

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 3871</b>	<b>Date: September 29, 2017</b>
	<b>Change Request 10287</b>

**SUBJECT: Revisions to Medicare Claims Processing Manual for Foreign, Emergency and Shipboard Claims**

**I. SUMMARY OF CHANGES:** This Change Request (CR) revises the instruction found in the Medicare Claims Processing manual for processing foreign, emergency and shipboard claims.

**EFFECTIVE DATE: October 30, 2017**

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

**IMPLEMENTATION DATE: October 30, 2017**

*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-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	32/360.3.8/Full Denial - Foreign Claim - Beneficiary Filed

**III. FUNDING:**

**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 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.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 3871	Date: September 29, 2017	Change Request: 10287
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**IMPLEMENTATION DATE: October 30, 2017**

## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) revises the instruction found in the Medicare Claims Processing Manual for processing foreign, emergency and shipboard claims.

**B. Policy:** The purpose of this Change Request (CR) is to revise the policy found in Publication 100-04, Chapter 32, Section 360.3.8 of the Medicare Claims Processing Manual.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10287.1	Medicare Contractors shall be aware of revisions to Section 360.3.8 - Full Denial - Foreign Claim - Beneficiary Filed Model Denial Notice of the Medicare Claims Processing manual.	X	X							RRB	

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E  M A C	C E D I	
		A	B	H H H			
	None						

#### IV. SUPPORTING INFORMATION

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

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
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**Section B: All other recommendations and supporting information:** N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Jason Kerr, Jason.Kerr@cms.hhs.gov (Claims Processing) , Frederick Grabau, Frederick.Grabau@cms.hhs.gov , Shauntari Cheely, Shauntari.Cheely@cms.hhs.gov (Claims Processing)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

**Section A: 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 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.

**ATTACHMENTS: 0**

# **Medicare Claims Processing Manual**

## **Chapter 32 – Billing Requirements for Special Services**

**Table of Contents**  
*(Rev.3871, Issued: 09- 29-17)*

### **Transmittals for Chapter 32**

*360.3.8- Full Denial - Foreign Claim - Beneficiary Filed*

**360.3.8 - Full Denial - Foreign Claim - Beneficiary Filed**  
**(Rev. 3871, Issued: 09- 29-17, Effective: 10-30-17, Implementation: 10-30-17)**

MODEL DENIAL  
NOTICE (MAC'S NAME  
AND ADDRESS)

Date: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Claim Number: \_\_\_\_\_

DETERMINATION ON FOREIGN HOSPITAL SERVICES

We are sorry, but payment cannot be made for your stay from \_\_\_\_\_ through \_\_\_\_\_ at (hospital) in (country).

Medicare law prohibits payment for items and services furnished outside the United States except *in certain limited circumstances. The term "outside the U.S." means anywhere other than the 50 states of the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.*

*There are three situations when Medicare may pay for certain types of health care services rendered in a foreign hospital (a hospital outside the U.S.):*

- 1. You're in the U.S. when you have a medical emergency and the foreign hospital is closer than the nearest U.S. hospital that can treat your illness or injury.*
- 2. You're traveling through Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs, and the Canadian hospital is closer than the nearest U.S. hospital that can treat your illness or injury. Medicare determines what qualifies as "without unreasonable delay" on a case-by-case basis.*
- 3. You live in the U.S. and the foreign hospital is closer to your home than the nearest U.S. hospital that can treat your medical condition, regardless of whether it's an emergency.*

*In these situations, Medicare will pay only for the Medicare-covered services you get in a foreign hospital.*

If you have a supplemental insurance policy, you should check with the company carrying that policy to see if they cover these services and what procedures you should follow in submitting your claim.

If you have questions about this notice, you may call 1-800-MEDICARE (1-800-633-4227) for additional information. If you believe the determination is not correct, you may request a redetermination. You must file your request within 120 days from the date you receive this notice. A request for a redetermination must be filed either on Form CMS-20027 or on a written request that includes all of the elements listed below.

- Beneficiary name
- Medicare Health Insurance Claim (HIC) number
- Specific service and/or item(s) for which a redetermination is being requested
- Specific date(s) of service
- Signature of the beneficiary or the beneficiary's authorized or appointed representative.

You may send the request to our address listed above. Please keep a copy of any written correspondence for your files.

Sincerely,

