

**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

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

