MDwise
A McLaren Company

Provider Frequently Asked Questions

CATEGORY

Claims

Q: What is the filing limit for the initial claim submission?

A: Providers who are contracted with MDwise agree to submit their claims within 90 days of the date of service. Non-contracted providers must submit their claims within 365 days.

Q: Are there circumstances in which the filing limit may be waived or extended?

A: It is required that all providers file claims within the filing time limits. For contracted providers, the MDwise delivery systems will consider waiving the filing limit on a case-by-case basis. For example, if a member has a primary insurer, and the Explanation of Benefits (EOB) indicating that a service is not a covered benefit does not come in time, the contracted provider should call the claims department and explain why the claim is being filed late. Out-of-network providers (i.e. non-contracted) have 365 days to file a claim. There are no exceptions to this.

Q: What is the process for submitting a corrected/resubmitted claim?

A: When you receive the Explanation of Benefits (EOB) from a MDwise delivery system, and the claim has been denied, or you believe the wrong amount was paid, call the claims inquiry number on the EOB to inform them of your concern. If a mistake was made, they will instruct you on how to resubmit the claim.

Q: Is the established Medicaid Recipient Identification Number (RID) used to submit claims?

A: Yes. The RID number is used to submit claims. Always check eligibility each time a member presents for services to ensure that the member is eligible for services on the date of service, and, to determine what health plan to submit claims.