

National Standards Group (NSG) “Administrative Simplification; Adoption of Standards for Health Care Claims Attachments Transactions and Electronic Signatures” Final Rule (CMS-0053-F) Frequently Asked Questions (FAQs)

The “Administrative Simplification; Adoption of Standards for Health Care Claims Attachments Transactions and Electronic Signatures” final rule (CMS-0053-F) marks a historic transformation, ushering in a new era of efficiency and connectivity in health care.

These FAQs are designed to help you understand the Centers for Medicare and Medicaid Services (CMS) “Administrative Simplification; Adoption of Standards for Health Care Claims Attachments Transaction and Electronic Signatures” final rule (CMS-0053-F). While we have made this information as clear and accessible as possible, please note that the official final rule published in the Federal Register contains the complete legal requirements.

1. Q: What is the “Administrative Simplification; Adoption of Standards for Health Care Claims Attachments and Electronic Signatures” final rule?

A. The “Administrative Simplification; Adoption of Standards for Health Care Claims Attachments Transaction and Electronic Signatures” final rule establishes the electronic transmission of health care claims attachments and for electronic signatures used with those attachments. This rule is also referred to as CMS-0053-F.

2. Q: What are health care claims attachments?

A: Health care claims attachments are supporting documentation that are not included in a standard health care claim but may be needed by a health plan to process the claim.

Examples include:

- Clinical notes
- Operative reports
- Diagnostic test results
- Other medical documentation requested by a health plan

3. Q: Who must comply with this rule?

A: This rule applies to covered entities under the Health Insurance Portability and Accountability Act (HIPAA) that conduct electronic transactions, including:

- Health care providers

- Health plans
- Health care clearinghouses

Note: Entities are required to comply only for transactions they conduct electronically.

4. Q: What does the rule require covered entities to do?

A: Covered entities must:

- Use standardized electronic transactions when requesting or sending health care attachments
- Use standardized formats for clinical documents included in attachments
- Use compliant electronic signatures when attachments are signed electronically

The rule replaces manual processes such as faxing, mailing, or uploading documents to multiple proprietary portals.

5. Q: What standards are used to send and receive attachments?

A: This rule adopts nationally recognized standards, including:

- X12 standards to request and transmit attachment information
- Health Level Seven[®] (HL7[®]) Consolidated Clinical Document Architecture (C-CDA) standards to structure clinical documents
- Logical Observation Identifiers, Names and Codes (LOINC[®]) codes to identify the type of documentation being requested or sent

These standards support consistent and secure electronic exchange of attachments between providers and health plans.

6. Q: Does CMS-0053-F apply to both claims and prior authorization?

A: No. This rule applies to attachments exchanged in support of health care claims transactions. It does not establish standards for prior authorization transactions.

7. Q: What are the electronic signature requirements?

A: When an electronic signature is used on a health care claims attachment, it must:

- Verify the identity of the signer
- Ensure the document has not been altered after signing
- Provide assurance that the signer cannot deny signing the document

This rule adopts digital signature standards to meet these requirements.

8. Q: When do entities need to comply with this rule?

A: This final rule is effective on **May 26, 2026** (60 days after the date of publication in the Federal Register). Covered entities must comply by **May 26, 2028** (24 months after the effective date of the final rule). This compliance timeline applies to all covered entities.

9. Q: How can providers and health plans prepare to comply?

A: Many entities may already use some of these standards through clearinghouses or existing electronic workflow. However, to prepare, entities should:

- Review current processes for sending and receiving attachments
- Work with vendors, clearinghouses, or health information technology (health IT) partners to support the adopted standards
- Plan for testing and onboarding well before the compliance date

10. Q: How does this rule benefit providers, health plans, and patients?

A: This rule is expected to:

- Reduce administrative burden
- Improve consistency in how attachments are exchanged
- Decrease reliance on paper and fax
- Support more efficient claims processing

Electronic attachments help health plans make decisions faster, which can support more timely patient care.

11. Q: Does this rule replace other interoperability or prior authorization rules?

A: No. This rule focuses specifically on standardizing attachments and electronic signatures. Other CMS rules address interoperability and prior authorization workflows more broadly. This rule compliments but does not replace those requirements.

12. Q: What are the differences between the notice of proposed rulemaking (NPRM) and this final rule?

A: The final rule, CMS-0053-F, adopts the March 2022 iteration of the HL7 CDA Release 2 Attachment Implementation Guide, instead of the March 2017 version that was proposed. This newer version includes updates that better support the implementation of Version 6020 of the X12N 275 and X12N 277 standards for transmitting attachments.

While the proposed rule included standards for both health care claims and prior authorization transactions, the final rule adopts standards only for health care claims attachments. This change reflects public comments raising concerns about how the proposed prior authorization attachment standards would align with existing requirements.

Commenters noted potential conflicts with the current X12 278 prior authorization transaction standard and with the CMS Interoperability and Prior Authorization final rule. As a result, HHS decided not to finalize attachment standards for prior authorization at this time and will continue to evaluate alternative approaches being tested by the industry.

The final rule also adopts standards for electronic signatures used with claims attachments, supporting secure and interoperable exchange of information.

13. Q: How is HHS approaching future prior authorization transaction standards, including the use of Fast Healthcare Interoperability Resources® (FHIR®)?

A: HHS will continue to evaluate the prior authorization transaction standards, including FHIR-based approaches, and will seek stakeholder input through future rulemaking and testing initiatives.

14. Q: Where can stakeholders find more information?

A: Stakeholders can review:

- Details of the final rule on the Federal Register: <https://www.federalregister.gov/d/2026-05676>
- The Fact Sheet: [Events and Latest News Page](#)
- Guidance from vendors, clearinghouses, and standards organizations