

Claim Submission Guidelines

Institutional and Professional

Failure to adhere to the following guidelines may result in processing/payment delays or claims returned unprocessed.

Basic information and guidelines for submission of PAPER claims:

- ★ Date of birth (DOB) must be eight characters without dashes or slashes in the format MMDDCCYY.
- ★ Date of service (DOS) and any other dates must be 6 characters in the format MMDDYY. Make sure the dates are within the appropriate boxes on the form.
- ★ Use only black ink.
- ★ Do not write or print on the claim, except for the Provider Signature Certification.
- ★ Handwritten claims are not acceptable.
- ★ UPPER CASE alphabetic characters are recommended.
- ★ Do not use italic, script, orator, or proportional fonts.
- ★ 12-point type is preferred.
- ★ Make sure the type is even (on the same horizontal plane) and within the boxes.
- ★ Do not use punctuation marks (e.g., commas or periods).
- ★ Do not use special characters (e.g., dollar signs, decimals, or dashes).
- ★ Only service line data can be on a claim line. Do not squeeze comments below the service line.
- ★ Do not send damaged claims that are torn, glued, taped, stapled, or folded. Prepare another claim.
- ★ Do not use correction fluid or correction tape, including self-correcting typewriters.
- ★ If a mistake is made, start over and prepare a clean claim form.
- ★ Do not submit photocopies.
- ★ Claim forms must be mailed flat, without folding, in 9" x 12" or larger envelopes. Do not fold the form.
- ★ Separate each claim form if using the continuous forms and remove all pin drive paper completely. Do not cut the edges of forms.

Providing attachments (Primary Insurance EOB):

- ★ Must be directly behind the claim it supports and be identified with the beneficiary's name and Federal Tax ID Number.
- ★ Attachments must be on 8 ½" x 11" white paper and one-sided. Do not submit two-sided materials.
- ★ Multiple claims cannot be submitted with one attachment. Each claim form that requires an attachment must have a separate attachment.
- ★ Do not staple or paperclip the documentation to the claim form.
- ★ Mail claim forms with attachments flat, with no folding, in 9" x 12" or larger envelope.
- ★ Do not send attachments unless the attachment is required. Any unnecessary attachments, such as statement detail or client account information, will delay processing of claims.

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Mailing address for all PAPER claims:

MDCH - Claims
109 Michigan Ave.
WSB - 5th Floor
Lansing, MI 48913

866-930-6324 – Phone
517-335-8752 – Fax

Claims will **NOT** be accepted via fax.

Paper claim forms **MUST** be on **RED-INK** forms

- ★ Institutional claims: red-ink form with UB-04 CMS-1450 in the lower left hand corner.
- ★ Professional claims (CMS-1500): red-ink with the numbers OMB-0938-0999 in the lower right hand corner.

Electronic Claims

- ★ Need to be an authorized billing agent with MDCH (http://www.michigan.gov/budget/0,1607,7-157-13404_37161-186637--,00.html)
- ★ Electronic claims can be submitted through the DEG (Data Exchange Gateway) or through a clearinghouse (example: Netwerkes).
- ★ Agencies submitting claims electronically must use the ASC X12N 837 4010 A1 institutional format.

Remittance Advice (RA):

- ★ Is produced to inform providers about the status of their claims.
- ★ RAs are available in paper (paper claims only) and electronic formats, and utilize the HIPAA-compliant national standard claim adjustment group codes, claim adjustment reason codes, and remarks codes, as well as adjustment reason codes, to report claim status.

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Equipment

Keep equipment properly maintained to avoid the following:

- ★ Dirty print elements with filled character loops.
- ★ Light print or print of different density.
- ★ Breaks or gaps in characters.
- ★ Ink botches or smears in print .
- ★ Worn out ribbons.
- ★ *Dot matrix printers should not be used as they result in frequent misreads by the OCR (Optical Character Reader).*