Provider Relations

Direct Data Entry for Institutional Claims

Submitting a Direct Data Entry (DDE) institutional claim within CHAMPS

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**
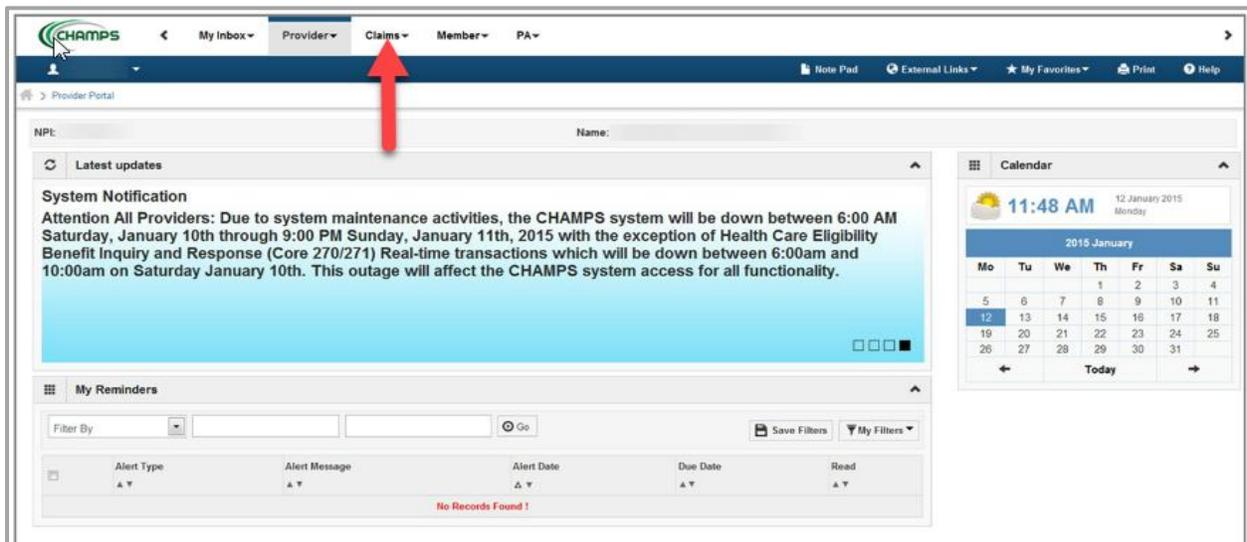
2. Select **Submit Institutional**
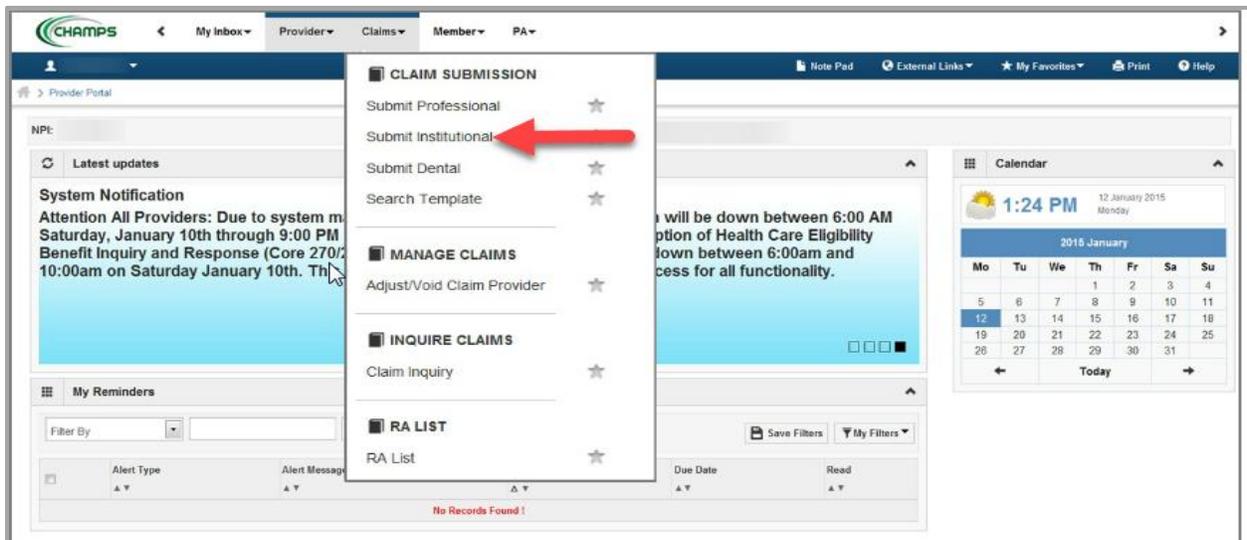
3. Go through each section below, fill in the fields and answer the questions

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.

PROVIDER INFORMATION

- Note:
    o Billing Provider Information - Enter the billing NPI in the provider ID field and select NPI from the Type drop down (taxonomy is not required)
    o Attending Provider Information - Enter the attending provider NPI in the provider ID field and select NPI from the Type drop down (taxonomy is not required)

BENEFICIARY INFORMATION

- Note:
    o Fill in beneficiary information and then continue to Claim Information

CLAIM INFORMATION

- Note:
    o **Admission Date/Hour:** enter the admission date and hour (not an asterisk field, however this is required for Inpatient, Hospice and Nursing Facility)
    o To see further explanation of a field please reference the Definitions section.

- Note:
    o Continue to look through each section to enter additional information.
    o To see further explanation of a field please reference the Definitions section.

- Note:
  - o Outpatient claims must have the other payer information reported at the line level.
  - o Inpatient claims do not require the other payer information at the line level. Although it may be necessary if the primary payer adjudicated the claim and broke-down the claim by line.
  - o To see further explanation of a field please reference the Definitions section.

- Note:
  - o Be sure to enter in the Prior Authorization number if one is required for the claim.
  - o To see further explanation of a field please reference the Definitions section.

- Note:
  - o Continue to look through each section to enter additional information.
  - o To see further explanation of a field please reference the Definitions section.

SERVICE 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 Service 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

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, and the primary payer broke-down the claim by line, 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.

ADDING PRIMARY INSURANCE
If the beneficiary has Primary insurance, follow these steps to report the insurance at the **line** level:

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

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

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 are 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**

Claim Information:

a. **Patient Control No:** This number is the provider's account number for the beneficiary.
b. **Medical Record No:** The medical record for the beneficiary (not required).
c. **Type of Bill:** Enter 4 digits with leading zero this identifies the specific type of bill.
d. **Statement Dates:** Enter the From and To Dates for the claim.
e. **Admission Date/Hour:** Enter the admission date and hour (not an asterisk field, however this is required for Inpatient, Hospice and Nursing Facility).
f. **Admission Type:** Enter one of the following primary reason for admission codes: 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma 9 = Information Not Available (Only required for Inpatient Claims)
g. **Admission Source:** Enter one of the following admission sources: 1= Non-health care facility point of origin 2= Clinic 3= HMO referral 4= Transfer From Hospital 5= Transfer from SNF 6= Transfer from some other health care facility 7= Emergency Room 8= Court/Law 9= No information available B= Transfer from Home Health Agency C= Readmission to a Home Health Agency D= Transfer within same Hospital E= Transfer from ASC F= Transfer from Hospice.
   a. In the Case of a **Newborn** 1= Normal Delivery 2= Premature Delivery 3= Sick Baby 4= Extramural Birth 5 = Born inside this hospital 6 = Born outside of this hospital
h. **Discharge Hour:** Enter the discharge hour (not required).
i. **Patient Status:** This is the patient's status prior to discharge.
j. **Principal Diagnosis Code:** This is the diagnosis code that describes the nature of the illness or injury.
k. **POA:** Present on Admission Indicator- Select Yes or No.
l. **Auto Accident State/Providence:** If claim is related to an auto accident select the State in which the auto accident occurred.
m. **Diagnosis Code Category:** Select ICD-9-CM or ICD-10-CM.
n. **Condition information:** This identifies conditions or events related to the bill that may affect the processing of it.
o. **Occurrence information:** This identifies a significant event that may affect payer processing.
p. **Occurrence span information:** This identifies a significant event that may affect payer processing.
q. **Value information:** This field contains the codes and related dollar amounts to identify the monetary data for processing claims (example-patient pay amount).
r. **Delay reason:** Select the delay reason code from the drop-down menu.
s. **Other insurance information:** If the beneficiary has other insurance click the + sign and enter at least everything with the asterisks (*). If no other insurance do not click + sign.
t. **Other subscriber information**
   a. **Payer responsibility code:** Use the drop-down menu to select p-primary, s-secondary or t-tertiary.
   b. **Remittance date:** Enter the date the commercial insurance processed the claim (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 # and this must 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. **Insured's group or policy number:** The group or policy number for the commercial insurance (see what listed in champs, no alpha prefix).
h. **Beneficiary's relationship:** Select the relationship from the drop-down menu (not required).
i. **Claim filing indicator:** Use the drop-down menu to indicate the type of primary insurance.
j. **Total cob payer paid amount:** Enter the total amount the primary insurance paid on the entire claim.
k. **Reason code:** Enter the reason code, this is the reason code submitted by the commercial payer.
   a. **Amount $:** Enter the dollar amount that corresponds with this reason code.
   b. **Adjustment quantity:** This is mutually exclusive to the amount, so only the amount or adjustment quantity should be entered.
l. **Reason code:** If the line has more than 1 reason code enter it here.
   a. **Amount $:** Enter the dollar amount that corresponds with this reason code.
   b. **Adjustment quantity:** This is mutually exclusive to the amount, so only the amount or adjustment quantity should be entered.
   c. **Add another reason code:** if the line has more than 2 reason codes click here and enter the information.
   d. **Add another payer:** If this claim has more than one insurance then click here, and it will open an exact field as the first insurance that was entered; fill it in the same way except select secondary or tertiary as the payer responsibility code.
u. **Prior Authorization/pro/referral number**
   a. **Prior Authorization number:** If the code requires a Prior Authorization enter the PA number here.
   b. **MDHHS PA:** Select yes or no.
   c. **Pro Number:** For all elective admissions an MPRO admission number is required, enter this number here.
   d. **Referral number:** If this admission is a result of a referral enter the referral number here.
v. **Diagnosis information:** (do not use decimals or spaces)
   a. **Admitting diagnosis:** The diagnosis code that describes the beneficiary's condition at the time of admission.
   b. **PPS/DRG:** Not a required field.
   c. **Reason for visit:** The diagnosis code that describes the beneficiary's reason for visit.
   d. **E-code:** External cause of inquiry code.
   e. **POA:** Present On Admission, this indicator applies to diagnosis codes for inpatient claims (it is not required for e-codes or for admission diagnosis) select yes or no.
      a. **Add another:** click add another if another e-code is needed
   f. **Other Diagnosis Information**
      a. **Other diagnosis:** Enter other diagnosis information here.
      b. **POA:** If billing an inpatient claim select yes or no.
      c. **Add another:** Click add another if another other diagnosis code is needed.
w. **Procedure information**
   a. **Principal procedure code:** Used for surgical codes.
   b. **Procedure date:** Enter the procedure date.
   c. **Other procedure information**
      a. **Other procedure code:** If another surgical code is required enter.
      b. **Procedure date:** Enter procedure date.
x. **Operating physician information:** If an operating provider needs to be listed on the claim click + sign.
   a. **Provider ID:** Enter NPI operating provider NPI.
   b. **Type:** Select NPI from the drop-down menu.

y. **Other operating physician information:** if another operating provider needs to be listed on the claim click + sign.
   - a. **Provider ID:** Enter other operating physician's NPI.
   - b. **Type:** Select NPI from the drop-down menu.

z. **Rendering physician information:** If a rendering NPI needs to be listed on the claim click + sign.
   - a. **Provider ID:** Enter the rendering provider's NPI.
   - b. **Type:** Select NPI from the drop-down menu.

aa. **Referring Physician Information:** If a referring provider needs to be listed on the claim click + sign.
   - a. **Provider ID:** Enter the referring provider's NPI.
   - b. **Type:** Select NPI from the drop-down menu.

bb. **Claim Note:** If a claim note needs to be entered click the + sign.

Service Line Information:

a. **Revenue Code:** Enter 4-digit revenue code
b. **HCPCS Code:** This is used to report the HCPCS codes for ancillary services.
c. **Modifiers:** Enter modifier if the procedure code requires one.
d. **Service Date:** Enter service start date for this line item.
e. **HCPCS Description:** Description of HCPCS code (not required).
f. **Last Date of Service:** Enter last date of service for this line item.
g. **Service Units:** Enter units of service for this line item.
h. **Total Line Charges:** Enter total charges for this line item.
i. **Non-covered Line Charges:** Enter total line amount charges for non-covered items (not required).
j. **Operating Physician ID: (If different from header)** Enter NPI.   **Type:** Select NPI
k. **Other Operating Physician ID: (If different from header)** Enter NPI.   **Type:** Select NPI
l. **Rendering Physician: (If different from header)** Enter NPI.   **Type:** Select NPI
m. **Referring Physician ID: (If different from header)** Enter NPI.   **Type:** Select NPI
n. **National Drug Code:** If a procedure code requires an NDC enter number here (not required).
o. **Quantity:** Enter the quantity.
p. **Unit:** Select unit from drop-down menu.
q. **Qualifier:** Select Qualifier from drop-down menu.
r. **Prescription/Link No:** Enter Prescription link #.