



### **Provider, Hospital or Facility Instructions:**

1. Pre-Certification is required for levels of care (IP, PHP, IOP). MHC must be contacted prior to admission for Pre-Certification or you may be subject to a 20% Pre-Cert Penalty. We may be contacted at any time.
2. Complete and submit form CMS-1500 or UB-04 CMS-1450 to MHC.
  - a. Important information and inclusions for all claims submitted:
    - Use the Subscriber's (member's) Social Security # as the Insured's ID#
    - List the Subscriber's (member's) Employer name in the appropriate box
    - Mental Health CPT and/or HCPCS codes and Diagnosis codes must be listed (v-codes are not acceptable)
    - Treating Provider's name, License/Degree, NPI number, and TIN must be on claim
    - Include the 2-Digit Place of Service Code
3. Claims should be priced at your usual customary rate (UCR).
4. If you are a provider who does not participate in MHC's Preferred Provider Network, a current copy of your W9 Form must be included with your first claim submission to MHC.

### **Important Notes:**

1. Patients who are seeing network providers are responsible for their copay only.
2. All claims that are being submitted for secondary reimbursement must include a copy of the EOB from the primary insurance company.
3. If you are submitting for multiple dates of service, we request that you enter as many dates as possible on 1 claim form.
4. Incomplete claims will result in denial.
5. If you require confirmation of receipt of claims, please submit your claims electronically.
6. Any claim received after 1 year from the date of service billed will be denied.
7. MHC is not an insurance company. We represent self-funded ERISA plans; together, we work diligently to assure all providers are paid as timely as possible. Your payment will come directly from the member's fund office. Please allow approximately 6-8 weeks for payment once your claim is submitted. Payments cannot be expedited and MHC cannot provide you with payment status.
8. MHC is a carve-out Mental Health Benefit. All medical claims should be submitted to the patient's proper insurance carrier. Please contact your patient if you need more information regarding their medical insurance.
9. Providers are responsible for managing their own payment records. Payments sent by our payers are inclusive of EOBs. **All payments and payment correspondence should be communicated to all parties involved with the billing and bookkeeping processes within your organization.** Our payers do not offer payment details after notification of cleared checks are received.
10. Please contact MHC directly if you have any issues with a payment that you receive.
11. Please communicate with your patient on a regular basis to confirm their benefit status.

### **Submit all Forms and Claims to:**

MHC  
1501 Lower State Road  
Bldg. D, Suite 200  
North Wales, PA 19454

You may also fax forms and claims to MHC at 215-343-8983

**Electronic Submission Information: Payer ID: 37050 under Mental Health Consultants, Inc.  
(please continue to allow 6-8 weeks for processing and payment)**