

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11557	Date: August 17, 2022
	Change Request 12687

Transmittal 11557 issued August 17, 2022, is being rescinded and replaced by Transmittal 11741, dated, December 9, 2022 to add a clarifying note to 12687.10; revise 12687.10.2 so that it is specific to VMS and add a new 12687.10.2.1 to reflect a revised MCS requirement; reflect removal of EOB denials in requirement 12687.10.2.1 (formerly 12687.10.2.3); renumber 12687.10.2.2 through 12687.10.2.4; revise 12687.10.3 so that it is specific to FISS and VMS and add a new 12687.10.3.1 for the MCS specific requirement; update 12687.15.1 to remove "Obligated to Accept as Payment in Full" and just reflect the acronym; revise Internet Only Manual (IOM) Pub.100-05, chapter 7, section 20.5.1 to clarify the full claim adjustment requirement (where the Claim Processing Indicator=F) for MCS and associated A/B MACs (Part B); and revise 12687.28.2 to reflect the recently agreed upon Duplicate Primary Payment (DPP) User Acceptance Testing (UAT) problem reporting process. All other information remains the same.

SUBJECT: Automation of the Medicare Duplicate Primary Payment (DPP) Process