

Medicare Timely Filing Rules

Quick Reference Guide for Medical Billing

What is Timely Filing?

Timely filing means you must submit your Medicare claim within a specific time frame after you provided service to the patient. If you miss this deadline, Medicare will deny your claim and you won't get paid - even if everything else about the claim is correct.

The Basic Medicare Filing Deadline

Standard Deadline: 1 calendar year (12 months) from the date of service

For example: If you treated a patient on January 15, 2024, you must submit your claim to Medicare by January 15, 2025. After that date, the claim will be rejected as untimely.

Timely Filing for Different Claim Types

Claim Type	Filing Deadline	Notes
Original Medicare (Part A & B)	1 year from date of service	Most common deadline
Medicare Advantage (Part C)	Varies by plan (usually 90-180 days)	Check with specific plan
Secondary Claims (Coordination of Benefits)	1 year from primary payer's processing date	Different calculation
Corrected Claims	1 year from original claim date	Use to fix errors
Adjustment Requests	Within 1 year of original payment	For payment disputes

What Happens If You File Late?

Medicare will deny your claim with one of these denial codes:

Denial Code	What It Means
CO-29	Time limit for filing has expired
CO-96	Non-covered charges (includes late filing)
B7	Claim not filed timely

Important: Once a claim is denied for late filing, you generally cannot appeal or resubmit it. You also cannot bill the patient for the service (this violates Medicare rules).

Are There Any Exceptions?

Yes, but they are rare. Medicare may extend the deadline in these situations:

- **Natural Disaster:** If your office was affected by a hurricane, flood, or other official disaster
- **System Issues:** If Medicare's computer system was down and you couldn't file electronically
- **Administrative Error:** If Medicare lost your claim or made a processing error
- **Retroactive Eligibility:** If the patient became eligible for Medicare after the service date

To claim an exception, you must provide written documentation and file a request for review with your Medicare Administrative Contractor (MAC).

Best Practices to Stay Compliant

- 1. **File Claims Weekly:** Don't wait! Submit claims every week to avoid backlogs.
- 2. **Track Your Claims:** Keep a spreadsheet with date of service, date filed, and claim status.
- 3. **Set Up Reminders:** Create alerts 30 days before the deadline for any pending claims.
- 4. **Use Electronic Filing:** Electronic claims are faster and you get proof of submission.
- 5. **Keep Documentation:** Save confirmation numbers and submission receipts for at least 7 years.
- 6. **Review Denials Daily:** Check your remittance advice every day for any late filing denials.
- 7. **Don't Wait for Documentation:** File the claim first, then send additional records if requested.
- 8. **Know Your Clearinghouse Rules:** Some clearinghouses have their own cutoff times.

Common Mistakes to Avoid

Mistake	Why It's a Problem	Solution
Counting from the wrong date	You might calculate the deadline incorrectly	Always use the actual date of service, not the date of admission
Waiting for patient information	The clock doesn't stop while you wait	File with what you have, update later if needed
Assuming weekend extensions	Medicare deadlines don't extend for weekends	If deadline falls on Saturday, file by Friday
Forgetting about secondary claims	Different calculation method applies	Track when primary insurance processes claim
Not verifying clearinghouse submission	Clearinghouse rejection = not filed	Check for acceptance confirmation within 24 hours

Quick Tips for Success

TIP #1: Calculate correctly	Date of Service: March 5, 2024 → Must file by March 5, 2025
TIP #2: Use business days wisely	File claims at least 2-3 business days before deadline

TIP #3: Watch for MAC holidays	MACs may not process claims on federal holidays
TIP #4: Keep a paper trail	Screenshot confirmation pages and save all email confirmations
TIP #5: When in doubt, file now	Better to file early than risk missing the deadline

Remember: This is a Reference Guide

This guide provides general information about Medicare timely filing rules. Always verify current deadlines with your Medicare Administrative Contractor (MAC) as rules can change. When in doubt, contact your MAC or billing software support for specific guidance.

Find Your MAC: Visit cms.gov/medicare/coordination-benefits-recovery/contact-information