



Managing Behavioral Healthcare for the Citizens of Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, and Wilson Counties

Timely Filing Override Request Form Instructions

The Time Limit Override Form is an electronic form which can be used to request an override of the time limit edit and allow a claim to continue in the adjudication process against remaining edits when an issue outside of the provider's control prevented a timely submission.

To make a request, a claim must have been denied for "claim received after billing period". The request will be reviewed by the Director of Funding Services and a decision rendered.

Timely filing guidelines for original claims require Provider Agencies to submit claims as follows. Medicaid Funded Claims

Hospital Claims – 180 days from the date of service

All other – 90 days from the date of service

State Funded Claims

Hospital Claims – 180 days from the date of service

90 days from the date of service

Note:

If a denial has not been received for "claim received after billing period" a time limit override request should not be submitted. Requests for claims for which there has not been a denial for this reason will be denied.

Completing the form

Provider Agency

- Name of the provider agency submitting the form

Provider Tax ID Number

- Tax ID number for the provider agency submitting the form

Member Name

- Name of the Member claim is for

Member ID Number

- Member's Medicaid ID or the medical record number assigned by Eastpointe

Claim Number (enter one)

- Claim header # - claim reference number assigned by the MCO system
- My MCS # - claim reference number assigned by the MCO system to claims entered in the portal for CMS1500 and UB04 claims.
- Line item Control # - provider agency's internal reference number submitted on a claim.
- Claim adjudication # - claim detail number assigned to specific service lines within a claim.

Claim submission date

- Date the claim in question was submitted

Reason for Claims Inquiry or Time limit override request

Provide a detailed explanation of why the claim was submitted outside of timely filing guidelines. Be sure to attach documentation to support your reason.

Submitter Name

- Name of person submitting the form

Submitter Job Title

- Job title of person submitting the form.

Date submitting Request

- Date for was submitted to Eastpointe. (will auto-populate)

Submitter's Phone Number

- Work telephone number at which submitter may be contacted with questions.

Submitter's Email Address

- Email address to which a response to the inquiry may be sent.

Attach a copy of any supporting documentation here.

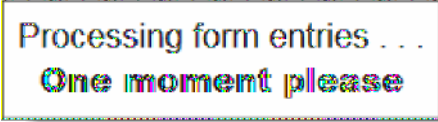
- Attach any documents that will help explain or support the reason for your form submission.

When all data elements on the electronic form have been completed click the send button as highlighted in the screen shot below.

A rectangular button with the word "Send" in black text, highlighted with a yellow background.

This form was created at www.formdesk.com

Once the send button has been clicked the message below will display. This could take a few seconds.

A rectangular box with a thin border containing the text "Processing form entries . . ." and "One moment please" in a colorful, slightly distorted font.

When the send process is complete the message below will display and an email confirmation will be sent to the email address listed that was listed on the form as the submitter's email address.

Thank you for your submission.

A rectangular button with the word "Close" in black text, highlighted with a yellow background.

Powered by www.formdesk.com

Normal expected turnaround time for processing is 15 business days.