



INSURANCE RECOUPMENT REGULATIONS BY STATE

STATE	TIME LIMIT FOR REFUND	OTHER FACTORS	EXEMPTIONS
ALABAMA	One year from initial claim payment.	18 months if the insurer is seeking a refund of a paid claim relating to the coordination of benefits of another carrier responsible for claim payment	Fraud
ALASKA	The insurer can recover any amount mistakenly paid to a provider or a covered person.	N/A	N/A
ARKANSAS	18 months from initial claim payment.	120 days from date of payment to notify provider in case of incorrect payment.	Fraud
ARIZON	One year from initial claim payment or denial.	N/A	Fraud
CALIFORNIA	365 days from the date of payment.	N/A	Fraud
COLORADO	No time limit for insurance companies. Provider must make adjustment and notify policy holder within 30 days.	N/A	N/A
CONNECTICUT	5 years from initial date of claim submission	N/A	N/A
DELAWARE	NO STATUTE EXISTS		

DISTRICT OF COLUMBIA	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	12 months from claim 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	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
HAWAII	NO STATUTE EXISTS		
IDAHO	NO STATUTE EXISTS		
ILLINOIS	NO STATUTE EXISTS		
INDIANA	2 years after claim payment.	N/A	Fraud

IOWA	2 years after submission of claim to the insurer. Insurers may not audit a claim for less than \$25.00.	Insurer reserves right to request all records associated with the claim, including billing records.	Fraud
KANSAS	NO STATUTE EXISTS		
KENTUCKY	24 months after claim was paid.	N/A	Fraud
LOUISIANA	Any insurer that limits the amount of time that a provider has to submit a claim for payment shall have the same prescribed period of time following payment of claim to perform any review or audit.	N/A	N/A
MAINE	18 months from claim payment.	Written notice required.	Fraud
MARYLAND	Insurer may retroactively deny reimbursement for services subject to coordination of benefits with another carrier, the Maryland Medical Assistance Program or the Medicare Program during the 18 months period after the claim was paid.	N/A	Fraud
MASSACHUSETTS	12 months of date of payment.	The health care provider has 6 months from the date of notification to 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		
MINNESOTA	NO STATUTE EXISTS		
MISSISSIPPI	NO STATUTE EXISTS		
MISSOURI	12 months after claim payment.	N/A	Fraud or misrepresentation

MONTANA	12 months after claim payment.	Any insurer that limits the amount of time that a provider has to submit a claim for payment shall have the same prescribed period of time following payment of claim to perform any review or audit.	Fraud
NEBRASKA	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		
NEW HAMPSHIRE	18 months of claim payment.	The insurer shall notify a provider at least 15 days in advance of any 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.	Fraud
NEW JERSEY	18 months after claim payment.	No insurer shall seek more than one reimbursement for overpayment of a particular claim.	Fraud, Coordination of Benefits or Pattern of inappropriate billing.
NEW MEXICO	NO STATUTE EXISTS		
NEW YORK	2 years after initial filing of claim.	Insurer must provide 30 days notice to the provider. Notice must include specific information about the payment.	Fraud and/or abusive billing
NORTH CAROLINA	2 years after initial payment of original claim.	Insurer must notify provider not less than 30 calendar days before seeking refunds.	N/A
NORTH DAKOTA	NO STATUTE EXISTS		

OHIO	2 years after initial payment.	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 initiate recovery of the overpayment.	N/A
OKLAHOMA	24 months after claim was paid.	N/A	N/A
OREGON	NO STATUTE EXISTS		
PENNSYLVANIA	NO STATUTE EXISTS		
RHODE ISLAND	NO STATUTE EXISTS		
SOUTH CAROLINA	180 days from date check for payment of claim clears insurers bank.	Provider may file a request for appeal and insurer must provide opportunity for appeal and the insurer may not attempt to recover overpayment until all appeal rights (as determined by insurer) are exhausted.	N/A
SOUTH DAKOTA	NO STATUTE EXISTS		
TENNESSE	18 months after claim was paid	Insurer must provide written documentation in light of a retroactive cancellation.	Fraud
TEXAS	180 days after claim received by insurer.	Any additional payment due (to either provider or the insurer) must be made within 30 days of audit completion.	N/A
UTAH	12 months from claim payment except for cases with Coordination of Benefits, Medicaid, Medicare, CHIP or any other state or federal health care program which allows 36 months from date of claim payment.	N/A	N/A
VERMONT	NO STATUTE EXISTS		

VIRGINIA	No insurer may impose any retroactive denial of a previously paid claim unless the insurer has provided the reason for the retroactive denial and the time which has elapsed since the date of the original challenged claim does not exceed 12 months.	30 days notice in writing is required for any retroactive denial of a claim. The written notice shall also contain an explanation of why the claim is being retroactively adjusted.	Fraud
WASHINGTON	12 months after claim filing date.	18 months if the insurer is seeking a refund of a paid claim relating to the coordination of benefits of another carrier responsible for claim payment. Provider must dispute claim within 30 days.	Fraud
WEST VIRGINIA	12 months from claim payment date.	N/A	Fraud
WISCONSIN	NO STATUTE EXISTS		
WYOMING	NO STATUTE EXISTS		

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