

# Medicare Claims Processing Manual Update

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## August 10, 2018

Medicare is prohibited from paying claims submitted in a non-electronic manner that do not meet the limited exception criteria. The issuance of waivers under this limited exception criteria to is discussed in Chapter 24, Section 90 of the Medicare Claims Processing Manual.

A provider may submit a waiver request to their MAC claiming other types of “unusual circumstances” outside of their control prevent submission of electronic claims. It is the responsibility of the provider to submit appropriate documentation including request application with Provider name, address, email, and phone number to establish the validity of a waiver request in this situation. Requests received without documentation and above stated information to fully explain and justify why enforcement of the requirement would be against equity and good conscience in these cases will be denied. If the MAC agrees that the waiver request has merit, the MAC sends the request to the Centers for Medicare & Medicaid Services (CMS) for review and issuance of the CMS decision.

If the MAC does not consider an “unusual circumstance” to be met, and does not recommend CMS approval, the MAC must issue a form letter to the provider. As required by the Privacy Act of 1974, letters issued to a provider to announce a waiver decision must be addressed to the organizational name of a provider and not to an individual (whether a sole practitioner, employee, or an owner of the provider organization). The organizational name is generally a corporate name under which the provider is registered as a Medicare provider or that is used to obtain an Employer Identification Number (EIN).

See below for link to the Medicare Claims Processing Manual:

[Medicare Claims Processing Manual](#)