

Administrative Simplification Compliance Act Self Assessment

November 2013



CELEBRATING 21 YEARS OF EXCELLENCE

**MEDICAL PRACTICE
CONSULTANTS, INC.**

The Administrative Simplification Compliance Act (ASCA) **prohibits** payment of initial health care claims not sent electronically as of October 16, 2003, except in limited situations:

- ◆ Small Provider Claims: The word “provider” is being used generically here to refer to physicians, suppliers, and other providers of health care services. Providers that have fewer than 25 full-time equivalent employees (FTEs) and that are required to bill a Medicare intermediary are considered to be small. Physicians and suppliers with fewer than 10 FTEs and that are required to bill a Medicare carrier or durable medical equipment regional carrier (DMERC) are classified as small. See section 90.1 of Chapter 24 of the Medicare Claims Processing Manual (Pub. 100-04) for more detailed information on calculation of FTE employees and this ASCA requirement in general.
- ◆ Roster billing of inoculations covered by Medicare, except for those companies that agreed to submit these claims electronically as a condition for submission of flu shots administered in multiple states to a single carrier;
- ◆ Claims for payment under a Medicare demonstration project that specifies claims be submitted on paper;
- ◆ Medicare Secondary Payer Claims when there is more than one pri-

mary payer and one or more of those payers made an “Obligated to accept as payment in Full” (OTAF) adjustment;

- ◆ Claims submitted by Medicare beneficiaries or Medicare Managed Care Plans;
- ◆ Dental Claims;
- ◆ Claims for services or supplies furnished outside of the U.S. by non-U.S. providers;
- ◆ Disruption in electricity or communication connections outside of a provider's control expected to last more than two business days.
- ◆ Claims from providers that submit fewer than 10 claims per month on average during a calendar year.

Providers are to self-assess to determine if they meet one or more of these situations and should not submit a waiver request when they meet one or more of these situations. Please note that some of these situations are temporary or apply only to certain claims, when the temporary situation expires or when billing other types of claims, providers must submit their claims or those other types of claims electronically, and in the HIPAA standard.

See Sections 90 - 90.6 of Chapter 24 of the Medicare Claims Processing Manual (Pub.100-04) for further information on ASCA electronic billing requirements and Enforcement Reviews of providers.

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ICD—10 It's closer than it seems!



CMS-1500 Claim Form Updates: Medicare to Accept Revised Form Starting January 2014

The CMS-1500 Claim Form has been recently revised with changes including those to more adequately support the use of the ICD-10 diagnosis code set. The revised CMS-1500 form (**version 02/12**) will replace **version 08/05**. The revised form will give providers the ability to indicate whether they are using ICD-9 or ICD-10 diagnosis codes, which is important as the October 1, 2014, transition approaches. ICD-9 codes must be used for services provided before October 1, 2014, while ICD-10 codes should be used for services provided on or after October 1, 2014. The revised form also allows for additional diagnosis codes, expanding from 4 possible codes to 12.

*We wish you a healthy and happy
Thanksgiving and a wonderful Holiday Season.*

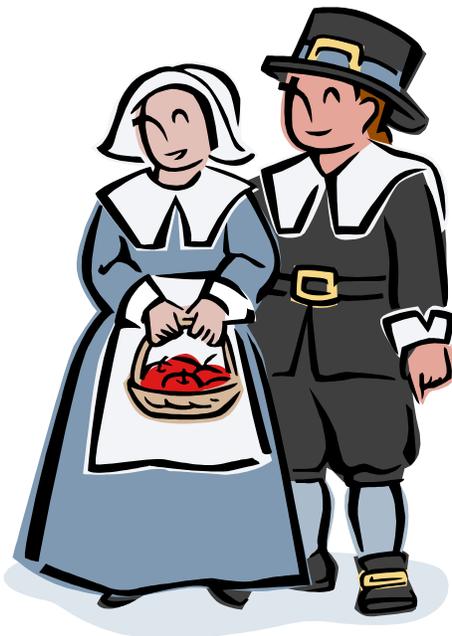
*Medical Practice Consultants, Inc.
Renee Brown & Chance James –Stafford*

Only providers who qualify for **exemptions from electronic submission** may submit the CMS-1500 Claim Form to Medicare. For those providers who use service vendors, CMS encourages them to check with their service vendors to determine when they will switch to the new form.

Medicare will begin accepting the revised form on January 6, 2014. Starting April 1, 2014, Medicare will accept only the revised version of the form.

Keep Up to Date on ICD-10

Visit the CMS **ICD-10 website** for the latest news and resources to help you prepare for the **October 1, 2014**, deadline. Sign up for CMS ICD-10 Industry Email Updates.



Gratitude is the inward feeling of kindness received. Thankfulness is the natural impulse to express that feeling. Thanksgiving is the following of that impulse.

Henry Van Dyke