

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