

---

# Program Memorandum Carriers

---

Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

---

Transmittal B-01-38

Date: JUNE 7, 2001

---

## CHANGE REQUEST 1701

**SUBJECT: Adjustment to Messages Required by Change Request (CR) 1553, Transmittal B-01-10, Systems Requirements for the Benefits Improvement and Protection Act of 2000 (BIPA) for Drugs and Biologicals Covered by Medicare, §114, Mandatory Submission of Assigned Claims for Drugs and Biologicals**

This Program Memorandum (PM) adjusts the messages required in CR 1553. No other information in that CR has changed. The effective and implementation dates are the same as for CR 1553.

When a claim for drugs and biologicals was submitted as an unassigned claim and you changed the claim to assigned status (regardless of whether you had to split the claim), you must use the remittance advice remark code N71, "Your unassigned claim for a drug or biological, clinical diagnostic laboratory services or ambulance service was processed as an assigned claim. You are required by law to accept assignment for these types of claims."

Additional appropriate messages for physicians, suppliers and beneficiaries should be added as necessary. The other messages, Remittance Advice claims adjustment reason code 45, Medicare Summary Notice 16.5, and Explanation of Medicare Benefits message 16.24 referenced in the original CR, are no longer required.

**The *effective date* for this PM is February 1, 2001.**

**The *implementation date* for this PM is July 1, 2001.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after June 30, 2002.**

**If you have any questions, contact your regional office.**

**HCFA-Pub. 60B**