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Office of AIDS (OA)
Provider Network Policy Document

Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)
Policy Document Number: **2019-01**

Provider Network Policy Document:
180-day Timely Filing Deadline

Overview

This document is meant to remind providers of the timely filing deadline for medical claims submitted on behalf of uninsured PrEP-AP clients, and to communicate a temporary policy permitting providers to submit claims that exceed the timely filing deadline.

Policy

For uninsured PrEP-AP clients, all medical claims (e.g., new, corrected, or resubmitted claims) must be submitted no more than 180-days from the client's date of service. For insured PrEP-AP clients, there is no timely filing deadline for medical claims.

Temporary Policy through January 31, 2020

Effective immediately, PrEP-AP is suspending the 180-day timely filing deadline and is allowing a grace period. PrEP-AP Network Providers are permitted to submit claims exceeding the 180-day timely filing deadline through January 31, 2020. This is being done in an effort to allow for PrEP-AP providers to catch up their outstanding claims.

Subsequent to the grace period, claims received after January 31, 2020 that exceed the 180-day timely filing deadline will be denied.

Claim Submission Requirements

- Claims must be submitted to PrEP-AP's contractor, Pool Administrators Inc. (PAI)
- Providers are encouraged to submit claims electronically via PAI's medical claims clearinghouse, Availity
 - [Visit the Availity website](#) to register or login
 - When filing claims electronically, use form 837P and send to:
 - ✓ Payer ID: PAI01 for uninsured clients



- ✓ Payer ID: PAI02 for insured clients
 - For assistance with setting up electronic billing, contact PAI at (877) 495-0990
 - Providers who submit claims by paper must use a [CMS 1500 Health Insurance Claim Form](#)
 - Submit paper claims to PAI by:
 - ✓ Email: CDPHPrEP@pooladmin.com
 - ✓ Fax: (860) 724-4599
 - ✓ Mail: PAI-CDPH, 628 Hebron Ave., Ste. 502, Glastonbury, CT 06033
 - All claims must include [approved CPT and ICD-10 codes](#)
 - Only one date of service is permitted per claim
 - If a claim exceeding the 180-day timely filing deadline is submitted with errors, the provider will receive a denial remit from PAI via mail and must resubmit a corrected claim on or before January 31, 2020
 - **Corrected claims exceeding the 180-day timely filing deadline received after January 31, 2020 will be denied**
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For Questions or Comments Please Contact:

PrEP-AP at PrEPSupport@cdph.ca.gov for policy questions

Or

PAI at (877) 495-0990 for billing inquiries