

Blue Cross Blue Shield of Georgia (BCBSGa) Billing Dispute External Review Process

Since May 4, 2006, the Billing Dispute External Review Process has been available to physicians who are class members of the Shane–Thomas Managed Care Settlement Agreement (“the Settlement Agreement”) and physician groups comprised of such physicians. The process is intended to resolve:

- 1) Disputes over the application of BCBSGa’s coding, payment rules and methodologies for fee–for–service claims to patient specific factual situations.
- 2) Disputes relating to whether BCBSGa has complied with the provisions of the Settlement Agreement, requiring a physician to submit records in connection with a claim for payment (either prior to or after payment).

Please note that physicians and physicians’ groups must exhaust BCBSGa’s internal appeal/review process for billing disputes before submitting a dispute to the Billing Dispute External Review Board (BDERB). This requirement will be deemed to have been satisfied if BCBSGa has responded to your appeal, and their response indicates internal review has been exhausted or if there is no notice of BCBSGa decision within 30 calendar days after you have supplied all documentation reasonably needed to complete the internal appeal/review. Physicians and physicians’ group must submit their Billing Dispute request directly to the BDERB. It must be post–marked no later than 90 calendar days after exhausting BCBSGa’s internal appeals/review process.

In order to initiate the external Billing Dispute External Review Process, certain criteria must be met, and a fee is required. The requirements are:

- Disputes may be submitted only by a physician who is a member of the Shane–Thomas settlement class or a physician group comprised of such physicians.
- BCBSGa’s internal appeals/review process must be exhausted.
- The amount in dispute (for either a single claim for covered services or multiple claims involving similar issues) must be greater than \$500*.
- The dispute must be filed in writing within 90 calendar days after the exhaustion of BCBSGa’s Internal Appeals/Review Process.
- The physician or physician group must submit the proper filing fee as shown below.

*A physician or physician group may submit a dispute with a disputed amount less than \$500 to the BDERB if the physician or group intends to submit additional disputes involving similar issues within one year such that the aggregate amount in dispute will exceed \$500. The BDERB will defer consideration of the dispute until and unless such additional disputes are submitted.

Filing fees are as follows:

- If the amount in dispute is less than or equal to \$1,000, the fee is \$50.
- If the amount in dispute is more than \$1,000, the fee is \$50 plus 5% of the amount by which the amount exceeds \$1,000, but in no event more than 50% of the cost of the review.

If the physician prevails, the filing fee will be refunded.

Instructions:

Please be sure that your submission meets the requirements set forth below. You must be able to answer “Yes” to these questions. (Note, if this is a dispute regarding a “Records Requirement”, please download and complete a copy of the “Request for Dispute of Records Requirement” at www.hmosettlements.com).

- A. Are you a class member of the Shane–Thomas Managed Care Settlement Agreement?
- B. Date of Service – Is the date of service after July 11, 2005?
- C. Exhaustion of BCBSGa’s Internal Appeals/Review Process.
 - 1. Have you filed an internal appeal with BCBSGa and been notified of the outcome?
OR
 - 2. Have you filed an internal appeal about which BCBSGa has failed to communicate a notice of its decision within 30 calendar days after receiving all documentation reasonably needed to complete the appeal/review?
- D. Amount in Dispute – The amount in dispute (the additional amount you believe BCBSGa should have paid) for the single or multiple claims must be more than \$500.
 - 1. Is the disputed amount of the single or multiple claim(s) submitted at this time more than \$500?
OR
 - 2. Have you previously filed and deferred consideration of billing disputes involving similar issues within one (1) year, and if so, does the filing of this claim result in an aggregate disputed amount greater than \$500?
OR
 - 3. If this request is less than \$500, but you would like this request to be deferred so that you may submit additional billing disputes later? (Note: The filing fee is payable with your first submission.)

You must submit BCBSGa's final appeal letter with your dispute if you have received one. You must also attach the Billing Dispute External Review Form and all supporting documentation that you would like to be considered by the BDERB. Examples of supporting documentation include Remittance Advice(s) and clinical information.

The BDERB may request additional documentation from you. Any such additional documentation must be submitted within 30 calendar days of the request.

Blue Cross Blue Shield of Georgia Billing Dispute External Review Form

Please send this completed form and the filing fee to the Billing Dispute External Review Board, IMEDECS (formerly known as HAYES Plus, Inc.). Attach the final appeal denial letter (if you received one) and any supporting documentation you would like the Billing Dispute External Review Board to consider (e.g., Explanation of Benefits (EOB), additional clinical information) to:

IMEDECS
157 S. Broad Street
Lansdale, PA 19446
Phone: 215-855-4633 Fax: 215-855-5318

Physician Information:

Treating Physician Name (as submitted on claim):		Tax ID (as submitted on claim):
Billing Address (Street, City, State, Zip):		
Telephone Number: Office () ext.		Fax Number: Office ()
Contact Name:	Contact Phone Number:	Contact E-Mail:

If Codes/Modifiers are Disputed:

A specific code set must be identified; a minimum of two codes must be entered below.

Note: To see examples of the types of disputes eligible for review, please refer to the attached Example Billing Dispute Category list.

CPT Code (Primary)	CPT Code (secondary)	(and/or) Modifier
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Claim Information:

If your billing dispute contains multiple claims for the same code set, please attach a separate sheet noting the physician's name, member's name, member's ID, date of service, and claim number.

Member Name:	Member ID Number:	Member Group Number: (Optional)
Member Address (Street, City, State, Zip):		

Request for Physician Billing Dispute External Review:

Date of Service:	Claim Number (Indicated on Explanation of Payment):
Amount in dispute (the additional amount you believe you are entitled to receive in this dispute):	Filing fee: (Please check one) <ul style="list-style-type: none">• \$50 Disputed amount greater than \$500 and less than or equal to \$1,000• \$50 + 5% of amount of dispute which exceeds \$1,000. The fee may not exceed 50% of the cost of the review.• No amount is enclosed because this claim is an aggregate of a deferred claim for which a filing fee has previously been paid. Amount enclosed: _____ Please make check payable to IMEDECS
The decision of IMEDECS is final and binding on BCBSGa and the physician or physician group only with respect to the specific case under review by IMEDECS. Physicians may access the BCBSGa web site (www.bcbsga.com) or the IMEDECS web site (www.IMEDECS.com) for further information.	

Comments:

I hereby acknowledge the terms of the Billing Dispute External Review Process, further certify that I am a member of the class, and further certify the accuracy of the material and information submitted with the request.

Signature of Physician:

Date:

DISPUTE CATEGORY EXAMPLE LIST

The following list contains examples of the types of billing disputes that are eligible for submission to the Billing Dispute External Review Process. It is not an exhaustive list of every eligible dispute, but is provided to assist you in submitting eligible disputes for External Review. Disputes that are not eligible for this process may still be referred to BCBSGa for resolution through the internal appeal process. For example, disputes about the reimbursement rates set by BCBSGa through its fee schedules or about allowable fee determination for out of network physicians may be referred to BCBSGa.

IMEDECS will determine whether your dispute is eligible for review. To assist IMEDECS with the determination, please indicate the type of issue that you are raising.

Examples of Billing Disputes eligible for review if all requirements indicated above are satisfied include:

- Assistant Surgeons (includes modifier 82) – Eligible/Non Eligible
- Consultation on X-ray Examination, Written Report (CPT code 76140)
- Modifier 22 – Unusual Procedural Services
- Modifier 23 – Unusual Anesthesia
- Modifier 24 – Unrelated Evaluation & Management Service by the Same Physician during a Postoperative Period
- Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
- Modifier 51 – Multiple Procedures
- Modifier 59 – Distinct Procedural Service
- Modifier 62 – Two Surgeons
- Modifier 66 – Surgical Team
- Therapies – Modalities per Date of Service
- Reduction of the intensity of an E&M code(s)

- Reduction of the intensity of a service (other than an E&M code)
- Other “bundling” edits

Frequently Asked Questions:

Q: When I file a dispute, how quickly will I have a resolution?

A: Once the Billing Dispute External Review board (BDERB) receives your billing dispute, it will evaluate your submission to determine if you have met the requirements. The BDERB will then request verification and documentation from BCBSGa. BCBSGa has 30 days to submit documentation to the BDERB. After the BDERB receives all necessary documentation, the BDERB has 30 days to review the billing dispute.

Q: If my billing dispute is decided in my favor, what is the resolution time for BCBSGa to process the claim for reimbursement?

A: If the billing dispute is decided in the physician's favor, the plan will reprocess the claim and send payment to you within 15 days after receipt of notification of the BDERB's decision.

Q: What do I do if I want to challenge a request for records?

A: If the dispute related to BCBSGa's requirement that records be submitted (either prior to or after payment), the physician or physician group may elect not to utilize BCBSGa's internal appeals process and request that the BDERB grant an expedited review, but must demonstrate that BCBSGa's requirement has a "significant adverse economic effect" on the physician. If the BDERB determines that this has not been demonstrated, it will dismiss the claim pending exhaustion of BCBSGa's internal appeals process. A copy of the "Request for Dispute of Records Requirement" can be downloaded at www.hmosettlements.com.

Q: Are there further appeal rights after the BDERB decision? Is the decision binding?

A: The decision made by the BDERB is final and is binding on both BCBSGa and the physician or physician group.

Q: What if I have multiple claims for the same situation?

A: A physician or physician group with multiple claims for similar situations may submit those disputes to the BDERB together, so long as the total of disputes add up to more than \$500. Note: The filing fee is payable with your first submission.

Q: What if I have disputed amounts of \$500 or less?

A: If physician's billing dispute amounts are \$500 or less, additional, similar billing disputes may be submitted within one year of the original billing dispute submission date to accumulate an amount in excess of \$500. Note: The filing fee is payable with your first submission.

Q: Do I have to pay the filing fee?

A: Yes, the filing fee is required.

Q: Where do I send my payment for the filing fee?

A: The filing fee must be submitted to the BDERB at the same time the billing dispute is submitted.

Q: How will I know that I have exhausted the Internal Appeals/Review Process?

A: Please refer to the internal appeals/review policies and procedures on the BCBSGa web site to be sure that the proper procedures have been followed. If you have followed the proper procedures and received BCBSGa's decision, the related notification will state that the internal appeal/review process is exhausted. Also, if you have followed the proper procedures but BCBSGa has failed to notify you of its decision within 30 calendar days after receiving all documentation reasonably needed to complete the internal appeal/review, the internal appeal/review process is deemed to be exhausted.

Q: Who may submit disputes to the BDERB?

A: Physicians who have participated as class members of the Shane-Thomas Managed Care Settlement Agreement and physician groups

comprised of such physicians. If you are uncertain whether you are part of the Settlement Class, please contact BCBSGa's provider services at 800-241-7475 from 8:00 AM to 7:00 PM ET, Weekdays.

Q: Who should I contact to check the status of my billing dispute submitted to the BDERB?

A: Please contact the BDERB, IMEDECS at 215-855-4633.

Q: Can I fax my request to the BDERB? If so, what is the fax number?

A: Yes, physicians may fax the billing dispute to IMEDECS at 215-855-5318.