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11- 34 Timely Filing of Medicaid Claims

*** Effective Immediately ***

Based on a recent clarification of federal Medicaid policy, Utah Medicaid is no longer able to receive federal funds for claims received after the one year timely filing period. Therefore, effective immediately, all claims and adjustments for services must be received by Medicaid within twelve months from the date of service.

New claims received past the one year filing deadline will be denied. Any corrections to a claim must also be received and/or adjusted within the same 12-month time frame. If a correction is received after the deadline, no additional funds will be reimbursed. In the case of Medicare Crossovers, all claims and adjustments must be received within six months of the Medicare decision.

The one-year timely filing period is determined from the date of service or “from” date on the claim. The exception to this is for institutional claims that include a date of service span (i.e., a different “from” and “through” date on the claim). The “through” date of service on the claim is used for determining the timely filing for institutional claims.

For additional information, see [42 CFR 447.45](#).

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Medicaid Information

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