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MEMORANDUM

TO: RHCF and Community Services Members

FROM: Patrick Cucinelli, Senior Financial Policy Analyst

DATE: May 17, 2010

SUBJECT: **New Medicare Claims Filing Timeframe**

ROUTE TO: Administrator, CFO, Billing Director

ABSTRACT: CMS implements new 12-month claim filing deadline.

The Patient Protection and Affordable Care Act (PPACA) generally referred to as the Health Care Reform Act, mandates a reduction in the maximum time frame for the timely filing of Medicare claims to 12 months. The Centers for Medicare and Medicaid Services (CMS) is therefore updating edit criteria related to the timely filing limits for submitting claims for Medicare Fee-for-Service (FFS) reimbursement. 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.

Prior to PPACA, the regulations stated the service provider or supplier must submit claims for services furnished during the first nine (9) months of the calendar year on or before December 31st of the following calendar year. For services rendered during the last quarter of the calendar year, the provider or supplier must submit the claim on or before December 31st of the second following year.

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.

Medicare contractors are adjusting (as necessary) their relevant system edits to ensure that:

- Claims with dates of service prior to October 1, 2009 will be subject to pre-PPACA timely filing rules and associated edits;
- Claims with dates of service October 1, 2009 through December 31, 2009 received after December 31, 2010 will be denied as being past the timely filing deadline and;
- Claims with dates of service January 1, 2010 and later received more than 1 calendar year beyond the date of service will be denied as being past the timely filing deadline.

For official CMS guidance on the topic please refer to [Medlearn Matters Article #6960](#).

Conclusion

While the 12 month time frame submission of claims seems reasonable. Based on member input, NYAHSa had raised concern with CMS regarding cases where a provider dealing with a hold on claims submissions due to audit issues may encounter problems with the new timeframe. The fact that the new mandate will not apply to claims prior to October 1, 2009 is an important concession. NYAHSa is asking members to keep us informed as to any problems they may encounter with future claims submissions.

Please contact me with any questions at pcucinelli@nyahsa.org or call 518-449-2707 ext. 145.

