Submitting Proof of Timely Filing

Timely filing denials are often upheld due to incomplete or invalid documentation submitted with reconsideration requests. The following information has been compiled to help clarify the documentation required as valid proof of timely filing documentation. When submitting a request for reconsideration of a claim to substantiate timely filing, please follow the appropriate instructions below.

For claims submitted electronically:
- Submit an electronic data interchange (EDI) acceptance report. This must show that UnitedHealthcare or one of its affiliates received, accepted and/or acknowledged the claim submission.
  **Note:** A submission report alone is not considered proof of timely filing for electronic claims. It must be accompanied by an acceptance report.
- The acceptance report must:
  o Include the actual wording that indicates the claim was either “accepted,” “received” and/or “acknowledged.” (Abbreviations of those words are also acceptable.)
  o Show the claim was accepted, received, and/or acknowledged within the timely filing period.

For paper claims:
- Submit a screen shot from accounting software that shows the date the claim was submitted. The screen shot must show:
  o Correct patient name
  o Correct date of service
  o Submission date of claim
  o The submission date must be within the timely filing period.

**Note that timely filing limits can vary greatly, based on state requirements and contract types.** If you are not aware of your timely filing limit, please refer to your provider agreement.
Other valid proof of timely filing documentation
Valid when incorrect insurance information was provided by the patient at the time the service was rendered:

- A denial/rejection letter from another insurance carrier
- Another insurance carrier’s explanation of benefits
- Letter from another insurance carrier or employer group indicating coverage termination prior to the date of service of the claim
- Letter from another insurance carrier or employer group indicating no coverage for the patient on the date of service of the claim

All of the above must include documentation that the claim is for the correct patient and the correct date of service.

The date on the other carrier’s payment correspondence starts the timely filing period for submission to UnitedHealthcare.

In order to be considered timely, the claim must be received by UnitedHealthcare within the timely filing period from the date on the other carrier’s correspondence.

If the claim is received after the timely filing period, it will not meet timely filing criteria.