South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

November 24, 2009

ALL

MEDICAID BULLETIN

TO: All Providers

SUBJECT: Time Limit for Submitting Claims

Only "clean" claims and related edit correction forms (ECFs) received and entered into the claims processing system within one year from the date of service (or date of discharge for hospital claims) will be considered for payment by the South Carolina Department of Health and Human Services (SCDHHS). A "clean" claim is error-free and can be processed without obtaining additional information from the provider or from another third party. This time limit will not be extended on the basis of third-party liability requirements.

The one-year time limit does not apply to: a) Medicare cost sharing claims, or to b) claims involving retroactive eligibility. Specifics regarding these two exceptions are listed below. SCDHHS will no longer consider claims that exceed the timely filing limits due to the provider being unaware of a beneficiary's coverage.

Exceptions to the one-year time limit:

a) Medicare Cost Sharing Claims
Claims and related ECFs for payment of Medicare cost sharing amounts must be received and entered into the claims processing system within two years from the date of service or date of discharge, or up to six months following the date of Medicare payment, whichever is later.

b) Claims for Retroactive Eligibility
Effective December 1, 2009, claims and related ECFs involving retroactive eligibility must meet both of the following criteria to be considered for payment :

- **Be received and entered into the claims processing system within six months of the beneficiary's eligibility being added to the Medicaid eligibility system**
- **AND be received within three years from the date of service or date of discharge (for hospital claims).** Claims for dates of service that are more than three years old will not be considered for payment.

The provider is responsible for submitting one of the following with each claim or ECF, within the above time frames, to document retroactive eligibility:

1) DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or
2) The computer-generated Medicaid eligibility approval letter notifying the beneficiary that Medicaid benefits have been approved. This can be furnished by the beneficiary or the eligibility worker. (This is different from the certificate of creditable coverage.)

Claims and related ECFs involving retroactive eligibility that are received more than three years from the date of service will be rejected with edit code 533, date of service more than three years old and CARC 29, the time limit for filing has expired.

Thank you for your continued willingness to provide quality services to the beneficiaries of the South Carolina Medicaid Program. If you have any questions about this bulletin, please contact your program manager.

/S/
Emma Forkner
Director

NOTE: To receive Medicaid bulletins by email, please register at http://bulletin.scdhhs.gov/.
To sign up for Electronic funds Transfer of your Medicaid payment, please go to: http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp and select "Electronic funds Transfer (EFT)" for instructions.