	Reimbursement Policy

Subject: Requirements for Documentation of Proof of Timely Filing

Effective Date: **05/24/19**	Committee Approval Obtained: **05/24/19**	Section: **Administration**

*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to **https://mediproviders.anthem.com/nv**.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). 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 CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

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

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

Anthem reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy

Anthem will reconsider reimbursement of a claim that is denied for failure to meet timely filing requirements unless provider, state, federal or CMS contracts and/or requirements indicate otherwise, when a provider can:

- Provide a date of claim receipt compliant with applicable timely filing requirements.
- Demonstrate **"good cause"** exists.

Documentation of Claim Receipt

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ANV-RP-0137-19 January 2020

The following information will be considered proof the claim was received timely. If the claim is submitted:

- By mail: The provider must provide official mailing service return receipt/delivery confirmation; additionally, the provider must provide a copy of the claim log that identifies each claim included in the submission.
- Electronically: The provider must provide the clearinghouse-assigned receipt date from the reconciliation reports.
- By fax: The provider must provide proof of facsimile transmission.
- By hand delivery: The provider must provide a claim log that identifies each claim included in the delivery and a copy of the signed receipt acknowledging the hand delivery.

The claims log maintained by providers must include the following information:

- Name of claimant
- Address of claimant
- Telephone number of claimant
- Claimant's federal tax identification number
- Name of addressee
- Name of carrier
- Designated address
- Date of mailing or hand delivery
- Subscriber name
- Subscriber ID number
- Member's name
- Date(s) of service/occurrence, total charge and delivery method

Good Cause

Good Cause may be established by the following:

- If the claim includes an explanation for the delay (or other evidence, which establishes the reason), we will determine good cause based primarily on that statement or evidence.
- If the evidence leads to doubt about the validity of the statement, we will contact the provider for clarification or additional information necessary to make a **good cause** determination.

Good Cause may be found when a provider claim filing delay was due to:

- Administrative error — incorrect or incomplete information furnished by official sources to the provider.
- Retroactive enrollment — Member subsequently received notification of enrollment effective retroactively to or before the date of service.

	• Incorrect information furnished by the member to the provider resulting in erroneous filing with another health insurance plan or with their State Medicaid plan. • Unavoidable delay in securing required supporting claim documentation or evidence from one or more third parties despite reasonable efforts by the provider to secure such documentation or evidence. • Unusual, unavoidable or other circumstances beyond the service provider’s control that demonstrate the provider could not reasonably be expected to have been aware of the need to file timely. • Destruction or other damage of the provider’s records unless such destruction or other damage was caused by the provider’s willful act of negligence.
History	• Biennial review approved and effective **05/24/19**: United States mail return receipt language updated; Word physician replaced with provider • Effective **02/01/18**: Policy template updated • Biennial review approved and effective **09/28/17**: Retroactive enrollment language added • Biennial review approved **11/09/15**: “First class” language removed; Background section/policy template updated • Biennial review approved and effective **11/18/13**: Good cause language expounded; Policy template updated • Review approved **11/07/11** and effective **11/15/06**: Background section/policy template updated • Review approved **09/21/09**: Background section/policy template updated • Effective **02/01/09**: Entered Nevada • Initial policy approval and effective date **11/15/06**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • State contracts
Definitions	• **General Reimbursement Policy Definitions**
Related Policies	• Claims Timely Filing
Related Materials	• Acknowledgement of Receipt and Received Date for EDI Submission