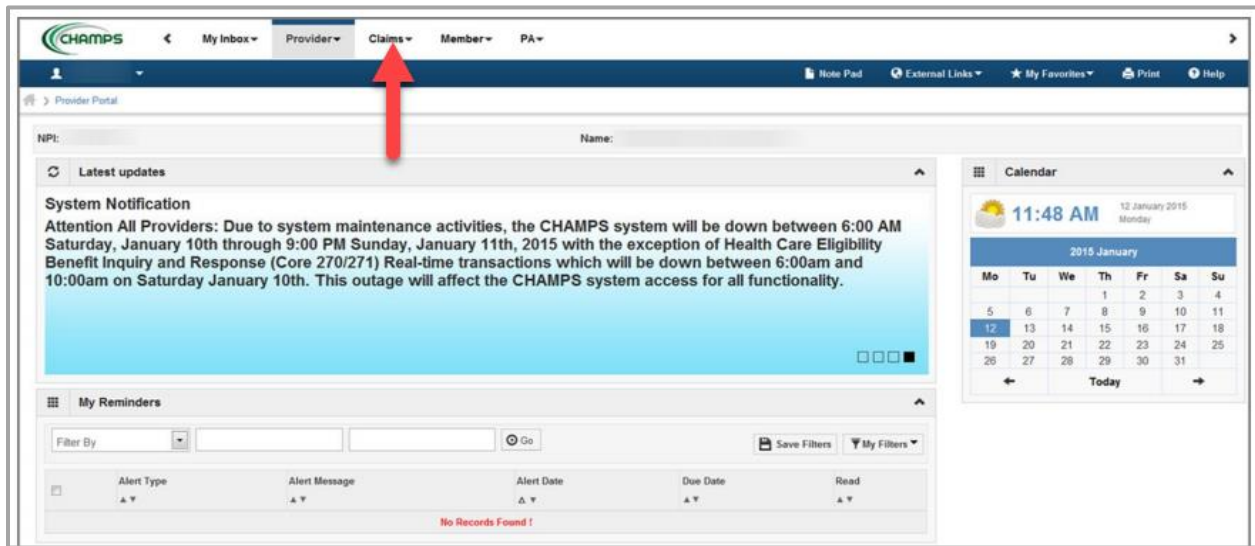


## Direct Data Entry for Dental Claims

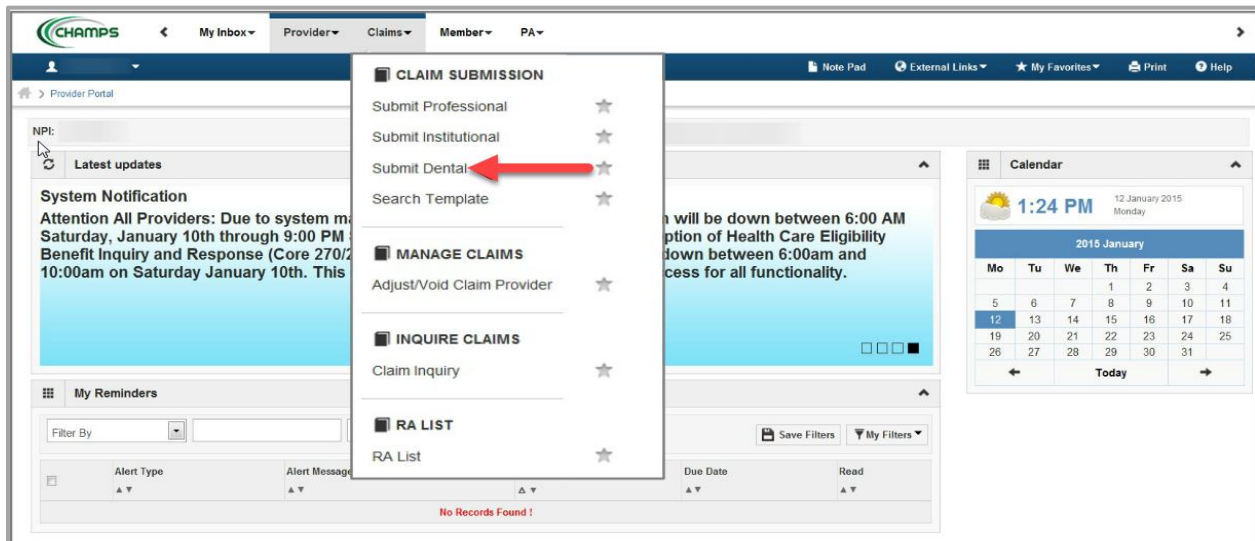
### Submitting a direct data entry (DDE) dental claim within CHAMPS

Direct Data Entry, DDE, is an online process in which data is entered into a system and written into its online files. DDE serves as an alternative method for submitting claims to Medicaid. In order to submit a claim via DDE providers must have access to CHAMPS. Once logged into CHAMPS follow the below directions; **\*\*Make sure pop up blockers are turned off within the internet browser\*\***

1. Click on the **Claims Tab**



2. Select **Submit Dental**



3. Go through each section below, fill in the fields and answer the questions

Please Note: If a beneficiary has insurance other than Medicaid it will be pertinent to have this information prior to entering a claim. Also, asterisks (\*) denote required fields.

- a. [Provider Information](#)
- b. [Beneficiary Information](#)
- c. [Claim Information](#)
- d. [Basic Line Item Information](#)
- e. [Definitions](#)

## PROVIDER INFORMATION

**Dental Claim**

Note: Asterisks (\*) denote required fields.

**Basic Claim Info**

Provider | Beneficiary | Claim | Service

**PROVIDER INFORMATION**

**BILLING PROVIDER INFORMATION**

Provider ID:  \* Type: NPI  \* 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

Is this service the result of a referral?  Yes  No

Is this service the result of a Primary Care Referral?  Yes  No

- Note:
  - o If the Billing NPI is an Individual/Sole registered NPI select **Yes**, for question, **Is the Billing Provider also the Rendering Provider?** If the Billing NPI is not an Individual/Sole NPI select **No**. Enter the Rendering Providers NPI in the **Provider ID** field and select **NPI** from the **Type** drop-down.
  - o If the beneficiary resides in a Nursing Home select Yes, for question **Is this service the result of a referral?** Enter the Referring Provider NPI in the **Provider ID** field and select **NPI** from the **Type** drop-down.

## BENEFICIARY INFORMATION

☰ **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

- **Note:**
  - If the beneficiary **does not** have insurance other than Medicaid, click **No**. Continue to the next section, Claim Information, after all required fields have been entered.
  - If the beneficiary **does** have insurance other than Medicaid, click **Yes**. Continue to fill in the **Other Subscriber Information**. To see further explanation of a field please reference the [Definitions](#) section.

## CLAIM INFORMATION

☰ **CLAIM INFORMATION** ▲

**CLAIM DATA**

Patient Account No.:  \*

Place of Service:  \*    Appliance Placement Date:

Service Start Date:    \*    Service End Date:    \*

**PRIOR AUTHORIZATION/REFERRAL NUMBER**

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

**+** DELAY REASON

**+** CLAIM NOTE

**?** Is this claim accident related?     Yes  No

**?** Does this claim have backup documentation?     Yes  No

**?** Does this claim require a diagnosis code?     Yes  No

- **Note:**
  - If a delay reason is required click the **+** sign and select the delay reason from the drop down
  - If a claim note needs to be entered click the **+** sign and enter the claim
  - If the claim is related to an accident, click **Yes** and choose the related causes from the drop down menu
  - If the claim requires a diagnosis code click **Yes** and enter the diagnosis code without the decimal point (mostly extractions and surgical codes require a DX code)

## BASIC LINE ITEM INFORMATION

- Note:
  - o Once all the information is entered for the service line. Click **+Add Service Line Item**. The service line has now been added to the claim (Figure 1). The Basic Line Item Information fields will become blank to enter additional service line information.
  - o To see further explanation of a field please reference the [Definitions](#) section.

Figure 1: Line number 1 information

Previously Entered Line Item Information									
Click a Line No. below to view/update that Line Item Information.									
Click on Insurance Info to enter each Line's Insurance Information.									
Line No	Service Date	Area of Oral Cavity	Tooth Number/Letter	Surface					Procedure Code
				1	2	3	4	5	
1	12/31/2999								D2540

1. If the Beneficiary does not have insurance other than Medicaid click, **Submit Claim (Figure 2)**
2. If beneficiary does have insurance other than Medicaid click, [Adding Primary Insurance](#)

Figure 2: Submit Claim

3. Once the claim has been submitted a pop-up will show claim details. From here Providers have the option to upload documents, print, or close to continue.

Print Help

**Submitted Dental Claim Details**

TCN: 2 [redacted] 00

Billing Provider ID: [redacted]

Billing Provider Name: [redacted]

Beneficiary ID: [redacted]

Beneficiary Name: [redacted]

Date of Service: [redacted]

Upload Documents Print Close

## ADDING PRIMARY INSURANCE

If the beneficiary has Primary insurance follow these steps to report the insurance at the line level:

1. Once the basic service line item is added to the claim click on **Insurance Info**

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Fee: \$100.00

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

Line No	Service Date	Area of Oral Cavity	Tooth Number/Letter	Surface					Procedure Code	Diagnosis Pointer				Quantity	Fees	Prior Auth Number	
				1	2	3	4	5		1	2	3	4				
1	12/31/2999							D2540					100.00				<a href="#">Insurance Info</a> <a href="#">Copy</a> <a href="#">Delete</a>

2. Click Yes to the question, **Does the Beneficiary have insurance other than Medicaid?**

**Dental Claim**

Note: asterisks (\*) denote required fields.

**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:  \* Amount Paid:  \* Remittance Date: mm dd yyyy

1.Reason Code:  Amount:  Adjustment Quantity:  Add Another Reason Code

2.Reason Code:  Amount:  Adjustment Quantity:

Add Another Payer

3. Under **Other Insurance Information** be sure to fill in at least;
  - a. **Primary Payer Responsibility**
  - b. **Amount Paid**
  - c. **Reason Code**
  - d. **Amount Paid** (dollar amount that corresponds with this reason code)

- Note:
  - o Click on **Add Another Reason Code** if the line has more than two reason codes.
  - o If there is Secondary or Tertiary insurance click **Add Another Payer** this will open more fields to allow for additional insurance information.

4. After all insurance information is entered click **Basic Claim Form**

- Note
  - o If there are multiple lines make sure to add the primary insurance information to each line.
  - o Be sure to click on **Insurance Info** to add primary insurance to the line level.

5. Once all information and insurance is completed click, **Submit Claim**

6. Once the claim has been submitted a pop-up will show claim details. From here Providers have the option to upload documents, print, or close to continue.

## DEFINITIONS:

**\*\*In order of direct data entry\*\***

### Provider Information:

- a. **Billing Provider Information:** the provider NPI billing for the services
- b. **Type:** NPI
- c. **Rendering Provider:** The provider actually performing the services
- d. **Supervising Provider:** Required when MDHHS does not recognize the rendering provider's NPI, services rendered by these providers (e.g., dental hygienists) must be billed under a supervising dentist's NPI. The supervising dentist is responsible for ensuring the medical necessity and appropriateness of the services.
- e. **Referral:** Referring provider information is a claim editing requirement for services rendered as a result of a referral.

### Beneficiary Information:

- a. **Payer Responsibility Code:** Select P-Primary, S-Secondary or T-Tertiary
- b. **Remittance Date:** The date the other insurance EOB was issued (not required)
- c. **Payer ID Number:** This is the number that corresponds to the payer ID # listed in CHAMPS under the beneficiary's commercial insurance (eight digit # that has to match what is listed in CHAMPS).
- d. **Subscriber Member ID:** The ID # for the subscriber of the commercial insurance (not required)
- e. **Subscriber Last Name:** The last name of the subscriber of the commercial insurance (not required)
- f. **First Name:** The first name of the subscriber of the commercial insurance (not required)
- g. **MI:** The middle initial of the subscriber of the commercial insurance (not required)
- h. **Suffix:** The suffix of the subscriber of the commercial insurance (not required)
- i. **Insured's Group or Policy Number:** The Group or Policy number for the commercial insurance (locate TPL file within CHAMPS, no alpha prefix)
- j. **Beneficiary's Relationship:** Select the relationship from the drop down menu (not required)
- k. **Claim Filing Indicator:** Use the drop down menu to indicate the type of primary insurance
- l. **Total COB Payer Paid Amount:** enter the total amount the primary insurance paid on the entire claim.
- m. **Add another:** If the beneficiary has more than one insurance. It will open up additional fields to enter in secondary or tertiary payer information.

### Claim Information:

- a. **Patient Account No:** This number is the provider's account number or Medical record number for the beneficiary.
- b. **Place of Service:** Use the drop down menu to select the appropriate Place of Service
- c. **Appliance Placement Date:** The date the appliance was placed (not required)
- d. **Service Start Date:** Date the service started
- e. **Service End Date:** Date the service ended
- f. **Prior Authorization Number:** If the code requires a Prior Authorization enter this number here
- g. **Referral Number:** Enter the referral number

### Basic Line Item Information:

- a. **Service Date:** Enter the date of service (required)
- b. **Appliance Placement Date:** Enter the date of the appliance placement
- c. **Treatment Start Date:** Enter the date that the treatment started
- d. **Treatment Completion Date:** Enter the date the treatment was completed
- e. **Place of Service:** Enter the appropriate Place of Service if different from the header



- f. **Area of Oral Cavity:** Use the drop down menu to select the appropriate oral cavity
- g. **Fees:** Enter the charge for this line item only (required)
- h. **Tooth Number/Letter:** Enter the tooth number or tooth letter
- i. **Surface:** Use the drop-down menu to indicate the tooth surface
- j. **Procedure Code:** Enter your procedure code for this line only (required)
- k. **Quantity:** Total quantity for this procedure code
- l. **Procedure Description:** Brief Description of the procedure
- m. **Diagnosis Pointers:** Required if the procedure requires a diagnosis code. The diagnosis pointer is used to link the diagnosis code to the CPT code.
- n. **Prior Authorization Number:** If the code on the line requires a Prior Authorization Number enter this number here, if you already entered the PA at the header, it is not required at the line.
- o. **Referral Number:** Enter the referral number
- p. **Rendering Provider ID:** (If different from header) - Enter the rendering providers NPI if it's different from the header. If different enter the NPI # and select NPI from the Type drop down (taxonomy code is not required)
- q. **Supervising Provider ID:** (If different from header) If this service requires a supervising provider and its different than what was reported at the header enter the NPI and select NPI from the Type drop-down

#### **Adding Primary Insurance:**

- a. **Primary Payer Responsibility:** Select from the drop down menu P-Primary, S-Secondary or T-Tertiary
- b. **Amount Paid:** Enter the amount paid by the commercial insurance for this line only
- c. **Remittance Date:** Enter the date the commercial insurance processed the claim (not required)
- d. **Reason code:** This is the reason code submitted by the commercial payer
- e. **Amount \$:** Enter the dollar amount that corresponds with this reason code
- f. **Adjustment Quantity:** This is mutually exclusive to the amount, so only the amount OR adjustment quantity should be entered.
- g. **Add Another Reason Code:** Click on this if the line has more than two reason codes.