MedStar Family Choice – Medicaid MCO

https://www.medstarfamilychoice.com/maryland-healthchoice/for-maryland-healthchoice-physicians/claims/claims/

Claims Status/Online Claims Look Up
To obtain information on the status of your claims, please log on to the online claims look up website or call our Provider Customer Service Line at **800-261-3371**, which is available Monday through Friday 8:30 a.m. – 5 p.m.
A new feature for the online claims look up is that each office will initially register for a master account and then register all other users in their office as subaccounts. Subaccounts will allow multiple users to share the same web portal access without sharing the same user name and password. The employee who is registered as the master account will be responsible for activating and deactivating employee logins. If your office doesn't already have an account, you may also register to obtain online claims status.

Claims and Billing Procedures
Find out the guidelines for timely claims submissions.

Claims Submissions
Find out which fields are required to be completed in order for the claim to be considered clean.

Electronic Claims Submission
Are you submitting claims electronically? Learn how to send your MedStar Family Choice claims electronically.

Claims and Refunds
Learn where to send refunds for errors in claims payments.

Observation Authorization
Prior authorization is required for elective and direct placement into observation (i.e. from home, physician office, etc.)

Denial Codes and Reasons
The providers' Remittance Advice, denied claim(s), or line item will have a detailed explanation of denial code(s). If you receive an electronic statement (837), look on the online claim portal for more claims information.
MedStar Family Choice follows the Maryland Clean Claims Legislation adopted under COMAR 31.10.11 in order to determine whether a claim is clean.
Standard Required Attachments
The following describes circumstances under which the identified attachment is required for submission with the claim.

- An explanation of benefits statement from a primary payer to MedStar Family Choice's Claims Processing Center, if MedStar Family Choice is secondary.
- A Medicare remittance notice, if Medicare is primary and MedStar Family Choice is secondary.
- A description of the procedure or service, which may include the medical record, if a procedure or service has no corresponding Current Procedural Terminology (CPT) or HCPCS code.
- Information related to an audit, if a pattern of fraud, improper billing, or coding is demonstrated.
- Provide an invoice for medication or other items per contract or when requested.
- Admitting and physician notes for emergency services that may not meet the standards for an emergency service.
- An itemization of charges may be required for inpatient hospital claims to correctly pay a bed day when other similar bed days are denied in that same inpatient admission.