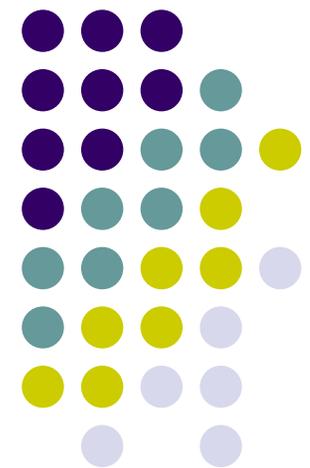


CHAMPS

Michigan Medicaid

Professional Claims

HIPAA 5010



*Michigan Department
of Community Health*



Rick Snyder, Governor
Olga Dazzo, Director

Why HIPAA 5010

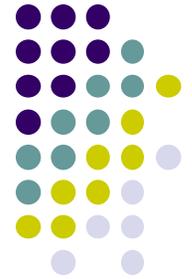


- Federally required for claim submissions effective January 1, 2012
- Supports National Provider Identifier (NPI)
- Supports ICD-10 codes, effective October 1, 2013
- Allows for use of ICD-9 or ICD-10 codes by DOS
- Expands the number of reportable diagnosis codes to 12

General 5010 Changes



- Larger name fields
- Prohibits use of P.O. Box for billing provider address
- Billing Provider requires 9 digit zip code
- Diagnosis field size expanded in preparation for using ICD-10 codes in October 2013.
- Changes made to the AMT segments for COB claims (approved and allowed deleted)



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!

Claim Adjustments



- When adjusting an original 4010 claim, adjustor will be prompted to remove 4010 information that is no longer required
 - If NDC Unit Price was blank on a 4010 claim the field will be disabled. If field has a value, you must remove the amount prior to submission.
- 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
- If a 4010 claim has multiple NDC's on a single line, remove that line and create new lines for each NDC and use the Prescription/Link No to link the NDC's.

Direct Data Entry (DDE) Changes



- Place of Service (POS) and Patient Account Number at the header are now required for Professional Claims.
- If the line level POS is different than the header, the new POS must be submitted.
- The second occurrence of the Prior Authorization Number is now the Referral Number.

DDE Changes



- Five new expendables' were added:
 - Relevant Dates
 - Ambulance
 - Chiropractic
 - Replacement Lens and Frames
 - Anesthesia Related Procedures
- For physician administered drugs:
 - For compound drugs with multiple NDC's report a second line, or more, for each NDC used. Bill the same HCPCS and prescription/link number on each line.

DDE Changes



- For ambulance providers, pay special attention to the condition indicators in the drop down boxes. These indicators can be used in lieu of note and will lower the number of claims that pend.
- Additional information has been added to the Line Item Grid at the bottom of the CHAMPS screen. This will allow easier confirmation of the information that you have entered.

DDE - New Fields



Header

- Place of Service
- Delay Reason Code
- Remittance Date
- Referral Number
- Supervising Provider
- Diagnosis code – max 12 with 8 displayed at header

Line

- Prescription Date
- Prescription Qualifier
- Prescription Link
- CLIA Number
- Referral Number
- Claim Note
- Procedure Description

Delay Reason Code



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

DDE - Removed Fields



Header

- Pay to provider
- Similar illness symptom date
- Third occurrence of Related Causes
- Deductible amount
- Subscriber Gender and Date of Birth (OI)
- Second occurrence of Prior Authorization Number

Service Line

- Second occurrences of Prior Authorization
- National Drug Code changed to one occurrence

DDE Service Line Summary Grid



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

Added – Supervising Provider Remittance Date



Close Submit Claim Save as Template Reset

Professional Claim:
Note: Asterisks (*) denote required fields. Billing Instructions

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 Top

BENEFICIARY INFORMATION

BENEFICIARY
Beneficiary ID: *
Last Name: * First Name: * MI: Suffix:
Date of Birth: * * Gender: *
Onset of Current Illness/symptom Date: *

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:

Page ID: pgSubmitProfClaim(Claims) Environment: 5010UAT (Server: wtv002.89 - Build: R9 3.13) Server Time: 09/06/2011 10:00:34 EDT

Added – Hearing or Vision Prescription Date
 Spinal Manipulation Info
 Patient Condition Info
 Vision
 Patient Condition Info

Changed – Referral Number instead
 of 2 Prior Auth. numbers
 Related Causes Info – now



Close Submit Claim Save as Template Reset

CLAIM INFORMATION

RELEVANT DATES

Admission Date: mm dd yyyy Discharge Date: mm dd yyyy
 Assumed Care Date: mm dd yyyy Relinquished Care Date: mm dd yyyy

Hearing or Vision Prescription Date: mm dd yyyy

PRIOR AUTHORIZATION/REFERRAL/CLIA

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

Is this claim related to Chiropractic Spinal Manipulation? Yes No

SPINAL MANIPULATION INFORMATION

Nature of Condition Code: *
 Description: Additional Description: Characters Remaining: 80

Is this a vision claim? Yes No

PATIENT CONDITION

Vision Code Category: *
 Condition Indicator: 1: 2: 3: 4: 5:

Is this claim accident related? Yes No

RELATED CAUSES INFORMATION

Related Causes: 1: *
 Auto Accident State: mm dd yyyy

L1-Gen Std of 20 Deg/.5 DiopterSphere
 L2-Replacement Due to Loss or Theft
 L3-Replacement Due to Breakage or Damage

Does this claim have a related cause? Yes No

CLAIM DATA

Patient Account No.:
 Place of Service: *
 Diagnosis Codes: 1: 2: 3: 4: Add Another

AK-Alaska AL-Alabama AR-Arkansas AZ-Arizona CA-California CO-Colorado CT-Connecticut DC-District of Columbia DE-Delaware FL-Florida GA-Georgia HI-Hawaii IA-Iowa

Page ID: pgSubmitProf Environment: 5010UAT (Server: wtw002.88 - Build: R8.3.13) Server Time: 09/06/2011 10:00:34 EDT

Added – Anesthesia Related Procedure
Condition Information
Delay Reason
Ambulance Information

Changed – Claim Data
Patient Account No. &
Place of Service are now
required at header



Close Submit Claim Save as Template Reset

CLAIM DATA
Patient Account No.:
Place of Service:

Diagnosis Codes: 1: 2: 3: 4: Add Another

ANESTHESIA RELATED PROCEDURE
Principle HCPCS Code:

CONDITION INFORMATION
1. Condition Code: Add Another

DELAY REASON
Delay Reason Code:

AMBULANCE INFORMATION
Pick-up Location Address:
Address:
Address:
City Name:
State/province:
Postal Code:
Country:
County Subdivision Code:

Drop-off Location Address:
Last Name/Organization Name:
Address:
Address:
City Name:
State/province:
Postal Code:
Country:
County Subdivision Code:

Patient Weight: lb
Reason Code: Transport Distance: miles **

Round Trip Purpose Description: Characters Remaining: 80
Stretcher Purpose Description: Characters Remaining: 80

Condition Indicator: 1: 2: 3: 4: 5: Add Another

BASIC LINE ITEM INFORMATION
BASIC SERVICE LINE ITEMS

Questions

