Entering a Claim

Provider	Location Type	Address
Beaumont Family Medicine (192623)	**SUD Treatment Agency**	**44250 Dequindre Road**
Phone	**Fax**	**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.

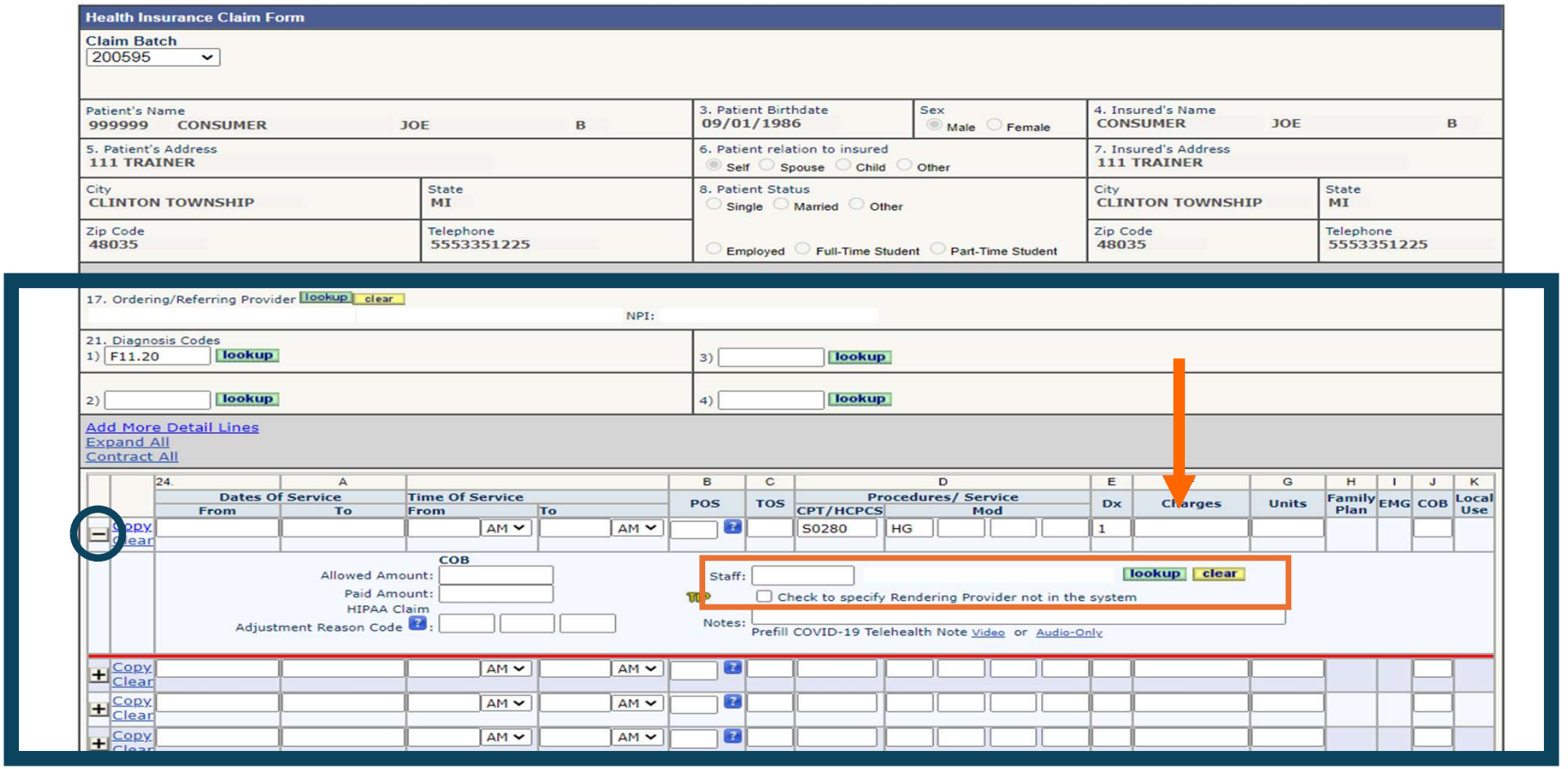
1 Authorizations

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)

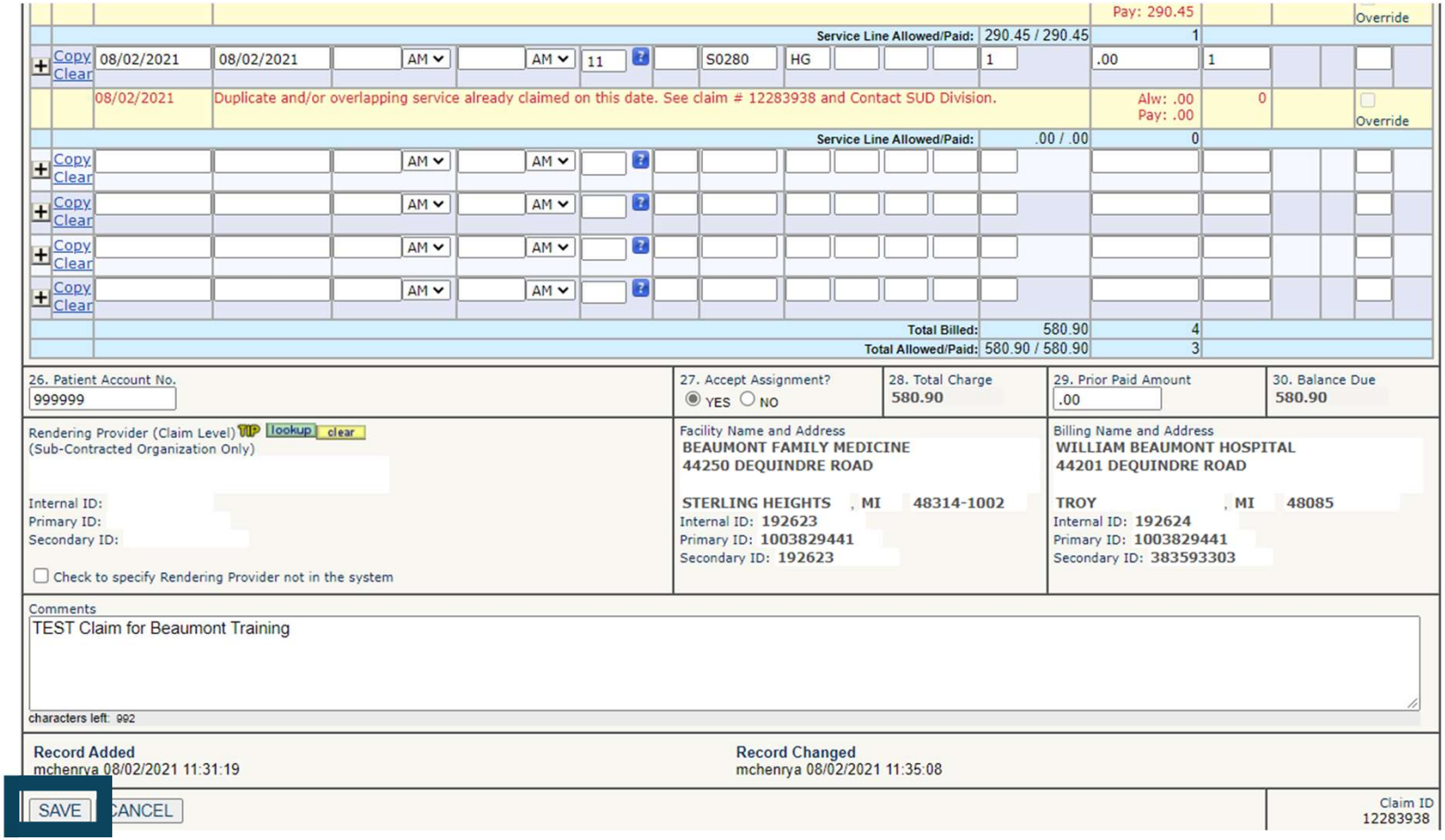
Authorized Service Description		Units Authorized	Units Claimed	Units Paid	Units Available
S0280 HG	Opioid Medical Home	60 Per Auth Total:60	2	0	60 07/30/21-07/29/22
S0280 HG TS	Opioid Medical Home	60 Per Auth Total:60	2	0	60 07/30/21-07/29/22

Back Home

Adding Claim Details



Submitting Completed Claims



														Pay: 290.45				Override
											Service Line Allowed/Paid:		290.45 / 290.45	1				
+	Copy Clear	08/02/2021	08/02/2021		AM		AM	11		S0280	HG				1	.00	1			
		08/02/2021	Duplicate and/or overlapping service already claimed on this date. See claim # 12283938 and Contact SUD Division.											Alw: .00 Pay: .00	0			Override
											Service Line Allowed/Paid:		.00 / .00	0				
+	Copy Clear				AM		AM											
+	Copy Clear				AM		AM											
+	Copy Clear				AM		AM											
+	Copy Clear				AM		AM											
													Total Billed:	580.90	4			
													Total Allowed/Paid:	580.90 / 580.90	3			

26. Patient Account No.	27. Accept Assignment?	28. Total Charge	29. Prior Paid Amount	30. Balance Due
999999	◉ YES ○ NO	580.90	.00	580.90

Rendering Provider (Claim Level) VIP lookup clear (Sub-Contracted Organization Only)	Facility Name and Address	Billing Name and Address
Internal ID: Primary ID: Secondary ID: ☐ Check to specify Rendering Provider not in the system	BEAUMONT FAMILY MEDICINE 44250 DEQUINDRE ROAD STERLING HEIGHTS , MI 48314-1002 Internal ID: 192623 Primary ID: 1003829441 Secondary ID: 192623	WILLIAM BEAUMONT HOSPITAL 44201 DEQUINDRE ROAD TROY , MI 48085 Internal ID: 192624 Primary ID: 1003829441 Secondary ID: 383593303

Comments

TEST Claim for Beaumont Training

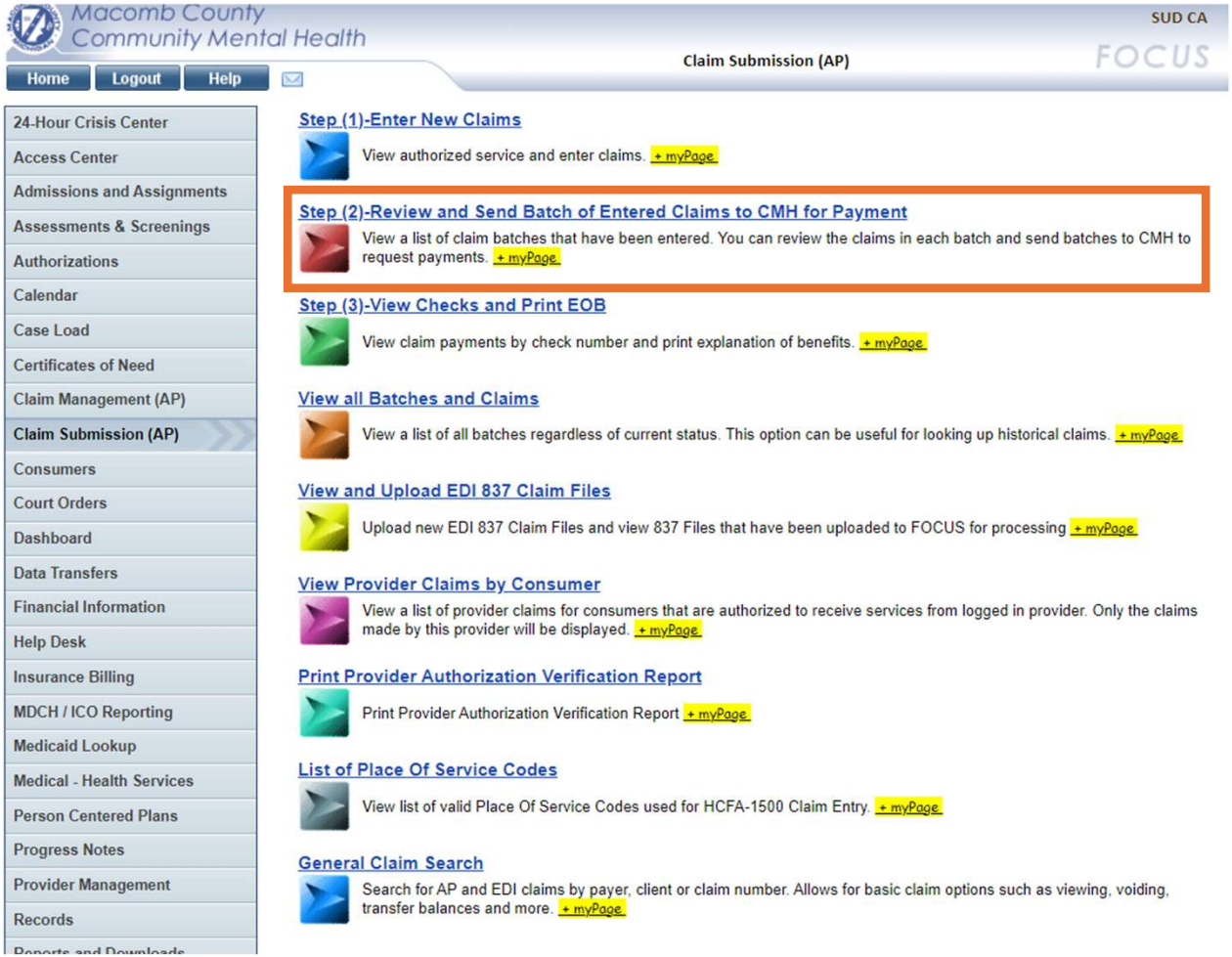
characters left: 992

Record Added	Record Changed
mchenrya 08/02/2021 11:31:19	mchenrya 08/02/2021 11:35:08

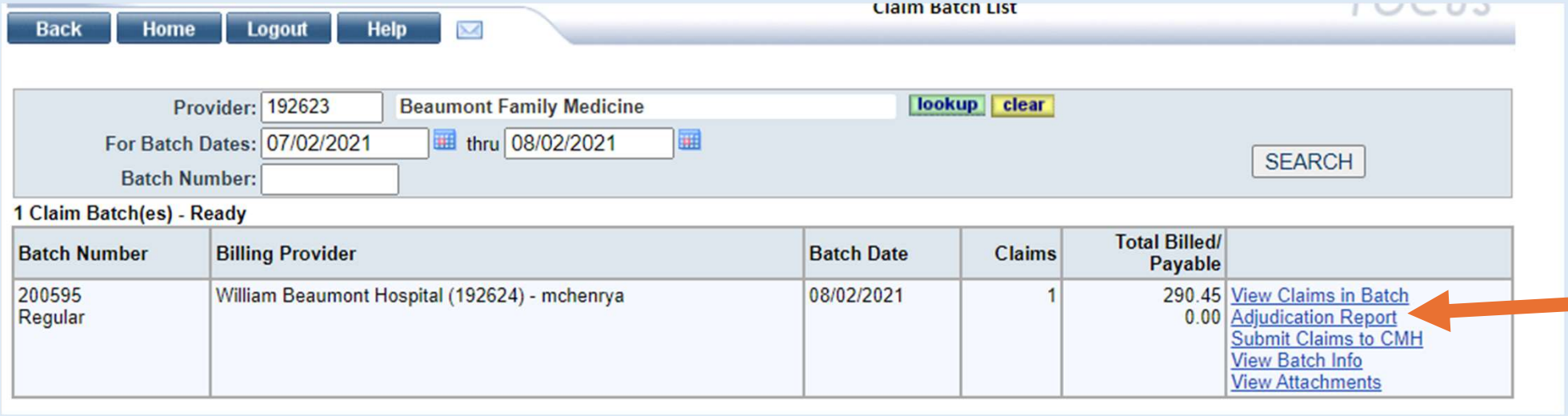
SAVE CANCEL

Claim ID 12283938

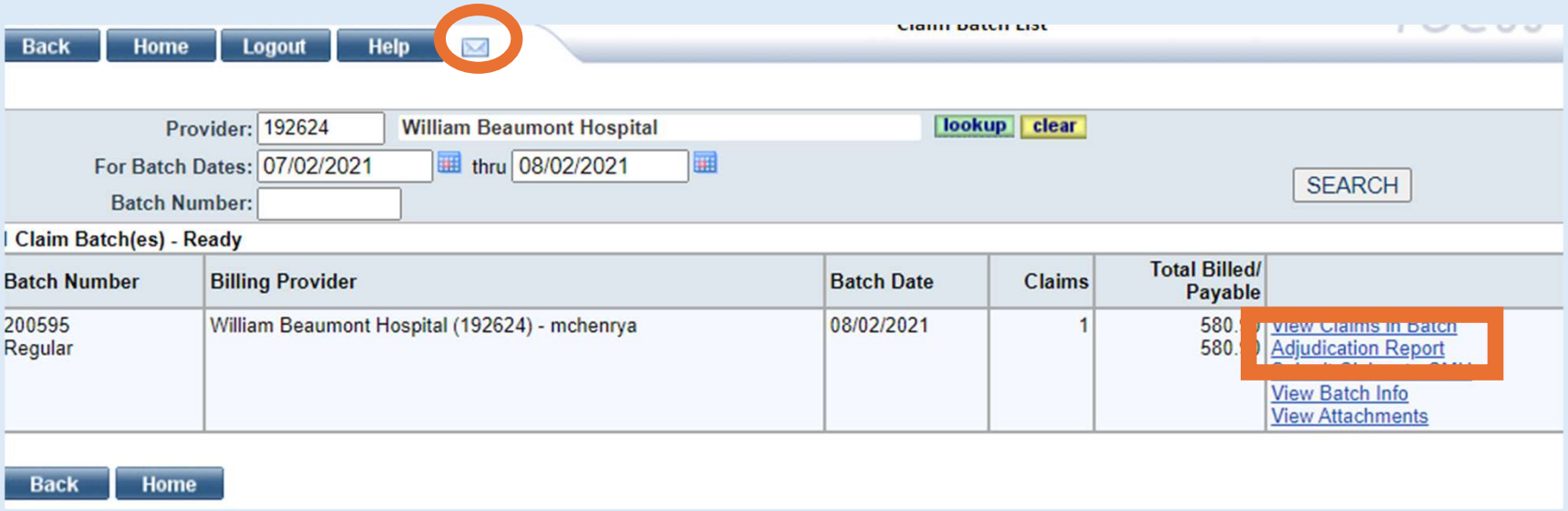
Checking Claim Integrity



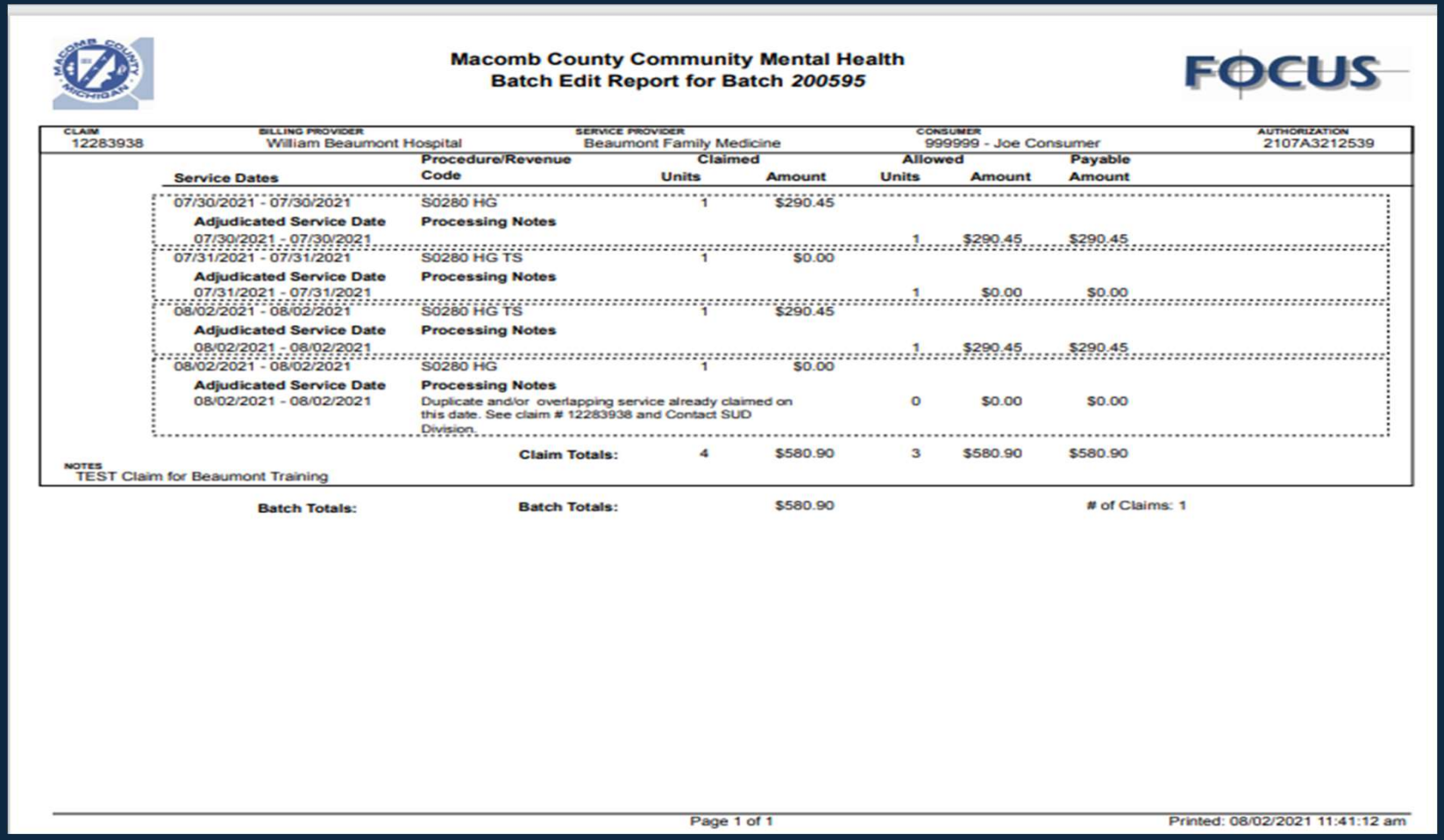
Checking Batch Integrity



Running Reports to Check for Errors



Adjudication Report Sample



Macomb County Community Mental Health
Batch Edit Report for Batch *200595*

FOCUS

CLAIM	BILLING PROVIDER	SERVICE PROVIDER	CONSUMER	AUTHORIZATION
12283938	William Beaumont Hospital	Beaumont Family Medicine	999999 - Joe Consumer	2107A3212539

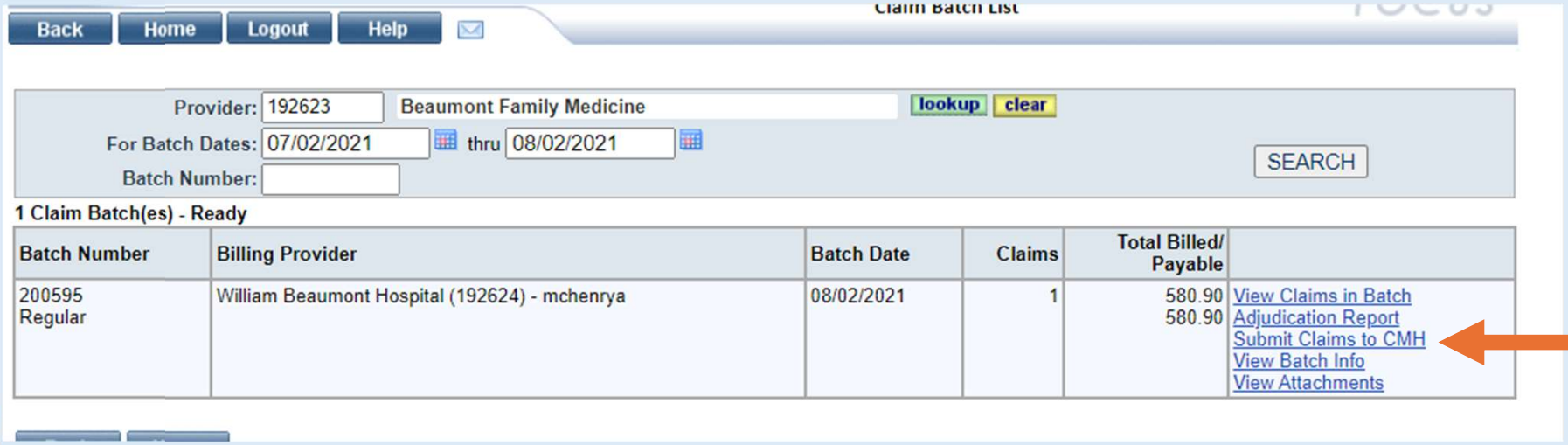
Service Dates	Procedure/Revenue Code	Claimed Units	Claimed Amount	Allowed Units	Allowed Amount	Payable Amount
07/30/2021 - 07/30/2021	S0280 HG	1	$290.45			
Adjudicated Service Date	**Processing Notes**					
07/30/2021 - 07/30/2021				1	$290.45	$290.45
07/31/2021 - 07/31/2021	S0280 HG TS	1	$0.00			
Adjudicated Service Date	**Processing Notes**					
07/31/2021 - 07/31/2021				1	$0.00	$0.00
08/02/2021 - 08/02/2021	S0280 HG TS	1	$290.45			
Adjudicated Service Date	**Processing Notes**					
08/02/2021 - 08/02/2021				1	$290.45	$290.45
08/02/2021 - 08/02/2021	S0280 HG	1	$0.00			
Adjudicated Service Date	**Processing Notes**					
08/02/2021 - 08/02/2021	Duplicate and/or overlapping service already claimed on this date. See claim # 12283938 and Contact SUD Division.			0	$0.00	$0.00
	Claim Totals:	4	$580.90	3	$580.90	$580.90

NOTES
TEST Claim for Beaumont Training

Batch Totals: **Batch Totals:** $580.90 # of Claims: 1

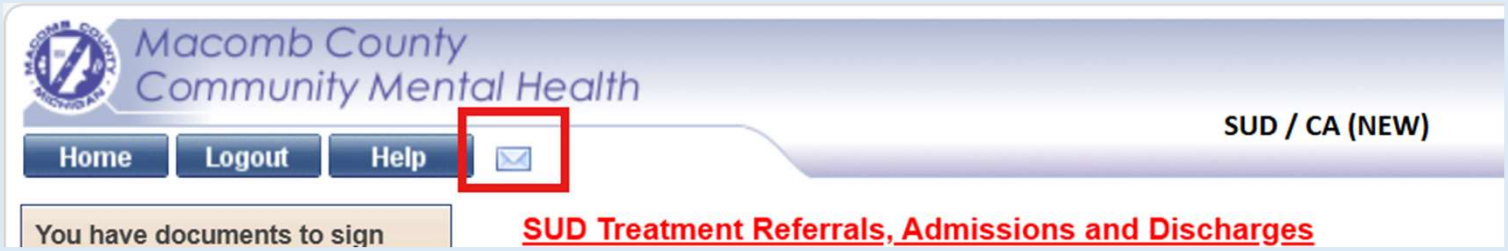
Printed: 08/02/2021 11:41:12 am

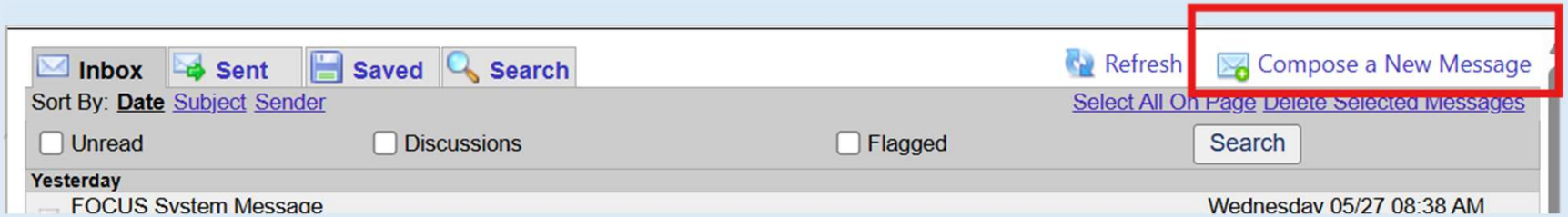
Sending Batches to MCCMH SUD Division



Messaging the Billing Team

Questions can be sent to the billing team via email:
donna.fisher@mccmh.net and tykeisha.allen@mccmh.net
Or through the FOCUS messaging system





Required Modifiers for Billing (staff credentials)

Modifier	Description
AF	Specialty physician
AG	Physician
AH	Clinical psychologist
HN	the rendering provider has a highest educational attainment of a bachelor's degree
HO	the rendering provider has a highest educational attainment of a master's degree
HP	the rendering provider has a highest educational attainment of a doctoral degree
TD	RN
TE	LPN/LVN

Staffing Modifiers

Required Modifiers for Billing (treatment type/group size)

Treatment Type

Modifier	Description
HH	Integrated Mental Health/Substance Abuse Program
HD	Women's Specialty Service
HG	Opioid addiction treatment program

Group Size

Modifier	Description
UP	Three total patients served
UQ	Four total patients served
UR	Five total patients served
US	Six or more total patients served

Frequently Asked Questions

- Q: What do I do if the client is being discharged from residential and has already completed the ASAM Continuum there?
- A: If a consumer is discharged from residential to your facility, the ASAM continuum should be requested when the consumer calls to schedule the appointment.
- Q: How do I know if they already completed an ASAM Continuum within the last 45 days?
- A: When clients call to schedule an appointment, they should be asked if they have received treatment from any other provider in the last 45 days. If they have, they can request that their assessment be sent to you by their previous provider.
- Q: What do I do once I receive the ASAM from another provider?
- A: Review the ASAM Continuum to note any changes and add a progress note, noting any changes and including updated level of care determination

Frequently Asked Questions, cont.

- Q: What do I do if a client says that they are at a recovery home and need a referral for their housing to be funded?
- A: Use the flowchart to determine if the client is appropriate for funding, ensure that the home they are residing at is contracted with MCCMH-SUD, submit a change in level of care request. If these items are not met, other housing options should be explored with the client
- Q: What do I do if the client refuses aftercare when leaving a higher level of care?
- A: Check the box at the bottom of the FOCUS discharge indicating that the client refused aftercare and provide them with the contact information for MCO if they want treatment in the future.

MCCMH-SUD Contacts

- FOCUS Password resets: mcosa@mccmh.net
- FOCUS removal requests, quality concerns, audits, grievances, appeals, or recipient rights concerns: nicole.palazzolo@mccmh.net
- FOCUS issues or contract questions: nicole.gabriel@mccmh.net
- Billing questions: donna.fisher@mccmh.net or tykeisha.allen@mccmh.net
- SUD Health Home questions, BH TEDS issues or reports: adam.mchenry@mccmh.net
- Prevention questions: ricki.torsch@mccmh.net
- Billing verification audits: heather.gilbert@mcch.net
- Priority Populations or grants: teresa.crosby@mccmh.net

Questions?

MCCMH SUD Main Line
(586) 469-5278
mcosa@mccmh.net
www.mccmh.net