



Fax

www.prestigehealthchoice.com

To: Participating Provider

Date: August 30, 2019

Subject: Corrected Claim Submission Timeframe Change

Prestige Health Choice is making a change to the amount of time a provider has to submit a corrected claim. As of November 1, 2019, providers will have six (6) months from the date of service (outpatient) or date of discharge (inpatient) to file a corrected claim to Prestige Health Choice. Corrected claims that are received more than 6 months from the date of service or date of discharge, as applicable, will be denied for untimely filing.

When Prestige Health Choice is the secondary payer, providers will have ninety (90) days from the date of the primary insurer’s final determination to file a corrected claim. Corrected claims that are received more than 90 days from the date of the primary payer’s final determination will be denied for timely filing.

As a helpful tool, please note all the important claims timeframes below: *(cont. page 2)*

Action	Timeframe	Timeframe Begins
Initial Claim Submission (Prestige is Primary Payer)	6 Months*	Date of discharge (inpatient) or date of service (outpatient)
Corrected Claim Submission (Prestige is Primary Payer)	6 Months*	Date of discharge (inpatient) or date of service (outpatient)
Initial Claim Submission (Prestige is Secondary Payer)	90 Days*	Date of primary payer’s final determination

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Corrected Claim Submission (Prestige is Secondary Payer)	90 Days*	Date of primary payer's final determination
Provider Complaint	90 Days*	Date of remittance advice
Overpayment Dispute	40 Days*	Date of overpayment notice

**Provider's contractual timeframe will prevail when more advantageous than the timeframes outlined above.*

If you have questions about this communication, please contact your network representative or Provider Services at 1-800-617-5727.