



MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

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Medicare Announces End of HIPAA Contingency Plan for Claims Submissions

Note: This article was updated on February 12, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

All Medicare physicians, providers, and suppliers who continue to submit electronic claims in non-compliant HIPAA formats

Impact on Providers



STOP – Impact to You

The Centers for Medicare & Medicaid Services (CMS) is ending its contingency plan that allowed providers to submit claims formats electronically that were not in the format required by the Health Insurance Portability and Accountability Act (HIPAA). As of October 1, 2005, all providers must use the HIPAA compliant format for claims submitted to Medicare. In June, 2005, over 99% of claims submitted to Medicare were in HIPAA compliant formats.



CAUTION – What You Need to Know

Non-compliant claims submitted to Medicare on or after October 1, 2005, will be rejected and returned to the provider.



GO – What You Need to Do

To assure that your claims are processed timely and that your cash flow is not interrupted, be sure to submit HIPAA compliant claims as of October 1, 2005.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

The Health Insurance Portability and Accountability Act (HIPAA) regulation required claims be submitted electronically effective October 16, 2003, in a format adopted for national use. To allow additional time for entities to become compliant, CMS established a contingency plan to continue Medicare fee-for-service (FFS) payments beyond October 16, 2003 based on non-compliant formats.

In a measured step toward full compliance, CMS announced that effective July 1, 2004, non-compliant electronic claims would be paid after 27 days (the same as paper claims). Further information on the contingency plan may be found in MLN Matters articles MM2981 and SE0414 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm2981.pdf> and <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0414.pdf> respectively. These articles also provided important information to assist those few remaining providers who need to begin sending HIPAA compliant claims.

Through provider outreach activities, CMS has seen a steady decrease in the number of non-HIPAA compliant providers. In June 2005, fewer than 4% of Medicare FFS billing providers submitted electronic non-HIPAA compliant claims.

Considering the number of all active Medicare providers, it is clear that the Medicare provider community at large has done an outstanding job of adopting the HIPAA claims formats.

CMS believes that the industry has surpassed critical mass in both the total number of compliant claims and number of providers capable of sending compliant claims. Therefore, Medicare will end its HIPAA contingency Plan for claims submission on October 1, 2005.

Claims that are not compliant as of October 1, 2005 will be returned to the provider for submission as a compliant claim. **But, prior to October 1, if you are not submitting HIPAA compliant claims your Medicare carrier, Durable Medical Equipment Regional Carrier (DMERC), or intermediary will contact you directly regarding the need to become compliant to offer further assistance.**

CMS expects to end the contingency plan for other transactions in the near future. The remittance advice (835) is our next target to end the full contingency. We will continue to monitor progress toward use of the HIPAA standards to guide in that decision.

Additional Information

As previously mentioned, further information on the contingency plan and on help in becoming compliant may be found in MLN Matters articles MM2981 and SE0414 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm2981.pdf> and <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0414.pdf> respectively.

As MLN Matters article MM2981 indicates, Medicare carriers and intermediaries can provide free/low cost software that will enable submission of HIPAA compliant claims electronically. If you need such software, contact your carrier or intermediary at their special EDI telephone number. Your carrier/intermediary will also have a list of vendors who may assist you in submitting compliant claims.

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For those billing Medicare Part A (including hospital outpatient services), a list of these carrier/intermediary numbers by State is available at <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/downloads/MedicarePartAEDIHelpline.pdf> on the CMS website.

For those billing Medicare Part B, you may find those numbers listed by State at <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/downloads/MedicarePartBEDIHelpline.pdf> on the CMS website.

For additional information on HIPAA, visit the CMS website at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/index.html> on the CMS website.

To view the revised manual chapter for the claims receipt rules, see Chapter 1, Section 80.2.1.2, which can be found in Publications 100-04, the Medicare Claims Processing Manual. This can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c01.pdf> on the CMS website.

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