

MLN Matters Number: MM4041

Related Change Request (CR) #: 4041

Related CR Release Date: February 2, 2006

Effective Date: July 1, 2006

Related CR Transmittal #: R830CP

Implementation Date: July 3, 2006

Denial of Claims Not Timely Filed

Note: This article was revised to contain web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

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

Provider Action Needed



STOP – Impact to You

This article is based on information contained in CR4041, which clarifies that a determination relating to the untimely submission of a Medicare claim by a provider or supplier is not an initial determination and cannot be appealed.



CAUTION – What You Need to Know

Claims that are filed after the “timely filing period” will be denied as specified in the *Medicare Claims Processing Manual*, Publication 100-4, Chapter 1, Section 70.1. When a claim is denied because it was filed after the timely filing period, the denial will not constitute an “initial determination.” As such, the determination that a claim was not filed timely cannot be appealed.



GO – What You Need to Do

Be aware of the time limits for filing Medicare claims and the consequences of untimely filing.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

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.

CR4041 informs all Medicare providers of the above technical correction to the June 30, 2005 interim final rule, "Medicare Program: Changes to the Medicare Claims Appeal Procedures" and revises the *Medicare Claims Processing Manual*, Publication 100-4, Chapter 1 (General Billing Requirements), Sections 70.4 and 70.8.6 to incorporate these changes.

Additional Information

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 you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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