



Related MLN Matters Article #: MM4041

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Related CR #: 4041

Denial of Claims Not Timely Filed

Key Words

MM4041, CR4041, R830CP, denial, claims

Provider Types Affected

Providers billing Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), Carriers, and Durable Medical Equipment Regional Carriers (DMERCs) for services provided to Medicare beneficiaries

Key Points

- The effective date of the instruction is July 1, 2006.
- The implementation date is July 3, 2006.
- The Centers For Medicare & Medicaid Services (CMS) issued a technical correction to the June 30, 2005, Federal Register, Interim Final Rule, "Medicare Program: Changes to the Medicare Claims Appeal Procedures (42 CFR Parts 401 and 405)," that clarified that a determination regarding the untimely submission of a Medicare claim is not an initial determination and cannot be appealed.
- Specifically, 42 CFR Section 405.926(n) indicates that a determination that a provider or supplier failed to submit a claim timely or failed to submit a timely claim, despite being requested to do so by the beneficiary or the beneficiary's subrogee, is not an initial determination and cannot be appealed.

Important Links

For complete details, including the revised sections of the *Medicare Claims Processing Manual* and a table that illustrates the timely filing limit for dates of service in each calendar month, please see the official instruction issued to your carriers, FIs, DMERCs, or RHHIs regarding this change. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R830CP.pdf> on the CMS website.

If providers have any questions, they should contact their Medicare contractor (carrier, FI, etc.) at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.