

Claims Timeliness, Acknowledgement & Payment

Claims Timeliness Guidelines

Senior Medicare Claims (all claims):

- Claims with dates of service on or after January 01, 2010, must be filed within one calendar year of the date of service (365 days or 366 in a leap year)

Medi-Cal and Commercial (all claims):

- Contracted provider claims – are given no less than 180 days from the date of service to submit a claim, unless there is a different time limit specified in the provider contract. Those specific limits will be documented in the provider file, claims system or matrix.
- Non-contracted provider claims – AB 1455 outlines the timely filing limit at no less than 180 days from the date of service to submit a claim.
- Claims that are submitted after the filing deadline can be denied unless substantiating documentation associated with the delay in billing is provided.
- Medi-Cal claims that do not hold a Knox Keene license are to follow the Department of Health Services (DHCS) guidelines of 365 days. Welfare and Institutions Code Section 14115.

Claims Acknowledgement & Payment Information

Electronic Claims – Acknowledged within 2 working days.

Paper claims - Acknowledged within 15 working days

Medi-Cal claims

- Non-Contracted Providers - Paid within 45 working days.
- Contracted Providers - Paid within 45 working days.

Medicare Claims

- Non-Contracted Providers - Paid within 30 calendar days.
- Contracted Providers - Paid within 60 calendar days.

Commercial claims

- Non-Contracted Providers - Paid within 45 working days.
- Contracted Providers - Paid within 45 working days.