

Timely filing limits on claims

Employer Provider Network, Inc. (EPNI) is 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 July 1, 2010, all claims must be submitted by providers no later than 6 months from the date of service. However, if Medicare or other commercial coverage is the primary payer and EPNI is the secondary payer, then providers have 6 months from the date the primary carrier processed the claim to submit the claim to EPNI.

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 6 months of the process date of the predecessor claim. As previously stated in Provider Bulletin P9E-10 entitled “Timely filing limits for replacement claims and provider-submitted appeals” there is no time limit on submitting cancel claims.

Submission of replacement claims with late charges

According to the MN Uniform Companion Guide for Institutional Claims, late charge billings (Type of Bill xx5) are not considered for processing in Minnesota. Instead a replacement claim (Type of Bill xx7) must be utilized. When a provider submits a replacement claim, it must be a ***complete replacement*** of all charges applicable to the patient encounter in order for EPNI to adjudicate the services. Effective July 1, 2010, submission of complete replacement claims will result in the late charge portion of the claim being considered for payment.

Questions?

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