

## Reimbursement Policy

Subject: **Claims Timely Filing**

Policy Number: **G-06050**

Policy Section: **Section Name**

Last Approval Date: **12/27/2022**

Effective Date: **12/27/2022**

\*\*\*\* Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.healthybluenc.com>. \*\*\*\*

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered by a Healthy Blue member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### Policy

Blue Cross NC will consider reimbursement for the initial claim, when received and accepted within timely filing requirements, in compliance with federal, and/or state mandates. Blue Cross NC follows the standard of 180 days from date of service for participating and nonparticipating providers and facilities.

<https://provider.healthybluenc.com>

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Timely filing is determined by subtracting the date of service from the date we receive the claim and comparing the number of days to the applicable federal or state mandate. If there is no applicable federal or state mandate, then the number of days is compared to the company standard. If services are rendered on consecutive days, such as for a hospital confinement, the limit will be counted from the last day of service. Limits are based on calendar days unless otherwise specified. If the member has other health insurance that is primary, then timely filing is counted from the date of the *Explanation of Payment (EOP)* of the other carrier.

Claims filed beyond federal, state-mandated, or company standard timely filing limits will be denied as outside the timely filing limit. Services denied for failure to meet timely filing requirements are not subject to reimbursement unless the provider presents documentation proving a clean claim was filed within the applicable filing limit.

Blue Cross NC reserves the right to waive timely filing requirements on a temporary basis following documented natural disasters or under applicable state guidance.

#### Related Coding

Standard correct coding applies
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#### Policy History

12/27/2022	Review approved: policy template updated
07/01/2021	Initial policy approval and effective

#### References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• Department of Health and Human Services, DHB Contract</li> </ul>
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#### Definitions

General Reimbursement Policy Definitions
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#### Related Policies and Materials

Corrected Claims
Eligible Billed Charges
Proof of Timely Filing
EDI Claims companion Guide for Professional Services