

Arizona • Iowa • New Jersey • South Carolina • Tennessee • Texas • Washington • West Virginia | Medicare Advantage

Reimbursement Policy

Subject: **Claims Timely Filing**

Policy Number: **G-06050**

Policy Section: **Administration**

Last Approval Date: **01/01/2026**

Effective Date: **06/3/2025**

**** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://provider.wellpoint.com>. ****

Policy

The health plan will consider reimbursement for the initial claim, when received and accepted within the applicable timely filing limit (see Exhibit A), unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Unless otherwise noted in Exhibit A, the health plan follows the standard of:

- 90 days for participating providers and facilities
- 12 months for nonparticipating providers and facilities

Timely filing is determined by subtracting the date of service from the date we receive the claim and comparing the resulting number of days to the applicable federal or state mandate. If there is no applicable federal or state mandate, then the number of days is compared to the health plan standard. If services are rendered on consecutive days, the limit will be counted from the last day of service. Limits are based on calendar days unless otherwise specified. If the member has other health insurance that is primary, then timely filing is counted from the date of the Explanation of Payment (EOP) of the other carrier.

Claims filed outside the timely filing limit will not be subject to reimbursement unless the provider presents documentation proving a clean claim was filed within the applicable filing limit.

The health plan reserves the right to waive timely filing requirements on a temporary basis following documented natural disasters or under applicable state guidance.

Related Coding

Standard correct coding applies.

Coverage provided by: In Arizona: Wellpoint Texas, Inc., Wellpoint Ohio, Inc., or Wellpoint Insurance Company. In Iowa: Wellpoint Iowa, Inc. In New Jersey: Wellpoint New Jersey, Inc. or Wellpoint Insurance Company. In South Carolina: Wellpoint South Carolina, Inc. In Tennessee: Wellpoint Tennessee, Inc. or Wellpoint Insurance Coverage. In Texas: Wellpoint Insurance Company or Wellpoint Texas, Inc. In Washington: Wellpoint Washington, Inc., who profoundly acknowledges and respects the inherent sovereignty of the federally recognized tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the tribes, a bond reiterated by the Centennial Accord and established by RCW 43.376. We heartily commit to enhancing our coordination, collaboration, and communication with tribal health programs and providers. Our activities are driven by an intent of respect, understanding, and recognition of the deeply rooted traditions and values of the tribal communities. In West Virginia: Wellpoint West Virginia, Inc.

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Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Corrected Claims

Eligible Billed Charges

Proof of Timely Filing

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract

Policy History

01/01/2026	Entered South Carolina Medicare Advantage and West Virginia Medicare Advantage
06/03/2025	Review approved and effective: no changes
12/27/2025	Review approved: policy template updated
07/07/2020	Review approved
08/16/2019	Review approved 08/16/2019 and effective 07/01/2020: timely filing for participating providers updated
05/04/2018	Review approved: policy template updated
08/01/2016	Review approved: timely filing requirement clarified
11/04/2015	Review approved: policy title updated; corrected claims policy language removed
08/24/2015	Review approved: policy template updated
08/24/2014	Review approved: paper and electronic corrected claims language removed
11/07/2011	Review approved: policy template updated
12/18/2008	Review approved: OHI information clarified; timely filing waiver exemptions added; contracting/appeals process exemptions removed
08/09/2006	Initial approval and effective

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless

otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

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