

## \*\*\*PRACTITIONER ALERT\*\*\*

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### **TIMELY FILING**

You may have noticed that, with our claims platform conversion, timely filing guidelines are now set in accordance with your MHNet Practitioner Agreement, unless otherwise mandated by Medicaid for Medicaid recipients. As noted in section 5.2 of the standard contract, billing should be submitted **within 90 days of the date of service**. All participating providers should reference their personal contracts for verification of this requirement.

Additionally, CMS defers to the standards established in the participating provider contract for Medicare products, therefore billing for Medicare members would also follow this timeline.

Timely filing for Medicaid products is mandated by the State, therefore the State Medicaid timely filing requirement prevails for the Medicaid members. In Missouri, Kentucky, Virginia, and Florida, timely filing is 365 days for Medicaid products.

Nonparticipating providers are under the timely filing mandate of the State in which they practice.

### **REMITTS SHOW PAYMENT AND PENDED CLAIMS**

Our new claims platform allows the remittance to show not only the payment that is made, but also the active claims that are in process or pending payment. This should be a helpful tool for your practice as it does notify you of claims received and in process. As we are currently processing the claims backlog from our transition to the new system, this listing of pended claims may seem excessive. We apologize for any inconvenience, but expect it to be short-lived.

### **CPT 90847, FAMILY THERAPY DENIALS**

Unfortunately, there was a programming error for CPT code 90847 in our new system for some of our plans and these family therapy services were denied in error as *not a covered benefit*. It has been fixed and we are automatically reprocessing all claims previously incorrectly denied for *authorized* 90847s. Incorrect denials of this service will be reversed and paid to you. Please accept our apologies for the programming error.

### **Electronic Fund Transfer (EFT) UPDATE**

Many providers have inquired about the status of their submission of the EFT enrollment form. Due to heavy volume, it may take up to 30 days to fully implement this arrangement. Providers will see their payment in the bank as confirmation that the processing is complete. To avoid any delays, please be sure you included a voided check with the EFT enrollment form. The enrollment form can be found on our website at [www.mhnet.com](http://www.mhnet.com) for any providers who are still interested in signing up for this option. Also, electronic remittance advice (ERA) statements will be available as of December 1, 2011 for providers who are set up to receive EFTs.

*Thank you* for your patience with MHNet through this conversion process to the new claims platform! Feel free to contact claims at 866-99CLAIM or 866-992-5246 to answer your claims questions.