



MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

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Correction to the Use of Group Codes for the Enforcement of Mandatory Electronic Submission of Medicare Claims

Note: This article was updated on February 7, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

All physicians, providers and suppliers who bill Medicare Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), Carriers, and Durable Medical Equipment Regional Carriers (DMERCs)

Provider Action Needed

Providers and suppliers need to be aware of the Administrative Simplification Compliance Act (ASCA) that requires all expenses for items and services billed to the Medicare Program be submitted electronically. Unless there is an exception in place for a given provider, paper claims will be denied.

Background

Section 3 of the ASCA, PL107-105, and the implementing regulation at 42 CFR 424.32, requires you—with limited exceptions—to submit all your initial claims for reimbursement under Medicare electronically, on or after October 16, 2003. Further, ASCA amendment to Section 1862(a) of the Act prescribes that “no payment may be made under Part A or Part B of the Medicare Program for any expenses incurred for items or services” for which a claim is submitted in a non-electronic form.

Additional Information

The official instruction issued to your carrier/intermediary regarding this change may be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R541CP.pdf> on the CMS website.

For additional information relating to this issue, please refer to your local FI, Carrier, RHHI or DMERC. Their toll free phone numbers may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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