
Related MLN Matters Article #: MM5355

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Related CR #: 5355

# *Timeliness Standards for Processing Other-Than-Clean Claims*

## Key Words

MM5355, CR5355, R1173CP, Timeliness, Claims

## Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare carriers and Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries

## Key Points

- The effective date of the instruction is July 1, 2007.
- The implementation date is July 2, 2007.
- MLN Matters article MM5355 is intended as information only and is based on Change Request (CR) 5355, which provides requirements for all carriers and A/B MACs for timeliness for processing "other-than-clean" claims.
- The Social Security Act (Section 1869(a)(2); http://www.ssa.gov/OP_Home/ssact/title18/1869.htm) mandates that the Centers for Medicare & Medicaid Services (CMS) process all "other-than-clean" claims and notify the individual filing such claims of the determination within 45 days of receiving them.
- "Clean claim" means a claim that does not contain a defect requiring the Medicare contractor to investigate or develop prior to adjudication. Clean claims must be filed within the timely filing period (see the Social Security Act 1842(c)(2)(B); http://www.ssa.gov/OP_Home/ssact/title18/1842.htm).
- "Other Than Clean Claims" means a claim that does not meet the definition of clean claim above. These are complete claims that require manual intervention on the part of the contractor to be adjudicated. These claims require investigation or development external to the contractor's Medicare operation on a prepayment basis.
- For dates of receipt on and after July 1, 2007, CR5355 instructs the Medicare carrier and A/B MAC to process all "other-than-clean" claims and notify the provider and beneficiary of the determination within 45 calendar days of receipt. See *Medicare Claims Processing Manual* (Publication 100-4, Chapter 1, Section 80.2.1; http://www.cms.hhs.gov/manuals/downloads/clm104c01.pdf) for the definition of "receipt date" and for timeliness standards for clean claims.

- However, when the Medicare contractor develops the claim by asking the provider/supplier, beneficiary, or other contractor (e.g., the Coordination of Benefits Contractor or another claims processing contractor) for additional information, the contractor will:
  - Cease counting the 45 calendar days on the day that the contractor sends the development letter requesting the additional information, and
  - Resume counting the 45 calendar days after receiving the materials requested in the development letter from the provider/supplier and/or beneficiary.

Note: There is an example on page 2 of MLN Matters MM5355 that helps explain this.

- CR5355 instructs Medicare contractors to follow existing procedures relative to both:
  - The length of time the provider/supplier and/or beneficiary is afforded to return information requested in the development letters, and
  - Situations where the provider/supplier and/or beneficiary does not respond.
- Instructions in CR5355 do not apply to the following types of claims:
  - Claims where the Social Security Administration blocks a beneficiary's Health Insurance Claim Number (HIC),
  - Claims the contractors are required to hold due to CMS instructions,
  - Claims rejected by the translator process,
  - Claims where the Medicare contractor is unable to process due to technical issues with Medicare's beneficiary record or beneficiary identification issues, and
  - Claims in development due to processing requirements (e.g., medical review), in Publication 100-8, the *Medicare Program Integrity Manual* (http://www.cms.hhs.gov/Manuals/IOM/list.asp#TopOfPage).

## Important Links

The related MLN Matters article can be found at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5355.pdf on the CMS website.

The official instruction (CR5355) regarding this change may be viewed at http://www.cms.gov/Transmittals/downloads/R1173CP.pdf on the CMS website.

If providers have any questions, they may contact their Medicare carrier or A/B MAC at their toll-free number, which may be found at http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip on the CMS website.