

BCBS & Insurance Reminders

- ▶ **BCBSNCA & Other PPO Products:** Due to burdensome contract and administrative requirements, as well as reduced fee schedules, as of January 1, 2003, **we NO LONGER participate with ANY insurance products.** Patients are responsible for total charges regardless of insurance. We will file your claims as a courtesy. Your claims will be processed through your out of network benefits. You may be reimbursed (or applied to your deductible) directly by your insurance. No insurance referrals are accepted since any coverage would be forthcoming from your out-of-network benefits.
- ▶ **BCBS:** Again, we are nonparticipating providers w/BCBS. We will be happy to file your claim as a courtesy for reimbursement and/or applied to deductible. BCBS responds directly to you (the patient) This is their policy. They do NOT respond to Foxhall Surgical. **Allow 4-6 weeks for a response from BCBS.** It may be sooner, but if you have not heard from them after 6 weeks, please give them a call to check the status of the claim. Patients with Local& NonFederal BCBS may use their website to check claim status: www.carefirst.com.
- ▶ **Again, BCBS does not send our office anything.** They only respond to the patient. We are happy to assist you with an appeal or inquiry if you disagree with their processing.
- ▶ **Timely Filing Penalty:** BCBS enforces a strict timely claim filing deadline. It may be either a strict 6 month or up to a 1 year filing deadline based on your coverage. BCBS will deny your claim if claim is not received within the specified time requirement. **You MUST stay on top of your claim status since they don't send the providers any correspondence.** If there is no claim on file, please give us a call, we will be happy to refile the claim. They will not consider a claim after 6 months from the date of the service.
- ▶ **Appeal Assistance:** If you would like us to assist with any appeal and/or follow up on a claim, you need to forward us the BCBS EOB (explanation of benefits) and insurance payment. The EOB must be received within 60days of date of EOB. Please forward a simple cover letter / note with the EOB, instructing us if you want us to review only, review for possible appeal, and/or other instruction.
- ▶ **Timely Appeal Penalty:** BCBS enforces a strict appeal filing deadline if not received within 6 months from the date of the EOB. Again, if you want appeal assistance, you must provide us a copy within 60 days of date of EOB, and allow us 30-45 days to draft a response.
- ▶ **Waiting Periods:** Many insurance carriers including Medicare and Federal Employee Plans have a strict policy about covering **routine screening** exams (ie: mammograms, pap smears, routine colonoscopy, etc.) **ONLY** within certain time periods. **Waiting periods** may apply. From a strict 365 day calendar year to once every fiscal year, they may not cover another routine screening mammogram until that waiting period is satisfied. If your insurance denies coverage or the patient falls under this category, the patient is financially responsible for all charges.
- ▶ **Laboratory & Radiology:** It is your responsibility to check with your insurance regarding any pre-authorization requirements for recommended radiology &/or laboratory orders. If you have specific requests as to where you want specimens, laboratory orders or film orders to be directed, it is your responsibility to bring this to the Clinical Assistant's attention, NOT to the doctors. The staff handles the procedures for these requests.