

# 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) A Full or Limited provider, Referring, Ordering, or Attending provider enrolled after claim date of service.

\_\_\_(5) Referring, Ordering, or Attending provider not on file. Order/referral prior to recipient eligibility, submit written referral.

## **Section III**

**Other reason:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*A separate completed Request for Exceptional Claims Processing form is required for each claim.\***

10/01/2021