

Administrative Simplification Compliance Act (ASCA) REQUEST FORM

Section 3 of the Administrative Simplification Compliance Act (ASCA), Pub. L. 107-105 and the implementing regulation at 42 CFR 424.32, require that all initial claims for reimbursement from Medicare be submitted electronically, with limited exceptions. The ASCA amendment to section 1862(a) of the Social Security 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.

Date:

Line of Business:

Provider/Supplier Name:

Provider Group Practice Transaction Number (PTAN):

Group National Provider Identifier (NPI):

Contact Name:

Contact Phone Number:

I, _____, have read the ASCA requirements located in the Centers of Medicare and Medicaid Services (CMS) Internet Only Manual (IOM), Publication 100-04, Section 90. I attest the practice/facility meets at least one of CMS requirements for an exception to submit paper claims to CGS Jurisdiction 15.

Please check one of the following reason(s) that applies to your entity that may qualify for a waiver to ASCA Regulations to submit paper initial claims for Medicare reimbursement.

SMALL FACILITY:

For Medicare Part A facilities/providers, a small provider required to use CMS-1450 form when submitting claims on paper shall have fewer than 25 full time equivalent employees (FTEs) and supporting documentation is attached. (Acceptable documentation: Payroll Summary Report, tax forms [Quarterly 941 or Schedule C form], or signed letter on CPA letterhead with the number of employees noted.)

SMALL PROVIDER:

For Medicare Part B providers, a small provider required to use CMS-1500 form when submitting claims on paper shall have fewer than 10 full time equivalent employees (FTEs) and supporting documentation is attached. (Acceptable documentation: Payroll Summary Report, tax forms [Quarterly 941 or Schedule C form], or signed letter on CPA letterhead with the number of employees noted.)

Provider is a Dentist and a copy of the license is attached.

Mass Immunizer and a copy of a recent clinic, immunization fair or article is attached.

UNUSUAL CIRCUMSTANCES:

Interruption of Electronic Service (e.g. interruption in 3rd party electronic submissions or system/application breakdowns).

Date of Interruption:

Estimated Date of Access to Electronic Claim Submissions:

Each employee staff have documented disabilities and supporting documentation is attached for each employee.

Other circumstances documented by a provider, generally in rare cases, where a provider can establish that, due to conditions outside of the provider's control, it would be against equity and good conscience for CMS to enforce the electronic claim submission requirement.(e.g. natural disasters: i.e. flooding, hurricane, tornado, earthquake damage and etc.)

This entity does not meet any of the above exceptions and will begin to submit all initial claims electronically to CGS Jurisdiction J15.

For faster processing send this form and supporting documentation to the appropriate fax number listed below:

Ohio Part A:	1.615.664.5945	Kentucky Part A:	1.615.664.5943	Home Health & Hospice:
Ohio Part B:	1.615.664.5927	Kentucky Part B:	1.615.664.5917	1.615.664.5947

Mailing Address: J15 EDI, CGS, PO Box 20018, Nashville, TN 37202

