



Entering a Claim

Provider Beaumont Family Medicine (192623) Phone	Location Type SUD Treatment Agency Fax	Address 44250 Dequindre Road Sterling Heights, MI 48314-1002
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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



Adding Claim Details

Health Insurance Claim Form																																																																																																																																				
Claim Batch 200595																																																																																																																																				
Patient's Name 999999 CONSUMER JOE B				3. Patient Birthdate 09/01/1986		Sex ☒ Male ☐ Female		4. Insured's Name CONSUMER JOE B																																																																																																																												
5. Patient's Address 111 TRAINER				6. Patient relation to insured ☒ Self ☐ Spouse ☐ Child ☐ Other				7. Insured's Address 111 TRAINER																																																																																																																												
City CLINTON TOWNSHIP		State MI		8. Patient Status ☐ Single ☐ Married ☐ Other				City CLINTON TOWNSHIP		State MI																																																																																																																										
Zip Code 48035		Telephone 5553351225		☐ Employed ☐ Full-Time Student ☐ Part-Time Student				Zip Code 48035		Telephone 5553351225																																																																																																																										
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Submitting Completed Claims

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

26. Patient Account No. 999999	27. Accept Assignment? ☒ YES ☐ NO	28. Total Charge 580.90	29. Prior Paid Amount .00	30. Balance Due 580.90
Rendering Provider (Claim Level) lookup clear (Sub-Contracted Organization Only)	Facility Name and Address BEAUMONT FAMILY MEDICINE 44250 DEQUINDRE ROAD STERLING HEIGHTS, MI 48314-1002 Internal ID: 192623 Primary ID: 1003829441 Secondary ID: 192623		Billing Name and Address WILLIAM BEAUMONT HOSPITAL 44201 DEQUINDRE ROAD TROY, MI 48085 Internal ID: 192624 Primary ID: 1003829441 Secondary ID: 383593303	
Internal ID: Primary ID: Secondary ID: ☐ Check to specify Rendering Provider not in the system				
Comments TEST Claim for Beaumont Training				
characters left: 992				
Record Added mchenrya 08/02/2021 11:31:19		Record Changed mchenrya 08/02/2021 11:35:08		
SAVE CANCEL		Claim ID 12283938		



Checking Claim Integrity

Macomb County Community Mental Health SUD CA

Home Logout Help

Claim Submission (AP) FOCUS

- 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
- Reports and Downloads

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](#)

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](#)

Checking Batch Integrity

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Claim Batch List

Provider: [lookup](#) [clear](#)

For Batch Dates:  thru 

Batch Number:

[SEARCH](#)

1 Claim Batch(es) - Ready

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
200595 Regular	William Beaumont Hospital (192624) - mchenrya	08/02/2021	1	290.45 0.00	View Claims in Batch Adjudication Report Submit Claims to CMH View Batch Info View Attachments



Running Reports to Check for Errors

Claim Batch List

Back Home Logout Help 

Provider: William Beaumont Hospital

For Batch Dates:  thru 

Batch Number:

Claim Batch(es) - Ready

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
200595 Regular	William Beaumont Hospital (192624) - mchenrya	08/02/2021	1	580. 580.	view Claims in Batch Adjudication Report View Batch Info View Attachments

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Adjudication Report Sample



Macomb County Community Mental Health Batch Edit Report for Batch 200595

FOCUS

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



Sending Batches to MCCMH SUD Division

Claim Batch List

Back Home Logout Help

Provider: 192623 Beaumont Family Medicine [lookup](#) [clear](#)

For Batch Dates: 07/02/2021 thru 08/02/2021

Batch Number:

[SEARCH](#)

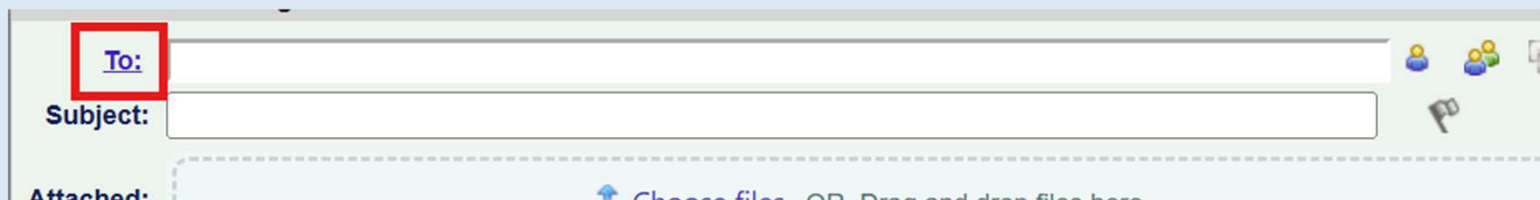
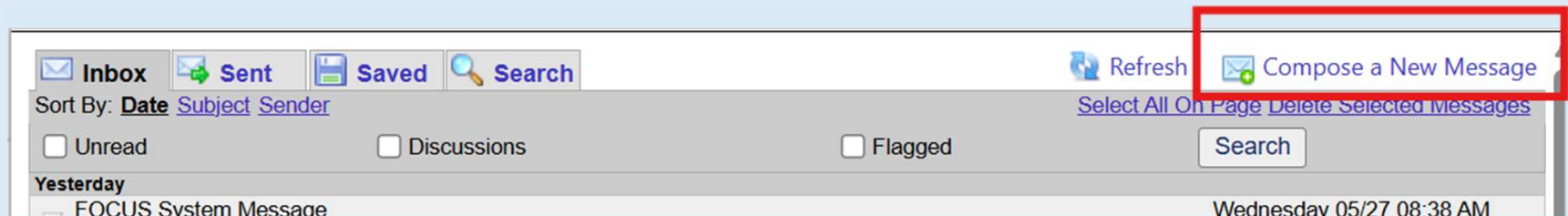
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Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
200595 Regular	William Beaumont Hospital (192624) - mchenrya	08/02/2021	1	580.90 580.90	View Claims in Batch Adjudication Report Submit Claims to CMH View Batch Info View Attachments



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: rickett.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

