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Update to Medicare Claims Processing Manual, Chapter 24, Section 90

MLN Matters Number: MM10559
Related Change Request (CR) Number: 10559
Related CR Release Date: August 3, 2018
Effective Date: November 5, 2018
Related CR Transmittal Number: R4096CP
Implementation Date: November 5, 2018

PROVIDER TYPE AFFECTED

This MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs), including Durable Medical Equipment (DME) MACs, for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

This article is based on Change Request (CR) 10559 which reduces confusion and clarifies the Administrative Simplification Compliance Act (ASCA) waiver process guideline in the Medicare Claims Processing Manual, Chapter 24, Section 90. CR10559 combines two sections (90.3.2 and 90.3.3) into one new Section 90.3.2 with a new title and description.

BACKGROUND

Section 3 of the ASCA, Pub. L. 107-105, and the implementing regulation at 42 CFR 424.32 (see https://www.ecfr.gov/cgi-bin/text-idx?SID=c41b2cb8b72f75bd58ae2a26094f4cfe&mc=true&node=pt42.3.424&rgn=div5#se42.3.424_132), require providers to submit all initial claims for reimbursement under Medicare, (except for small providers), electronically as of October 16, 2003, with limited exceptions.

Medicare is prohibited from paying claims submitted in a non-electronic manner that do not meet the limited exception criteria. The issuance of waivers under this limited exception criteria to is discussed in Chapter 24, Section 90 of the Medicare Claims Processing Manual.

A provider may submit a waiver request to their MAC claiming other types of “unusual circumstances” outside of their control prevent submission of electronic claims. It is the responsibility of the provider to submit appropriate documentation including request application with Provider name, address, email, and phone number to establish the validity of a waiver request in this situation. Requests received without documentation and above stated information to fully explain and justify why enforcement of the requirement would be against equity and

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good conscience in these cases will be denied. If the MAC agrees that the waiver request has merit, the MAC sends the request to the Centers for Medicare & Medicaid Services (CMS) for review and issuance of the CMS decision.

If the MAC does not consider an "unusual circumstance" to be met, and does not recommend CMS approval, the MAC must issue a form letter to the provider. As required by the Privacy Act of 1974, letters issued to a provider to announce a waiver decision must be addressed to the organizational name of a provider and not to an individual (whether a sole practitioner, employee, or an owner of the provider organization). The organizational name is generally a corporate name under which the provider is registered as a Medicare provider or that is used to obtain an Employer Identification Number (EIN).

ADDITIONAL INFORMATION

The official instruction, CR10559, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4096CP.pdf. The revised manual chapter is attached to the CR.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
August 3, 2018	Initial article released.

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