Timely filing limits by payer, 2026

The payers' published standards for a new claim and the first appeal. Pin it next to the billing desk.

Government payers

PAYER	INITIAL CLAIM	FIRST APPEAL	SOURCE
Medicare Part B	1 calendar year after the date of service	Redetermination within 120 days	42 CFR 424.44
Medicaid (federal ceiling)	Within 12 months; many states set less	Set by each state	42 CFR 447.45(d)
Texas Medicaid	95 days from each date of service	120 days from the last denial	1 TAC §354.1003
New York Medicaid	90 days from the date of service	Resubmit within 60 days of notice	eMedNY
California Medi-Cal	Six months after the month of service (later claims paid at reduced rates)	See manual	Medi-Cal manual
Florida Medicaid	12 months from the date of service	See handbook	CMS-1500 handbook
TRICARE East / West	1 year after the service (West: or from discharge)	West: reconsideration within 90 days	TRICARE / TriWest
VA Community Care	180 days from the date of service	Reconsideration within 90 days	TriWest handbook

Commercial and Medicare Advantage

PAYER	INITIAL CLAIM	FIRST APPEAL OR DISPUTE	SOURCE
Cigna	Participating 90 days; out of network 180	180 days from payment or denial	Cigna policy
HealthSpring	Participating 180 days; out of network 365	Appeal 65 days; reconsideration 180	2026 manual
Aetna	Your contract (90 common); out of network 12 months	Reconsideration 180, then appeal 60	Aetna manual
UnitedHealthcare	Your agreement (at least 90); non-par up to 180	12 months for both steps	2026 UHC guide
Humana MA	1 year from the date of service	Disputes within 18 months	2026 manual
Anthem (CA, OH notices)	90 days, contracts covered by the 2019 change	See your state's manual	Anthem news
BCBS of Texas (Blue Choice PPO)	365 days	See manual	PPO manual
BCBS of Illinois	180 days from the date of service or discharge	See manual	BCBSIL notice
WellCare MA	180 days, or as your contract states	90 days from the EOP	WellCare guide
Molina Kentucky (Passport)	365 calendar days	60 days from the adverse decision	Molina policy
Kaiser Permanente WA	Commercial: 12 months	See manual	KP WA manual
Oscar Health Florida	180 days from the last date of service	See state supplement	Oscar FL

Sources: Each payer document named in the table, as listed on truecyclebilling.com/blog/timely-filing-limits-by-payer-2026/.
General information, not legal advice. Your provider agreement or state law can change these numbers, and the address on the EOB or ID card always wins.

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