



Timely Filing of Claims

Effective for dates of service 10/01/2015 and forward, the original (clean) claim must be submitted to Baptist Health Plan within 180 days of the date of service or within the timeframe established by the provider contract. If a provider chooses to inquire about a clean claim that has been denied for exceeding the filing limit (NCTF), proof of timely filing must accompany the request. **For clean claims only**, this proof must be submitted within one year of the dates of service/discharge and come in the form of one of the following:

- Computer screen print showing clean claims submission within 180 days of the date of service/discharge date.
- Certified Mail receipt proving that Baptist Health Plan received the clean claim(s) within 180 days of the date of service/discharge.

If this proof can be provided, the claim(s) will be reprocessed.

Exceptions to the timely filing rule, which will be reviewed on a case-by-case basis include:

- When COB/Subrogation is involved, the claim and primary insurer's remittance advice must be filed within 12 months of the primary insurer's remittance date.
- When the member does not present accurate insurance information until after the filing deadline, the provider must be able to provide evidence of routine billing to the member within the lapsed timeframe. The provider must bill the claim within 30 days of receiving the insurance information from the member. This must be proven through computer or account records.

Filing Corrected Claims

If a claim is returned to the provider or denied requesting additional information (wrong claim form used, corrected coding, chart notes, etc.), the provider must submit the corrected claim with the requested information within the original filing limit from the date of service or within 30 days from the remit date.

If an **unclean claim** is returned to the provider requesting a correction to the claim (For example: wrong provider billed, wrong address billed, missing information from claim, etc.), the provider must submit the corrected claim with the requested corrections within the original filing limit from the date of service. One year allowance **does not** apply to unclean claims.

All timely filing issues should be submitted to the Provider Claims Unit:

Baptist Health Plan
ATTN: Provider Claims Unit
651 Perimeter Drive, Suite 300
Lexington, KY 40517
Phone: 859.269.4475 or 800.787.2680
Fax: 859.335.4110