PCHP Reimbursement Policy		
Topic: Timely Filing	Policy Number: PCHP.RI.021	Policy Section: Administration
Last Modification Date:	Effective Date: 5/15/2025	

Policy Disclaimer:

Please ensure adherence to correct billing and submission protocols. Utilize industry-standard, compliant codes when submitting claims. Services should be coded using Current Procedure Terminology® (CPT), Healthcare Common Procedure Coding System (HCPCS), and/or revenue codes. These codes specify the services or procedures rendered and must be fully substantiated in the medical record or office notes upon billing. Our reimbursement policies apply uniformly to both participating and non-participating professional providers and facilities, unless stated otherwise.

Failure to comply with appropriate coding/billing guidelines or current reimbursement policies may result in actions by PCHP, including claim rejection or denial, claim payment recovery/recoupment, or reimbursement adjustment to accurately reflect the services provided.

These reimbursement policies are designed to support you in submitting accurate claims and to clarify the criteria for reimbursement if PCHP covers the service under the member's benefit plan; however, coverage determination for items such as, but not limited to service, procedure, item, do not guarantee reimbursement. All billed services must align with authorization and medical necessity guidelines.

These reimbursement policies may be overridden by mandates in provider contracts, state or federal regulations, or Centers for Medicare & Medicaid Services (CMS) requirements. PCHP strives to implement policy changes promptly; any delays may necessitate recoupment of claims payment to the effective date as outlined in the policy. We reserve the right to periodically review and update these policies as needed, with the most current version available on our website upon any revisions.

Policy:

PCHP requires clean claims to be received timely to be considered for payment. PCHP follows Texas Medicaid timely filing rules unless provider, federal, or CMS contracts and/or requirements indicate otherwise, a provider can do one of the following:

A) Provide a date of claim receipt compliant with applicable timely filing requirements; or,
B) Demonstrate Good Cause exists.

Documentation:

The following information will be considered proof the claim was received within the time period outlined in the Claims Timely Filing policy. If the claim is submitted:

• By mail: The provider must provide official mailing service return receipt/delivery confirmation; additionally, the provider must provide a copy of the claim log that identifies each claim included in the submission.

• Electronically: The provider must provide the clearinghouse-assigned receipt date from the reconciliation reports. The following information will not be considered proof the claim was received timely. If the claim is submitted:

Fax or hand-delivered claims are not accepted.

Good Cause Definition:

PCHP will consider claims for good cause if the following reasons are met:

- Administrative error — incorrect or incomplete information furnished by official sources to the provider.
- Member Retroactive enrollment — member subsequently received notification of enrollment effective retroactively to or before the date of service.
- Incorrect information furnished by the member to the provider resulting in erroneous filing with another health insurance plan or with their state Medicaid plan.
- In cases where necessary supporting claim documentation or evidence from third parties is delayed despite the provider's reasonable efforts to obtain it.
- Unforeseen circumstances or events beyond the service provider’s control, which demonstrate that the provider could not reasonably have anticipated the need for timely filing.
- Force Majeure or other acts of God outside of the control of the provider

References:

This policy has been developed through consideration of the following:

CMS, Department of Health and Human Services, Texas Health and Human Services and all applicable agencies, National Correct Coding Initiative, National Uniform Billing Committee (NUBC)

Policy History:

Description	Date
Policy Created	May 9, 2024
Policy Approved	January 30, 2025