

Overlapping Service Code Protocol and Time Line

1. MCCMH has instituted a process to ensure the integrity of the claims payment system by establishing claims payment edits that will identify services that are overlapping. We have developed a protocol and timeline for contract providers to use in an effort to resolve instances where providers have been denied payment for services due to overlapping service edits.
2. Effective February 1, 2012, the PCE claims Payment System was revised to provide more timely information to providers resulting from overlapping service codes as follows:
 - a. Before submitting claims batches to MCCMH, providers should continue to adjudicate their batches to determine what errors have been identified. The edit language related to overlapping services has been revised and will contain the necessary information for contract providers to be able to determine how they can resolve the error without waiting for MCCMH to send them a monthly report.
 - b. For example, error number LA09 will now read:
 - i. Duplicate and/or overlapping service already claimed on this date.
See Claim # (Claim it is duping against) from Provider # (Provider ID) (Provider name).
3. This information will allow the contract provider to contact the other provider in question and resolve the overlapping issue. It is recommended that the claims that have these overlapping edits be segregated into a separate batch and “clean claims” be submitted so as to not hold up the entire batch while the duplicate issues are being resolved.
4. The provider that submitted a claim incorrectly must reconsider its claim in situations where provider claims for services overlap and there is agreement between the two providers regarding which entity submitted its claim inappropriately. Once the reconsideration is submitted and cleared by the Claims Department in the FOCUS system, the other provider can then submit their claim.
5. If the two providers believe that the overlapping services should be allowed due to medical necessity, the Access Center staff is contacted via email to review the documentation and medical necessity of those services. Please contact MCCMH Access Division to determine approval of the requested service based upon the clinical appropriateness.