

Submitting Proof of Timely Filing

Timely filing denials are often upheld due to incomplete or invalid documentation submitted with reconsideration requests. The following information has been compiled to help clarify the documentation required as valid proof of timely filing documentation. When submitting a request for reconsideration of a claim to substantiate timely filing, please follow the appropriate instructions below.

Valid Proof of Timely Filing Documentation

- Submit an electronic data interchange (EDI) acceptance report. This must show that Cigna-HealthSpring or one of its affiliates received, accepted and/or acknowledged the claim submission. **Note:** A submission report alone is not considered proof of timely filing for electronic claims. It must be accompanied by an acceptance report.

The acceptance report must:

- Include the actual wording that indicates the claim was either “accepted”, “received” and/or “acknowledged.” (Abbreviations of those words are also acceptable.)

Documentation must show:

- Correct patient name
 - Correct date of service
 - Submission date of claim
 - The submission date must be within the timely filing period.
 - Insurance Carrier Name/Payor ID
- It is recommended that providers who submit paper claims keep a copy of the documentation they send. It is also recommended that paper claims be sent by certified mail with a return receipt requested. This documentation, along with a detailed listing of the claims enclosed, provides proof that the claims were received.
 - When a Provider bills a service to another insurance resource, the filing deadline is **120 days** from the date of disposition by the other resource. A copy of the explanation of payment/letter from the other resource is required to prove timely filing.

If the claim is received after the timely filing period, it will not meet timely filing criteria.

Note that timely filing limits can vary greatly, based on state requirements and contract types. If you are not aware of your timely filing limit, please refer to your provider agreement.

H6751_ICP_16_47972_PR 09282016

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