

Ambulance - Medicaid

MDCH, Medical
Services Administration
Provider Outreach &
Education

Disclaimer

The following presentation is accurate as of the posting date in accordance with Medicaid policy and correct claim completion rules. To obtain updates and more detailed policy information please review the Michigan Medicaid Provider Manual and Policy bulletins.

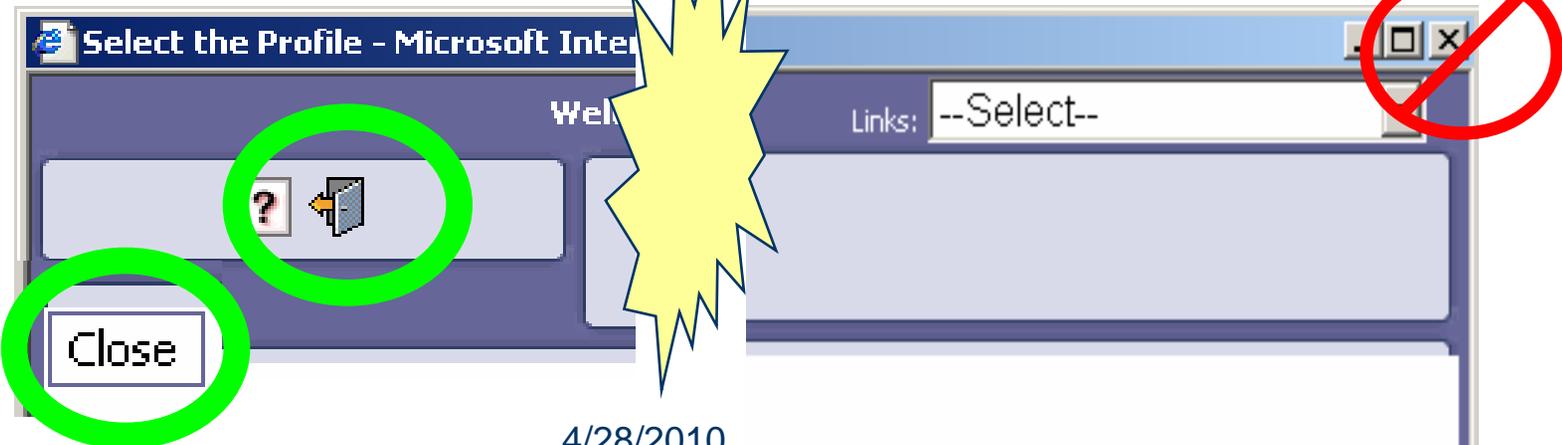
Primary Goals

- How do I get access to CHAMPS?
- How do I enroll and manage my NPI?
- How do I know if a patient is eligible for Medicaid or other state medical assistance?
- How do I know if Medicaid will cover my service?
- How do I obtain prior authorization?
- Can I still provide a service to a Medicaid beneficiary if it is not covered by MDCH?
- How do I submit a claim to MDCH?
- How do I know if Medicaid paid my claim?
- How do I correct an error on a paid claim?

Getting Access and Managing Enrollment

How do I get access to CHAMPS?

- Register for a SSO User ID
- Subscribe to CHAMPS
- Domain Administrator assigns Profile(s)
- Important Note: Don't use windows X button to close CHAMPS window
Use F5 to refresh



New Billing Provider NPIs

- Enrollment application must be completed and submitted online within CHAMPS
- User can status application using CHAMPS
- Once a new enrollment is reviewed and approved, “Welcome Letter” is generated and mailed
- After approval, domain administrator can assign access to other users

Existing/Enrolled Billing NPIs

- Must have Provider Enrollment or CHAMPS Full Access profiles to update enrollment info
- Use hyperlink in Provider Portal or Provider Tab to “Manage Enrollment”
- Keep addresses, contact information, specialties, licenses/certifications, ownership information, etc. up to date
- Report Office Manager name and SSN
- All changes must be reviewed by MDCH staff prior to approval
- Check status of changes using “Manage Enrollment”

Before You Bill Medicaid

Eligibility Verification



How do I know if a patient is eligible for Medicaid or other state medical assistance?

- Review eligibility information in the Medicaid Provider Manual
- Verify state medical assistance eligibility via CHAMPS (Member tab), an eligibility vendor (270/271), or your billing agent (270/271)
 - Get information about managed care enrollment and providers
 - MDCH also provides information about known or suspected primary payers
 - Possession of a MiHealth Card does not mean that coverage is active



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, Test. You have logged-in with

profile.

domain and CHAMPS Full Access

Links: --Select--



Path: [Provider Portal](#) / [Member Eligibility Inquiry](#) / [Member Benefit Level](#)

Member ID:

Name:

Menu

Close

INQUIRY DATE RANGE: 02/17/2010 - 02/17/2010

GENDER: MALE

PROVIDER LOCK-IN: N

CASE NUMBER:

WORKER LOAD NUMBER: 135128

CSHCS RESTRICTIONS: N

MHP PCP: N

DATE OF BIRTH: 07/28/2009

COMMERCIAL / OTHER: Y

DHS PHONE: (313) 963-6002

COUNTY OF RESIDENCE: 82-WAYNE

DHS COUNTY: 82-58-LAFAYETTE

Providers click on this Hyperlink which brings up the 'Summary Page' that they can print the entire response on 1 or 2 pages.



[Member Print Summary](#)

BENEFIT PLANS:

Benefit Plan Id ▲▼	Benefit Plan Type ▲▼	Provider Id ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▼
MA	FEE FOR SERVICE		09/11/2009	09/11/2009	02/17/2010	02/17/2010
MA-MC	MANAGED CARE	4151587	11/23/2009	11/23/2009	02/17/2010	02/17/2010

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

LEVEL OF CARE AUTHORIZATIONS:

LOC ▲▼	Source Provider Id ▲▼	NPI ▲▼	CHAMPS Provider Id ▲▼	Patient Pay ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▼
07 - RECIPIENT ENROLLED IN MEDICAID MANAGED CARE	4151587		4151587	0	11/23/2009	11/23/2009	02/17/2010	02/17/2010

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Close

MEMBER ID:
DATE OF BIRTH: 07/28/2009
COUNTY OF RESIDENCE: 82-WAYNE
DHS COUNTY: 82-58-LAFAYETTE
PROVIDER LOCK-IN: N
COMMERCIAL / OTHER: Y
INQUIRY DATE RANGE: 02/17/2010 - 02/17/2010

NAME:
GENDER:
CASE NUMBER:
DHS PHONE: (313) 963-6002
CSHCS RESTRICTIONS: N
MHP PCP: N

BENEFIT PLANS:

Benefit Plan Id	Benefit Plan Type	Provider Id	Created Date	Transaction Date	Start Date	End Date
MA	FEE FOR SERVICE		09/11/2009	09/11/2009	02/17/2010	02/17/2010
MA-MC	MANAGED CARE	4151587	11/23/2009	11/23/2009	02/17/2010	02/17/2010

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

LEVEL OF CARE AUTHORIZATIONS:

LOC	Source Provider Id	IPI	CHAMPS Provider Id	Patient Pay	Created Date	Transaction Date	Start Date	End Date
07 - RECIPIENT ENROLLED IN MEDICAID MANAGED CARE	4151587		4151587	0	11/23/2009	11/23/2009	02/17/2010	02/17/2010

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

PROVIDER INFO:

IPI	NAME	Provider Address	City	State	Zip	Phone
	HEALTH PLAN OF MICHIGAN	777 WOODWARD AVE STE 600	DETROIT	MI	48226	8884370606

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

INSURANCE DETAILS:

INSURANCE NAME	PAYER ID	COVERAGE TYPE	GROUP NUMBER	POLICY NUMBER	POLICY HOLDER ID	DATE LAST UPDATED	BEGIN DATE	END DATE
BCN	28214005	PH				02/08/2010	08/01/2009	12/31/2999
BCN PHARMACY	00029020	RX				02/08/2010	08/01/2009	12/31/2999

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

PRIMARY CARE PHYSICIAN LIST:

PCP Provider Id	IPI	PCP Provider Name	PCP Provider Phone Number	Start Date	End Date
-----------------	-----	-------------------	---------------------------	------------	----------

No Records Found !

Lock-In Provider List:

LOC	Lock-In Provider	IPI	CHAMPS Provider ID	Start Date	End Date
-----	------------------	-----	--------------------	------------	----------

No Records Found !

DIAGNOSIS CODES LIST:

Diagnosis Code	Sequence	Created Date	Transaction Date	Start Date	End Date
----------------	----------	--------------	------------------	------------	----------

No Records Found !

AUTHORIZED PROVIDERS LIST:

Source Provider Id	IPI	CHAMPS Provider Id	Provider Type	Provider Specialty	Provider Subspecialty	PCCM	Diagnosis Code	Created Date	Transaction Date	Start Date	End Date
--------------------	-----	--------------------	---------------	--------------------	-----------------------	------	----------------	--------------	------------------	------------	----------

No Records Found !

TPL Medicare Plan Info:

Plan ID	Plan Name	Plan Phone Number
---------	-----------	-------------------

No Records Found !

CHAMPS Eligibility Resources

Information regarding the CHAMPS Eligibility sub-system can be found at:

www.michigan.gov/medicaidproviders

>> CHAMPS >> Resources >> Additional Resources

- Additional Quick Reference Guide: Eligibility Inquiry
- Frequently Asked Questions: Eligibility
- Benefit Plan Handout
- Other Insurance Coverage Type Codes
- Third Party Liability Carrier/Payer IDs
- Web-based Training: Eligibility

How do I know if Medicaid will cover my service?

- Review the chapter of the Medicaid Provider Manual that best describes your services
- Use the "Provider Specific Information" to view covered codes and their allowable reimbursement rates
- If PA is required, providers may request authorization via the following:
 - Data entry directly through the CHAMPS Prior Authorization sub-system
 - Fax: 517-335-0075
 - Mail: MDCH Prior Authorization Division
PO Box 30170 Lansing, MI 48909
 - Phone: 1-800-622-0276 (emergency only)

- HIPAA
- Health Professional Shortage Areas
- Institutional Review Board
- State Loan Repayment Program
- Lab Services
- Public Health Preparedness
- Communicable & Chronic Diseases
- Departmental Forms
- Community Mental Health Services
- Certificate of Need
- Toxic Substances
- Substance Abuse Providers

Birth, Death, Marriage and Divorce Records

Physical Health & Prevention

Pregnant Women, Children & Families

Mental Health & Substance Abuse

Health Care Coverage

Statistics and Reports

Inside Community Health

Health Systems & Health Profession Licensing

MEDICAID



Medicaid is a federal and state funded health care program that provides comprehensive health care coverage for the medically indigent. This page supplies coverage, billing and reimbursement policies and other important information for enrolled providers. Much of the information provided also applies to other health care programs administered by MDCH (e.g., Adult Benefits Waiver, MOMS, Plan First, Children's Special Health Care Services, etc.)

For questions related to the content of the Medicaid Provider pages, please email MSAPolicy@michigan.gov



- [CHAMPS](#)
- [Biller ID Aware](#)

HOT TOPICS

- [Documentation EZ Link](#)
- [Provider Tips](#)
- [Listserv Subscription Instructions](#)



[Medicaid Integrity Program](#)



Get info about [E-Forms](#), [Medical Manual](#), [Inet](#) and [other](#) etc.



In [Billing and Reimbursement](#), find information necessary for claim submission,

including billing tips, provider-specific procedure code databases (including fee screens), electronic billing information, Sanctioned Provider list, Beneficiary Co-Payment Requirements, Third Party Liability, etc.



Get and give [Provider](#) newsletters, numbered letters, information on training opportunities, etc.



Using [version](#) Care Collaboration tool



Website includes information related to current and proposed Medicaid waivers.

[Enrollment](#) Under enrollment information, as well as instructions for [Electronic Funds](#) (EFT).

[Verification](#) Information and details related to beneficiary

[Billing](#) Information for [providers](#) by [bulletin](#) issued by [system](#) and [updates](#).



Providers

- NPALA
- Health Professional Shortage Area
- Institutional Review Board
- State Loan Repayment Program
- Lab Services
- Public Health Preparedness
- Communicable & Chronic Diseases
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BILLING & REIMBURSEMENT

Provider Specific Information
 Related to billing and reimbursement for services to Medicaid, CSHCS, ABW, and MOMS beneficiaries.



Electronic Billing
 This link will provide information and documents for your electronic billing. You can also view the B2B instruction, Trading Partner information, and related links.



Third Party Liability
 Coordination of benefits, carrier manual, and related links.



Medicaid Participation
 Medicaid participation information and related links.



Documentation EZ Link
 Documentation EZ Link is a program being launched by MDCH to enable providers to submit claim attachments through an electronic system.



DCH - File Transfer
 Related reimbursement links for Medicaid providers (CHIP, FGHC, HMO, hospitals, LHD, RHC, THC)



Explanation Codes & Explanation Code Crosswalk
 Provides coding information for MDCH's paper Remittance Advice.



Fraud Abuse and Reporting Requirements
 Click here for descriptions of fraud and abuse, information on reporting contacts, and a link to the New Medicaid Fraud/Above Online Complaint Form.



MAuthenticare
 A paperless billing initiative for providers of adult foster care.



Co-Payment Requirements
 Table listing for most FFS and ABW beneficiaries



National NPI Registry
 The NPI Registry enables you to search for a provider's NPDES information. You may run simple queries to retrieve this read-only data. There is no charge to use the NPI Registry.



Medicare Crossover
 A process where a provider or billing agent can submit one claim and have that claim be adjudicated by Medicare and Medicaid.





Michigan.gov
The Official State of Michigan Website

Search

Department of Community Health

Michigan.gov Home | MDCH Home | Online Services | Sitemap | Contact MDCH

- Providers**
- > HIPAA
 - > Health Professional Shortage Area
 - > Institutional Review Board
 - > M-SEARCH
 - > State Loan Repayment Program
 - > Lab Services
 - > Public Health Preparedness
 - > Communicable & Chronic Disease
 - > Departmental Fo
 - > Community Men
 - > Health Services
 - > Certificate of Need
 - > Toxic Substances
 - > Substance Abuse

Printer Friendly Text Version A- A+ Text Size

PROVIDER SPECIFIC INFORMATION

Click on a provider category below for covered procedure codes, fee screens and other information related to billing and reimbursement for services to Medicaid, CSHCS, ARW, and MOMS beneficiaries.



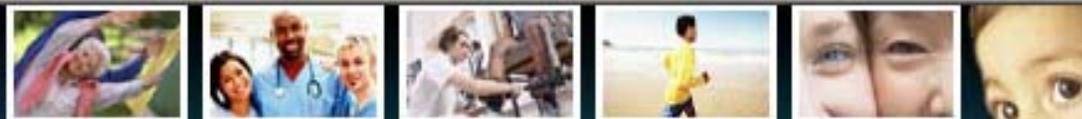
Ambulance

policy@michigan.gov

Inpatient Hospital

Outpatient (hospital, freestanding ESRD facilities, CODES, etc.)

Health Care Services



Michigan.gov

The Official State of Michigan Website

Department of Community Health

Michigan.gov Home

MDCH Home | Online Services | Sitemap | Contact MDCH

Search

Providers

- > HIPAA
- > Health Professional Shortage Area
- > Institutional Review Board
- > M-SEARCH
- > State Loan Repayment Program
- > Lab Services
- > Public Health Preparedness
- > Communicable & Chronic Diseases
- > Departmental Forms
- > Community Mental Health Services
- > Certificate of Need
- > Toxic Substances

Printer Friendly Text Version A- A+ Text Size

Ambulance



Databases [2009 July Data](#) [2006 April Data](#)
[2006 Jan Data](#) [2005 May Data](#) [2004 April Data](#)
[2004 Jan Data](#) [2003 Fee Data](#) [Instructions](#)

[Emergency Transports Diagnosis Codes Database](#)

NOTE: Effective for dates of service (DOS) on/after April 1, 2007 Hospital-Owned Ambulance services are reimbursed under the MDCH Outpatient Prospective Payment System (OPPS). While fees indicated in the MDCH Ambulance Services Database apply to ambulance services, claims submitted by hospital-owned ambulance providers for DOS on/after April 1, 2007 must be submitted on the institutional claim format.

July 1, 2009

MDCH Ambulance Services Database

HCPCS*	Description	Status	Fee Screen
A0225	NEONATAL BASE RATE	A	\$152.43
A0420	AMBUL WAITG TIME PER HALF HR	M	\$32.07
A0425	GROUND MILAGE PER STATUTE MILE	A	\$3.41
A0426	AMBUL SVC NON-EMERG ALS 1	A	\$200.22
A0427	AMBUL SVC EMERG ALS 1	A	\$200.22
A0428	AMBUL SVC NON-EMERG BLS	A	\$109.90
A0429	AMBUL SVC EMERG. BLS	A	\$109.90
A0430	AMBUL SVC ONE WAY FIXED WING	P	\$955.43
A0431	AMBUL SVC ONE WAY ROTARY WING	A	\$1,257.24
A0433	ADVANCED LIFE SUPPORT ALS 2	A	\$200.22
A0435	FIXED WING MILAGE PER MILE	A	\$11.45
A0436	ROTARY WING MILAGE PER MILE	A	\$14.95
A0999	UNLISTED AMBULANCE SERVICE	M	\$0.01
A0998	AMBUL RESPONSE & TREAT NO TRANSP	A	\$109.90

*CPT codes, de reserved.

	and HCPCS codes, and is the short description. Providers must refer to the CPT or HCPCS coding book for a complete description of the service.
Status Code	Indicates if a code is active (covered) when the database is published and whether additional information is required. A = Active code C = Hysterectomy, sterilization or abortion consent form required D = Deleted code since last published database M = Additional information required to process the claim such as a description of the service rendered or an operative report P = Prior authorization is required
NA Indicator	An NA indicates that this procedure is rarely or never performed in the nonfacility setting. This indicator is used for HCPCS codes only.

Ambulance Emergency Transports Diagnosis Codes Database

Diagnosis

Code	Code Description
005.9	<i>Food poisoning, unspecified</i>
038.0	<i>Streptococcal septicemia</i>
038.10	<i>Staphylococcal septicemia, unspecified</i>
038.11	<i>Staphylococcus aureus septicemia</i>
038.19	<i>Other staphylococcal septicemia</i>
038.2	<i>Pneumococcal septicemia</i>
038.3	<i>Septicemia due to anaerobes</i>
038.40	<i>Gram-negative organism, unspecified</i>
038.41	<i>Hemophilus influenzae [H. influenzae]</i>
038.42	<i>Escherichia coli [E. coli]</i>
038.43	<i>Pseudomonas</i>
038.44	<i>Serratia</i>
038.49	<i>Other</i>
038.8	<i>Other specified septicemias</i>
038.9	<i>Unspecified septicemia</i>
040.82	<i>Toxic shock syndrome</i>
047.0	<i>Menigitis due to coxsackie virus</i>

Prior Authorization (PA)

Fixed Wing Air
Ambulance and/or Out-
of-State Non-borderland

How do I obtain Prior Authorization?

- CHAMPS PA tab
- Fax/Mail PA request form
- Call for emergency PA
- Requesting a PA under group versus individual NPI

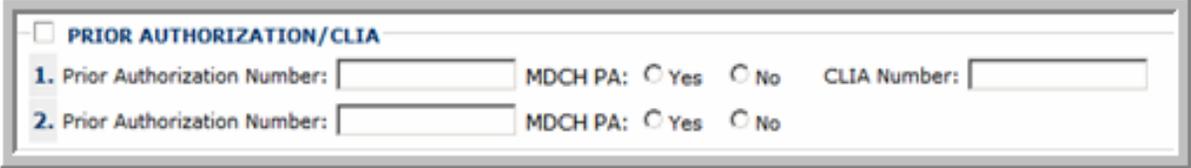
How do I know if I have an approved Prior Authorization?

- Filter PA Request list page by tracking number or beneficiary ID
- PA status must be approved before tracking number can be used as the PA number on a claim
- Archived documents stores PA approval letters

Billing with Prior Authorization

Report the 9 or 10 digit Prior Authorization/Tracking Number in the following:

- CHAMPS:



The screenshot shows a form section titled "PRIOR AUTHORIZATION/CLIA" with a checkbox. Below the title are two rows of input fields. The first row contains: "1. Prior Authorization Number:" followed by a text box, "MDCH PA:" followed by "Yes" and "No" radio buttons, and "CLIA Number:" followed by a text box. The second row contains: "2. Prior Authorization Number:" followed by a text box, and "MDCH PA:" followed by "Yes" and "No" radio buttons.

- Electronic/Billing Agent Submission: Loop 2300 REF*G1 Qualifier
- CMS 1500 form: Box 23

Note: If billing for clinical lab services, the CLIA registration number must be reported in this field.

- The number is a 10-digit number with "D" in the third position

CHAMPS Prior Authorization Resources

Information regarding the CHAMPS Prior Authorization sub-system can be found at:

www.michigan.gov/medicaidproviders

>> CHAMPS >> Resources >> Additional Resources

- Additional Quick Reference Guide: Prior Authorization Request and Prior Authorization Inquiry
- Frequently Asked Questions: Prior Authorization
- Web Based Training

Submitting Claims to MDCH

How do I submit a claim to MDCH?

- Billing agent (HIPAA 837 ANSI) 😊
- Batch Upload (HIPAA 837 ANSI) 😊
- CHAMPS Direct Data Entry Claim Submission 😊
- Manage Claims Screens 😊
- Paper 😞

General Billing Tips

- **Date of Birth:** Claims submitted with a wrong date of birth (this causes the claim to set an edit that we have to review resulting in a delay and possible rejection of the claim)
- Verify diagnosis and procedure codes are valid and active

General Billing Tips Continued...

- Only **Paid** claims can be adjusted. A claim is considered approved if at least ONE line paid, and paying \$0.00 is considered a paid claim. Claims that have previously paid should not be resubmitted as a new claim in the system, but rather submitted as an adjustment if a change is necessary or reprocessing is in order. Claims will deny for duplicate if incorrectly submitted as a new claim rather than an adjustment claim.
- If the procedure requires documentation please include it with the claim. MDCH prefers the provider not enter notes in remarks stating "Documents available upon request"

General Billing Tips Continued...

- When sending documents via EZ Link , please look for confirmation that MDCH received it. MDCH has been seeing claims that indicate in the remarks that EZ Link documents were sent but when we go to EZ Link to retrieve them there is nothing there
- If documentation is not required, do not use EZ-Link
- Other insurance EOBs should only be submitted to Documentation EZ-Link for Medicare Part C. The Claim must also reflect the appropriate primary insurances CAS/Reason codes.

Note: For more information regarding Documentation EZ Link visit www.michigan.gov/medicaidproviders >>Documentation EZ Link

www.michigan.gov/medicaidproviders

>> Provider Tips

Home Health:

- **February 22, 2010** - Home Health Billing Information and Reference Power Point
 - **February 22, 2010** - CHAMPS Direct Data Entry (DDE) Billing Other Insurance Examples
-

Pharmacy and DME:

- **January 17, 2006** - Diabetic Supplies
-

Ambulance Providers:

- **July 7, 2009** - Ambulance Billing Information and Reference Powerpoint
 - **June 18, 2007** - Multiple Transports
-

Dental Providers

- **August 12, 2009** - CHAMPS, NPI, and General Updates

MULTIPLE AMBULANCE TRANSPORTS PER BENEFICIARY

PROVIDER INFORMATION

National Provider ID (NPI):	[REDACTED]
Legacy Medicaid Provider ID:	[REDACTED]
Beneficiary Name:	[REDACTED]
Beneficiary ID Number:	[REDACTED]
Date(s) of Service:	MM/DD/YYYY-MM/DD/YYYY

TRANSPORT 1	Time:	(Optional) [REDACTED]	Plan Type:	[REDACTED]
Originating Location:	[REDACTED]			
Terminating:	[REDACTED]			
Transport Requester:	[REDACTED]			
Reason for Transport:	[REDACTED]			

TRANSPORT 2	Time:	(Optional) [REDACTED]	Plan Type:	[REDACTED]
Originating Location:	[REDACTED]			
Terminating:	[REDACTED]			
Transport Requester:	[REDACTED]			
Reason for Transport:	[REDACTED]			
Comments:	[REDACTED]			

How do I know if Medicaid paid my claim?

- Inquire Claim list screen
 - Narrow search with filters
 - Broad searches slow entire system
- Archived Documents
- Billing Agent (DEG 835/277U and/or RA List 835)
- Why was my claim suspended or denied?
 - Inquire Claim Header, Line, and Other Detail
 - Suspended claim shows “In Process” status
 - Washington Publishing Company (WPC)
Reason/Remark Codes

How do I correct an error on a paid claim?

- Manage Claims
 - Void and resubmit if beneficiary, billing NPI, or date of service were incorrect
 - Adjust/replace if anything else needs to be changed
- HIPAA 837 Void/Replacement Claim
 - Void: Claim Frequency Type Code 8
 - Replacement: Claim Frequency Type Code 7

Questions?

Professional Claim Submission when Billing Secondary Insurance

Direct Data Entry (DDE)
Tool, Claim Adjustment
Source (CAS) Codes

What are Claim Adjustment Source (CAS) Codes?

- HIPAA Claim Adjustment Reason Codes are also used as CAS codes
- CAS codes: identify the detailed reason why an adjustment was made
 - These codes replace the need for an EOB
- CAS codes are **only** used when submitting via Direct Data Entry (DDE) through CHAMPS, or any other electronic method (billing agents, clearinghouse, etc.)
- Always include the corresponding dollar value with the appropriate CAS code

Common CAS/Reason Codes

- 1 = Deductible Amount
- 2 = Coinsurance Amount
- 3 = Co-pay
- 45 = Contractual amount
- 96 = Non-covered charges

Complete list:

- www.wpc.edi.com/codes >> Claim Adjustment Reason Codes



My Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate Setting

PA

Contract/MC

Welcome Testuser, Provider. You have logged-in with [redacted] domain and CHAMPS Full Access profile. Links: --Select--



Path: Provider Portal

NPI: [redacted]

Name: [redacted]

Menu

Provider Portal:

Online Services:

Provider

Hide/Max

- Initiate New Enrollment
- Manage Provider Information
- Track Application

Admin

Hide/Max

- Archived Documents

Claims

Hide/Max

- Submit Institutional Claim Inquiry
- Submit Dental
- Submit Professional

Member

Hide/Max

- Eligibility Inquiry

Prior Authorization

Hide/Max

- PA Inquire
- PA Request List

Welcome!

Hide/Max



My Reminders:

Filter By: [dropdown] [input] [input] Go

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with [redacted] domain and Provider profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

[Claim Submission](#)

Claim Submission

[Manage Claims](#)

Manage Claims

[Inquire Claims](#)

Inquire Claims

[RA List](#)

RA List



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Provider Test . You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

[Submit Professional](#)

Submit Professional

[Submit Institutional](#)

Submit Institutional

[Submit Dental](#)

Submit Dental

[Search Template](#)

Search Template



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

Professional Claim:

Note: Asterisks (*) denote required fields.

[Billing Instructions](#)

Basic Claim Info

Billing Provider | Pay-To Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: 10000000001 * Type: NPI * Taxonomy Code:

- Is the Billing Provider also the Pay-To Provider? Yes No
- Is the Billing Provider or Pay-To Provider also the Rendering Provider? Yes No
- 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: mm dd yyyy * Gender: *

Onset of Current Illness/symptom Date: mm dd yyyy Similar Illness/symptom Date: mm dd yyyy

- Does the beneficiary have insurance other than Medicaid? Yes No

Top

CLAIM INFORMATION

+ RELEVANT DATES



My Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate Setting

PA

Contract/MC

Welcome Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

Does the beneficiary have insurance other than Medicaid? Yes No

OTHER INSURANCE INFORMATION Other Subscriber Information

Payer Responsibility Code: [dropdown] *

Payer ID Number: [text] *

Subscriber Member ID: [text]

Subscriber Last Name: [text]

First Name: [text] MI: [text] Suffix: [text]

Date of Birth: mm dd yyyy [text]

Gender: [dropdown]

Insured's Group or Policy Number: [text] *

Beneficiary's Relationship: [dropdown] *

Claim Filing Indicator: [dropdown] *

Total COB Payer Paid Amount: \$ [text] * Add Another

Top

CLAIM INFORMATION

+ RELEVANT DATES

+ PRIOR AUTHORIZATION/CLIA

+ CLAIM NOTE

Is this claim accident related? Yes No

Does this claim have backup documentation? Yes No

CLAIM DATA

Patient Account No: [text]



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Provider Test

You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

CLAIM INFORMATION

- RELEVANT DATES
- PRIOR AUTHORIZATION/CLIA
- CLAIM NOTE

Is this claim accident related? Yes No

Does this claim have backup documentation? Yes No

CLAIM DATA

Patient Account No.:

Medicaid Deductible Amount: \$

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

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From:	<input type="text"/> <small>mm</small> <input type="text"/> <small>dd</small> <input type="text"/> <small>yyyy</small> *	To:	<input type="text"/> <small>mm</small> <input type="text"/> <small>dd</small> <input type="text"/> <small>yyyy</small> *
Place of Service:	<input type="text"/> *	EMG :	<input type="text"/> <input type="text"/> *
Procedure Code:	<input type="text"/> *	Modifiers:	1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>
Submitted Charges:	\$ <input type="text"/> *	Diagnosis Pointers:	1: <input type="text"/> <input type="text"/> * 2: <input type="text"/> <input type="text"/> 3: <input type="text"/> <input type="text"/> 4: <input type="text"/> <input type="text"/>
Units/Quantity:	<input type="text"/> *		
EPSDT/Family Planning:	<input type="text"/>		



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy To: mm dd yyyy
 10 26 2008 * 10 26 2008 *

Place of Service: 11 * EMG : NO *

Procedure Code: 99222 * Modifiers: 1: 2: 3: 4:

Submitted Charges: \$ 135.00 * Diagnosis Pointers: 1: 1 * 2: 3: 4:

Units/Quantity: 1 *

EPSDT/Family Planning: [dropdown]

Rendering Provider ID: [text] Type: [dropdown] Taxonomy Code: [text]

National Drug Code: [text] Quantity: [text] Add Another

Add Service Line Item

Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$0.00

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

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units
	From	To		1	2	3	4	1	2	3	4		

Top



My Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate Setting

PA

Contract/MC

Welcome Test You have logged-in with Provider Test.0000000001 domain and Provider profile.

Links: --Select--

Path: Provider Portal/ Submit Professional Claim/ Search Templates/ Submit Professional Claim

Menu

Close Submit Claim Reset

BASIC SERVICE LINE ITEMS

Service Date From: * To: *

Place of Service: * EMG : *

Procedure Code: * Modifiers: 1: 2: 3: 4:

Submitted Charges: \$ * Diagnosis Pointers: 1: * 2: 3: 4:

Units/Quantity: *

EPSDT/Family Planning:

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

National Drug Code: Quantity: Units: [Add Another](#)

[Add Service Line Item](#) [Update Service Line Item](#)

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$135.00

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

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	
	From	To		1	2	3	4	1	2	3	4			
1	10/26/2008	10/26/2008	99222					1				135	1	Insurance Info

[Copy](#) [Delete](#)

Top



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome [redacted]. You have logged-in with [redacted] domain and **Provider** profile. Links: --Select--



Path: Provider Portal/ Search Templates/ Submit Institutional Claim/ Search Templates/ Submit Institutional Claim/ Submit Claim Insurance Info

Menu

Close Basic Claim Form Reset

Institutional Claim:

Note: asterisks (*) denote required fields. [Billing Instructions](#)

INSURANCE INFORMATION

To save the information, Click 'Basic Claim Form' button.

Does the Beneficiary have insurance other than Medicaid? Yes No

OTHER INSURANCE INFORMATION

1. Service Line Other Payer Information

Primary Payer Responsibility: [dropdown] * Amount Paid: \$ [input] *

1. Reason Code: [input] Amount: \$ [input] Adjustment Quantity: [input] [Add Another Reason Code](#)

2. Reason Code: [input] Amount: \$ [input] Adjustment Quantity: [input]

[Add Another Payer](#)

Welcome to MMIS - Microsoft Internet Explorer

CHAMPS
My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Test You have logged-in with Provider Test 0000000001 domain and Provider profile. Links: --Select--

Path: Provider Portal/ Submit Professional Claim/ Search Templates/ Submit Professional Claim/ Provider Portal/ Search Templates/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

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

Basic Claim Info
Billing Provider | Pay-To Provider | Beneficiary

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION
Provider ID: * Type:

? Is the Billing Provider also the Pay-To
? Is the Billing Provider or Pay-To Provi
? Is this service the result of a referral?

BENEFICIARY INFORMATION

BENEFICIARY
Beneficiary ID: *
Last Name: *
Date of Birth: mm dd yyyy *
Onset of Current Illness/symptom Date: mm dd yyyy
Similar Illness/symptom Date: mm dd yyyy

Submitted Professional Claim Details:
TCN: 210901600000001000
Billing Provider ID: 0000000001
Billing Provider Name: Provider Test
Beneficiary ID: 1111111111
Beneficiary Name: Beneficiary, Test
Date of Service: 10/26/2008
Total Claim Charge: \$135.00
Total Number of Lines: 1

Print Close

Done Trusted sites

? Does the beneficiary have insurance other than Medicaid? Yes No

After You Bill Medicaid

Remittance Advice and
Claim Inquiry

Three Ways to Obtain Your Remittance Advice

- **CHAMPS Archived Documents**

- Available with either CHAMPS Full Access or CHAMPS Limited Access Profiles
- Located in the “My Inbox” Tab or on the Provider Portal Page – Filter is now required
- PDF formatted exact copy of paper remittance advice
 - Ability to save and print these documents
- Stored in CHAMPS for 10 years



Path:



Community Health Automated Medicaid Processing System

Select a Domain: [Redacted] *

Select a Profile: [Redacted]

- CHAMPS Full Access
- [Redacted]
- Claims Access
- Domain Administrator
- Eligibility Inquiry
- Prior Authorization Access
- Provider Enrollment Access
- View Provider Enrollment



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Co

Welcome [redacted], You have logged-in with [redacted] domain and CHAMPS P



Path: Provider Portal

NPI: [redacted]

Menu

Provider Portal:

Online Services:

Provider	Hide/Max
Initiate New Enrollment Manage Provider Information Track Application	
Admin	Hide/Max
Archived Documents	
Claims	Hide/Max
Submit Institutional Claim Inquiry Submit Dental Submit Professional	
Member	Hide/Max
Eligibility Inquiry	
Prior Authorization	Hide/Max

Welcome!



My Reminders:

Filter By:

<input type="checkbox"/>	Alert Type	Alert M
	▲ ▼	▲



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome

You have logged-in with [domain] and CHAMPS Full Access profile.

Links: --Select--



Path: [Provider Portal](#) / [Document List Page](#)

Menu

Close

Document Type

Medicaid Payments Paper RA

Filter1

Document Name

%

Filter2

GO

Document Name ▲▼	Beneficiary ID ▲▼	Document Type	Scanned Date ▲▼	Mime Type	Size
Paper RA		MP^Paper RA	Thu Oct 15, 2009	application/pdf	109 KB

Three Ways to Obtain Your Remittance Advice Continued ...

- **835 Electronic Remittance Advice**

- HIPAA (raw data) File Transaction
- Only one 835 can be designated per Tax ID
- If a provider would like to receive their 835, this designation is made within the Provider Enrollment Application in CHAMPS
 - If an 835 is already on file for that Tax ID, Providers cannot make an association in CHAMPS, providers must submit the 835/277U Change Request form located on the Trading Partner website www.michigan.gov/tradingpartners
- Once designated, providers can retrieve this file through either the Data Exchange Gateway (DEG) or the “RA List” located within the Claims tab

Note: For step by step instructions on obtaining your 835, visit our CHAMPS website >> Resources Table



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Dr John Rambo GROUP [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

Claim Submission	Claim Submission
Manage Claims	Manage Claims
Inquire Claims	Inquire Claims
RA List	RA List



Trusted sites

Three Ways to Obtain Your Remittance Advice Continued ...

- Paper Copy via the Mail
 - Must have the “Remittance Advice” address reported within the Primary Practice Location of your Provider Enrollment Application within CHAMPS
 - If you download your Paper RA through “Archived Documents” in CHAMPS, please remember to end date your RA address to no longer receive a copy in the mail
 - Please consider end-dating RA Address and using CHAMPS to retrieve “paper” RA faster, cheaper, and easier!

Note: For step by step instructions on assigning your RA Address, visit www.michigan.gov/medicaidproviders >>Provider Enrollment >> Completing Locations Guide



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Agency [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal/ Facility Modification BPW

NPI: [redacted]

Name: PDALP KHDOWKFDUH VHUYLFHV LQF

Menu

Close Save To add additional addresses, click "Add Address" button.

Start Date : 07/08/2009

End Date: 12/31/2999

Status: Approved

Facility Details:

State Facility ID:

Fiscal Year End Date: 09/30 *
(mm/dd)

Licensed Medicaid Bed(s):

Licensed Medicare Bed(s):

Licensed Medicaid/Medicare Bed(s):
(Dual Certified)

Ventilator Dependent Unit(s):

Swing Bed(s):

Acute Care Bed(s):

Licensed LTC Unit(s):
(Long Term Care)

Temporarily Non Available:

Distinct Part Unit: None *

Add Address



Address List:

Filter By:

And

And Operational Status Active Go

<input type="checkbox"/>	Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	Location	12819 MAIN ST CITY, MI	03/16/2002	12/31/2999	Approved	Active	
<input type="checkbox"/>	Correspondence	12819 MAIN ST CITY, MI	03/16/2002	02/04/2010	Approved	Active	
<input type="checkbox"/>	Primary Pay To	12819 MAIN ST CITY, MI	03/16/2002	12/31/2999	Approved	Active	

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Information included within the Remittance Advice

- Information included:
 - Paid Claims
 - Denied Claims
 - Gross Adjustments (when money is owed by either the provider or the MDCH)

Note: RA's will no longer report "suspended" or "in process" claims

Billing Provider NPI: [REDACTED] Name: [REDACTED] EIN/TIN: [REDACTED] Pay Cycle: RA Number: [REDACTED] RA Date: 01/07/2010

FINANCIAL ADJUSTMENTS

Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance
Balance Owed by Tax ID	\$0.00		\$0.00

CLAIM SUMMARY

Category	Count
Paid	35
Suspended	0
Denied	20
GA	0

Total Approved	\$2,116.01	Total Adjusted	\$0.00	Total Paid	\$2,116.01
----------------	------------	----------------	--------	------------	------------

Warrant/EFT #: [REDACTED] Warrant/EFT Date: 01/07/2010

Billing Provider NPI	Name	EIN/TIN	Pay Cycle:	RA Number:	RA Date: 01/07/2010						
Gross Adj ID Beneficiary Name Beneficiary ID Patient Account # Medical Record #	Original TCN TCN Type of Bill	Submitter ID Rendering Provider NPI	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Total Charges	Approved Amount	Category	Reason	Remark
PATIENT, NAME 1 0011111111 123JJ688888678	310936410005478000	00BS	12/30/2009 11/11/2009-11/11/2009				\$350.00	\$0.00	Denied	22	
	310936410005478001		11/11/2009-11/11/2009	E1390-RR		0	\$350.00	\$0.00	Denied	18, 45, B13, B5	N10, N131, N30
PATIENT, NAME 2 0022222222 123TT68888854686	310936410009526000	00BS	12/30/2009 07/22/2009-07/27/2009				\$407.16	\$0.00	Denied		
	310936410009526001		07/22/2009-07/27/2009	E0202-RR		6	\$407.16	\$0.00	Denied	24	N130
PATIENT, NAME 3 0033333333	310936410006325000	006B	12/23/2009 12/06/2009-12/06/2009				\$425.00	\$5.31	Paid	22, 45	
	310936410006325001		12/06/2009-12/06/2009	E1390-RR		1	\$350.00	\$0.00	Paid	23, 45, 22	N131
	310936410006325002		12/06/2009-12/06/2009	E0431-RR		1	\$75.00	\$5.31	Paid	23, 22, 45	N131
PATIENT, NAME 4 0044444444	310936410004116000	00BS	12/23/2009 12/21/2009-12/21/2009				\$350.00	\$107.74	Paid		
	310936410004116001		12/21/2009-12/21/2009	E1390-RR		1	\$350.00	\$107.74	Paid	45	
PATIENT, NAME 5 0055555555	310936410007462000	006B	12/21/2009 11/18/2009-11/18/2009				\$2,400.00	\$82.48	Paid	45	
	310936410007462001		11/18/2009-11/18/2009	E0450-RR		1	\$1,200.00	\$41.24	Paid	23, 22, 45	N131
	310936410007462002		11/18/2009-11/18/2009	E0450-RR		1	\$1,200.00	\$41.24	Paid	23, 22, 45	N131

Claim Inquiry in CHAMPS

Claim Inquiry Information

- Claims submitted through CHAMPS Direct Data Entry (DDE) should be available within 15 minutes
- Claims submitted via billing agent/clearinghouse will be available in 1-2 business day(s) (after the file is received by MDCH)
 - ex: Provider submits to BCBS on Monday > BCBS sends file to MDCH on Wednesday > Claims available within CHAMPS on Thursday for inquiry
- Using a series of filters, providers can locate any active claims within **three** years



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with [redacted] domain and Provider profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

Claim Submission	Claim Submission
Manage Claims	Manage Claims
Inquire Claims	Inquire Claims
RA List	RA List



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

[Inquire Claim](#)

Inquire Claims - Provider





My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with [redacted] domain and CHAMPS Full Access profile. Links: --Select--



Path: [Provider Portal](#) / [Inquire Claims](#)

Menu

Close

Inquire Claim:

Filter By : [dropdown] [input] [input] And [dropdown] [input] And [dropdown] [input]

- Approved Amount
- Beneficiary ID
- Claims Filing Indicator
- Consumer ID
- Diagnosis Code
- From/To Dates
- Line Item Control Number
- Medical Record Number
- MChild ID
- Modifier
- Original TCN

Go

To Date	Submitted Charges	Claim Status	Approved Amount	Paid Date
---------	-------------------	--------------	-----------------	-----------

No Records Found!



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with domain and CHAMPS Full Access profile.

Links: --Select--

Path: Provider Portal/ Inquire Claims

Menu

Close

Inquire Claim:

Filter By : From/To Dates 01/01/2007 07/07/2009 And Beneficiary ID % And
With Status Go

<input type="checkbox"/>	TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Paid Date	Beneficiary ID
<input type="checkbox"/>	210906800000002000	03/02/2008	03/02/2008	\$50.00	Paid	\$0.00		0009558676
<input type="checkbox"/>	210906800000003000	03/02/2008	03/02/2008	\$50.00	Denied	\$0.00		0031892768
<input type="checkbox"/>	210906800000004000	03/02/2008	03/02/2008	\$50.00	In Process	\$0.00		0009558676
<input type="checkbox"/>	210906800000008000	03/02/2008	03/02/2008	\$50.00	Denied	\$0.00		0009558676
<input type="checkbox"/>	210906800000011000	03/02/2008	03/02/2008	\$50.00	In Process	\$0.00		0009558676
<input type="checkbox"/>	210906800000012000	03/02/2008	03/02/2008	\$50.00	Denied	\$0.00		0009558676
<input type="checkbox"/>	210907000000003000	03/02/2008	03/02/2008	\$50.00	In Process	\$0.00		0009558676
<input type="checkbox"/>	210907000000006000	05/01/2008	05/01/2008	\$50.00	Denied	\$0.00		0031892768
<input type="checkbox"/>	210907000000009000	05/15/2008	05/15/2008	\$100.00	Denied	\$0.00		0031892768
<input type="checkbox"/>	210907000000011000	05/01/2008	05/01/2008	\$50.00	Denied	\$0.00		0031892768

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS



Header TCN: 21090680000002000
Beneficiary ID: [REDACTED]

Name: Ygrzlx, Bjwmaj

Show: ---SELECT---

Header Details:



TCN: 21090680000002000
Original TCN: [REDACTED]
No Of Lines: 1
Related Cause: NO

Claim Type: J - Professional
Adjustment Source:
Medicare: N

Source: DDE
Claim Status: Paid
Commercial: N

Beneficiary ID: [REDACTED] * Last Name: Ygrzlx
Gender: F-Female * DOB: 06/28/1948 * First Name: Bjwmaj
Age: 59
Patient Account Number: [REDACTED] *

Billing Provider ID: [REDACTED] Type: NPI Pay To Provider ID: [REDACTED] Type: NPI
Rendering Provider ID: [REDACTED] * Type: NPI * Referring Provider ID: [REDACTED] Type: [REDACTED]
Auth #: [REDACTED] Auth #: [REDACTED] CLIA Number: [REDACTED]
Diagnosis Codes: 1: 78079 * 2: [REDACTED] 3: [REDACTED] 4: [REDACTED] 5: [REDACTED] 6: [REDACTED] 7: [REDACTED] 8: [REDACTED]

Submitted Charges: \$50.00 Billed Amount: \$0.00 Approved Amount: \$0.00
Warrant/EFT Number: [REDACTED] RA Number: [REDACTED] Paid Date: [REDACTED]

Cancel

Claim Inquiry: Helpful Hints

- Only the Header TCN can be inquired (this number ends in 000)
- Wild card is the % sign
 - This cannot be used in the first “filter by” drop down
 - The more wildcards used in a search, the slower the results
- From/To Dates (Service Dates) and all date range inquiries are only available in the first “filter by”
- Use the “Save to XLS” button to export results to an Excel spreadsheet
 - Pop up Blocker and Firewalls must be off or removed prior to use (see CHAMPS Website > Resources Table for more information about System Settings)
- Claim Inquiry is for “statusing” only, data cannot be altered

Questions?

Top Denials

HIPAA Claim Adjustment
Reason Codes (CARC)

HIPAA Remittance Advice
Remark Codes (RARC)

CARC 22

- **Definition:** This care may be covered by another payer per coordination of benefits
- **Description:** The beneficiary has other insurance - If other insurance was reported on the claim then this reason code is informational only
- **Resolution:** Verify Eligibility
 - Spend down:
 - If the Benefit Plan reports “Spend down” a beneficiary does NOT have Medicaid coverage
 - Until the Spend down has been met, providers may bill the patient

CARC 22 (continued)

- **Resolution: Verify Eligibility**
 - Other Insurance:
 - Currently all “Other Insurance” for the Date of Service MUST be reported on the claim
 - Secondary/Tertiary Claims **CAN** be sent electronically without EOB attachments
 - If using the online Direct Data Entry (DDE) tool, you must use the Payer/Carrier IDs reported within the “Commercial/Other” hyperlink within the CHAMPS “Member” subsystem
 - Report appropriate CAS codes
- **Associated RARC: N36, N196, N4, MA04, N48**

Header TCN: [REDACTED]
 Line TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]

- Show: ---SELECT---
- SELECT---
 - Claim Cutbacks
 - Claim Enhancement Amounts
 - Claim Header Detail
 - Claim Limit List**
 - Claim Notes
 - Drug Information
 - Indicators
 - Other Payers Information
 - Service Line List
 - Situational Information

TCN	Error Description	Erroneous Data
No Records Found !		

Service Line Detail:

TCN: [REDACTED] Claim Type: [REDACTED] Source: Web
 Adjustment Source: [REDACTED] Claim Status: In Process Pricing Rule: [REDACTED]
 EPSDT Indicator: No Emergency indicator: [REDACTED]

Beneficiary ID: [REDACTED] Last Name: [REDACTED] First Name: [REDACTED]
 Gender: Male DOB: [REDACTED] Age: [REDACTED]
 Benefit Plan: [REDACTED]

Rendering Provider ID: [REDACTED] * Type: NPI * Taxonomy: 207Q00000X Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED]
 From Date: 01/14/2009 To Date: 01/14/2009 Place of Service: 11-Office

Procedure Code: 38416 Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Submitted Procedure Code: 38416 * Submitted Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Diagnosis Pointers: 1: 1 * 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Manual Units: [REDACTED] Billed Units: [REDACTED] 1 Paid Units: [REDACTED]
 Manual Price: [REDACTED]

Submitted Charges: \$14.00 * Billed Amount: [REDACTED] Approved Amount: \$0.00
 Medicare Paid: [REDACTED] Medicare Co-insurance: [REDACTED] Medicare Deductible: [REDACTED]
 Other Insurance: [REDACTED] Other Insurance Co-Pay: [REDACTED] Other Insurance Deductible: [REDACTED]

Previous Next Save Cancel

Header TCN: [REDACTED]
Line TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: ---SELECT---

Current Claim:

TCN	From Date	To Date	Facility Type	Billing Provider NPI	Servicing Provider NPI	Procedure Code	Revenue Code	Modifiers	Billed Amount	Paid Amount
-----	-----------	---------	---------------	----------------------	------------------------	----------------	--------------	-----------	---------------	-------------

No Records Found !

- SELECT---
- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail
- Claim Notes
- Drug Information
- Indicators
- Other Payers Information
- Service Line Detail
- Service Line List
- Situational Information

History Claims:

TCN	From Date	To Date	Facility Type	Billing Provider NPI	Servicing Provider NPI	Procedure Code	Revenue Code	Modifiers	Billed Amount	Paid Amount	Paid Date	Units
-----	-----------	---------	---------------	----------------------	------------------------	----------------	--------------	-----------	---------------	-------------	-----------	-------

No Records Found !

Cancel

CARC 23

- **Definition:** The impact of prior payer(s) adjudication including payments and/or adjustments
- **Description:** Billed amount exceeds Medicaid Fee Screens
- **Resolution:** See Fee Screens for Medicaid allowable amounts
- **Possible RARC:** MA04, N48, N131

CARC 24

- **Definition:** Charges are covered under a capitation agreement/managed care plan
- **Description:** The beneficiary is enrolled in a Medicaid Health Plan. The provider should contact the Medicaid Health Plan for reimbursement
- **Resolution:** Check Eligibility for DOS, and submit claim to Medicaid Health Plan
- **Possible RARC:** N185, N130

CARC 16, RARC N157

- CARC 16 - Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).
- RARC N157 - Transportation to and from this destination is not covered.
- CHAMPS not recognizing some origin/destination code combinations
- Resolution: CHAMPS should recognize these modifiers after April 30th – Until then these must be manually processed causing delays

CARC 133, RARC N10

- CARC 133 - The disposition of this claim/service is pending further review.
- RARC N10 - Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
- Provider reported modifier 22 so claim must be manually reviewed.
- Multiple trips

CARC 18, RARC M86

- CARC 18 - Duplicate claim/service.
- RARC M86 - Service denied because payment already made for similar procedure within set time frame.
- Medicare or other insurer is primary – different rules for multiple trips
- Combine multiple trips into single procedure and provide supporting documentation

CARC 29, RARC N59

- CARC 29 - The time limit for filing has expired.
- RARC N59 - Please refer to your provider manual for additional program and provider information.
- Claim was received by MDCH more than one year after date of service
- If claim is denied, documentation of past activity may be necessary

CARC B5, RARC N10

- CARC B5 - Coverage/program guidelines were not met or were exceeded.
- RARC N10 - Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.

CARC 22, RARC N36

- CARC 22 - This care may be covered by another payer per coordination of benefits.
- RARC N36 - Claim must meet primary payer's processing requirements before we can consider payment.
- Compare member/beneficiary eligibility with claim
- Claim must report other insurance appropriately at header and line level

CARC 22, RARC N196

- CARC 22 - This care may be covered by another payer per coordination of benefits.
- RARC N196 - Patient eligible to apply for other coverage which may be primary.
- Compare member/beneficiary eligibility with claim
- Claim must report other insurance appropriately at header and line level

CARC 31, RARC MA130

- CARC 31 - Patient cannot be identified as our insured.
- RARC MA130 - Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
- Benefit plan does not cover ambulance (???)

CARC 8, RARC N65

CARC 8 - The procedure code is inconsistent with the provider type/specialty (taxonomy).

RARC N65 - Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider

Description: MDCH has identified certain codes in which a rate segment was missing

MDCH Action: Resolved on an on-going basis when identified

Provider Expectation: Providers may re-bill or replace any affected claims once the rate has been restored. If you are experiencing this denial, please verify your provider specialty is accurate and that the license within your provider enrollment is active. Continue to monitor the CHAMPS Provider Update table located on the CHAMPS website

Questions?

Managing Claims

Adjustments and Voids

When Can a Claim Be Managed?

- Only approved Header claims (ending with 000) can be managed
 - A claim is considered approved if at least ONE line paid, and paying \$0.00 is considered a paid claim
- Do not submit adjustment or void claims when the entire claim denies. If the claim denies, re-submit the entire claim
- Only the last paid Transaction Control Number (TCN) can be managed
 - Original CHAMPS adjudicated claim is 18 digits
 - If you are managing a claim that was adjudicated prior to CHAMPS, you will need to convert the 10 digit CRN into a 15 digit CHAMPS recognized TCN number by adding 200 to the front and 00 to the back
 - Example:
 - Original 10 digit CRN: 9123456789
 - CHAMPS Recognized 15 digit TCN: 200912345678900

Adjustment vs. Void

- Adjust a claim when:
 - All or part of a claim was paid incorrectly
 - All or part of a claim was billed incorrectly
 - Incorrect Units
 - Charges
 - Procedure Code
 - Date of Service
- Void a claim when:
 - A claim is paid under the wrong provider NPI or beneficiary ID
 - The claim was never meant to be submitted
 - Duplicate claim

Manage Claims

Adjust Claims





Path:



Select a Domain:

Dr John Rambo GROUP 1023196458 *

Select a Profile:

- Dr John Rambo GROUP 1023196458
- Dr John Toothpuller IND SP DDS 1295897387
- FAO DME 1275737447
- FAO DME PHARMACY 1225021066
- FAO HOSPITAL 1285605444
- Hospital 1 1003878539
- HOSPITAL 2 1689653305 FAO
- HOSPITAL 3 1306825997 FAO
- Inpatient and Outpatient 1992812580
- Medical Group PC 1396725735
- PDN Agency 1437267754



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training.

Links: -Select-



Path: [Provider Portal](#)



Select a Domain:

Select a Profile:

CHAMPS Full Access * Go

- CHAMPS Full Access
- CHAMPS Limited Access
- Claims Access
- Domain Administrator
- Eligibility Inquiry
- Prior Authorization Access
- Provider Enrollment Access
- View Provider Enrollment



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

NPI: [redacted]

Name: [redacted]

Menu

Provider Portal:

Online Services:

Provider [Hide/Max](#)

- [Initiate New Enrollment](#)
- [Manage Provider Information](#)
- [Track Application](#)

Admin [Hide/Max](#)

- [Archived Documents](#)

Claims [Hide/Max](#)

- [Submit Institutional Claim Inquiry](#)
- [Submit Dental](#)
- [Submit Professional](#)

Member [Hide/Max](#)

- [Eligibility Inquiry](#)

Prior Authorization [Hide/Max](#)

- [PA Inquire](#)
- [PA Request List](#)

Welcome!

[Hide/Max](#)



My Reminders:

Filter By: [dropdown] [input] [input]

<input type="checkbox"/>	Alert Type ▲▼	Alert Message ▲▼	Alert Date ▲▼	Due Date ▲▼	Read ▲▼
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No Records Found !



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Choose an Option:

[Claim Submission](#)

Claim Submission

[Manage Claims](#)

Manage Claims

[Inquire Claims](#)

Inquire Claims

[RA List](#)

RA List



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Choose an Option:

[Adjust/Void Claim Provider](#)

Adjust/Void Claim Provider





My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Adjust Claims:

TCN:



Header TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]

- Show: --SELECT--
- SELECT--
 - Claim Cutbacks
 - Claim Enhancement Amounts
 - Claim Notes
 - Indicators
 - Other Payers Information
 - Related Causes
 - Service Line List
 - Situational Information

TCN	Error Description	Erroneous Data
No Records Found!		

Header Details:

TCN: [REDACTED] Claim Type: J - Professional
 Original TCN: [REDACTED] Adjustment Source:
 No Of Lines: 3 Medicare: Y
 Related Cause: NO Source: Legacy
 Claim Status: Paid
 Commercial: N

Beneficiary ID: [REDACTED] * Last Name: [REDACTED] First Name: [REDACTED]
 Gender: M-Male * DOB: [REDACTED] * Age: 61
 Patient Account Number: 1981780

Billing Provider ID: [REDACTED] Type: NPI Pay To Provider ID: [REDACTED] Type: Provider ID
 Rendering Provider ID: [REDACTED] Type: NPI * Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED] CLIA Number: [REDACTED]
 Diagnosis Codes: 1: 2859 * 2: 25000 3: [REDACTED] 4: [REDACTED] 5: [REDACTED] 6: [REDACTED] 7: [REDACTED] 8: [REDACTED]

Submitted Charges: \$53.00 Billed Amount: \$0.00 Approved Amount: \$0.00
 Warrant/EFT Number: [REDACTED] RA Number: [REDACTED] Paid Date: [REDACTED]

Header TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: --SELECT--

Service Lines:

Filter By : [] And [] Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input checked="" type="checkbox"/>	320929910011111001		83036	01/14/2009	01/14/2009	1	\$25.00	\$0.00	Paid
<input type="checkbox"/>	320929910011111002		36416	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Denied
<input type="checkbox"/>	320929910011111003		36415	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Paid

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Add Delete Cancel

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: --SELECT--

Service Lines:

Filter By : [] And [] Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input checked="" type="checkbox"/>	320929910011111001		83036	01/14/2009	01/14/2009	1	\$25.00	\$0.00	Paid
<input type="checkbox"/>	320929910011111002		36416	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Denied
<input type="checkbox"/>	320929910011111003		36415	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Paid

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Microsoft Internet Explorer

Are you sure you want to delete service line?

OK Cancel

Add Delete Cancel

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]
Show: --SELECT--

Service Lines:

Filter By : [] And [] Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input type="checkbox"/>	410929910011111002		36416	01/14/2009	01/14/2009	1	\$14.00		In Process
<input type="checkbox"/>	410929910011111003		36415	01/14/2009	01/14/2009	1	\$14.00		In Process

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Add Delete Cancel

Header TCN: [REDACTED]
 Line TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]
 Show: ---SELECT---

TCN	Error Description	Erroneous Data
No Records Found !		

Service Line Detail:  

TCN: [REDACTED] Claim Type: [REDACTED] Source: Web
 Adjustment Source: [REDACTED] Claim Status: [REDACTED] Pricing Rule: [REDACTED]
 EPSDT Indicator: No Emergency indicator: [REDACTED]

Beneficiary ID: [REDACTED] Last Name: [REDACTED] First Name: [REDACTED]
 Gender: Male DOB: [REDACTED] Age: [REDACTED]
 Benefit Plan: [REDACTED]

Rendering Provider ID: [REDACTED] * Type: [REDACTED] * Taxonomy: [REDACTED] Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED]
 From Date: [REDACTED] To Date: [REDACTED] Place of Service: [REDACTED]

Procedure Code: [REDACTED] Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Submitted Procedure Code: [REDACTED] * Submitted Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Diagnosis Pointers: 1: [REDACTED] * 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Manual Units: [REDACTED] Billed Units: [REDACTED] * Paid Units: [REDACTED]
 Manual Price: [REDACTED]

Submitted Charges: [REDACTED] * Billed Amount: [REDACTED] Approved Amount: \$0.00
 Medicare Paid: [REDACTED] Medicare Co-insurance: [REDACTED] Medicare Deductible: [REDACTED]
 Other Insurance: [REDACTED] Other Insurance Co-Pay: [REDACTED] Other Insurance Deductible: [REDACTED]

Previous Next Save Cancel

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]
Show: --SELECT--

Service Lines:

Filter By : [] And [] Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input type="checkbox"/>	320929910011111001		83036	01/14/2009	01/14/2009	1	\$25.00	\$0.00	Paid
<input type="checkbox"/>	320929910011111002		36416	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Denied
<input type="checkbox"/>	320929910011111003		36415	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Paid

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Add Delete Cancel

Header TCN: [REDACTED]
 Line TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]

- Show: --SELECT--
- SELECT--
 - Claim Cutbacks
 - Claim Enhancement Amounts
 - Claim Header Detail
 - Claim Limit List
 - Claim Notes
 - Drug Information
 - Indicators
 - Other Payers Information
 - Service Line List
 - Situational Information

TCN	Error Description	Erroneous Data
No Records Found !		

Service Line Detail:

TCN: [REDACTED] Claim Type: [REDACTED] Source: Web
 Adjustment Source: [REDACTED] Claim Status: In Process Pricing Rule: [REDACTED]
 EPSDT Indicator: [No] Emergency indicator: [REDACTED]

Beneficiary ID: [REDACTED] Last Name: [REDACTED] First Name: [REDACTED]
 Gender: Male DOB: [REDACTED] Age: [REDACTED]
 Benefit Plan: [REDACTED]

Rendering Provider ID: [REDACTED] * Type: [NPI] * Taxonomy: 207Q00000X Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED]
 From Date: 01/14/2009 To Date: 01/14/2009 Place of Service: 11-Office

Procedure Code: 36418 Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Submitted Procedure Code: 36418 * Submitted Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Diagnosis Pointers: 1: [1] * 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Manual Units: [REDACTED] Billed Units: [1] * Paid Units: [REDACTED]
 Manual Price: [REDACTED]

Submitted Charges: \$14.00 * Billed Amount: [REDACTED] Approved Amount: \$0.00
 Medicare Paid: [REDACTED] Medicare Co-insurance: [REDACTED] Medicare Deductible: [REDACTED]
 Other Insurance: [REDACTED] Other Insurance Co-Pay: [REDACTED] Other Insurance Deductible: [REDACTED]

Previous Next Save Cancel

Header TCN: [REDACTED] Name: [REDACTED]
 Beneficiary ID: [REDACTED]

Other Payers: Show: --SELECT--

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Quantity	Amount	Adj. Reason Code	
Payer1	[REDACTED]	00953	MB-Medicare Part B		[REDACTED]	\$17.17	P-Primary				
								Adj:	\$0.00	96	
								Adj:	\$3.00	1	
Payer1	[REDACTED]	00953	MB-Medicare Part B		[REDACTED]	\$0.00	P-Primary				
								Adj:	0	\$14.00	2
Payer1	[REDACTED]	00953	MB-Medicare Part B		[REDACTED]	\$3.00	P-Primary				
								Adj:	0	\$11.00	45

Save Delete

Add Payer and Adjustment Details:

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Quantity	Amount	Adj. Reason Code
NewPayer								Adj:		
ExistPayer										
NewPayer										

Add Cancel

Header TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: --SELECT--

TCN	Error Description	Erroneous Data
-----	-------------------	----------------

No Records Found !

Header Details:

TCN: [REDACTED] Claim Type: [REDACTED] Source: Web
 Original TCN: [REDACTED] Adjustment Source: [REDACTED] Claim Status: In Process
 No Of Lines: 2 Medicare: N Commercial: N
 Related Cause: NO

Beneficiary ID: [REDACTED] * Last Name: [REDACTED] First Name: [REDACTED]
 Gender: M-Male * DOB: [REDACTED] * Age: [REDACTED]
 Patient Account Number: [REDACTED]

Billing Provider ID: [REDACTED] Type: NPI Pay To Provider ID: [REDACTED] Type: Provider ID
 Rendering Provider ID: [REDACTED] * Type: NPI * Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED] CLIA Number: [REDACTED]
 Diagnosis Codes: 1: 2859 * 2: 25000 3: [REDACTED] 4: [REDACTED] 5: [REDACTED] 6: [REDACTED] 7: [REDACTED] 8: [REDACTED]

Submitted Charges: \$53.00 Billed Amount: [REDACTED] Approved Amount: [REDACTED]
 Warrant/EFT Number: [REDACTED] RA Number: [REDACTED] Paid Date: [REDACTED]

Adjust Void Save Cancel

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]
Show: --SELECT--

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]

Adjust Claim:

Please enter the following information:

Adjustment Source: PIA-Provider Initiated ADJ *
Comment: Enter brief description of changes made here

OK Cancel

Manage Claims

Void Claims





My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

NPI: [redacted]

Name: [redacted]

Menu

Provider Portal:

Online Services:

Provider [Hide/Max](#)

- [Initiate New Enrollment](#)
- [Manage Provider Information](#)
- [Track Application](#)

Admin [Hide/Max](#)

- [Archived Documents](#)

Claims [Hide/Max](#)

- [Submit Institutional Claim Inquiry](#)
- [Submit Dental](#)
- [Submit Professional](#)

Member [Hide/Max](#)

- [Eligibility Inquiry](#)

Prior Authorization [Hide/Max](#)

- [PA Inquire](#)
- [PA Request List](#)

Welcome!

[Hide/Max](#)



My Reminders:

Filter By: [dropdown] [input] [input]

<input type="checkbox"/>	Alert Type ▲▼	Alert Message ▲▼	Alert Date ▲▼	Due Date ▲▼	Read ▲▼
--------------------------	------------------	---------------------	------------------	----------------	------------

No Records Found !



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Choose an Option:

[Claim Submission](#)

Claim Submission

[Manage Claims](#)

Manage Claims

[Inquire Claims](#)

Inquire Claims

[RA List](#)

RA List



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Choose an Option:

[Adjust/Void Claim Provider](#)

Adjust/Void Claim Provider





My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Adjust Claims:

TCN:



Header TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]
 Show: --SELECT--

TCN	Error Description	Erroneous Data
No Records Found !		

Header Details:

TCN: [REDACTED] Claim Type: J - Professional Source: Legacy
 Original TCN: [REDACTED] Adjustment Source: Claim Status: Paid
 No Of Lines: 3 Medicare: Y Commercial: N
 Related Cause: NO

Beneficiary ID: [REDACTED] * Last Name: [REDACTED] First Name: [REDACTED]
 Gender: M-Male * DOB: [REDACTED] * Age: 81
 Patient Account Number: [REDACTED]

Billing Provider ID: [REDACTED] Type: NPI Pay To Provider ID: [REDACTED] Type: Provider ID
 Rendering Provider ID: [REDACTED] * Type: NPI * Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED] CLIA Number: [REDACTED]
 Diagnosis Codes: 1: 2859 * 2: 25000 3: [REDACTED] 4: [REDACTED] 5: [REDACTED] 6: [REDACTED] 7: [REDACTED] 8: [REDACTED]

Submitted Charges: \$53.00 Billed Amount: \$0.00 Approved Amount: \$0.00
 Warrant/EFT Number: [REDACTED] RA Number: [REDACTED] Paid Date: [REDACTED]

Adjust Void Save Cancel



Header TCN: [REDACTED]
Beneficiary ID: [REDACTED]

Name: [REDACTED]

Show:

--SELECT--



Header TCN: [REDACTED]
Beneficiary ID: [REDACTED]

Name: [REDACTED]

Void Claim:

Please enter the following information:

Void Source: PIV-Provider Initiated VOID *

Comment: Briefly describe why you are voiding this claim.

OK Cancel

Managing Claims through Billing Agent or 837 File

- Resubmit claim in its entirety in the same manner it should have been submitted originally
- Enter a Resubmission or Claim Frequency Type Code of 7 if adjusting or an 8 if voiding a claim
 - Loop 2300 CLM05-3
- Enter last paid TCN or 15 digit converted CRN in Loop 2300 REF with Qualifier F8
- A new 18 digit TCN will be generated, once adjustment has been processed

Questions?

CHAMPS Updates and Review

CARC 110

CARC 110 - Billing date predates service date

- **Description:** MDCH has identified an issue where inaccurate HIPAA Claim Adjustment Reason Codes (CARC) were being reported on providers' remittance advices
- **MDCH Action:** MDCH reviewed all affected CARC and RARC codes and the issue has been resolved as of 12/14/2009
- **Provider Expectation:** If you received this CARC there was an issue with the beneficiary's eligibility. Ensure that the beneficiary is eligible for the dates of service billed. Claims processed prior to 12/14/2009 will not be recycled, correct your claim and re-bill as needed

CARC 133

CARC 133- The disposition of this claim/service is pending further review

Description: Claim may have pended for further review per policy or denied per policy

MDCH Action: MDCH will report the corresponding remark code in the future

Provider Expectation: Please continue to refer to the RARC and Claim Status for further clarification

CARC 16

CARC 16- Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

Description: Documentation, and/or other important claim details were omitted

MDCH Action: MDCH will report the corresponding remark code in the future

Provider Expectation: Please continue to refer to the RARC and Claim Status for further clarification

Adjusting Claims with an Inconsistent Number of Service Lines

Description: Claims were denying in error when an adjustment claim was submitted with different number of lines than the original.

MDCH Action: Fixed January 22, 2010

Provider Expectation: Resubmit the claim(s) affected by this issue

Secondary Claims Paying \$0.00 in Error

Description: MDCH has identified an issue with secondary claims paying \$0 in error. Claims with non-covered services identified with a Claim Adjustment Segment (CAS) code of 96 were affected. Many other claims originally paid zero in error when they should have been denied.

MDCH Action: Fixed January 22, 2010

Provider Expectation: MDCH will be reprocessing the affected claims (continue to check the website for a specific timeframe). Claims that should have originally denied must be voided or adjusted/replaced by providers.

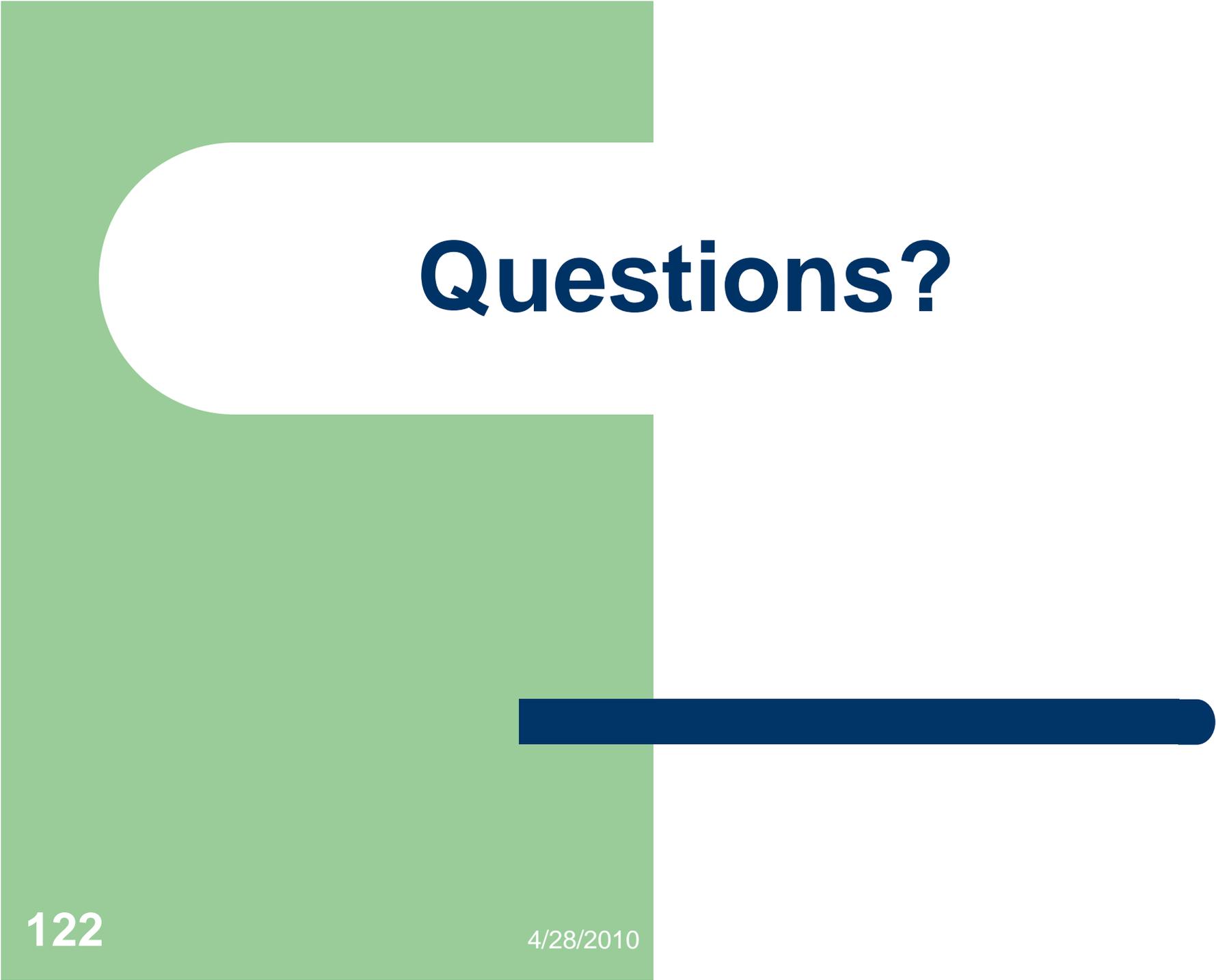
743R Resurrection in CHAMPS

Description: Migration of Legacy Suspended Claims into CHAMPS

MDCH Action: MDCH completed the process of resurrecting all professional claims that rejected with proprietary edit 743 for adjudication in CHAMPS. Claims were not recreated in CHAMPS if any of the following occurred:

- The claim was submitted without a reported billing NPI
- The Rendering/Servicing only NPI was incorrectly reported in the billing NPI loop/field
- The provider has not revalidated in the CHAMPS Provider Enrollment subsystem

Provider Expectation: Verify that the professional claim(s) previously denied with 743R have now been adjudicated in CHAMPS and re-submit those that could not be resurrected. If the filing limitation has been reached add in the Comment/Notes section: 743R, Original CRN, and rejection paid date



Questions?

Ambulance Policy Tips

- MDCH reimburses ambulance when:
 - Medical/Surgical or psych emergencies exist
 - No other effective mode of transportation for medical treatment can be used
- A physician must order all covered services
 - Physician order must include:
 - Beneficiary Name and ID number
 - Explanation of ambulance need
 - Signature of physician and NPI
 - Emergency services do not require physician order

Ambulance Policy Tips (cont.)

- Reimbursement
 - MDCH will reimburse for the coinsurance and deductible amounts on Medicare approved claims even if Medicaid does not normally cover services
 - Check fee screens for reimbursement limitations on Medicare approved claims

Ambulance Policy Tips (cont.)

- Fixed Wing Air Ambulance
 - Prior Authorization (PA) is required
 - PA must include:
 - Transport, including ancillary services, ordered by physician
 - Written physician order
 - Transport by ground would endanger beneficiary's life
 - Care and medical services cannot be provided by local facility
 - Transport is for medical or surgical procedures

Ambulance Policy Tips (cont.)

- Helicopter Air Ambulance
 - MDCH will cover Helicopter services if:
 - Time/Distance in ground ambulance would be hazardous to patient
 - Care and medical services cannot be provided by local facility
 - Transport is for medical or surgical procedures
 - Coverage includes helicopter base rate, mileage, and waiting time

Ambulance Policy Tips (cont.)

- Base Rate
 - May bill one base rate procedure code
 - Basic Life Support (BLS) Non-emergency
 - BLS Emergency
 - Advanced Life Support (ALS) Non-emergency
 - ALS 1 Emergency
 - ALS 2
 - Neonatal Emergency Transport
 - Helicopter Air Ambulance
 - Fixed Wing Air Ambulance Transport
 - Medicaid will only pay for level of service required
 - All services rendered are covered
 - Mileage is billed separately

Ambulance Policy Tips (cont.)

- Neonatal coverage includes:
 - Base rate
 - Loaded mileage
 - Waiting time that exceeds 30 minutes
 - Intensive care transport to approved designate intensive care units
 - Return trip of a newborn from a regional center to a community hospital (physician ordered)
- Hospital medical team must accompany newborn in the ambulance

Ambulance Policy Tips (cont.)

- Non-emergency transport
 - Claim may be made when provided in a licensed BLS or ALS vehicle
 - Physician can write a single prescription for a beneficiary with a chronic condition to a planned treatment that covers 1 month of treatment
 - Prescription must contain:
 - Type of transport
 - Why other means of transport couldn't be used
 - Frequency
 - Origin & Destination
 - Diagnosis & Medical necessity
 - Non-emergency transport in Medi-van or wheelchair-equipped car is not covered for ambulance providers

Ambulance Policy Tips (cont.)

- Multiple transports per beneficiary
 - Same date of service is covered when:
 - Beneficiary received different service on each transport
 - Beneficiary received same service on each transport
 - Services duplicated from multiple transports can be combined and billed on same line
 - Services not duplicated are billed on separate lines
 - Remarks section must detail (or details must be available in Documentation EZ-Link using standard form)
 - Number of transports
 - Origin and Destination locations
 - Ambulance requestors name
 - Reason for multiple transports on same day
 - Number of times base rate was provided
 - Reason for transport other than diagnosis

Ambulance Policy Tips (cont.)

- Pronouncement of Death
 - If the beneficiary is pronounced dead after the ambulance is called but before the ambulance arrives at the scene, payment is made at BLS rate with no mileage

Ambulance Policy Tips (cont.)

- Ambulance coverage exclusions:
 - Medi-Car/Van or wheelchair transports
 - Transport to funeral home
 - Trips that could be provided at beneficiary's location
 - Transportation of beneficiary pronounced dead before the ambulance was called
 - Round trips from/to hospital where beneficiary is an inpatient
 - Transport of inmates to/from correctional facility
 - Transports that are not medically necessary

Ambulance Policy Tips (cont.)

- Waiting Time
 - Time deemed necessary to wait while patient is being stabilized
 - Reimbursable after first 30 minutes
 - Maximum wait time is 4 hours

Ambulance Policy Tips (cont.)

- Wait Time
 - The appropriate number of time units must be reflected in the Quantity field.
 - One time unit represents each 30 minutes of waiting time after the first 30 minutes
 - No additional payment is made for the first 30 minutes of waiting time (i.e., total waiting time of 1 hour 30 minutes = 2 time units)
 - The Remarks section or claim attachment must include the following information:
 - Total length of waiting time, including the first 30 minutes
 - Name of the physician ordering the wait; and Reason for the wait

Ambulance Policy Tips (cont.)

- Mileage is reimbursable when:
 - Transport occurs
 - Loaded mileage only
 - Billed with appropriate modifier
 - Do not report modifier 22
 - If mileage is greater than 100 miles, enter the origin and destination addresses in the Remarks session

Ambulance Policy Tips (cont.)

- **Mileage**

- When billing a mileage code, enter the number of whole miles the beneficiary was transported in the quantity field
- When billing for mileage greater than 100 miles, enter the origin and destination addresses in the remarks section
- Do not use decimals

MDCH Contact Information and Provider Resources

Medicaid Resources

Medicaid Billing Information:

www.michigan.gov/medicaidproviders

- Provider Specific Info (Rates)
- Provider Manual
- Provider Tips
- Biller B Ware
- CHAMPS

Medicaid Resources

CHAMPS:

www.michigan.gov/mdch >>CHAMPS

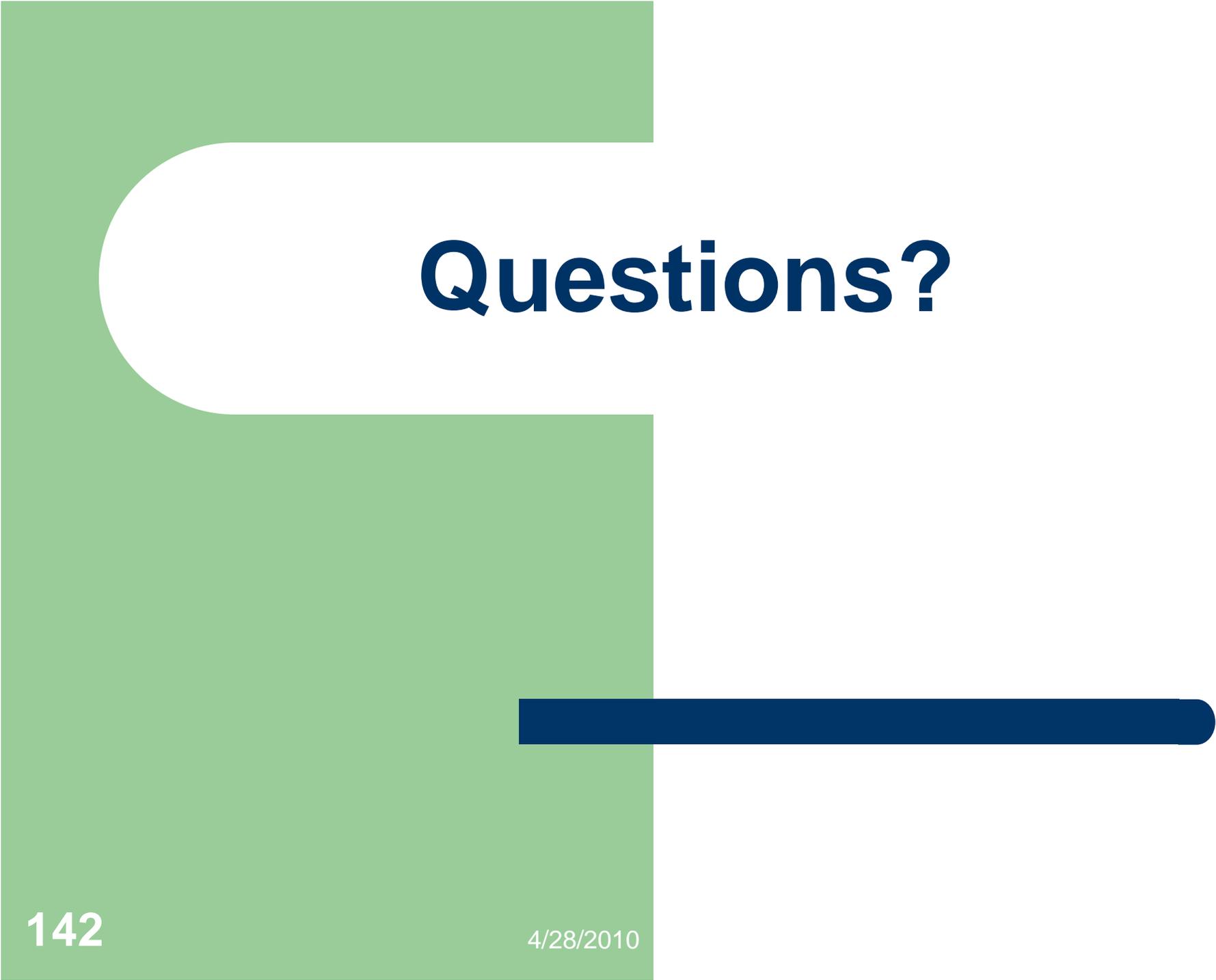
- CHAMPS Provider Update Table
- Provider Inquiry
 - (800) 292-2550
 - If leaving a voicemail or sending an email (preferred) please provide TCN, NPI, and short description of issue
- CHAMPS Help Line
 - 1-888-643-2408
 - CHAMPS@michigan.gov
 - Enter subsystem in subject of email (e.g., Claims, PA, PE, etc...)CHAMPS

Payment Error Rate Measurement PERM

- PERM is a regulation issued by CMS as a result of the 2002 Improper Payments and Information Act (IPIA)
- PERM measures improper payments for State Medicaid programs and State Children's Health Insurance Programs (SCHIP)
- A random sample of paid claims are selected for review
- MDCH will publish a bulletin soon regarding PERM

How Does PERM Work?

- **Livanta LLC** has been selected as the National contractor that will contact providers to collect medical record documentation pertinent to the selected paid claims
- Providers **must** submit the requested medical record documentation with 60 days
- Failure to comply with the request(s) is considered payment error. Michigan Medicaid will incur a penalty and may recoup the payments that were made on the selected claims from the providers



Questions?