

Part B Insider (Multispecialty) Coding Alert

Physician Notes: CMS Clarifies New 'Timely Filing' Rules

Plus: Physical therapists in physician offices: prepare for more pressure

This past March, President Obama signed the Patient Protection and Affordable Care Act into law, which alters the amount of time you have to file your claims. In the past, Part B providers had over a year to submit their claims to Medicare -- in some cases, over two years, but the new legislation requires you to submit your claims "one calendar year after the date of service." This is applicable retroactive to January 1 of this year, so this law is in effect right now.

Claims with dates of service before October 1, 2009, must follow the timely filing rules that they were subject to at that time. Claims with dates of service from October 1, 2009, through December 31, 2009, must be submitted by December 31, 2010. Many practices have been confused about how the timely filing rules will impact claims that span several dates, but CMS clears up that confusion with Transmittal 734, issued on July 30.

"For professional claims ... submitted by physicians and other suppliers that include span dates of service, the line item 'From' date shall be used to determine the date of service and filing timeliness," the transmittal notes. "If a line item 'From' date is not timely, but the 'To' date is timely, contractors shall split the line item and deny untimely services as not timely filed." CMS also addresses "leap year" issues, noting in the transmittal that "claims having a date of service of February 29th must be filed by February 28th of the following year to be considered as timely filed."

To read the transmittal in its entirety, visit www.cms.gov/transmittals/downloads/R734OTN.pdf.