

Dermatology Coding Alert

Reader Question: Appeal Is an Option When Patient Prevents Timely Filing

Question: We have a timely filing concern. Our physician saw a patient who didn't have her insurance information with her at the time of service. We are ready to submit her claim so the doctor can get paid, but she still has not provided her insurance information and we are getting close to the timely filing deadline. What should we do?

Florida Subscriber

Answer: If your practice had the claim ready to send, but the patient did not provide his insurance information in time for you to meet the timely filing deadline, you may have a few options. You can:

1. Appeal
2. Write off the claim
3. Follow-up with the patient for the money.

The only time you can submit a bill to the patient after the timely filing deadline and successfully seek payment is if the patient did not provide you with the proper information before the filing deadline. The payment then becomes the patient's responsibility, and you should bill the patient rather than write off the claim amount.

Here's how: To appeal when the patient delays insurance information, send a letter to your payer and include a printout from your system that shows the insurance information and when the patient gave it to your office. In the letter, ask the payer to rescind its denial based on timely filing and instead deny the claim as the patient's responsibility because the patient failed to provide insurance information.

If you use an electronic system, you can easily keep track of when patients call in and make changes to their insurance as well as when you get copies of new insurance cards. This documentation will help you prove when the patient gave you her insurance information.

Good news: Some practices say that they've successfully appealed timely filing denials when the patient did not provide the information until after the filing limit. You can try appealing the denial, explaining that if the patient had provided you with the correct insurance information, you would have filed the claim within the proper amount of time. You may want to include documentation showing when you first billed the patient and a history of all other statements you sent to the patient.