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CMS' Plans to Terminate the HIPAA Contingency Plan for Incoming Claims on October 1, 2005

Keywords

Terminate, Contingency, HIPAA, Electronic Billers, ASCA, Reject

Provider Types Affected

Physicians, providers, and suppliers billing Medicare Fiscal Intermediaries (FIs), Carriers, or Durable Medical Equipment Regional Carriers (DMERCS)

Background

- The Administrative Simplification Compliance Act (ASCA) prohibited Medicare from making payments, on or after October 16, 2003, for claims that were not submitted electronically unless providers met an exception.
- Exceptions to the electronic claim submission requirement can be found at http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3440.pdf
- Medicare implemented a contingency plan October 16, 2003, that allowed providers and other electronic billers to continue sending electronic claims in a pre-HIPAA format.
- As of June 2005, over 99.5% of the electronic claims Medicare received each month were in the HIPAA compliant format.

Key Points - Providers

- The Centers for Medicare & Medicaid Services (CMS) will terminate the HIPAA contingency plan for incoming claims.
- Effective October 1, 2005, any incoming electronic claim that is in a non-HIPAA compliant format will be rejected on the front-end. The instruction to reject incoming claims was provided in Change Request (CR) 3956.

Important Links

<insert applicable link(s)>