

CLAIM TIMELY FILING POLICIES

To ensure your claims are processed in a timely manner, please adhere to the following policies:

- **INITIAL CLAIM** – must be received at Cigna-HealthSpring within 120 days from the date of service.
- **SECONDARY FILING** – must be received at Cigna-HealthSpring within 120 days from the date on the Primary Carrier's EOB.
- **CORRECTED CLAIMS** – must be received at Cigna-HealthSpring within 180 days from the date on the initial Cigna-HealthSpring Remittance Advice. These claims must be clearly marked "CORRECTED" in pen or with a stamp directly on the claim form.
- **INITIALLY FILED TO INCORRECT CARRIER** – must be received at Cigna-HealthSpring within 120 days from the date of the denial on the incorrect Carrier's EOB/RA (as long as the claim was initially filed to that carrier within 120 days of the date of service). The denial **MUST BE SUBMITTED** along with the claim for payment consideration.
- **NOTE: Billing system print screens are NOT ACCEPTED for proof of timely filing.** Claims submitted to Cigna-HealthSpring after these time limits will not be considered for payment.

If filing electronically:

- When using EDI, your claims may be sent to your clearinghouse, but may NOT have been received by Cigna-HealthSpring. Therefore, it is imperative to check the daily Rejection Report from your clearinghouse for any claims that may not have been accepted by your clearinghouse, Cigna-HealthSpring's clearinghouse or Cigna-HealthSpring.
- If you are uncertain of your EDI claims activity, contact your clearinghouse first to ensure your claims are being transmitted correctly.

IMPORTANT: If you have NOT received a Remittance Advice within 45 days for a claim you have submitted, please check status online through [HSConnect](#). If the claim is not in our system, please submit the claim to Cigna-HealthSpring immediately. The claim must be received within 120 days from date of service to be considered timely.