

## State Regulations Regarding Recoupments

STATE	STATUTE/CODE	TIME LIMIT FOR SEEKING REFUND OF CLAIM	OTHER FACTORS CONCERNING TIME LIMIT	EXEMPTIONS
ALABAMA	<a href="#">AL 27-1-17</a>	One year from the date that the initial claim was paid.	18 months if the insurer seeks a refund of a paid claim for any reason relating to the COB of another carrier responsible for the claim payment	Fraud
ALASKA	<a href="#">AS 21.54.020</a>	The insurer can recover any amount mistakenly paid to a provider or a covered person.	N/A	N/A
ARKANSAS	<a href="#">23-63-1802</a>	18 months after the date that the health care insurer paid the claim submitted by the health care provider.	120 days from the date of payment to notify the provider in the case of incorrect payment	Fraud
ARIZONA	<a href="#">20-3012</a>	A health care insurer shall not adjust or request adjustment of the payment or denial of a claim more than one year after the insurer paid or denied that claim	N/A	Fraud
CALIFORNIA	<a href="#">10133.66.</a>	Reimbursement requests for the overpayment of a claim shall not be made, unless a written request for reimbursement is sent to the provider within 365 days of the date of payment	N/A	Fraud
COLORADO	<a href="#">10-16-106.5</a>	Provider may retroactively adjust payment if policyholder is notified and adjustment is made within 30 days of notification.	N/A	N/A
CONNECTICUT	<a href="#">SB 764</a>	No health insurer may seek recovery	N/A	N/A

## State Regulations Regarding Recoupments

		for overpayment of a claim unless written notice is provided no later than five years after the initial claim.		
DELAWARE	NO STATUTE EXISTS	N/A	N/A	N/A
DISTRICT OF COLUMBIA	<a href="#">31-3133</a>	Insurer may only retroactively deny reimbursement for services subject to COB during the 18-month period after payment of claim or during the 6-month period after the date that the health insurer paid the provider	Insurer shall provide the health care provider with a written statement specifying the basis FOR retroactive denial. If the retroactive denial results from COB, the written statement shall provide the name and address of the entity acknowledging responsibility for payment of the denied claim.	Fraud OR claim was improperly coded and the insurer provided the provider sufficient information regarding coding guidelines used by the insurer at least 30 days prior to the date the services.
FLORIDA	<a href="#">627-6131</a>	All claims for overpayment must be submitted to a provider within 12 months of payment.	A provider must pay, deny, or contest the health insurer's claim for overpayment within 40 days after the receipt of the claim. Failure to pay or deny overpayment within 140 days after receipt creates an uncontestable obligation to pay the claim.	Fraud
GEORGIA	<a href="#">33-20A-62</a>	No insurer may conduct a post-payment audit or impose a retroactive denial of payment on any claim submitted within 90 days. A written notice must be given within one year of the claim discharge date.	Any audit should be completed within 18 months from the date of final discharge of the claim.	N/A

## State Regulations Regarding Recoupments

HAWAII	NO STATUTE EXISTS	N/A	N/A	N/A
IDAHO	NO STATUTE EXISTS	N/A	N/A	N/A
ILLINOIS	NO STATUTE EXISTS	N/A	N/A	N/A.
INDIANA	<a href="#">IC 27-8-5.7-10</a>	An insurer may request repayment within two years after the claim was paid.	N/A	Fraud
IOWA	<a href="#">191-15.33</a>	An insurer may not audit a claim more than two years after the submission of the claim to the insurer. Insurer may not audit a claim for less than \$25.00.	Nothing in this rule prohibits an insurer from requesting all records associated with the claim.	Fraud
KANSAS	NO STATUTE EXISTS	N/A	N/A	N/A
KENTUCKY	<a href="#">304-17A-708</a>	An insurer may only retroactively deny reimbursement to a provider within a 24-month period after the claim was paid.	N/A	Fraud
LOUISIANA	<a href="#">R.S. 22:250.34 B.</a>	An insurer that prescribes the period of time that a provider has to submit a claim for payment shall have the same prescribed period of time following payment of such claim to perform any review or audit.	N/A	N/A
MAINE	<a href="#">24-A-4303</a>	Retrospective denial of a previously paid claim must occur within 18 months of paid claim.	Written notice must be given	Fraud
MARYLAND	<a href="#">15-1008</a>	Insurer may retroactively deny reimbursement for services subject to COB with another carrier, the	N/A	Fraud

## State Regulations Regarding Recoupments

		Maryland Medical Assistance Program, or the Medicare Program during the 18-month period after the claim was paid.		
MASSACHUSETTS	<a href="#">Section 38, Chapter 118E</a>	Insurer may seek retroactive payment within 12 months of the date of payment.	The health care provider shall have 6 months from the date of notification determine whether the insured has other appropriate insurance which was in effect on the date of service.	Fraud or duplicate payment.
MICHIGAN	NO STATUTE EXISTS	N/A	N/A	N/A
MINNESOTA	NO STATUTE EXISTS	N/A	N/A	N/A
MISSISSIPPI	NO STATUTE EXISTS	N/A	N/A	N/A
MISSOURI	<a href="#">376.384</a>	An insurer may not request retroactive reimbursement more than 12 months after the claim was paid.	N/A	Fraud or misrepresentation
MONTANA	<a href="#">33-22-150</a>	An insurer may perform a review or audit or request reimbursement within 12 months from the date of payment.	If the insurer limits the time in which a provider is required to submit a claim for payment, the insurer has the same time limit following payment of the claim to perform any review or audit	Fraud
NEBRASKA	<a href="#">TITLE 201, CHAPTER 60, 11.01</a>	No insurer shall withhold any portion of any benefit payable or request any refund unless insurer has notified the claimant within six months of the date of the error.	Such notice should clearly state nature of the error, and the amount of overpayment.	N/A
NEVADA	NO STATUTE EXISTS	N/A	N/A	N/A
NEW HAMPSHIRE	<a href="#">420-J:8-b</a>	The insurer may request reimbursement within 18 months of	The insurer shall notify a provider at least 15 days in advance of any	Fraud

## State Regulations Regarding Recoupments

		paid claim.	retroactive denials of previously paid claims. The provider shall have 6 months from the date of notification to determine whether the insured has other insurance, which was in effect on the date of service	
NEW JERSEY	<a href="#">C.17B:30-48</a>	No insurer shall seek reimbursement for overpayment of a claim previously paid than 18 months after payment was made.	No insurer shall seek more than one reimbursement for overpayment of a particular claim.	Fraud, COB, or Pattern of inappropriate billing
NEW MEXICO	NO STATUTE EXISTS	N/A	N/A	N/A
NEW YORK	<a href="#">S.8417</a> , <a href="#">Spano/A.11996</a> , <a href="#">Bradley</a>	Prohibits insurer from demanding a refund no more than two years after the claim was originally made.	Insurer must provide 30 days notice to the provider. Notice must include specific information about the payment.	Fraud and/or abusive billing.
NORTH CAROLINA	<a href="#">58-3-225</a>	The insurer may recover overpayments made to the provider by making demands for refunds no more than two years after the original claim was paid.	Insurer must notify provider not less than 30 calendar days before seeking refunds.	N/A
NORTH DAKOTA	NO STATUTE EXISTS.	N/A	N/A	N/A
OHIO	<a href="#">3901.38.8</a>	Third-party insurer may seek refund of an overpayment no later than two years after the payment was made to the provider.	The third-party insurer shall inform the provider of overpayment by providing notice. Provider shall have the right to appeal. If the provider fails to respond to the notice sooner than 30 days after the notice is made, and/or elects not to appeal, the third-party insurer may	

## State Regulations Regarding Recoupments

			initiate recovery of the overpayment	
OKLAHOMA	<a href="#">36-1250.5</a>	Requesting a refund after 24 months from the date the claim was paid is considered an unfair claim practice.	N/A	N/A
OREGON	NO STATUTE EXISTS	N/A	N/A	N/A
PENNSYLVANIA	NO STATUTE EXISTS	N/A	N/A	N/A
RHODE ISLAND	NO STATUTE EXISTS	N/A	N/A	N/A
SOUTH CAROLINA	<a href="#">38-94-40</a>	An insurer may recover overpayment no later than the 180th day after the date the provider receives the payment.	If a provider disagrees with a request for repayment, the insurer must provide the opportunity for appeal, and the insurer may not attempt to recover overpayment until all appeal rights are exhausted.	N/A
SOUTH DAKOTA	NO STATUTE EXISTS	N/A	N/A	N/A
TENNESSE	<a href="#">56-7-110</a>	An insurer may only retroactively deny reimbursements to the provider during the eighteen-month period after the insurer paid the claim.	The insurer must provide written documentation in light of a retroactive denial.	Fraud
TEXAS	<a href="#">1301.1051</a>	An audit of a previously paid claim must be completed within 180 days after the date it received the claim.	Any additional payment due (either to the provider or the insurer) must be made within 30 days of audit completion.	N/A
UTAH	<a href="#">31A-26-301.6</a>	Insurer may recover improper payment within 36 months for COB, within 36 months of the amount improperly paid due to a recovery by Medicaid, Medicare, the Children's Health Insurance Program, or any other state or	N/A	N/A

## State Regulations Regarding Recoupments

		federal health care program, or within 12 months for any other reason.		
VERMONT	NO STATUTE EXISTS	N/A	N/A	N/A
VIRGINIA	<a href="#">38.2-3407.15</a>	No carrier may impose any retroactive denial of a previously paid claim unless the carrier has provided the reason for the retroactive denial and the time which has elapsed since the date of the payment of the original challenged claim does not exceed 12 months.	A carrier shall notify a provider at least 30 days in advance of any retroactive denial of a claim. The written communication shall also contain an explanation of why the claim is being retroactively adjusted.	Fraud
WASHINGTON	<a href="#">HB 1418</a>	An insurer may not seek to recover a claim more than one year after the claim was filed	An insurer may not seek to recover a claim more than 18 months after the claim was filed if COB is involved. Provider must dispute claim within 30 days.	Fraud
WEST VIRGINIA	<a href="#">WVC 33-45-2</a>	A health plan may retroactively deny a claim for a period of one year from the date the claim was originally paid.		Fraud
WISCONSIN	NO STATUTE EXISTS	N/A	N/A	N/A
WYOMING	NO STATUTE EXISTS	N/A	N/A	N/A