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| <b>CMS Manual System</b>                | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-20 One-Time Notification</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 734</b>                  | <b>Date: July 30, 2010</b>                                |
|   | <b>Change Request 7080</b>                                |

**SUBJECT: Timely Claims Filing: Additional Instructions**

**I. SUMMARY OF CHANGES:** Change Request (CR) 6960, Transmittal 697, issued May 7, 2010, specified revised basic timely filing standards mandated by Section 6404 of the Patient Protection and Affordable Care Act of 2010 (ACA). This transmittal elaborates upon CR 6960 to ensure that standards are established for determining the date of service for institutional claims, for physician, practitioner, and supplier claims, and for professional services claims billed with line item span dates.

**EFFECTIVE DATE: January 1, 2011**

**IMPLEMENTATION DATE: January 3, 2011**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b> |
|--------------|---|
| N/A          |   |

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One-Time Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – One-Time Notification

|             |                  |                     |                      |
|-------------|------------------|---------------------|----------------------|
| Pub. 100-20 | Transmittal: 734 | Date: July 30, 2010 | Change Request: 7080 |
|-------------|------------------|---------------------|----------------------|

**SUBJECT: Timely Claims Filing: Additional Instructions**

**Effective Date: January 1, 2011**

**Implementation Date: January 3, 2011**

## I. GENERAL INFORMATION

**A. Background:** Sections 1814(a)(1), 1835(a)(1), and 1842(b)(3)(B) of the Social Security Act as well as the Code of Federal Regulations (CFR), 42 CFR Section 424.44 specify the timely filing limits for submitting claims for Medicare Fee-for-Service (FFS) reimbursement. As indicated in the regulation, the provider or supplier must submit the claim for services furnished on or before December 31 of the following year for dates of service (DOS) occurring during the first 9 months of a calendar year. For services furnished during the last 3 months of the calendar year, the provider or supplier must submit the claim on or before December 31 of the second following year.

Section 6404 of Patient Protection and Affordable Care Act of 2010 (ACA) amended the timely filing requirements to reduce the maximum time period for submission of all Medicare Fee-for-Service claims to 1 calendar year after the date of service (DOS). These amendments apply to services furnished on or after January 1, 2010. 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.

Change Request (CR) 6960, Transmittal 697, issued May 7, 2010, specified the basic timely filing standards established by the ACA. This transmittal elaborates upon CR 6960 to ensure that standards are established for determining the DOS for institutional claims, for physician, and other supplier claims, and for professional services claims billed with line item span dates. In addition, this transmittal also addresses the effect of leap years on the application of the timely filing standard.

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 1 month. Thus, 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.

**B. Policy:** 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 shall be used to determine the date of service for claims filing timeliness.

For professional claims (Form CMS-1500 and 837P) submitted by physicians and other suppliers that include span dates of service, the line item “From” date shall be used to determine the date of service and filing timeliness. (This includes supplies and rental items). If a line item “From” date is not timely, but the “To” date is timely, contractors shall split the line item and deny untimely services as not timely filed.

Claims having a date of service of February 29<sup>th</sup> must be filed by February 28<sup>th</sup> of the following year to be considered as timely filed.

Updates to relevant chapters and sections in Pub. 100-04, Medicare Claims Processing Manual will be forthcoming in a future CR.

**II. BUSINESS REQUIREMENTS TABLE**

*“Shall” denotes a mandatory requirement*

| Number   | Requirement  | Responsibility (place an “X” in each applicable column) |                                |        |                                 |                  |                              |             |             |  |       |
|----------|--|---|--------------------------------|--------|---------------------------------|------------------|------------------------------|-------------|-------------|--|-------|
|          |  | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | R<br>H<br>I      | Shared-System<br>Maintainers |             |             |  | OTHER |
|          |  |   |                                |        |                                 | F<br>I<br>S<br>S | M<br>C<br>S                  | V<br>M<br>S | C<br>W<br>F |  |       |
| 7080.1   | Contractors shall consider the “Through” date on an institutional claim as the date of service for claims that contain span dates (i.e., “From” and “Through” dates) to determine timeliness.  | X   |                                | X      |                                 | X                | X                            |             |             |  |       |
| 7080.2   | Contractors shall use the line item “From” date of service to determine timeliness for professional claim line items that contain span dates.  | X   | X                              |        | X                               |                  |                              |             | X           |  |       |
| 7080.2.1 | If a professional claim line item “From” date is not timely but the “To” date is timely, contractors shall split the line item, shall deny untimely services as not timely filed, and shall process timely filed services.   | X   |                                |        | X                               |                  |                              |             |             |  |       |
| 7080.3   | Contractors shall adjust all relevant claims processing system edits to ensure that claims with a date of service on February 29 <sup>th</sup> of any calendar year received on or after March 1 <sup>st</sup> of the following calendar year will be denied as being past the timely filing deadline. | X   | X                              | X      | X                               | X                | X                            |             | X           |  |       |

### III. PROVIDER EDUCATION TABLE

| Number | Requirement  | Responsibility (place an "X" in each applicable column) |                                |        |                                 |             |                           |             |             |             |       |
|--------|--|---|--------------------------------|--------|---------------------------------|-------------|---------------------------|-------------|-------------|-------------|-------|
|        |  | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | R<br>H<br>I | Shared-System Maintainers |             |             |             | OTHER |
|        |  |   |                                |        |                                 |             | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
| 7080.4 | <p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p> | X   | X                              | X      | X                               | X           |                           |             |             |             |       |

### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below:**

*"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| N/A                      |  |

**Section B: For all other recommendations and supporting information, use this space: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** For questions concerning the timely filing standards as they relate to claims processing, contact Eric Coulson at [Eric.Coulson@cms.hhs.gov](mailto:Eric.Coulson@cms.hhs.gov). For questions concerning the timely filing regulations, contact David Walczak at [David.Walczak@cms.hhs.gov](mailto:David.Walczak@cms.hhs.gov).

**Post-Implementation Contact(s):** The appropriate CMS regional office.

## **VI. FUNDING**

### **Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

### **Section B: For *Medicare Administrative Contractors (MACs)*:**

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