Submit Professional Claims Online (Direct Data Entry) Quick Reference

Business Rules

- o Fields marked with an asterisk (*) are required and must be completed for the Claim to be submitted successfully
- o Mode of Claim Submission "Direct Data Entry (DDE)" must be select within the Provider Enrollment file for access
- o Claim Reference Number (CRN) is now referred to Transaction Control Number (TCN)
- o DDE is available only for **original** claim submission; not for Adjustments or Voids (Type of Bill xx7 or xx8 are not allowed)
- o There are no hyperlinks from the DDE screens to any other screens within CHAMPS, except Billing Instruction
- o There are multiple categories marked with a ⊞ . These are expandable. Data should be entered into these fields as they pertain to the claim you are entering. Only leave expandable boxes open if you have entered data in those fields. If no data is entered, keep expandable boxes closed

Action	Submit Professional Claims Online – Submit Claims	Notes
Submit Claims	1. After you have logged into CHAMPS with your Single Sign On (SSO) user ID and password, select one of the following profiles: CHAMPS Full Access, CHAMPS Limited Access or Claims Access 2. Click the Claims tab at the top of the page 3. Click on the Claim Submission hyperlink 4. Click the Submit Professional claim type hyperlink	• The **Submit Professional** page appears. Hyperlinks appearing near the top of this page take you to the corresponding area on the page. For example, clicking the "Beneficiary" hyperlink causes the page to scroll to the Beneficiary section of the page
	Submit Professional Claims Online – Provider Information	**Notes**
Provider Information	1. The **Provider ID** number under the Provider Information Section at the header level of the claim will be populated with the NPI of the Domain you have entered into the system under Provider ID: 1234567890 2. The **Type** from the drop down lists will be populated with type **NPI** Type: NPI 3. Optionally, enter the **Taxonomy Code** Taxonomy Code: 4. Select "Yes" or "No" for the "Is the Billing Provider also the Pay-To Provider?" question	• Verify the NPI number you logged into CHAMPS with. You must select the Domain of the Billing Provider NPI. If you have selected the incorrect Domain and wish to change the Provider ID, you must click on **My Inbox** and select **Change Profile** • If "**NO**" is selected, you **MUST** complete the fields that appear: **Provider ID** and **Type**. Optionally, enter a **Taxonomy Code**. • If "**NO**" is selected, you **MUST** complete the fields that

	5. Select "Yes" or "No" for the "Is the Billing Provider or Pay-To Provider also the Rendering Provider?" question 6. Select "Yes" or "No" for the "Is this service the result of a referral?"	appear: **Provider ID** and **Type**. Optionally, enter a **Taxonomy Code**. • If "**YES**" is selected, you **MUST** complete the fields that appear: **Provider ID** and **Type**. Optionally, enter a **Taxonomy Code**. • When Billing Provider, Rendering Provider, Pay to Provider and Referring Provider numbers are entered, they must refer to different providers, with the following exception – the Billing Provider can also be the Rendering Provider as long as he/she is not enrolled as Rendering/Servicing Only
Action	**Submit Professional Claims Online – Beneficiary Information**	**Notes**
Beneficiary Information	1. Enter the **Beneficiary ID** Beneficiary ID: * 2. Enter the Beneficiary's **Last Name** Last Name: * 3. Enter the Beneficiary's **First Name** First Name: * 4. Optionally, enter the Beneficiary's **Middle Initial** (MI) MI: 5. Optionally, enter the Beneficiary's **Suffix** Suffix: 6. Enter the Beneficiary's **Date of Birth** Date of Birth: mm dd yyyy * 7. Select an option from the **Gender** drop-down list Gender: * 8. Optionally, enter the **Onset of Current Illness/symptom Date** Onset of Current Illness/symptom Date: mm dd yyyy 9. Optionally, enter the **Similar Illness/symptom Date** Similar Illness/symptom Date: mm dd yyyy 10. Select "Yes" or "No" form the "Does the beneficiary have insurance other than Medicaid?" question	• Examples of a **Suffix** are: Jr. or Sr. • Use the two-digit month (mm), two-digit date (dd), and four-digit year (yyyy) format • If "**YES**" is selected, see "**Submit Claims Online – Other Insurance Information**" section below
Action	**Submit Professional Claims Online – Other Insurance Information**	**Notes**
Other Insurance Information	1. Select an option in the **Payer Responsibility Code** drop-down list Payer Responsibility Code: * 2. Enter the **Payer ID Number** Payer ID Number: * 3. Optionally, enter the **Subscriber Member ID** Subscriber Member ID:	• For other insurance, Primary must be entered in the first occurrence of Payer Responsibility Code; Secondary must be entered in the second occurrence, and Tertiary must be entered in the third occurrence • Provider can submit up to 3 other insurances • The list of Payer ID (Carrier ID) Numbers can be found on

	4. Optionally, enter the Subscriber's **Last Name**, **First Name**, **Middle Initial (MI)**, and **Suffix** where appropriate. 5. Optionally, enter the Subscriber's **Date of Birth** Date of Birth: mm dd yyyy 6. Optionally, select the Subscriber's **Gender** from the drop-down list Gender: 7. Enter the **Insured's Group or Policy Number** Insured's Group or Policy Number: * 8. Select an option in the **Beneficiary's Relationship** drop-down list Beneficiary's Relationship: * 9. Select an option in the **Claim Filing Indicator** drop-down list Claim Filing Indicator : * 10. Enter an amount in the **Total COB Payer Paid Amount** field Total COB Payer Paid Amount: $ * 11. Click the **Add Another** Add Another hyperlink to add additional insurance information then repeat **Steps 1 – 11**	www.michigan.gov/medicaidproviders >>Billing and Reimbursement >>Third Party Liability • Total COB Payer Paid Amount may be "zero"
Action	**Submit Professional Claims Online – Claim Information**	**Notes**
Claim Information	1. To add optional **Relevant Dates**, do the following: a. Click the red ⊞ to expand the **Relevant Dates** section b. Enter an **Admission Date** Admission Date: mm dd yyyy c. Enter a **Discharge Date** Discharge Date: mm dd yyyy d. Enter an **Assumed Care Date** Assumed Care Date: mm dd yyyy e. Enter a **Relinquished Care Date** Relinquished Care Date: mm dd yyyy 2. Enter **Prior Authorization/CLIA** information if applicable a. Click the red ⊞ to expand the **Prior Authorization/CLIA** section b. Enter the **Prior Authorization Number** Prior Authorization Number: * c. Select "Yes" or "No" if the Prior Authorization is a **MDCH PA** MDCH PA: ○ Yes ○ No	• **Relevant Dates**: - Discharge Date must be equal to or greater than the Admission Date - The Relinquished Care Date must be greater than or equal to the Assumed Care Date in the claim • **Prior Auth/CLIA:** - When a prior authorization (PA) is entered, the user must select a radio button to Indicate whether the PA is MDCH issued or not. If yes is selected, the PA is MDCH issued and must be validated in PA tables. If no is selected, no validation of the number is required

	d. Enter the **CLIA Number** CLIA Number: 3. To add a **Claim Note**, do the following: a. Click the red ⊞ to expand the **Claim Note** section b. Enter information in the **Claim Note** field 4. Select “Yes” or “No” for the “Is this claim accident related?” question 5. Select “Yes” or “No” for the “Does this claim have backup documentation?” question 6. Optionally, enter the **Patient Account Number** Patient Account No.: 7. Optionally, enter the **Medicaid Deductible Amount** Medicaid Deductible Amount: $ 8. Enter a **Diagnosis Code** in at least one (1) of the **Diagnosis Codes** fields Diagnosis Codes: 1: *	• **Claim Notes** are restricted to 80 characters • **Accident Related:** • If “**YES**” is selected, choose an option from at lease one (1) of the **Related Causes** drop-down lists. Optionally, complete the remaining fields • **Backup Documentation:** • If “**YES**” is selected for this question, add a **Claim Note** and enter the **EZLink** information relating to the backup documentation for the claim • **Patient Account Number:** • If entered can be used as a filter by function when Inquiring on the claim
Action	**Submit Professional Claims Online – Basic Line Item Information**	**Notes**
Basic Line Item Information	1. Enter a date in the **Service Date From** and **To** fields Service Date From: mm dd yyyy * To: mm dd yyyy * 2. Enter the **Place of Service** Place of Service: * 3. Select “Yes” or “No” option in the **EMG** (Emergency) drop-down list EMG : * 4. Enter a **Procedure Code** Procedure Code: * 5. Optionally, enter up to four (4) **Modifiers** Modifiers: 1: 6. Enter **Submitted Charges** Submitted Charges: $ * 7. Select an option in at least one (1) of the **Diagnosis Pointers** drop-down lists Diagnosis Pointers: 1: * 8. Enter the **Units/Quantity** Units/Quantity: * 9. Optionally, select an option in the **EPSDT/Family Planning** drop-down list EPSDT/Family Planning:	• If place of service is 21 and patient original source of admission was through the ER, report Yes in the EMG field • If more than 1 procedure code is reported, you must enter each service separately and click on $\boxed{\text{Add Service Line Item}}$ after each entry

10. Optionally, enter the **Rendering Provider ID,** select a **Type** from the drop-down list, and enter a **Taxonomy Code**

- Enter the **Rendering Provider ID** ONLY if it is different from the one entered in the header

11. Optionally, enter the **National Drug Code**, enter a **Quantity**, and enter **Units**

- If more than 1 National Drug Code needs to be added, click on “Add Another” hyperlink. Another row will be displayed. Up to 3 NDC codes can be added per service line

12. Click the **Add Service Line Item** Add Service Line Item button

    a. The Service Line Item will appear under the “Previously Entered Line Item Information” section
    b. Optionally, click **Line No.** to retrieve line item information for editing
    c. Optionally, click **Insurance Info** hyperlink to add other insurance information at the line level
    d. Optionally, click Copy to duplicate the service line
    e. Optionally, click Delete to delete service line

13. Repeat **Steps 1 – 9** to add additional Service Lines

14. Click the **Update Service Line Item** Update Service Line Item button to make changes to a previously added Service Line

- The **Update Service Line Item** button is only applicable if Service Lines have previously been added to the claim

15. If you wish to save the claim as a Template prior to clicking Submit Claim Submit Claim click the Save as Template Save as Template button.

    a. A confirmation message appears providing a Template Number, click the **Print** button on the Print Pop Up screen Print.
    b. To locate the Template click on the **Menu** bar Menu then **Claim Submission** then **Search Template**.

- Select the claim Template within the list page or find the Template by selecting an option such as “Template Number” in the filter by menu **Filter By :**

16. Click the **Submit Claim** Submit Claim button in the upper left hand corner of the screen.

17. Click the **Print** button on the Print Pop Up screen which contains the TCN (Transaction Control Number). Print

- If no errors are detected, a confirmation message appears providing a Transaction Control Number (TCN). If errors are detected, a pop-up error message appears. Click the OK button to close the error message and return to the claim to fix any errors