TIMELY FILING GUIDELINES

Blue Book provider manual

MASSACHUSETTS

DESCRIPTION

This document explains our guidelines for timely claims filing. For information about how to appeal a claim that has exceeded the claim filing limit, log in to bluecrossma.com/provider and go to **Office Resources>Policies & Guidelines>Provider Manuals**. Then open the Blue Book document, Reviews & Appeals.

Note: This document explains our standard policy. Your provider Agreement may contain exceptions to this policy. If it does, you should always follow your provider Agreement.

KEY TERMS

Secondary insurer	When a member has more than one insurer covering his or her health care costs, the insurers need to coordinate payment to prevent total payments from exceeding the total charges of the services. The primary insurer must process the claim first. The claim is then submitted to a secondary insurer with the explanation of benefits from the primary insurer. These are often called “coordination of benefits” claims.

POLICY

Timely filing limits

Per the standard Provider Agreements, our timely filing limits are:

For	If the policy is	The filing guideline is
Initial claim submissions	HMO/POS PPO Medicare Advantage	90 days from the date of service or the date of discharge for authorized inpatient stays
	Indemnity	One year from date of service or the date of discharge for authorized inpatient stays

To avoid exceeding the timely filing limit, be sure to compare your submitted reports with your postings of payments or denials each month. Please use our available technologies to verify claim status to ensure your claim was received on time. A failed or returned claim submission is not considered valid proof of timely filing.

Late charge claims and replacement claims must meet the same timely filing submission guidelines as the services on the original claim.

Billing the member

You may not bill a member for services that we deny because you submitted the claim after the filing limit. You may, however, collect any applicable copayments.

Exceptions to our timely filing guidelines

We may not honor claims submitted after the 90-day filing limit for HMO and PPO, unless you submit acceptable documentation to justify your failure to submit the claim within 90 days.

EXAMPLE

If	You can	As long as
An HMO/POS or PPO member incorrectly presented another payer as primary	Submit the claim to us within 90 days from the other payer's rejection date	The claim was submitted to the other insurer within 90 days of the date of service or discharge.

Request a review by submitting these three documents:

- a completed Request for Claim Review Form
- paper claim
- the other payer's explanation of benefits (EOB).

Submit the documents to:

Blue Cross Blue Shield of MA
Provider Appeals
PO Box 986065
Boston, MA 02298

EXCEPTIONS WHEN WE ARE SECONDARY

To allow other insurers to investigate liability, we will adhere to the following guidelines for all secondary claims:

When the initial claim submission is	And the policy is	The filing guideline is
Paid by the primary insurer	Any type	One year from the date of the other insurer's payment date
Denied by the primary insurer	HMO PPO Medicare Advantage	90 days from the date of the primary insurer's denial
	Indemnity Medex®'	One year from the date of the primary insurer's denial

Claims related to accidental injuries covered by other insurers

- Claims may not be honored if a third-party settlement by an auto insurance or workers' compensation insurer was made prior to the claim submission.
- For claims related to a motor vehicle accident, you may submit claims up to the following limits from the date that the personal injury protection (PIP) is exhausted or denied:
  - 90 days for HMO/POS and PPO claims
  - one year for Indemnity claims.
- Our Third-Party Liability Department will review Workers' compensation insurer denials to determine if claims will be honored.
- Submit claims related to workers' compensation illness/injury to:

1500 claims	UB-04 claims
Blue Cross Blue Shield of MA Provider Claims PO Box 986020 Boston, MA 02298	Blue Cross Blue Shield of MA Provider Claims PO Box 986015 Boston, MA 02298

NO TIMELY FILING EXCEPTIONS FOR MEDICARE CLAIMS

In accordance with Medicare guidelines, Medicare systems will reject/deny claims that are not received within the specified time requirements. When a claim is denied for having been filed after the timely filing period, the denial isn't considered an "initial determination." Therefore, it is not subject to appeal.

RELATED DOCUMENTS

Late Charge Claim Request (Frequency Code 5) Guide

Replacement Claim Request (Frequency Code 7) Guide

Reviews & Appeals (log in to bluecrossma.com/provider before clicking the link)

DOCUMENT HISTORY

Date	Description
8/15/18	New document, based on previous content in *Blue Book*.
2/14/20	Removed note about reserving the right to accept PPO claims up to one year from the date of service. Added note that a failed or returned claim submission is not considered valid proof of timely filing.

8/10/21	Updated template. Minor language updates.

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