



## Helpful Hints for Claims Submission

### Modifiers

With REMI implementation, some new modifiers are now required that are different than what was in Carenet.

2K	Use with T1009 to denote the number of children receiving childcare
3K	Use with T1009 to denote the number of children receiving childcare
4K	Use with T1009 to denote the number of children receiving childcare
90	Use with 90853, previously called Psychotherapy Group 90 minute in Carenet
02	Use with 90853, previously called Psychotherapy Group 120 minute in Carenet
SD	Use with S9976 to denote State Disability Assistance
TT	Use with H0022 to denote group service
UB	Use with H0019 to denote ASAM 3.3 Residential Treatment Services
TF	Use with H0019 to denote ASAM 3.5 Residential Treatment Services
TG	Use with H0019 to denote ASAM 3.7 Residential Treatment Services

Based on the contract fee schedules, the following modifiers must be entered on a claim to receive the higher reimbursement rate.

HA	Child – Adolescent Program
HD	Women’s Specialty Services
HH	Integrated service for individual with co-occurring disorder, only applies to H2027

Some modifiers, such as HF, will attach on the back end and do not need to be entered on the claim.

### Start and Stop Times


Start and stop times are required on select services. Times are not allowed to overlap on the same date of service. For example, an individual therapy service cannot occur at the same time as didactic services. If the times do overlap, one of the services will not pay. The message will be *Duplicate and/or conflicting service previously claimed on this date of service / time.*

If the service does not require a start and stop time, there is no need to enter times.

### National Provider Identifiers (NPI)

NPIs are required on select services per Michigan Department of Health and Human Services reporting guidelines. MSHN recognizes this may be new for some services but is striving to improve reporting with MDHHS.

The NPI is populated from the staff file. If there is a message on the adjudication stating an NPI is missing, please submit the information to [inquiries@midstatehealthnetwork.org](mailto:inquiries@midstatehealthnetwork.org). This is only required to be submitted one time.

A list of modifiers and codes that require times and NPIs can be found in the document called CPT Codes – NPI, Time and Modifier Information in the Help link in REMI. 

### Student Interns

Services performed by student interns should be billed under the supervising clinical staff.

### Claim Forms

TOS on the claim is not a required field and can be left blank. If you need to make a note on a specific claim, please include in the Comments section at the bottom of the claim. Do not include in the Notes field on the individual claim line.


### Adjudication Report

Adjudication must be completed prior to submitting to MSHN. The adjudication process allows for review to correct any issues which may cause a claim to pay less than expected. The adjudication rules are the same ones used by MSHN. If changes are made after the report is run, a new adjudication report needs to be generated.


### Women's Specialty Services

If you receive the following message *"HD" service billed (or WSS Admission), but provider is not designated to provide WSS*, the admission record indicates that the individual is eligible for WSS and receiving WSS at the billing provider's location. This message will typically require an update to the admission record if the provider is not a WSS provider.

### Claims Return

If a batch was submitted to the PIHP in error, it can be returned if MSHN has not completed the adjudication process. To request a batch return, please send a message to Hope Calabris and Tammy July. In messages, you may also click on the  icon and select AP Claims.

### Void Requests

When requesting a void or resolution to a claim, please send a message to Hope Calabris and Tammy July. In messages, you may also click on the  icon and select AP Claims.

When making the request, please include the name of the Provider and Site, along with claim specific information such as consumer name, date of service, billing code, and any other relevant information.

### Claims Processing Timelines

The published cutoff dates will remain in effect at this time. We encourage you to submit batches as often as you like. We recommend that you do not wait until the cutoff date to submit large batches. Depending on the volume, we cannot ensure that all claims will be processed for payment based on MSHN deadlines.

Following your submission, MSHN staff perform additional adjudication, including review and approval of claims. Claims are then sent to Accounts Payable for payment. To meet the cutoff for direct deposit, all payments need to be submitted to Accounts Payable by Tuesday following the cutoff date. Depending on the volume of claims received on the cutoff date, claims may need to be prioritized to meet MSHN deadlines.

### Additional Items

If you have suggestions on items that may be helpful to share with others, please email Amy at [amy.keinath@midstatehealthnetwork.org](mailto:amy.keinath@midstatehealthnetwork.org) or send a message in REMI.

Contacts for Assistance

Amy Keinath: 517-657-3017

Hope Calabris: 517-657-3021

Tammy July: 517-657-3020