Reimbursement Policy

Subject: **Claims Timely Filing**	
Policy Number: **G-06050**	Policy Section: **Administration**
Last Approval Date: **12/27/2022**	Effective Date: **12/27/2022**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **https://provider.wellpoint.com/TN** > Claims > Reimbursement Policies > Medicaid > Administration.****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Wellpoint covered the service for the 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, Wellpoint may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Wellpoint 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

Medicaid services provided by Wellpoint Tennessee, Inc.
We comply with the applicable federal and state civil rights laws, rules, and regulations and do not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call **833-731-2154**.
Information about the civil rights laws can be found at **tn.gov/tenncare/members-applicants/civil-rights-compliance.html**.

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

Wellpoint will consider reimbursement for the initial claim, when received and accepted within timely filing requirements, in compliance with federal, and/or state mandates.

Wellpoint follows the standard of:

- 120 days for participating and nonparticipating providers and facilities.
- 365 days for school-based services for participating and nonparticipating providers and facilities.
- No timely filing limit for Intellectual Developmental Disabilities (IDD) claims for participating and nonparticipating providers and facilities.

Timely filing is determined by subtracting the date of service from the date Wellpoint receives 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 Wellpoint 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* of the other carrier.

Claims filed beyond federal, state-mandated, or Wellpoint 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.

Wellpoint 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

Policy History

12/27/2022	Review approved: policy template updated
08/07/2020	Review approved: *Exhibit A* removed
08/16/2019	Review approved: policy template updated
07/03/2019	Review approved
05/04/2018	Review approved
06/05/2017	Review approved: *Exhibit A* updated
04/03/2017	Review approved: policy template updated
08/01/2016	Review approved: policy template updated

02/29/2016	Tennessee *Exhibit A* updated
11/04/2015	Review approved: policy title updated; corrected claims policy language removed; Tennessee *Exhibit A* updated
08/24/2015	Review approved
02/03/2015	*Exhibit A* updated; exemptions for Tennessee removed and added to *Exhibit A*
01/27/2015	Tennessee *Exhibit A* updated
08/04/2014	Tennessee *Exhibit A* updated
06/09/2014	Review approved: paper and electronic corrected claims language updated; *Exhibit A* updated
04/14/2014	Tennessee exemption and *Exhibit A* updated
07/01/2013	Review approved: *Exhibit A* updated; Disclaimer updated
05/11/2012	Review approved
11/07/2011	Review approved and effective 06/16/2010: Background and policy template updated; Tennessee exemptions added; Tennessee requirements updated in *Exhibit A*
09/21/2009	Review approved
12/15/2008	Review approved: OHI information clarified; contracting/appeals process exemptions removed; *Market Timely Filing Requirements* updated
08/09/2006	Initial policy approved and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- Wellpoint state contracts

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

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

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