

Dermatology Coding Alert

DECEMBER'S RECIPE FOR BILLING SUCCESS: Follow These Filing Tips to Overcome Time Challenges

If you don't file claims within the time limits the payer sets, you won't receive payment no matter how clean your claim is. But if you deal with multiple carriers with multiple filing time constraints, keeping them straight can be a challenge.

Follow these expert tips to help you keep track of differing filing time limits and be sure you submit all your claims on time.

Differentiate Contract and Noncontract

When you're thinking about timely filing guidelines, you first need to distinguish whether you're billing for a contracted provider or a non-contracted provider. If you're submitting a bill to a payer your provider contracts with, you need to look at the contracts and see what the filing times are, says **Steve Verno, NREMT, CMBSI**, director of reimbursement at Emergency Medicine Specialists in Hollywood, Fla.

Pointer: You may be able to renegotiate your contract with a payer to increase the timely filing limit. Always review the timely filing limit and determine if it's reasonable before signing on or renewing with a payer.

When you're billing for a noncontracted provider, however, that noncontracted provider is not subject to an insurance company's policies and procedures, which includes timely filing limits, Verno says. "When a noncontracted provider sends a claim, it is a claim to have the patient's benefits paid and it is the patient's claim, not the provider's. The patient, through a contract that has been established by the patient's employer or through the patient himself, has his own time limit to submit a claim."

Consult State Guidelines

Check to see if your state has a law that establishes timely filing limits for all providers, both contracted and noncontracted, says **Cyndee Weston**, executive director of the American Medical Billing Association.

Example: Florida statute 641.3155 states that the provider has 180 days from the date of service and when the provider receives the correct insurance information to submit a claim. "Rather than accept an insurance company's 90 days, I can demand the 180 days and from when I receive the correct information," Verno says.

Note: There are health plans that do not fall under state law, such as Medicare plans, Medicare HMO plans, and ERISA Plans, Verno says.

Improve Efficiency Through Communication

Create a chart: Perhaps the easiest way to take charge of multiple limits is to make a chart that lists each carrier's timely filing limit. Then you'll be able to quickly identify the payer with the shortest limits and work on those claims first.

To help improve the efficiency of this process, you should separate your claims by payer so you always know which ones need the most prompt attention. Arranging a set billing schedule will also help to cut down on timely filing denials. For claims with the shortest filing limits, keep an eye on their progress and call carriers to check up when necessary.

Communication is key: If you depend on hospitals and other entities to send you test results and other information before you can file claims, improved communication is often the key to making your deadlines.



Meet with hospital and physician billing contacts on a weekly basis, Verno says. You can facilitate the information transfer process by maintaining contact with a specific person in the hospital billing office.