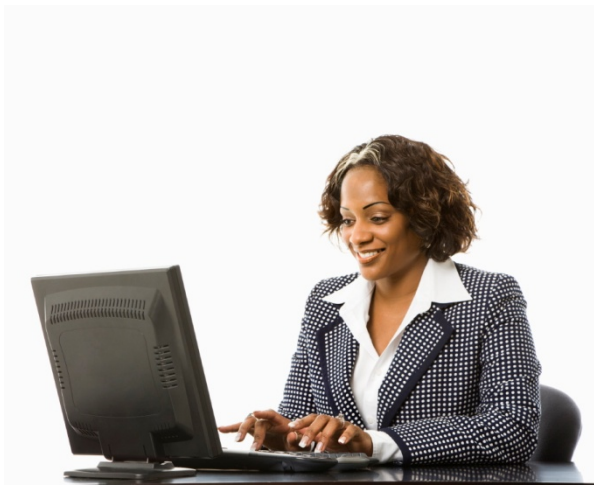




## Submitting Medicare Claims



### 1. As a rule, submit claims electronically.

By law, Medicare *requires* providers to submit their claims **electronically**, often sending batch data from:

- a. an EMR system at your clinic or
- b. a private clearinghouse, which may charge a fee.

**2. Know the law.** Exceptions to e-submission that allow use of paper billing are fairly narrowly defined under the *Administrative Simplification Compliance Act (ASCA)*, (i.e., all staff in the office are disabled and unable to send claims electronically). To learn more about exceptions to filing electronic claims, view the CMS guidelines on this webpage:


[www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/ASCAWaiver.html](http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/ASCAWaiver.html).

### 3. Get the rules on the submission process.

CMS has an informative fact sheet on the 837p and 1500 billing forms that you can download at:

[www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/form\\_cms-1500\\_fact\\_sheet.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/form_cms-1500_fact_sheet.pdf).

FACT SHEET



### Medicare Billing: 837P and Form CMS-1500

**What are the 837P and Form CMS-1500?**  
The 837P (Professional) is the standard format used by health care professionals and suppliers to transmit health care claims electronically. The Form CMS-1500 is the standard paper claim form to bill Medicare Fee-For-Service (FFS) Contractors when a paper claim is allowed. In addition to billing Medicare, the 837P and Form CMS-1500 may be billing various government and some private insurers.

Medicare FFS C  
A/B Medicare A  
Contractors (M.  
Medical Equipn