MDwise Adopts 90 Day Insurance Rule, Effective 01/1/2011

When the member has other insurance, a MDwise provider must submit claims to the other insurance carrier before submitting to the MDwise Delivery System. When a third-party insurance carrier fails to respond within 90 days of the provider’s billing date, the claim can be submitted to the MDwise Delivery System for payment consideration.

However, one of the following must accompany a claim to substantiate attempts to bill the third party or the claim will be denied:

Copies of unpaid bills or statements sent to the third party, whether an individual or an insurance company. Provider must note the date of the billing attempt and the words **no response after 90 days** on an attachment. This information must be clearly indicated.

Written notification from the provider indicating the billing dates and explaining that the third party failed to respond within 90 days from the billing date. The provider is required to boldly make a note of the following on the attachment:

- Date of the filing attempt
- The words **no response after 90 days**
- Member identification number (RID) & Provider’s National Provider Identifier (NPI)
- Name of primary insurance carrier billed

For claims filed electronically, the following must be documented in the claim note segment of the 837P transaction:

- Date of the filing attempt
  - The phrase, “no response after 90 days”
  - The member’s identification (RID) number & IHCP provider number
  - Name of primary insurance carrier billed

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