



Submit Professional Claims Online (Direct Data Entry)

Quick Reference


Business Rules

- Fields marked with an asterisk (*) are required and must be completed for the Claim to be submitted successfully
- Mode of Claim Submission “Direct Data Entry (DDE)” must be select within the Provider Enrollment file for access
- Claim Reference Number (CRN) is now referred to Transaction Control Number (TCN)
- DDE is available only for **original** claim submission; not for Adjustments or Voids (Type of Bill xx7 or xx8 are not allowed)
- There are no hyperlinks from the DDE screens to any other screens within CHAMPS, except Billing Instruction
- 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	<ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • 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	<ol style="list-style-type: none"> 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: <input style="width: 100px;" type="text" value="1234567890"/> 2. The Type from the drop down lists will be populated with type NPI Type: <input style="width: 100px;" type="text" value="NPI"/> 3. Optionally, enter the Taxonomy Code Taxonomy Code: <input style="width: 100px;" type="text"/> 4. Select “Yes” or “No” for the “Is the Billing Provider also the Pay-To Provider?” question 	<ul style="list-style-type: none"> • 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

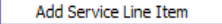


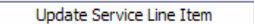

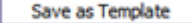




	<p>5. Select “Yes” or “No” for the “Is the Billing Provider or Pay-To Provider also the Rendering Provider?” question</p> <p>6. Select “Yes” or “No” for the “Is this service the result of a referral?”</p>	<p>appear: Provider ID and Type. Optionally, enter a Taxonomy Code.</p> <ul style="list-style-type: none"> • 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/Serviceing Only
Action	Submit Professional Claims Online – Beneficiary Information	Notes
Beneficiary Information	<p>1. Enter the Beneficiary ID Beneficiary ID: <input type="text"/> *</p> <p>2. Enter the Beneficiary’s Last Name Last Name: <input type="text"/> *</p> <p>3. Enter the Beneficiary’s First Name First Name: <input type="text"/> *</p> <p>4. Optionally, enter the Beneficiary’s Middle Initial (MI) MI: <input type="text"/></p> <p>5. Optionally, enter the Beneficiary’s Suffix Suffix: <input type="text"/></p> <p>6. Enter the Beneficiary’s Date of Birth Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *</p> <p>7. Select an option from the Gender drop-down list Gender: <input type="text"/> *</p> <p>8. Optionally, enter the Onset of Current Illness/symptom Date Onset of Current Illness/symptom Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>9. Optionally, enter the Similar Illness/symptom Date Similar Illness/symptom Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>10. Select “Yes” or “No” form the “Does the beneficiary have insurance other than Medicaid?” question</p>	<ul style="list-style-type: none"> • 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	<p>1. Select an option in the Payer Responsibility Code drop-down list Payer Responsibility Code: <input type="text"/> *</p> <p>2. Enter the Payer ID Number Payer ID Number: <input type="text"/> *</p> <p>3. Optionally, enter the Subscriber Member ID Subscriber Member ID: <input type="text"/></p>	<ul style="list-style-type: none"> • 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

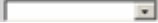
	<p>4. Optionally, enter the Subscriber's Last Name, First Name, Middle Initial (MI), and Suffix where appropriate.</p> <p>5. Optionally, enter the Subscriber's Date of Birth Date of Birth: <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="yyyy"/></p> <p>6. Optionally, select the Subscriber's Gender from the drop-down list Gender: <input type="text"/></p> <p>7. Enter the Insured's Group or Policy Number Insured's Group or Policy Number: <input type="text"/> *</p> <p>8. Select an option in the Beneficiary's Relationship drop-down list Beneficiary's Relationship: <input type="text"/> *</p> <p>9. Select an option in the Claim Filing Indicator drop-down list Claim Filing Indicator : <input type="text"/> *</p> <p>10. Enter an amount in the Total COB Payer Paid Amount field Total COB Payer Paid Amount: \$ <input type="text"/> *</p> <p>11. Click the Add Another Add Another hyperlink to add additional insurance information then repeat Steps 1 – 11</p>	<p>www.michigan.gov/medicaidproviders >>Billing and Reimbursement >>Third Party Liability</p> <ul style="list-style-type: none"> Total COB Payer Paid Amount may be "zero"
Action	Submit Professional Claims Online – Claim Information	Notes
Claim Information	<p>1. To add optional Relevant Dates, do the following:</p> <ol style="list-style-type: none"> Click the red <input type="checkbox"/> to expand the Relevant Dates section Enter an Admission Date Admission Date: <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="yyyy"/> Enter a Discharge Date Discharge Date: <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="yyyy"/> Enter an Assumed Care Date Assumed Care Date: <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="yyyy"/> Enter a Relinquished Care Date Relinquished Care Date: <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="yyyy"/> <p>2. Enter Prior Authorization/CLIA information if applicable</p> <ol style="list-style-type: none"> Click the red <input type="checkbox"/> to expand the Prior Authorization/CLIA section Enter the Prior Authorization Number Prior Authorization Number: <input type="text"/> * Select "Yes" or "No" if the Prior Authorization is a MDCH PA MDCH PA: <input type="radio"/> Yes <input type="radio"/> No 	<ul style="list-style-type: none"> Relevant Dates: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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

	<p>d. Enter the CLIA Number <small>CLIA Number:</small> <input type="text"/></p> <p>3. To add a Claim Note, do the following:</p> <p>a. Click the red  to expand the Claim Note section</p> <p>b. Enter information in the Claim Note field</p> <p>4. Select “Yes” or “No” for the “Is this claim accident related?” question</p> <p>5. Select “Yes” or “No” for the “Does this claim have backup documentation?” question</p> <p>6. Optionally, enter the Patient Account Number <small>Patient Account No.:</small> <input type="text"/></p> <p>7. Optionally, enter the Medicaid Deductible Amount <small>Medicaid Deductible Amount:</small> \$ <input type="text"/></p> <p>8. Enter a Diagnosis Code in at least one (1) of the Diagnosis Codes fields <small>Diagnosis Codes: 1:</small> <input type="text"/> *</p>	<ul style="list-style-type: none"> • Claim Notes are restricted to 80 characters • Accident Related: <ul style="list-style-type: none"> • If “YES” is selected, choose an option from at least one (1) of the Related Causes drop-down lists. Optionally, complete the remaining fields • Backup Documentation: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • If entered can be used as a filter by function when Inquiring on the claim
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Action	Submit Professional Claims Online – Basic Line Item Information	Notes
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Basic Line Item Information	<p>1. Enter a date in the Service Date From and To fields <small>Service Date From:</small> <input type="text"/> <small>mm dd yyyy</small> * <small>To:</small> <input type="text"/> <small>mm dd yyyy</small> *</p> <p>2. Enter the Place of Service <small>Place of Service:</small> <input type="text"/> *</p> <p>3. Select “Yes” or “No” option in the EMG (Emergency) drop-down list <small>EMG:</small> <input type="text"/> *</p> <p>4. Enter a Procedure Code <small>Procedure Code:</small> <input type="text"/> *</p> <p>5. Optionally, enter up to four (4) Modifiers <small>Modifiers: 1:</small> <input type="text"/></p> <p>6. Enter Submitted Charges <small>Submitted Charges:</small> \$ <input type="text"/> *</p> <p>7. Select an option in at least one (1) of the Diagnosis Pointers drop-down lists <small>Diagnosis Pointers: 1:</small> <input type="text"/> *</p> <p>8. Enter the Units/Quantity <small>Units/Quantity:</small> <input type="text"/> *</p> <p>9. Optionally, select an option in the EPSDT/Family Planning drop-down list <small>EPSDT/Family Planning:</small> <input type="text"/></p>	<ul style="list-style-type: none"> • 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 Add Service Line Item after each entry
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10. Optionally, enter the **Rendering Provider ID**, select a **Type** from the drop-down list, and enter a **Taxonomy Code**
11. Optionally, enter the **National Drug Code**, enter a **Quantity**, and enter **Units**
12. Click the **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  to duplicate the service line
 - e. Optionally, click  to delete service line
13. Repeat **Steps 1 – 9** to add additional Service Lines
14. Click the **Update Service Line Item**  button to make changes to a previously added Service Line
15. If you wish to save the claim as a Template prior to clicking Submit Claim  click the Save as Template  button.
 - a. A confirmation message appears providing a Template Number, click the **Print** button on the Print Pop Up screen .
 - b. To locate the Template click on the **Menu** bar  then **Claim Submission** then **Search Template**.
16. Click the **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). 

- Enter the **Rendering Provider ID ONLY** if it is different from the one entered in the header
- 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
- The **Update Service Line Item** button is only applicable if Service Lines have previously been added to the claim
- 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 :** 
- 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