

Provider Appeals

If a provider disagrees with Scott & White Health Plan's decision regarding the denial or reimbursement of a claim, the provider has the option to file an appeal for reconsideration. Appeals must be supported by relevant documentation and be submitted on a [Provider Appeal Request Form](#) within 45 days of the date of the adverse determination by SWHP.

Scott & White Health Plan recognizes the following types of provider appeals:

- Filing limit appeal.
- Duplicate claim appeal.
- Corrected claim appeal.
- Clinical and all other administrative appeals, including, but not limited to: Contract rate, payment policy or claim edit appeals.
 - Request for additional information.
 - Retraction of payment. (Please refer to [Retractions, Returned Checks, and Refund Checks](#) for more information.)

Provider Appeal Time Limit for Receipt of Appeal Request

Time limit days are calculated from the date on Scott & White Health Plan's original denial or Explanation of Payment (EOP).

Appeal Type Time Limit

Filing Limit Appeal 45 days