

October 12, 2016

UPDATE: Presbyterian Customer Service Center Will No Longer Provide a Confirmation/Reference Number for Claims Status Inquiries.

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) are committed to providing you with any changes that may affect the way you do business.

Effective Nov. 1, 2016, the Presbyterian Customer Service Center (PCSC) will no longer provide a confirmation/reference number for claims status inquiries. After careful review, Presbyterian determined that the confirmation/reference number is not used as a means of retrieving information and is not proof of timely filing. The most efficient option for claims status research is to use the provider portal provided by Presbyterian.

Additionally, to ensure proof of timely filing, it's important for providers to maintain a record of their claim submissions and any contact they have with Presbyterian. Acceptable documentation includes computer ledgers, written logs, and records of calls to Presbyterian (include date and contact name). The exception report from Presbyterian or a contracted clearinghouse is required for electronic claims submissions. Submitted documentation must be legible and clearly identify the members, charges in question, date of service, and original billed date.

Proof of timely filing may be rejected if the submitted documentation cannot be clearly linked to the claim in question. Any proof of timely filing must be submitted within 12 months of the date of service. We encourage providers to follow up on the status of their requests every 30 to 45 days. For more information, refer to the "Timely Submission Guidelines" in the Provider Manual.

For questions, please contact your Provider Network Management relationship executive using the information box below. Thank you for your continued partnership.

Provider Network Management
Hours: Monday to Friday, 8:00 a.m. to 5:00 p.m.
Phone: (505) 923-5141 www.phs.org/ContactGuide
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