



MCCMH SUD Billing



General Billing Guidelines

Definitions

Claim – one bundle of services for a single client being billed

Batch – all monthly agency claims bundled together

Batch Guidelines

Standalone Batches

- 1.) 3rd party Insurance
- 2.) MiHealth Link
- 3.) Methadone Dosing (H0020)

All batches are due by the 10th of the following month.

For example, all June batches are due by July 10th



Third Party Insurance

Medicaid is the payor of last resort. This means that all third-party insurance, including Medicare, must be billed prior to submitting claims to MCCMH-SUD.

Documentation of billing to TPL, including denial of claim notices, must be included when submitting claims for individuals with a TPL.

If your agency is not paneled with the individuals' TPL, you must refer them to another provider who is paneled with their insurance provider.

Providers must run eligibility queries for each individual prior to intake and the start of every month thereafter to ensure eligibility and accurate billing. Documentation of these queries must be documented in the client's chart.



Adding Insurance Information

Once you confirm the individual served has a TPL, an insurance policy must be added into the FOCUS record.

HEALTH AND SAFETY WARNING

[Show/Hide Details](#)

Name: Consumer, Joe Bro (39/M "She")

Case #: 999999

Case: MH: Open SUD: Open

Date of Birth
04/04/1986

Home Phone
(586) 703-0464

Address
57728 Abraham
Washington Township, MI 48094

Current Admission

Primary Program: MH : CNS Healthcare (CCBHC)
SUD: CARE of Southeastern Michigan (Vendor)

Case Holder: MH : Bronwen Jesswein
SUD: None

Disability Designation: DD

Chart Documents

No Alerts

Eligibility/Insurance

Diagnosis

Health/PHCP Info

Clinical Guidelines

Consumer Calendar

*** CCBHC State Demonstration Consumer ***

*** BEHAVIORAL HEALTH HOME ***

*** CCBHC ***

Consumer is currently under the following Court Order(s)

1 Year Continuing AOT NGRI

Order Date: 03/10/2026

Expiration Date: 03/09/2027

OLD SUD ADMISSIONS (prior to 10/01/2015)

[Click to View Old SARF Referrals / Admissions / Discharges](#)

[Funding Sources and Insurance Policies](#)



Adding Insurance Information

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*** BEHAVIORAL HEALTH HOME ***
*** CCBHC ***

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To add a new insurance policy / funding source:

[Click here to add Self-Pay Policy/Fee Determination](#)
[Click here to add Medicaid Deductible](#)
[Click here to add Children's or SED Waiver](#)

[Click here to add Autism Policy](#)

[Click here to add SDA](#)
[Click here to add CCBHC Policy](#)

[Click here to add Behavioral Health Home \(BHH\) Policy](#)

[Click here to add Alcohol Use Disorder Grant Funding Policy](#)

[Click here to add 3rd Party Insurance](#)

[Click here to add Medicare Part A/B](#)

[Click here to add Medicare Part D](#)

[Click here to add Advantage Part C](#)

[Click here to add SUD Self Pay](#)

[Click here to add Retro SUD Self Pay \(Eff prior to 10/01/2025\)](#)

[Click here to add Women's Specialty Services](#)

[Click here to add Opioid Health Home \(OHH\) Policy](#)

[Click here to add SOR Grant Policy](#)

[Click here to add 1915\(i\) SPA Policy](#)

[Click here to add Non-DCO CCBHC Policy](#)



Adding Insurance Information

HEALTH AND SAFETY WARNING				
Show/Hide Details				
Consumer Name Consumer, Joe B.	Case # 999999	DOB 04/04/1986 (Age: 39)	Home Phone 5867030464	Status MH: Open SUD: Open
Eligibility/Insurance Information				

Commercial Insurance Policy

Insurance Company [lookup](#)

Phone

Fax

Contract/Policy Number

Group Number

Effective From

Effective Thru

Co-Pay

Prescription Coverage
☐ Yes ☐ No ☒ Unk

Mental Health Coverage
☐ Yes ☐ No ☒ Unk

Substance Abuse Coverage
☐ Yes ☐ No ☒ Unk

Policy Holder ☒ Check here if the patient is the subscriber (Do not fill out fields below if checked)

Policy Holder Name (first, middle, last)

Policy Holder Address

☐ Click to use client's address

Policy Holder DOB

Policy Holder SSN

Policy Holder Gender
☐ Male ☐ Female ☐ Unknown

Client Relationship to Policy Holder
Select a Relationship

Policy Notes

characters left: 4098

Billing Department Verification

Verification Status:
☐ Verified ☒ Awaiting Verification

Payer Priority:

Primary Insurance?
☐

Ok To Bill?
☒

SAVE

CANCEL



Billing Process

**Macomb County
Community Mental Health**

SUD CA

Claim Submission (AP)

FOCUS

[Home](#) [Logout](#) [Help](#) 

24-Hour Crisis Center

Access Center

Admissions and Assignments

Assessments & Screenings

Authorizations

Calendar

Case Load

Certificates of Need

Claim Management (AP)

Claim Submission (AP)

[Step \(1\)-Enter New Claims](#)
 View authorized service and enter claims. [+ myPage](#)

[Step \(2\)-Review and Send Batch of Entered Claims to CMH for Payment](#)
 View a list of claim batches that have been entered. You can review the claims in each batch and send batches to CMH to request payments. [+ myPage](#)

[Step \(3\)-View Checks and Print EOB](#)
 View claim payments by check number and print explanation of benefits. [+ myPage](#)

[View all Batches and Claims](#)
 View a list of all batches regardless of current status. This option can be useful for looking up historical claims. [+ myPage](#)

Billing Process Continued

[Home](#) [Logout](#) [Help](#)

24-Hour Crisis Center

Access Center

Admissions and Assignments

Assessments & Screenings

Authorizations

Calendar

Case Load

Certificates of Need

Claim Management (AP)

Claim Submission (AP)

Consumers

Court Orders

Dashboard

Data Transfers

Financial Information

Help Desk

Insurance Billing

MDCH / ICO Reporting

Medicaid Lookup

Medical - Health Services

Person Centered Plans

Progress Notes

Provider Management

Records

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[View and Upload EDI 837 Claim Files](#)



Upload new EDI 837 Claim Files and view 837 Files that have been uploaded to FOCUS for processing [+ myPage](#)

[View Provider Claims by Consumer](#)



View a list of provider claims for consumers that are authorized to receive services from logged in provider. Only the claims made by this provider will be displayed. [+ myPage](#)

[Print Provider Authorization Verification Report](#)



Print Provider Authorization Verification Report [+ myPage](#)

[List of Place Of Service Codes](#)



View list of valid Place Of Service Codes used for HCFA-1500 Claim Entry. [+ myPage](#)

[General Claim Search](#)



Search for AP and EDI claims by payer, client or claim number. Allows for basic claim options such as viewing, voiding, transfer balances and more. [+ myPage](#)

Billing Process Continued

 **Macomb County**
Community Mental Health

SUD CA

Claim Entry

FOCUS

Back Home Logout Help

Provider
Beaumont Family Medicine (192623)
Phone

Location Type
SUD Treatment Agency
Fax

Address
44250 Dequindre Road
Sterling Heights, MI 48314-1002

Case #:

Last Name:

Authorization Number:

☐ Check this box to show all authorizations

If not checked, only authorizations that expired less than a year ago will be shown.

Provider: 192623

Beaumont Family Medicine

lookup

clear

SEARCH

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click **Enter HCFA-1500** or **Enter UB-04**.

If you cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact your CMH Support Coordinator to issue an Authorization.

1 Authorizations

Authorization #	Provider Name	Consumer Name	Authorization Effective		
2107A3212539	Beaumont Family Medicine	Joe B. Consumer (999999)	07/30/21 - 07/29/22	View Authorization Enter HCFA-1500 (ICD10)	
Authorized Service Description		Units Authorized	Units Claimed	Units Paid	Units Available
S0280 HG	Opioid Medical Home	60 Per Auth Total:60	2	0	60
		07/30/21-07/29/22			
S0280 HG TS	Opioid Medical Home	60 Per Auth Total:60	2	0	60
		07/30/21-07/29/22			