



FINANCE  
245 LE PHILLIP COURT, NE  
CONCORD, NC 28025

## PBH Finance Communication Bulletin

FY-0910-FN-31

**To: PBH Community of Network Providers**  
**From: Renee Snipes-PBH Finance Director**  
**Date: August 3, 2009**  
**RE: Reason Code 1018 Denied Claims**

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Per your contractual agreement with PBH, providers have 90 days from the date of service to file claims. Hospital inpatient claims and/or claims with Coordination of Benefits (COB) must be filed within 180 days from the date of service.

Denied claims, can be resubmitted within 180 days from the date of service if the original claim was submitted within 90 days from the date of service. Proper resubmission guidelines must be followed.

Hospital inpatient claims and/or claims with Coordination of Benefits (COB) allow 270 days from the date of service as long as the claim was submitted originally within 180 days from the date of service. **All claims submitted past the allowable billing period will deny for reason code 1018 (Claim received after billing period). These claims are not applicable for reconsideration or appeal.**

If you have any questions regarding a resubmission of a claims denial contact your claims specialist listed below.

**Provider Agency name begins with:**

**A-D Sheila Morton 704-721-7038**  
**E-H Deana Harkey 704-721-7081**  
**I-Q Beth Thompson 704-721-7077**  
**R-Z Annette James 704-721-7078**

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Thank you

cc: Network Department  
PBH Claim Staff  
Renee Snipes  
Lisa Hathcock, Executive Assistant to the Area Director