

BUREAU OF FINANCIAL MANAGEMENT & PROGRAM SUPPORT 180-DAY TIMELY FILING EXCEPTION/SPECIAL HANDLING REQUEST FORM

<u>–(Enter provider name)</u> is requesting an approval for an exception/special handling to the requirement that a claim containing waiver-funded services must be submitted within 180-days from the date in which the service was rendered.

Individual's Name	Recipient Identification
	Number (RID) also known as
	MCI or MAID number
MPI: 9-digit	4-digit Service Location Code
Please explain the is	ssue that prevented you from submitting your claim within the 180-calendar day submission time limi



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Internal Control Number, ICN	Claim Detail Line #	FROM Dates of Service	TO Dates of Service	Procedure Code	Modifier	Modifier	Modifier	Modifier	Units of Service	DETAIL LINE Billed Amount	FOR INTERNAL USE ONLY Determination Decision
					2	2	2	2			

Signature of the Provider Representative and Point of Contact

Responsible for Requesting the 180-day

Date:

Exception/Special Handling:

If more space is needed, please use a separate form and indicate in your e-mail request that additional pages were needed.



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*****FOR INTERNAL ODP USE ONLY; TO BE COMPLETED BY ODP PERSONNEL*****

This request has been reviewed by	and has been determined to be eligible / not eligible as a(n)
Exception / Special Handling.	
The review has determined that there was an issue with	(AE, SC, County MH/ID, Regional Office, etc.)
Recommendation for special handling case: APPROVE / DENY	Date

Authorization from Regional Program Manag	jor.	Date:
Authorization nom Regional Flogram Manag	sei	