

# PROVIDER BULLETIN

Provider information



October 31, 2012

## Timely filing limits on claims

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) are changing the claim submission requirements for providers. This change is being made to improve the efficiency of adjudicating claims accurately and promptly, to assure subscribers obtain maximum benefits due them under benefit plans with annual maximums or annual accrual provisions, and to support administrative efficiency and simplification.

Effective January 1, 2013, all claims must be submitted by providers no later than 120 days from the date of service. However, if Medicare or other commercial coverage is the primary payer and Blue Cross is the secondary payer, then providers have 120 days from the date the primary carrier processed the claim to submit the claim to Blue Cross.

### Replacement claims

In the spirit of administrative simplification, it is expected that complete claims are submitted initially and adjudicated promptly resulting in minimal need for replacement claims. However, should a claim require replacement, providers must send these electronically within six months of the process date of the predecessor claim. There is no time limit on submitting cancel claims (claim frequency code of 8).

### Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.