

DA NEWS BLAST

TIMELY FILING MATTERS: Help Us Help You Get Paid Faster

Dear Provider:

This is an important reminder that can directly impact your revenue: Timely filing Limits are strict, and late claims often mean lost income.

Each insurance payer sets a deadline for how long you have to submit a claim after the date of service. Once that window closes, the claim is no longer reimbursable, regardless of the circumstances.

To ensure your practice gets paid:

- Submit all documentation and encounter notes to your billing team at DAI as quickly as possible after services have been rendered.
- Respond promptly to requests for additional information or corrections
- Verify insurance eligibility and active coverage prior to each patient visit or at the time of check in
- Make sure referrals and prior authorizations (if required) are obtained and documented
- Keep your NPI, CAQH, and credentialing details current to avoid denials
 - If DAI is not already handling this for you, should we? 🤔

Even small delays can cause your claim to fall outside the timely filing window. We're here to help you avoid that -- but we can't do it without your cooperation.

Please see the list below of timely filing limits for your most used payers:

Payer	Limit
AARP	90 days
Aetna	120 days
American Health Plan of LA <small>formerly Dignity Health</small>	180 days
BCBS LA	15 months <small>*with some 12 month exceptions*</small>
ChampVA	180 days
Cigna	90 days
Humana	90 days
Medicare	12 months
Medicaid Louisiana	12 months
Tricare	12 months
United Healthcare	90 days
Vantage Health Plans	90 days
Wellcare	180 days

If you have any questions about timely filing or need assistance checking payer-specific rules, our team is here to help. Let's work together to keep your revenue flowing smoothly!

Sincerely,
Doctors' Advantage
Education Team