the 13 month of rental is paid, your supplier must transfer title of this equipment to you.	Monthly payments can be made for 13 months, or until the equipment is no longer needed, whichever comes first. After the 13th month, your supplier must transfer title of this equipment to you.	192	Los pagos mensuales por alquiler pueden hacerse hasta 13 meses o hasta que usted no necesite más el equipo, lo que ocurra primero. Después de 13 meses de pago por el alquiler, su suplidor tiene que transferirle el título de propiedad de este equipo a usted.	257	<b>02/18/2013</b>

**Revised MSN Messages - CR 8106 - Reissuance**

<b>Msg. #</b>	<b>Original Text</b>	<b>Revised English Text</b>	<b>Character Count (Eng.)</b>	<b>Revised Spanish Text</b>	<b>Character Count (Span.)</b>	<b>Implementation</b>
8.66	Medicare has paid for 36 months of rental for your oxygen equipment. Your supplier must transfer title of this equipment to you. No further rental payments will be made. We will continue to pay for delivery of oxygen contents, as appropriate, and necessary maintenance of your equipment.	<b>Discontinue use of message. There is no replacement message.</b>				<b>02/18/2013</b>
8.67	Medicare has already paid for 36 months of rental for your oxygen equipment. The supplier should have transferred the title for the equipment to you. The supplier may not collect any more money from you for this equipment, and must provide you with a refund of any money you have already paid.	<b>Discontinue use of message. There is no replacement message.</b>				<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
8.71	Our records show that you began using this item before the current round of bidding in the DMEPOS Competitive Bidding Program and you decided to keep getting this item from your current supplier. The Medicare-approved amount is based on the bid price for this item.	Our records show that you began using this item before the current round of competitive bidding and you decided to keep getting this item from your current supplier. The Medicare-approved amount is based on the bid price for this item.	236	Nuestros expedientes demuestran que usted comenzó a usar este artículo antes de que se hiciera la oferta competitiva y usted decidió mantener este equipo de su suplidor actual. La cantidad aprobada por Medicare se basa en el precio de la oferta para este artículo.	265	<b>02/18/2013</b>
8.75	Our records show that you began using this item before the DMEPOS Competitive Bidding program started for this item in your area. Because you decided to keep getting this item from your current supplier, this item will be paid at the standard payment amount and not at the bid price.	Our records show that you began using this item before competitive bidding started for this item in your area. Because you decided to keep getting this item from your current supplier, this item will be paid at the standard payment amount and not at the bid price.	264	Nuestros expedientes demuestran que usted comenzó a usar este artículo antes de que comenzara la oferta competitiva para este artículo en su área. Debido a que decidió continuar alquilando el artículo de su suplidor actual, este artículo será pagado a la cantidad estándar y no al precio de oferta.	298	<b>02/18/2013</b>

## Revised MSN Messages - CR 8106 - Reissuance

Msg. #	Original Text	Revised English Text	Character Count (Eng.)	Revised Spanish Text	Character Count (Span.)	Implementation
8.78	Medicare has paid for 36 months of rental for your oxygen equipment. Your supplier continues to own the equipment and is required to provide the oxygen equipment and related supplies for up to 2 additional years (5 years total), as long as oxygen is still medically necessary.	Medicare has paid for 36 months for your oxygen equipment. Your supplier is required to provide the oxygen equipment and related supplies, at no charge, for the remainder of the equipment's 5 year lifetime.	207	Medicare ha pagado 36 meses por su equipo de oxígeno. Su suplidor tiene la obligación de proporcionarle el equipo de oxígeno y suministros relacionados, sin costo alguno, por el resto de los 5 años de vida del equipo.	217	<b>02/18/2013</b>
8.80	Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.	Medicare will pay for rental of this equipment for 36 months (or until you no longer need the equipment). After 36 months, Medicare will continue to pay for delivery of liquid or gaseous contents, as long as it is still medically necessary.	240	Medicare pagará por el alquiler del equipo durante 36 meses (o hasta que usted ya no lo necesite). Después de 36 meses, Medicare continuará pagando por el oxígeno líquido y gaseoso, si todavía es necesario por razones médicas.	227	<b>02/18/2013</b>