

**Payment Policy | TEMPORARY Timely Filing  
Limit Extension Policy – Additional 185 Days  
During the COVID-19 Crisis**



**EFFECTIVE DATE:** 03|18|2020

**POLICY LAST UPDATED:** 03|08|2021

## OVERVIEW

Due to the potential disruption in business practices related to COVID-19, Blue Cross & Blue Shield of Rhode Island (BCBSRI) will **TEMPORARILY** allow for an additional one-hundred and eighty-five (185) day extension to its current timely filing claims submission timeframe as outlined in its Timely Filing policy, subject to the limitations outlined in this policy.

This policy applies to BCBSRI participating providers only.

This policy is effective for dates of service on or after March 1, 2020 through and including March 31, 2021. Any claims submitted with a date of service on or after April 1, 2021 will follow standard timely filing rules of 180 days. Please refer to the Timely Filing policy in the Related Policies section for standard timely filing guidelines.

BCBSRI reserves the right to implement and revoke this policy without the contractual sixty-day (60) notification for a change in policy that is normally required under BCBSRI contracts with its providers. This applies to both the effective date as well as the withdrawal date of this policy.

**Notice of the implementation and withdrawal of this policy will only be communicated through its posting on BCBSRI's provider website.**

## POLICY STATEMENT

### Commercial Products and Medicare Advantage Plan Participating Providers:

This policy shall **TEMPORARILY** extend BCBSRI's timely filing claims submission timeframe by an additional one hundred and eighty-five (185) days/allow for a full three hundred and sixty-five (365) days timely filing limit from the initial date of service while this policy is in effect.

This policy is in effect for dates of service on or after March 1, 2020 through and including March 31, 2021.

This policy does not apply to:

- Dental Providers, as BCBSRI currently allows for 365 days claims submission;
- Member submitted claims/receipts;
- Nonparticipating providers; and
- Veterans Administration Facility services

## MEDICAL CRITERIA

Not applicable

## BACKGROUND

### Appeals of Payment Determinations

Providers are entitled to a review and reconsideration of any claims payment that is believed to be inaccurate or does not reflect an appropriate allowance for the services rendered. Administrative appeals are handled by BCBSRI's Grievance and Appeals Unit (GAU). GAU will acknowledge receipt of appeals either orally via telephone or in writing via an acknowledgement letter. BCBSRI staff will complete the review and send a determination letter. The entire process will be completed within 60 calendar days of receipt of the appeal.

To report errors or request review of a payment (or adjustment), call the Physician and Provider Service Center, or write to or send the Provider Appeal Request Form to:

Attn: Grievance and Appeals Unit  
Blue Cross & Blue Shield of Rhode Island  
500 Exchange Street  
Providence, RI 02903

#### **COVERAGE**

Not applicable

#### **CODING**

Not applicable

#### **RELATED POLICIES**

**TEMPORARY** Cost Share Waiver for Treatment of Confirmed Cases of COVID-19 During the COVID-19 Crisis

**TEMPORARY** COVID-19 Diagnostic Testing

**TEMPORARY** Encounter for Determination of Need for COVID-19 Diagnostic Testing

**TEMPORARY** Telemedicine/Telehealth and Telephone Preventive Medicine Evaluation and Management Visits and Annual Wellness Visits During the COVID-19 Crisis

**TEMPORARY** Telemedicine/Telehealth and Telephone Services During the COVID-19 Crisis – Effective 3/18/20

Timely Filing

#### **PUBLISHED**

BCBSRI's website under Alerts and Update

#### **REFERENCES**

Not applicable

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