Timely Filing

eMEDIX
August 2023

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Timely Filing

The Timely Filing feature in eMEDIX Online allows the user to provide documentation of timely filing to the payer. Users can generate and download a PDF with claim information displayed along with a message stating the claim was submitted to the payer and to process for payment.

Accessing Timely Filing Information

When a final response has been received for a claim, an icon displays in the Timely Filing column of the search results table for Claims Connection and Revenue Resolve. The icon also displays if a claim is in Transmitted status and has received a response back from a receiver or third-party.

- Click the icon to view the Timely Filing screen with the claim information.

ked	Pat Ctrl Nbr	Medical Rec Nbr	Patient Name	Date Of Service	Total Charges	Received Date	Payer	Subscriber ID	Billing NPI	Rendering NPI	eMEDIX Trace Nbr	Claim Status	Timely Filing	Contains
	11186601		MOUSE, MICKEY	05/21/2021-05/21/2021	$425.00	08/09/2021	07102 - MEDICARE A NOVITAS	4PD2ZZ1UPS1	1073164125	1447760889	ONLINEDEMOI2100000000186	ACCEPTED	▤	⊞⑤⑤

Timely Filing Document

Overview

The PDF displays the date generated and returns data from the claim to include in the document.

- Users can add/edit data and generate the letter from this screen
- Users can view any previously generated letters from the History tab.
- Click Return to go back to the original claim from where it was originally accessed in either Claims Connection or Revenue Resolve.

Timely Filing Report	History	
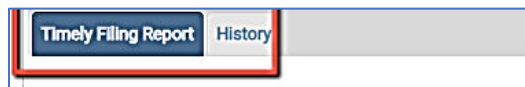
Timely Filing Report Tab

The Timely Filing tab includes the letter with input fields to add/edit data. Allows the user to generate the timely filing letter as a downloadable PDF to print/send to the payer as necessary.

- This screen is designed for professional, institutional, and dental claims, and the fields displayed on the screen will vary depending on the type of claim selected.
- Review the data
- At the bottom of the report, check the appropriate box(s) for any attachments to be included.

Attachments:	☐ Original HCFA	☐ Corrected HCFA	☐ EOB	☐ Additional Documents

- Add additional notes and comments in the "add comments box"

Add additional comments here

- Click Generate to generate the letter or Return to go back to the claim

Return   Generate

- Once the timely filing letter is generated, it is saved in the history tab.

Timely Filing History Tab

This tab stores a list of generated Timely Filing letters for the claim.

- Letters can be downloaded from this screen when needed.
- If the grid is empty, it means no letters were generated.
- The grid includes the Date the file was generated, the user who generated the letter, and the file name link.
  - Click the file name link to view and/or download the generated file.

Timely Filing Examples

Professional Claim Timely Filing Letter Example

eMEDIX
Reimbursement Solutions

MEDICAL LAB
135 PARK OFFICE STE 10
CARY, NC 275187425

MEDICAID
P O BOX 300009
RALEIGH, NC 27699

Date: 03/29/2023

We kindly request the review of the following claim which was filed on behalf of LIZA MANDALA on 10/01/2019. Please process this claim for payment. If you have any questions, contact our billing office at: (999) 999-9072

Billing Tax ID:	474347430	**Payer ID:**	DNC00
Billing NPI:	1932572553	**Payer Name:**	MEDICAID
Billing Provider:	MEDICAL LAB	**Rendering Provider:**	MEDICAL LAB (1932572553)
Place of Service:	INDEPENDENT LABORATORY (81)	**Facility Information:**	MEDICAL LAB (1932572553)

Subscriber Name:	LIZA MANDALA	**Patient Name:**	LIZA MANDALA
Subscriber ID:	948888788S	**Patient DOB:**	09/11/1988
Date(s) of Service:	09/25/2019-09/25/2019	**Claim Charge:**	$ 195.86
Subscriber DOB:	09/11/1988		

The charges are itemized below.

DX1	DX2	DX3	DX4	DX5	DX6	DX7	DX8	DX9	DX10	DX11	DX12
E669	I509	Z79899	I10	F17200	F419	F1120					

Dates	Units	CPT	Modifiers	Description	DX Pointers	Amount
09/25/2019	1	G0483		Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, eia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed	1,2,3,4	$195.86

Submission and Response details are listed below.

Filed Date	eMEDIX Trace Number	File Name	Sender/Submitter ID
10/01/2019	RRPP1900000115050	NC_TRACKS_X222RRP031335.out	L2S2

Response Date	Type	Message
10/01/2019	INTERNAL	Claim Forwarded to NC_MEDICAID_N
10/01/2019	RECEIVER	Claim Acknowledged by NC_MEDICAID_N

Attachments: ☐ Original HCFA ☐ Corrected HCFA ☒ EOB ☐ Additional Documents

Additional comments display here.

Institutional Claim Timely Filing Letter Example

eMEDIX
Reimbursement Solutions

VALLEY CFS
22 SCHOOL ST
HONOLULU, HI 96819-2539

BCBS
P O BOX 31372
TAMPA, FL 33631-3372

Date: 04/05/2023

We kindly request the review of the following claim which was filed on behalf of ADAM PAULSON on 03/03/2023. Please process this claim for payment.

Billing Tax ID:	990999797	**Payer ID:**	401
Billing NPI:	1119979922	**Payer Name:**	BCBS
Billing Provider:	VALLEY CFS	**Rendering Provider:**	VALLEY CFS (1119979922)
Bill Type:	771	**Facility Information:**	VALLEY CFS MAIN

Subscriber Name:	ADAM PAULSON	**Patient Name:**	ADAM PAULSON
Subscriber ID:	27999599	**Patient DOB:**	05/02/1999
Date(s) of Service:	04/28/2022-04/28/2022	**Claim Charge:**	$ 368.00
Subscriber DOB:	05/02/1999		

The charges are itemized below.

Principal DX Code: F419   **Admitting DX Code:**

Other Diagnosis Codes						
F341	F17200					

Principal Procedure Code:

Other Procedure Codes						

Dates	Units	CPT	Modifiers	Description	Revenue	Amount
04/28/2022	UN	90834	95	PSYTX PT&/FAMILY 45 MINUTES	0900	$200.00
04/28/2022	UN	90832	95	PSYTX PT&/FAMILY 30 MINUTES	0900	$168.00

Submission and Response details are listed below.

Filed Date	eMEDIX Trace Number	File Name	Sender/Submitter ID
03/03/2023	BCCI2300000500149	SC_BCBS_X223BCC900816.out	CGW0400SC3

Response Date	Type	Message
01/16/2023	INTERNAL	Claim Rejected by eMedix Clearinghouse
		7612 Invalid Emdeon Payer Code Loop: 2000B Segment: HL Error Data: S4163
03/03/2023	INTERNAL	Claim Forwarded to payer
03/03/2023	RECEIVER	TEST

Attachments: ☐ Original HCFA   ☐ Corrected HCFA   ☐ EOB   ☐ Additional Documents

Dental Claim Timely Filing Letter Example

eMEDIX ®
Reimbursement Solutions

MCHC
11 INDEPENDENT ST
WEST PLAINS, MO 657754221

DENTAL OFFICE
PO BOX 5
JEFFERSON CITY, MO 65102

Date: 04/06/2023

We kindly request the review of the following claim which was filed on behalf of JENNIE WILLIS on 03/27/2023. Please process this claim for payment.

Billing Tax ID:	455955755	**Payer ID:**	CKMO88
Billing NPI:	1475555544	**Payer Name:**	DENTAL OFFICE
Billing Provider:	MCHC	**Rendering Provider:**	TRAVIS HEARD (1888888882)
Place of Service:	OFFICE (11)	**Facility Information:**	
Subscriber Name:	JENNIE WILLIS	**Patient Name:**	JENNIE WILLIS
Subscriber ID:	62222220	**Patient DOB:**	01/06/2005
Date(s) of Service:	03/19/2012-03/19/2012	**Claim Charge:**	$ 150.00
Subscriber DOB:	01/06/2005		

The charges are itemized below.

DX1	DX2	DX3	DX4
111			

Dates	Units	CPT	Modifiers	Description	DX Pointers	Amount
03/19/2012	1	D1206			1	$34.00
03/19/2012	1	D0120			1	$35.00
03/19/2012	1	D0272			1	$33.00
03/19/2012	1	D1120			1	$48.00

Submission and Response details are listed below.

Filed Date	eMEDIX Trace Number	File Name	Sender/Submitter ID
03/27/2023	DCCD2300000500090	ESOLUTIONS_DCC000027.txt	571234567
03/27/2023	DCCD2300000500152	ESOLUTIONS_DCC000027.txt	571234567
03/27/2023	DCCD2200000500727	ESOLUTIONS_DCC000027.txt	571234567
03/27/2023	DCCD2300000500835	ESOLUTIONS_DCC000027.txt	571234567

Response Date	Type	Message
03/27/2023	INTERNAL	Claim Forwarded to payer
03/27/2023	INTERNAL	Claim Forwarded to payer
03/27/2023	INTERNAL	Claim Forwarded to payer
03/27/2023	INTERNAL	Claim Forwarded to payer
03/27/2023	RECEIVER	TEST

Attachments: ☐ Original HCFA ☐ Corrected HCFA ☐ EOB ☐ Additional Documents

Additional comments display here.