

Important Update to Billing and Reimbursement Policies!

We have made a change to our Billing and Reimbursement Policies! The effective date of this change is August 30, 2011. For your convenience, we have included in this announcement an excerpt from the Practitioner Manual Section 14: Billing & Reimbursement. Please note that the only change is in **bold**, below.

SECTION 14 BILLING & REIMBURSEMENT

14.1 General Policies

- Practitioners must bill for outpatient services within 120 days of the date of service as a condition of payment.
- Practitioners must collect any co-payments due from MHN enrollees and must accept payment from MHN as payment-in-full for covered services.
- Practitioners may not balance bill enrollees.
- **Practitioners should submit claims with their charges. However, in no event shall the rates payable under the Practitioner's Participating Provider Agreement (MHN contract) exceed the amounts billed by the practitioner.**
- Practitioners may not bill enrollees for missed or cancelled appointments for EAP services. Practitioners may bill for missed or cancelled managed care appointments only if the enrollee has been advised of, and has agreed to in writing, the practitioner's no-show policy.
- Practitioners must advise enrollees in writing prior to providing excluded services that services will not be covered by MHN and enrollee will be responsible for paying the practitioner directly for these services.
- Please note that you may only bill 1 session using CPT code 90801 (Psychiatric diagnostic interview), per patient. Additional sessions billed with 90801 for the same treatment episode will be denied.

To go directly to the MHN Practitioner Manual, click here: [Updated MHN Practitioner Manual](#).

We value your participation in our network of providers and look forward to continuing our relationship. Should you have any questions or please contact us via e mail at professionalrelations@mhn.com .

