

Date: 02/12/10

Web Announcement 309

Attention Provider Types 14, 26 and 82:

Instructions for Claims That Exceeded Timely Filing Due to Backlog of PA Data Correction Requests

The Division of Health Care Financing and Policy (DHCFP) and First Health Services will be processing Behavioral Health claims (submitted by provider types 14, 26 and 82) that were impacted by the backlog of prior authorization data correction requests. The claims that will be processed had prior authorizations submitted for dates of service **Nov. 1, 2008, through June 30, 2009**, and subsequently exceeded timely filing limitations.

Provider types 14, 26 and 82 who had claims with dates of service in the above date range that were affected by the delay in processing data correction requests are instructed to submit the paper claims along with the attached [Letter of Attestation](#) as your cover letter. The Letter of Attestation must be completed, signed and mailed with the claims to the address indicated on the letter.

Providers may submit only one batch of claims and the claims must be received at First Health Services on or before March 31, 2010.

Instructions for claims with dates of service on and after July 1, 2009: When the claims timely filing period (180 days when Medicaid is primary and 365 days when Medicaid is secondary) is exceeded due to a delay in processing your data correction request, attach the confirmation of First Health Services' receipt of your data correction request to the paper claim and mail it to First Health Services at the following address with a cover letter requesting manual review and processing.

First Health Services Attn: Customer Service
P.O. Box 30042 Reno, NV 89520-3042