Medicare Learning Network
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CMS
Information for Medicare Fee-For-Service Health Care Professionals

NEWS FLASH	Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html/NationalProvIdentStand/ on the CMS website.

MLN Matters Number: MM 5308 | Related Change Request (CR) #: CR 5308

Related CR Release Date: September 22, 2006 | Effective Date: October 1, 2006

Related CR Transmittal #: R1063CP | Implementation Date: October 23, 2006

Note: This article was updated on October 24, 2012, to reflect current Web addresses. All other information remains unchanged.

Ending the Contingency Plan for Remittance Advice (RA) and Charging for PC Print, Medicare Remit Easy Print (MREP), and Duplicate RAs

Provider Types Affected

Physicians, providers and suppliers submitting claims to A/B Medicare Administrative Contractors (A/B MACs) carriers, Durable Medical Equipment Regional Carriers (DMERCs), DME Medicare Administrative Contractors (DME MACs), Fiscal Intermediaries (FIs), and/or Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries.

Impact on Providers

This Change Request (CR) updates the *Medicare Claims Processing Manual* (Publication 100-04) for ending the contingency plan for Electronic Remittance Advice (ERA), and instructs contractors about charging for PC Print, Medicare Remit Easy Print (MREP), and duplicate Remittance Advice (RA).

Background

This article is based on Change Request (CR) 5308 which

- Updates the *Medicare Claims Processing Manual* (Chapters 22 and 24) to include the end of the contingency period for Electronic Remittance Advice (ERA) effective October 1, 2006; and

- Provides instructions to Medicare contractors (A/B MACs, carriers, DMERCs, DME MACs, FIs, and RHHIs) regarding charging for:
    - Generating and mailing provider requested duplicate remittance advices (RAs). There is no current CMS instruction for contractors to charge for generating duplicate remittance advice (when provider has already been sent a remittance advice – either in electronic or paper format) and mailing in case of paper remittance advice. Therefore, CR 5308 informs Medicare Contractors that they are now allowed to charge to recoup their cost to generate a duplicate RA if the request comes from a provider or any entity working on behalf of the provider.
    - Making PC Print or Medicare Remit Easy Print software available to providers by CD/DVD or any other means when the requested software is available for free to download. Contractors may charge up to $25.00 for each mailing to cover their cost(s).

Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, an ERA sent to a provider on or after October 16, 2003 is required to be a standard HIPAA compliant ERA, and the ERA standard adopted under HIPAA was ANSI ASC X12N transaction 835, Version 004010A1.

CMS implemented a contingency plan (as of October 16, 2003) to continue to accept and send HIPAA-compliant and non HIPAA-compliant transactions from/to trading partners beyond October 16, 2003, for a limited time.

CMS ended the contingency period for claims in October 2005, and in a Joint Signature Memorandum (JSM/TDL-06518) issued on June 28, 2006, CMS instructed Medicare contractors that it is ending the contingency period for ERAs on September 30, 2006.

CR 5308 instructs Medicare Contractors that, on or after October 1, 2006, all ERAs must be provided in the standard HIPAA (ANSI ASC X12N 835 version 004010A1) format.

Additional Information

For complete details, please see the official instruction issued to your A/B MAC, carrier, intermediary regarding this change. That instruction may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1063CP.pdf on the CMS website. The revised sections of the Medicare Claims Processing Manual are attached to CR5308.

If you have any questions, please contact your carrier, intermediary, or A/B MAC at their toll-free number, which may be found on the CMS website at: http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.