BlueCross BlueShield Nebraska

Timely Filing Override Request

Form must be complete, or it will not be processed

Member's ID Number: _____ Patient's Name: _____

Provider Tax ID or NPI: _____ Date(s) of Service: _____

BCBSNE Claim Number(s): _____

Contact Name: _____ Clinic/Facility Name: _____

Contact Email: _____ Phone Number: _____

Use this form to request an override of a claim denied for timely filing. Please indicate the reason for the request on the following page.

The guidelines related to timely filing, including what circumstances a potential override review will be accepted for, can be found on NebraskaBlue.com/Providers in the General Policies and Procedures Manual under the section titled “Timely Filing Limit."

Directions:

- Select the reason for review from the options listed on the following page.
- Include **legible** supporting documentation.
  - Circle applicable sections and dates within the provided documentation. Avoid submitting entire account histories; only include pages with applicable sections and dates necessary to complete the review.
  - If you have multiple claims for the same member, please use one form and include all claim numbers where indicated above.

Please note, if the reason is one of the following, we will be unable to review your request:

- Claim submitted with incorrect ID/patient name; Claims submitted and processed under an incorrect patient and/or member ID, will need to be voided and a new claim will need to be submitted before the timely filing deadline.
- Rejected or returned claim when a resubmission was not accepted by BCBSNE within the timely filing deadline.
- Provider system issue and/or human error which caused the claim or late charges to be filed outside your timely filing allotment.

Submit to:

Please submit this completed form to ProviderExecs@NebraskaBlue.com with the necessary supporting documentation.

BCBSNE will review your request and reply with our decision

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Please select the reason for your request from the following options:

☐ **The claim was listed on a BCBSNE accepted claim report and showed no errors but was not processed or returned.**

- Please include the page of your report showing your clearinghouse and BCBSNE accepted the claim without errors (not only the clearinghouse)
- Returned claims where action letters were sent to the provider cannot be used as proof of timely filing of a clean claim

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☐ **Member identification card was not obtained.**

- Send explanation and documented proof of attempts to obtain the identification number from the member OR why you were not aware of their BCBS coverage
- Must be submitted within 12 months of the date of service
- Please include signed documentation by the member stating they had no insurance

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☐ **Coordination of benefits (timely filing is 120 days from the date on the primary payer's EOB).**

- Check this reason if the primary plan has paid or recouped their initial payment within the last 120 days. Please include the primary EOB showing the date when this payment occurred

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☐ **Subrogation/Worker's Compensation adjustment or revision**

- The timely filing limit in your provider contract applies
- Exceptions will be reviewed due to adjustments/revisions
  - Providers are held to the post-service adjustment timely filing of 12 months from the last payment, or the specific language in their contract

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☐ **Total Obstetrical (OB) care**

☐ **Fraud, Waste, Abuse, Intentional Misconduct leading to inability to file a clean claim timely**
