

Request for Exceptional Claims Processing

Provider Name: _____

Contact: _____ Phone number: _____

Provider Number: _____

I am requesting an exception to the timely filing limit. The claim meets the exception criteria checked below:

Section I (Claim more than 12 months old.)

___(1) Eligibility file was not updated timely. Claim is within 12 months from the date of the recipient's file update.

___(2) Eligibility is the result of an administrative hearing or court decision. A copy of that decision is attached.

___(3) This claim is within 12 months of the Medicare payment or denial dated _____. A copy of the Medicare EOMB is attached.

___(4) This claim is within 6 months of a third party insurance payment or denial, dated _____. Documentation is attached.

___(5) Fiscal agent error caused my claim to deny erroneously, and my claim is submitted within 12 months of the adjudication date.

___(6) This claim was voided on _____. This claim is over 12 months from the date of service and within 6 months of the void date. Documentation is attached.

Section II (Claim less than 12 months old.)

___(1) Medicare does not cover the procedure listed on the claim, and Medicaid does cover this procedure. Medicare EOMB is attached.

___(2) Claim is approaching the 12 month timely filing limit.

___(3) Service limit exception is requested. (Examples: Recipient went to two hospitals or multiple pregnancies within one year.)

___(4) HMO responsibility for child's Inpatient stay is exhausted. Documentation is attached.

Section III

Other reason: _____

Signature

Date