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Change in Filing of Medicare Claims for Home Health

ABSTRACT: Medicare FFS claims must be submitted within one calendar year after the date of service.

The Centers for Medicare & Medicaid Services (CMS) has released information for providers who submit claims to Medicare contractors, such as home health that, as a result of the Affordable Care Act (ACA), claims with dates of service on or after January 1, 2010, received later than one calendar year beyond the date of service will be denied by Medicare.

Section 6404 of PPACA amended the timely filing requirements to reduce the maximum time period for submission of all Medicare FFS claims to one calendar year after the date of service. Additionally, this section mandates that all claims for services furnished prior to January 1, 2010 must be filed with the appropriate Medicare claims processing contractor no later than December 31, 2010. For more details <http://www.cms.gov/MLN MattersArticles/downloads/MM6960.pdf>

Questions about this newsflash should be directed to Anne Hill at ahill@nyahsa.org or 518-449-2707 ext. 141.

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