California Code Of Regulations
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Title 22@ Social Security
|->
Division 3@ Health Care Services
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Subdivision 1@ California Medical Assistance Program
|->
Chapter 4@ Prepaid Health Plans
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Article 7@ Emergency Services Claims Disputes
|->
Section 53624@ Claims Filing

$\mathsf{C}\mathsf{A}$

53624 Claims Filing

(a)

A provider may submit a dispute to the Department by filing a claim accompanied by a copy of the proof of service of the claim on the plan.

(b)

A claim and proof of service shall be filed within 120 days after the dispute arose.

(c)

For the purposes of this article, a dispute is deemed to arise upon the occurrence of the earlier of the following events:(1) A plan sends notice of rejection or reduction of a demand for payment for care under emergency circumstances. In this case, the dispute arises on receipt of the notice by the provider. (2) A plan fails to pay a demand for payment for care under emergency circumstances within 60 days after the demand was properly mailed to the plan.

(1)

A plan sends notice of rejection or reduction of a demand for payment for care under emergency circumstances. In this case, the dispute arises on receipt of the notice by the provider.

(2)

A plan fails to pay a demand for payment for care under emergency circumstances within 60 days after the demand was properly mailed to the plan.

(d)

No claim shall be filed or prosecuted by an assignee of the claim.

(e)

A claim shall not be accepted for filing concerning any dispute in which the demand for payment was made more than two years after the termination of the provider's services.