

FILING PERIOD FOR ALL MEDICARE FEE-FOR-SERVICE CLAIMS IS ONE YEAR



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As discussed in our list of health reform provisions affecting health care providers, Section 6404 of the Patient Protection and Affordable Care Act (“PPACA”) amended the Social Security Act to change the rules for timely filing of claims under the Medicare fee-for-service program. Previously, for some types of services, the deadline was the end of the

calendar year following the date of service, and for others the deadline remained at 3 years after the date of service.

CMS has now implemented this change and instructed its carriers, that, effective for all dates of service on or after January 1, 2010, the maximum time to submit a claim to Medicare for all services is now 1 calendar year from date of service. So, for example, a claim for a service provided on July 1, 2010 must be submitted by July 1, 2011.

CMS has interpreted PPACA to say that, for dates of service prior to January 1, 2010, the following deadlines will apply:

- For dates of service before October 1, 2009, the pre-PPACA rules apply
- For dates of service October 1, 2009 through December 31, 2009, the claim must be submitted by December 31, 2010.

The Trenam Health Care Reform Team continues to analyze provisions of PPACA that may impact clients, and continues to watch for guidance from the federal agencies with responsibility for implementing PPACA. Please contact any member of the team for additional information or if you have questions regarding these changes. ■

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