



Timely Claims Filing: Additional Instructions – JA7080

Related CR Release Date: July 30, 2010

Date Job Aid Revised: August 4, 2010

Effective Date: January 1, 2011

Implementation Date: January 3, 2011

Key Words MM7080, CR7080, R734OTN, Timely, Claims, Filing

Contractors Affected

- Carriers
- Part A/B Medicare Administrative Contractors (A/B MACs)
- Fiscal Intermediaries (FIs)
- Regional Home Health Intermediaries (RHHIs)
- Durable Medical Equipment MACs (DME MACs)

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare Carriers, DME MACs, FIs, A/B MACs, and/or RHHIs for services provided to Medicare beneficiaries



Change Request (CR) 7080 expands the Medicare Fee-for-Service (FFS) reimbursement instructions outlined in CR6960 that specified the basic timely filing standards established for FFS reimbursement and lists the standards for dates of service used to determine the timely filing of claims.

Provider Needs to Know...

- The basic standards are a result of Section 6404 of the Patient Protection and Affordable Care Act of 2010 (ACA) that states that 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.

Determining Claims Filing Timeliness

- For institutional claims that include span dates of service (i.e., a “From” and “Through” date span on the claim), the “Through” date on the claim will be used to determine the

date of service for claims filing timeliness.

- For professional claims (CMS-1500 Form and 837P) submitted by physicians and other suppliers that include span dates of service, the line item "From" date will be used to determine the date of service and filing timeliness. (This includes supplies and rental items).
- **BE AWARE:** If a line item "From" date is not timely, but the "To" date is timely, Medicare contractors will split the line item and deny untimely services as not timely filed.
- Claims that have a date of service of February 29 must be filed by February 28 of the following year to be considered as timely filed. If the date of service is February 29 of any year and is received on or after March 1 of the following year, the claim will be denied as having failed to meet the timely filing requirement.

Key Points in CR6960

- CR6960 established that 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-ACA 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 one calendar year beyond the date of service will be denied as being past the timely filing deadline.

Background

- The Centers for Medicare & Medicaid Services (CMS) is addressing institutional claims and professional/supplier claims differently with respect to span date claims.
 - Institutions often bill for extended length of stays that exceed a month's (or more) duration.
 - Therefore, it is both less burdensome and more reasonable to use the claim's "Through" date rather than the "From" date as the date of service for determining claims filing timeliness.
 - Conversely, for physicians and other suppliers that bill claims with span dates, these span date services cannot exceed one month.
 - Therefore, there is no compelling need to create an extended filing period. CMS also notes that, if the "From" date of these span date services is timely, then those services billed within the span are timely as well, and this will generally ease the administrative burden of the claims processing contractors in their determination of timely filed claims.
 - Therefore, the "From" date standard will be used for determining claims filing timeliness
-
-

for physicians and other suppliers that bill claims with span date services.

- With respect to supplies and rental items, they are physically furnished at or near the beginning of the span dates on the claim.
 - Therefore, the “From” date standard reflects more precisely when the supply or item was delivered to the beneficiary, and will be used as the date for determining claims filing timeliness.
-
-
-
-

Operational
Impact

N/A

Reference
Materials

The related MLN Matters® article can be found at <http://www.cms.gov/MLN MattersArticles/downloads/MM7080.pdf> on the CMS website.

The official instruction (CR7080) regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R734OTN.pdf> on the CMS website.

MLN Matters article, MM6960, *Systems Changes Necessary to Implement the Patient Protection and Affordable Care Act (PPACA) Section 6404 - Maximum Period for Submission of Medicare Claims Reduced to Not More Than 12 Month*, may be reviewed at <http://www.cms.gov/MLN MattersArticles/downloads/MM6960.pdf> on the CMS website.
