

Important Information on the Timely Claims Filing Requirement

The Centers for Medicare & Medicaid Services (CMS) would like to remind Medicare Fee-For-Service physicians, providers and suppliers submitting claims to Medicare for payment, as a result of the Patient Protection and Affordable Care Act (PPACA), effective immediately, all claims for services furnished on or after Jan 1, 2010, must be filed with your Medicare contractor no later than one calendar year (12 months) from the date of service – or Medicare will deny those claims.

If you have Medicare Fee-For-Service claims with service dates from Oct 1, 2009, through Dec 31, 2009, those claims **MUST** be filed by Dec 31, 2010, or Medicare will deny those claims. Claims with service dates from Jan 1, 2009, to Oct 1, 2009, keep their original Dec 31, 2010 deadline for filing.

Claims for services that require reporting a line item date of service, the line item date will be used to determine the date of service. For other claims, the claim statement's "From" date is used to determine the date of service.

For additional information about the new maximum period for claims submission filing dates, contact your Medicare contractor, or review the MLN Matters articles listed below related to this subject:

- 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 Months” – <http://www.cms.gov/MLNMattersArticles/downloads/MM6960.pdf> on the CMS website.
- MM7080 – “Timely Claims Filing: Additional Instructions” – <http://www.cms.gov/MLNMattersArticles/downloads/MM7080.pdf> on the CMS website.

You can also listen to a podcast on this subject by visiting: http://www.cms.gov/CMSFeeds/02_listofpodcasts.asp on the CMS website.