

MI HEALTH LINK BILLING INFORMATION:

Submit MHL Claims in their own batches.

- This is a pilot program and we are still enhancing our Focus system. We have several known issues that we are working through. Segregating the MHL claims will ensure that entire batches are not held up for any reason.
- MHL Claims are manually reviewed. This also slows down the processing time.

Submit individual claims for Medicaid vs. Medicare covered services.

- Please do not send in HCPCS (Alpha Codes) within the same claim as CPT (Numeric Codes.)
 - Ex: H0032 submitted on line one of claim while 99213 submitted on line two of claim.
- We must submit encounters to the State as well as the ICO's and cannot split a claim that has been paid out.
- Please follow this guideline to avoid batches being returned.

OUTPATIENT CLAIMS:

Claims should be submitted to MCCMH following the rules of regulations of Medicare and Medicaid.

- Please review the applicable Medicare policies including the coding and billing guidelines.
 - The frequency limitations of services apply
 - The Medicaid provider qualifications chart of who can provide what service applies.
 - The 'incident to' billing rules apply and should be followed.
 - LMSW services must be billed with AJ modifiers as you would bill to Medicare.

INPATIENT CLAIMS:

Claims are being submitted and processed.

- Claims are paid based upon DRG.
- Claims must be submitted for the entire duration of the stay in order to process correctly.
 - Claims will cross the fiscal year because of this. We currently have a fix in development that will allow for this.
 - This situation is due to the ICD-10 guidance from CMS.

PARTIAL HOSPITAL CLAIMS:

This is still in development with our software vendor.

Questions and concerns with regards to any MHL claims should be sent to Kristin.desjardins@mccmh.net