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 must meet the same timely filing submission guidelines as the services on the original claim.

Replacement claims must be submitted within one year from the denial date of the original claim. Please note, if the replacement claim includes new charges or services that were not included on the original claim, those additional charges 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

When the initial claim submission is	And the policy is	The filing guideline is
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.

Appeals involving timely filing

The following also appears in the Reviews & Appeals section of our provider manual, the Blue Book.

To appeal a claim involving timely filing, your supporting documentation should include records showing that:

- You originally submitted the claim to an insurer within the timely filing limit, OR
- You exceeded the timely filing limit due to member non-compliance.

If the primary insurer denied the claim or paid/allowed nothing and you can no longer submit the claim to us within timely filing limits, send us the primary insurer's Explanation of Benefits (EOB)/Explanation of Payment (EOP) with your claim and Request for Claim Review Form. The EOB/EOP must:

- Have a payment date. We must receive this within one year of that payment date. OR
- Have the other insurer's denial date. We must receive this:
    - Within 90 days of the denial date for HMO/POS and PPO claims
    - Within one year of the denial date for Indemnity claims

The original claim must be submitted within the other insurer's timely filing limit.

If we are the primary insurer and have no record of your claim, you can show you submitted the claim within timely filing limits by sending us one of the records shown below. In this situation, the appeal must be submitted within 180 days of the date of service.

For this claim type	Acceptable documentation includes
1500 claim appeals	• Blue Cross Claims Operations Submitter Batch Report Detail (Direct Submitter Reports) or Direct Submitter 277CA Report • Change HealthCare (Emdeon) 277 Human Readable • Change HealthCare (Emdeon) RPT-04: File Detail Summary Report • Change HealthCare (Emdeon) RPT-10: Provider Claim Status Report • ConnectCenter's Timely Filing Report* or letter from Change Healthcare • Blue Cross Claims Operations Submitter Batch Report Detail (Direct Submitter Reports) • Direct Submitter 277CA Report Change HealthCare (Emdeon) 277 Human Readable
UB claim appeals	• Blue Cross Claims Operations Submitter Batch Report Detail (Direct Submitter Reports) or 277CA Report • Change HealthCare (Emdeon) RPT-04: File Detail Summary Report • Change HealthCare (Emdeon) RPT-10: Provider Claim Status Report

*ConnectCenter's Timely Filing Report is available for claims submitted through ConnectCenter only. To access the report, begin by searching for the claim in **Claims>Claim Search**. Click the claim number in your results to open it. A button for the Timely Filing Report appears in the **Claim Details** section of the Summary page.

Note: Claim forms, billing logs, or notes are not sufficient documentation.

Further instructions are available on Provider Central at **Office Resources>Policies & Guidelines>Reviews & Appeals**.

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.
7/11/22	Added section, “Appeals involving timely filing.” This section also appears in the Blue Book document, *Reviews and Appeals*.
8/3/22	Added instructions for how to access ConnectCenter’s Timely Filing Report.
8/11/23	Edited to clarify the difference in timely filing submission guidelines between late charge claims and replacement claims.
7/31/24	Reviewed as part of the Blue Book document, *Reviews and Appeals*; no changes