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MEDIA CENTER**The Patient Protection and Affordable Care Act of 2010 ("Health Reform Bill") Changes the Timely Submission Requirements for Medicare Claims****RELATED PRACTICE GROUPS**Health Care
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Section §6404 of the Patient Protection and Affordable Care Act of 2010, H.R. 3590 (the "Health Reform Bill") changes the long-standing rules relating to the timeliness of filing Medicare claims.

Historically, providers and suppliers relied on rules that were based upon the date of service for a claim in any given year. The shortest maximum filing time-frames were approximately 18 months from the date of service and in some cases claims could be filed well beyond 18 months. The health reform bill changes that.

Section §6404 changes the timeliness requirements to provide that all claims by providers and suppliers must be filed with a Medicare contractor 12 months from the date of service. Additionally, all claims for dates of service prior to January 1, 2010 must be filed by December 31, 2010.

The implementation of the changes to the claims timeliness requirements and CMS guidance on this issue can be found in the following two (2) CMS publications.

- [CMS Transmittal](#)
- [MLN Matters Article](#)

Providers and suppliers should evaluate whether they will be impacted by the catch-up in 2010 that requires all claims prior to January 1, 2010 to be filed by the end of the year. Additionally, to the extent necessary providers and suppliers should ensure that billing software and billing cycles are adjusted to address the new limitations.

Additional Information

For more information on complying with the new claims timeliness requirements or the Health Reform Bill in general, please contact a member of Benesch's Health Care Department:

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