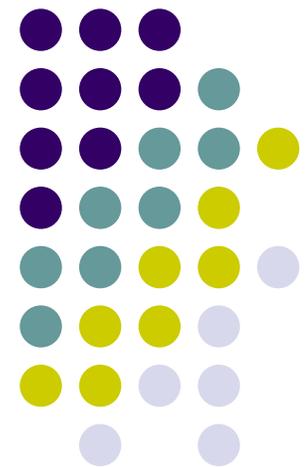


CHAMPS

Michigan Medicaid

Dental Claims

HIPAA 5010



Michigan Department
of Community Health



Rick Snyder, Governor
Olga Dazzo, Director

Why HIPAA 5010

- Federally required for claim submissions effective January 1, 2012
- Supports National Provider Identifier (NPI)
- Supports ICD-10 codes, effective October 1, 2013
- Allows for use of ICD-9 or ICD-10 codes by date of service
- Expands the number of reportable diagnosis codes to 12



General 5010 Changes

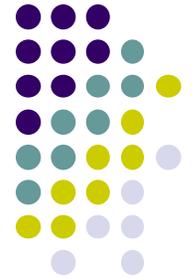


- Larger name fields
- Prohibits use of P.O. Box for billing provider address
- Changes made to the AMT segments for COB claims (approved and allowed deleted)
- Billing Provider requires 9 digit zip code
- Diagnosis Code for oral/maxillofacial surgery and/or anesthesiology Services

Direct Data Entry (DDE) Changes



- Procedure date is now called Service Date
- Date of Service at the line level does not have to be reported unless different from the header
- New information has been added to the Line Item Grid for quick reference



CHAMPS Templates

- New templates are required January 1, 2012.
- Templates previously saved will not be available for use.
- There is no change to the number of templates you can create- five are allowed

Set up your new templates as soon as possible when new screens go live January 2012!



Root Canals, Dentures, and Laboratory-processed Crowns

For procedures completed within **30 days** after beneficiary loss of eligibility:

- Services must have been started prior to the change and/or loss of eligibility
- Services must be completed within 30 days of change and/or loss of eligibility

Claim Adjustments



- When adjusting an original 4010 claim, adjustor will be prompted to remove 4010 information that is no longer required
- When adjusting an original 4010 claim, adjustor will be prompted to add required 5010 information.
 - If patient account number was left blank, you will be prompted to add the value
- Billed units will be displayed

DDE - New Required Fields



- Diagnosis Code for oral/maxillofacial surgery and/or anesthesiology Services
- Quantity is now required for D0230 (intraoral periapical each additional)
- Place of Service - Header
- Patient account number

DDE - New Header Fields



- Diagnosis Code (max 4)
- Delay Reason Code
- Place of Service (for adjust/resolve)
- Referral Number
- Appliance Placement Date
- Service Start and End Date
- Patient Account Number (DDE /adjust)
- Supervising Provider ID and Type
- Remittance Date (Other Insurance)

Delay Reason Code



- Provides MDCH with the reason that the claim submission to MDCH was delayed
- Helps prevent claim denials for “timeliness”
- Always use Delay Reason Codes if required
- If related to third party liability (TPL), always include the TPL remit date on the claim

DDE - Removed Fields



- Pay to Provider
- 3rd Instance of Related Causes
- Subscriber Date of Birth and Gender from Other Insurance
- Second Occurrence of the Prior Authorization Code (now Referral number)



DDE - New Line Fields

- Appliance Placement Date
- Place of Service) on DDE)
- Treatment Start/Completion Date
- Procedure Description
- Quantity (on DDE)
- Billed Units (on adjust/resolve/Inquire)
- Diagnosis Pointers
- Prior Authorization Number
- Referral Number
- Supervising Provider ID & Type

DDE Service Line Summary Grid



- Added
 - Quantity
 - Diagnosis Pointers
 - Prior Authorization Number
 - Now viewable after adding service line item

Added – Supervising Provider ID and Type Remittance Date

Close Submit Claim Save as Template Reset

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: * Taxonomy Code:

Is the Billing Provider also the Rendering Provider? Yes No

RENDERING PROVIDER

Provider ID: * Type: * Taxonomy Code:

Is the Billing Provider also the Supervising Provider? Yes No

SUPERVISING PROVIDER

Provider ID: * Type: *

Is this service the result of a referral? Yes No

REFERRING PROVIDER INFORMATION

Provider ID: * Type: * Taxonomy Code:

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Date of Birth: * Gender: *

Does the beneficiary have insurance other than Medicaid? Yes No

OTHER INSURANCE INFORMATION

Other Subscriber Information

Payer Responsibility Code: * Remittance Date: *

Payer ID Number: * Subscriber Member ID:

Subscriber Last Name: First Name: MI: Suffix:

Insured's Group or Policy Number: * Beneficiary's Relationship:

Claim Filing Indicator: * Total COB Payer Paid Amount: \$ * Add Another

Added – Appliance Placement Date
Service Start and End Date
Delay Reason
Diagnosis Code

Changed – Patient Account No and
Place of service is now required
Referral Number instead of 2nd
Prior Authorization Number

Close Submit Claim Save as Template Reset

CLAIM INFORMATION

Patient Account No.: *

Place of Service: *

Appliance Placement Date: mm dd yyyy

Service Start Date: mm dd yyyy * Service End Date: mm dd yyyy *

PRIOR AUTHORIZATION/REFERRAL NUMBER

Prior Authorization Number: MDCH PA: Yes No Referral Number:

DELAY REASON

Delay Reason Code: *

CLAIM NOTE

Claim Note: *

Characters Remaining: 80

Is this claim accident related? Yes No

RELATED CAUSES INFORMATION

Related Causes: 1. * 2.

Auto Accident State: Accident Date: mm dd yyyy

Does this claim have backup documentation? Yes No

Does this claim require a diagnosis code? Yes No

DIAGNOSIS

Diagnosis Codes: 1: * 2: 3: 4:

BASIC LINE ITEM INFORMATION

Added – Appliance Placement Date
Place of Service
 Authorization Number
Treatment Start and Completion Date
Quantity
Procedure Description
Diagnosis Pointers
Supervising Provider ID and Type

Changed – Procedure Date to Service Date
Referral Number instead of 2nd Prior
Line item grid



BASIC LINE ITEM INFORMATION

Click on Insurance Info to enter each Line's Insurance Information.

BASIC SERVICE LINE ITEMS

Service Date: mm dd yyyy *
 Appliance Placement Date: mm dd yyyy
 Place of Service:

Treatment Start Date: mm dd yyyy
 Treatment Completion Date: mm dd yyyy

Area Of Oral Cavity: Fees: \$ *
 Tooth Number/Letter: Surface: 1: 2: 3: 4: 5:

Procedure Code: * Quantity:

Procedure Description:
 Characters Remaining: 180

Diagnosis Pointers: 1: 2: 3: 4:

Prior Authorization Number: MDCH PA: Yes No
 Referral Number:

Rendering Provider ID: (If different from header) Type:
 Taxonomy Code:

Supervising Provider ID: (If different from header) Type:

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Fee: \$0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line	Service	Area of Oral	Tooth	Surface	Procedure	Diagnosis Pointer	Quantity	Fees	Prior Auth
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Questions

