

Bulletin



February 22, 2010

Timely filing limits for replacement claims and provider-submitted appeals

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) began accepting electronically submitted replacement and cancel claims on October 19, 2009, as part of the implementation of the Administrative Uniformity Committee (AUC) requirements of Minnesota Statute 62J.536. This provider bulletin will address timely filing limits associated with the replacement claim and provider appeal submission processes defined by the AUC.

Timely filing is important for many reasons. It improves the efficiency of adjudicating claims promptly, assuring members are able to obtain all of the benefits covered under the variety of benefit plans with annual maximums or annual accrual provisions and it supports the efforts of the State of Minnesota to continue to require gains in accuracy and efficiency throughout the health care delivery process.

Replacement Claims

Effective May 22, 2010, Blue Cross' requirements for timely filing of replacement claims will be as follows:

The timely filing limit on replacement claims will be six calendar months from the process date of the predecessor claim.

There is no timely filing limit on cancel claims (claim frequency code of 8).

Provider submitted appeals

Effective May 22, 2010, Blue Cross' requirements for timely filing of provider appeals will change as follows:

The timely filing limit on appeals will be 90 days from the process date of the claim on all provider-submitted appeals.

Questions?

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