Maximum Period for Submission of Medicare Claims Reduced to Not More than 12 Months

If you have questions regarding the new timeframe for billing or other Medicare reimbursement or compliance questions, please contact your Vorys attorney or:

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The Centers for Medicare & Medicaid Services ("CMS") recently released MLN Matters Article MM6960 to explain legislative changes impacting all physicians, providers, and suppliers submitting claims to Medicare contractors, fiscal intermediaries, Part A/B Medicare administrative contractors and/or regional home health intermediaries for services provided to Medicare beneficiaries (the "MLN Article").[1] The MLN Article explains the changes to the timely filing limits for submitting claims for Medicare Fee-for-Service ("FFS") reimbursement as defined under Section 6404 of the newly enacted Patient Protection and Affordable Care Act ("PPACA"). As a result of the PPACA, claims with dates of service on or after January 1, 2010 received later than one year beyond the date of service will be denied. This is an important change that all billing staff should be aware of in order to timely submit claims to Medicare.

Prior to the PPACA, applicable regulations stated that, for services furnished during the first nine (9) months of a calendar year, service providers and suppliers could submit a claim for those services on or before December 31st of the following calendar year. For services furnished during the last three (3) months of a calendar year, service providers and suppliers could submit a claim for those services on or before December 31st of the second following calendar year. As a result, these previous regulations allowed claims to be submitted well over a year after the service was provided. The newly enacted PPACA amended the timely filing requirements and reduced the maximum time period for submitting all Medicare FFS claims to one calendar year after the date of service. For services furnished prior to January 1, 2010, service providers and suppliers must submit a claim for services on or before December 31, 2010. As such, claims with dates of service October 1, 2009 through December 31, 2009 will be denied if the claim is received after December 31, 2010. Additionally, claims with dates of service January 1, 2010 and later will be denied if the claim is received more than one calendar year beyond the date of service.

CMS is authorized to specify exceptions to the new time limit for filing FFS reimbursement claims. Currently, CMS has specified one exception to the timely filing requirement for "error or misrepresentation" of an employee, Medicare contractor, or agent of the Department of Health and Human Services that was performing Medicare functions and acting within the scope of its authority. Under this exception, the time for filing will be extended through the last day of the 6th calendar month following the month in which the error or misrepresentation is corrected.

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1 MLN Matters Articles is a series of national articles designed to inform physicians, providers and suppliers about the latest changes to the Medicare program. CMS prepares MLN Matters Articles in consultation with clinicians, billing experts and CMS subject-matter experts.