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California Code Of Regulations
|->
Title 28@ Managed Health Care
|->
Division 1@ The Department of Managed Health Care
|->
Chapter 2@ Health Care Service Plans
|->
Article 9@ Financial Responsibility
|->
Section 1300.77.4@ Reimbursements on a Fee-for-Services Basis: Determination of Status of Claims
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## 1300.77.4 Reimbursements on a Fee-for-Services Basis: Determination of Status of Claims

Every plan shall institute procedures whereby all claimforms received by the plan from providers of health care services forreimbursement on a fee-for-service basis and from subscribers and enrollees forreimbursement are maintained and accounted for in a manner which permits the determination of the date of receipt of any claim, the status of any claim, the dollar amount of unpaid claims at any time, and rapid retrieval of any claim. Although any categories for status-determination held unobjectionable by the Director may be used, for the purposes of this section, the following status-determination categories, as a group, shall be presumptively reasonable:

(1)

to be processed,

**(2)** 

processed, waiting for payment,

(3)

pending, waiting for approval for payment or denial,

(4)

pending, waiting for additional information,

(5)

denied.

(6)

paid, and, if appropriate,

**(7)** 

other. These procedures shall involve the use of either a claims log, claims numbering system, electronic data processing records, and/or any other method held unobjectionable by the Director.