

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: _____

Timely Filing Override: A request to override a claim denied for timely filing. The guidelines related to timely filing, including what circumstances a potential override review will be accepted for, can be found in the [timely filing limit policy webpage](#).

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 or medical records; 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 must be submitted before the timely filing deadline.
- Rejected or returned claim when a resubmission was not accepted by Blue Cross and Blue Shield of Nebraska (BCBSNE) within the timely filing deadline.
- Provider system issue and/or human error that caused the claim or late charges to be filed outside of the timely filing allotment.
- Coordination of Benefits, Workers' Compensation and Subrogation must use the Reconsideration Request form.

Please submit this completed form with the necessary supporting documentation via:

NaviNet®: Upload as one document on the Claim Status Details screen

Email: ProviderExecs@NebraskaBlue.com

BCBSNE will review your request and reply via email with our decision.

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Please select the reason for your request:

Member identification card was not obtained.

- Override request with documentation must be submitted within 12 months of the date of service
 - Send explanation and documented proof of attempts to obtain the identification number from the member
- OR
- Explain why you were not aware of their BCBS coverage
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Total Obstetrical (OB) care

BCBSNE Processing

- Returned claims cannot be used as proof of timely filing (please refer to the action letter sent)
 - Claims electronically rejected (not accepted) are not proof of timely filing
 - If you are contesting the electronic submission, please include the claims confirmation report (CCR) from your clearinghouse and show that BCBSNE accepted the claim without errors
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For Coordination of Benefits, Workers' Compensation or Subrogation adjustments,
please utilize the Reconsideration Form Request.

Do Not Write Here