

MDS Alert

Medicare Billing: SNFs Now Have More Leeway for Timely Claims Filing

Check out this key billing change.

Good news: The one-year filing deadline for Medicare claims required by the Patient Protection and Affordable Care Act won't be quite as narrow as it first seemed.

CMS originally issued instructions to count the 12-month time frame from claims' "From" date. But in a new transmittal, and an MLN Matters article, CMS says that institutional providers using "from" and "through" date spans can use their "through" date for the deadline.

"For institutions, specifically SNFs, the date of service (DOS) is the 'through' date on the span date claim," says **Victor Kintz, MBA, CHC, LNHA, RAC-CT, CCA**, managing director of operations for the Polaris Group based in Tampa, Fla. "Claims with a 'through' date on or after Jan. 1, 2010, must be filed within one year from that DOS," he tells MDS Alert.

Claims with dates of service before Oct. 1, 2009, must follow the pre-Patient Protection and Affordable Care Act timely filing rules, Kintz adds. Claims with dates of service Oct. 1, 2009, through Dec. 31, 2009, must be submitted by Dec. 31, 2010, he adds.

Beware: Many SNFs have money sitting in their aging accounts receivable, Kintz observes. And if the facility doesn't research and bill for those claims properly, it could be leaving a lot of money on the table, he warns.

Know the Different Rules for Physicians and Suppliers

"For professional claims (CMS-1500 Form and 837P) submitted by physicians and other suppliers that include span dates of service, the line item 'From' date will be used to determine the date of service and filing timeliness. (This includes supplies and rental items)," states the MLN Matters article.

Resources: The transmittal is at <http://www.cms.gov/Transmittals/downloads/R7340TN.pdf> and the MLN Matters article is at <http://www.cms.gov/MLN MattersArticles/downloads/MM7080.pdf>.