

# Medicaid Dental Providers





# 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.

# Agenda



- CHAMPS Updates
- Tips When Using CHAMPS
- Provider Enrollment
- Prior Authorization
- Beneficiary Eligibility
- Reporting NPI on the claim
- Submitting Claims Electronically
- CHAMPS DDE Claims
- Replacement & Void/Cancel Claims
- Top Dental Denials
- Resources on MDCH Website
- PERM

# Updates



# Reporting Other Insurance when services are unrelated

**Issue:** Claims denying for missing other insurance when the policy is either pharmacy (Rx) only, vision only or dental only and the OI is for unrelated services. If provider receives \$0 payment do a replacement.

**Resolution:** Providers may rebill/replace the affected claims.

**Fixed:** February 22, 2010

# Dental Procedure Code Error

- The combination of procedure code D1351 & tooth number 19 was not being recognized in CHAMPS

**Resolution:** Providers may now rebill the affected claims

**Fixed:** November 11, 2009

# Oral Surgeon

- Additional procedure codes related to oral surgery have been added as billable services for dental providers on the **professional claim form (CMS 1500)**

**Resolution:** Providers may resubmit/adjust the affected claims.

**Fixed:** June 11, 2010

# Under 21

- Remittance advice remark code (RARC) N129 is setting on beneficiaries under 21 years of age
- N129= Not eligible due to patient's age.

**Resolution:** MDCH has resurrected all of the denials for this issue

**Fixed:** April 30, 2010

# Urgent/Emergent Dental Executive Order 2009-22 MSA Bulletin 09-28

- MSA Bulletin 09-28 eliminated dental services for persons over 21 years of age except for some urgent/emergent dental procedures.
- CHAMPS has been denying urgent/emergent claims for beneficiaries 21+ with CARC 17 & RARC N379

# Urgent/Emergent Dental Continued:

- There are 3 errors related to Urgent/Emergent Dental:
  1. The urgent/emergent claims should not have been denied. This is now fixed, providers may rebill or replace/adjust the affected claims.
  2. If the services billed were non-emergent services then the denial should have had the correct HIPAA Reason & Remark code explanation. The correct CARC & RARC's are now reported on claims effective December 11, 2009

# Urgent/Emergent Dental Continued:

- Three Errors related to urgent/emergent dental:
  3. The only exception for continued payment of the non-emergent services was if the provider had a current prior authorization on file with MDCH prior to the implementation of Executive Order 2009-22. This issue was fixed January 22, 2010. MDCH will reprocess the affected claims at a date to be determined or providers may rebill/adjust the affected claims

# D1515 Space Maintainer

- **Problem:** D1515 Fixed Bilateral Space Maintainer denying as duplicate when reported with oral cavity codes 01 & 02
- **Resolution:** Providers may replace/adjust the paid claim after this issue has been fixed.
- **Fixed:** April 30,2010

# Procedure Code Invalid for Provider

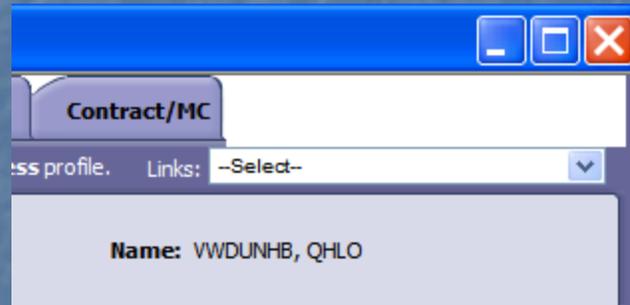
Some Dental procedure codes & rates were not loaded into CHAMPS causing denials.

These issues were corrected early Spring.

# Tips When Using CHAMPS

# CHAMPS TIPS

- Do not use windows "X" button to close CHAMPS.



- To refresh screen select the "F5" key
- Make sure the **Pop-up Blocker** is turned **off** and that you are not attempting to access CHAMPS through a Firewall. (See Settings & Configurations Document on CHAMPS Page)



## Provider Enrollment

# Provider Enrollment

- Updating Provider Information
  - Online updating
  - Can do at any time
  - Required upon license expiration to update provider information
- Domain Access
  - Each Application has a Provider Domain Administrator
  - Can have multiple Provider Domain Administrators
  - Can give system access to other users
  - Can give limited access

# Fee-For-Service Profiles

- **Domain Administrator**
  - Can add users or update domains under Admin Tab
- **CHAMPS Full Access**
  - Has full FFS access to Provider Enrollment, Prior Authorization, Eligibility and Claims
    - Has no Domain Administrator rights (i.e. updating/adding domains)
- **CHAMPS Limited Access**
  - Has view only access to Provider Enrollment and full FFS access Prior Authorization, Eligibility and Claims

# Fee-For-Service Profiles

## Continued...

- **Prior Authorization Access**
  - Has access to PA system only
- **Eligibility Inquiry**
  - Has access to Eligibility Only
- **Provider Enrollment Access**
  - Has full Access to the PE system
- **Provider Enrollment View Access**
  - Has View only access to PE system
- **Claims Access**
  - Has access to Claims system only

# Domain vs. Profile

**Domain:** The domain is the provider's/ the group practice's/ or the business' NPI through which you will be conducting business (i.e. submitting claims, checking eligibility, etc...)

**Profile:** The profile is the role/access level or function that the user will be performing under the domain.

# Domain



**Select a Domain:** FAO DME PHARMACY 1111111111

**Select a Profile:**

- Dental RS 1212121212
- Dr. Bry T. Smile DDS R/S 7777777777
- Dr John Rambo GROUP 5656565656
- Dr John Toothpuller IND SP DDS 9999999999
- Dr Love Group 4444444444
- Dr Outreach Group PC 232323232

Server Time: 06

# Profiles



**Select a Domain:**

**Select a Profile:**

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

Links: --Select--



Path: Provider Portal

NPI: [redacted]

Name: VPLWK, MHIIUHB I PG SF

Menu

Provider Portal:

Online Services:

Welcome!

Hide/Max

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](#)



Community Health Automated Medicaid Processing System

My Reminders:

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

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

No Records Found!

# Mode of Claim Submission



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

NPI: [redacted]

Name: VPLWK, MHIIUHB I PG SF

Menu

Provider Portal:

Online Services:

Welcome!

Hide/Max

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](#)



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 Dr John Rambo GROUP [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Group Practice Modification

NPI: [redacted]

Name: VPLWK, MHIUHB I PG SF

Menu

Close

Undo Update

### View/Update Provider Data - Group Practice:

### Business Process Wizard - Provider Data Modification (Group Practice)

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	08/21/2008	08/21/2008	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	06/11/2010	10/14/2009	Complete		
<input type="checkbox"/>	Step 3: Specialties	Required	10/13/2009	08/21/2008	Complete		
<input type="checkbox"/>	Step 4: Mode of Claim Submission	Required	10/29/2009	08/21/2008	Complete		
<input type="checkbox"/>	Step 5: [redacted]	Required	11/03/2009	08/21/2008	Complete		
<input type="checkbox"/>	Step 6: Ownership Details	Required	08/21/2008	08/21/2008	Complete		
<input type="checkbox"/>	Step 7: Taxonomy Details	Required	08/21/2008	08/21/2008	Complete		
<input type="checkbox"/>	Step 8: View Servicing Provider Details	Optional	08/21/2008	08/21/2008	Complete		
<input type="checkbox"/>	Step 9: Complete Modification Checklist	Required	10/14/2009	10/14/2009	Incomplete		Please Answer all the Questions.
<input type="checkbox"/>	Step 10: Submit Modification Request for Review	Required	08/21/2008	08/21/2008	Complete		

<< Prev

Viewing Page 1

Next >>

1

Go

Page Count

SaveToXLS

**Click Step 4 Mode of Claim Submission**



My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/HC

Welcome Outreach, Training. You have logged-in with PDM Provider LPH [REDACTED] IND domain and Provider profile.

Links: --Select--



Path: [Provider Portal](#) / [Individual Modificator](#)

NPI: [REDACTED]

Name: FRSDJH, NLLVILQ

Menu

Close Save

Mode of Claim Submission Details:

You may check multiple Modes of Claim Submission.

Mode of Claim Submission:  Data Exchange Gateway (DEG)

Electronic Batch

Billing Agent

Online Direct Data Entry (ODE)

Paper

Status: Approved



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



Path: Provider Portal/ UserList/ Provider Portal/ Group Practice Modification

NPI: [redacted]

Name: test provider [redacted]

Undo Update

View/Update Provider Data - Group Practice:

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	11/17/2008	11/17/2008	Complete		
Step 2: Locations	Required	02/03/2009	11/17/2008	Complete		
Step 3: Specialties	Required	11/17/2008	11/17/2008	Complete		
Step 4: Mode of Claim Submission	Required	02/03/2009	11/17/2008	Complete	Updated	
Step 5: Associate Billing Agent	Optional	11/17/2008	11/17/2008	Complete		
Step 6: Ownership Details	Required	11/17/2008	11/17/2008	Complete		
Step 7: Taxonomy Details	Required	11/17/2008	11/17/2008	Complete		
Step 8: View Servicing Provider Details	Optional	11/17/2008	11/17/2008	Complete		
Step 9: Complete Modification Checklist	Required	11/17/2008	11/17/2008	Incomplete		Please Answer all the Questions.
Step 10: Submit Modification Request for Review	Required	11/17/2008	11/17/2008	Incomplete		Modification Request has not been Submitted.

Complete Steps to finish Modification

# ■ Prior Authorizations



Path:



Community Health Automated Medicaid Processing System

Select a Domain:  \*

Select a Profile:  \*



My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Dr John Toothpuler IND SP DDS [redacted] domain and CHAMPS Full Access profile. Links: --Select--



Path: Provider Portal

NPI: [redacted]

Name: VWDUNHB, QHLO

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 ▲▼
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No Records Found!



Path: Provider Portal/Prior Authorization

Menu

Close Add New Request



### PA Request List

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

Page View ▲▼	Org ▲▼	Beneficiary ID ▲▼	Beneficiary Name ▲▼	Tracking No. ▲▼	Request Date ▲▼	Status ▲▼	NPI/ID ▲▼
	PA - DEFAULT	[REDACTED]	,	[REDACTED]	10/07/2009	Entering	[REDACTED]
	PA - DEFAULT	[REDACTED]	,	[REDACTED]	10/14/2009	Entering	[REDACTED]
	PA - DEFAULT	[REDACTED]	,	[REDACTED]	10/20/2009	Requested	[REDACTED]
	PA - DEFAULT	[REDACTED]	,	[REDACTED]	07/31/2009	Entering	[REDACTED]



PA Request - Requestor, Subscriber Information:

Request Date:

Requestor:

Requestor ID:

Requestor NPI:

Would you like to add additional identification or contact information?  No  Yes

Subscriber:

Identification Code Qualifier:  \*

Identification Code:  \*

Gender:  \*

DOB:  \*

If patient's condition is accident related, enter date:

If the onset of the Subscriber symptoms or illness is known and different than diagnosis date, enter date:

Is patient's condition pregnancy related?  No  Yes

Would you like to add additional Subscriber identification?  No  Yes





PA Request - Diagnosis Information:

<input type="checkbox"/>	Diagnosis Code ▲▼	Description ▲▼	Diagnosis Type ▲▼	From Date ▲▼	To Date ▲▼
--------------------------	----------------------	-------------------	----------------------	-----------------	---------------

No Records Found !



Add Delete Back Next Cancel Cancel Request

A Request - Service Review Information:

Service From Date:	<input type="text" value="01/01/2009"/> *	Service To Date:	<input type="text" value="01/01/2009"/> *
Service Type:	<input type="text" value="Dental Care"/> *	Release of Information:	<input type="text"/>
Request Category:	<input type="text"/>	Certification Type:	<input type="text" value="I-Initial"/> *
Facility Code Qualifier:	<input type="text" value="B-Place of Service Code"/> *	Previous Certification Identifier:	<input type="text"/>
Facility Code Value:	<input type="text" value="11-Office"/>	Current Health Condition:	<input type="text"/>
Level of Service:	<input type="text"/>	Delay Reason Code:	<input type="text"/>
Prognosis Code:	<input type="text"/>		

Would you like to add more service information?  No  Yes

Has Medical Necessity information been sent?  No  Yes

Is patient's condition accident, employment or third party related?  No  Yes

Remarks:

Use the Remarks field to provide details of the Service information in case the requestor does not know the procedure codes.

**Enter Required information and click next.**





Tracking No.: 100000766  
Beneficiary ID: [REDACTED]

Beneficiary Name: [REDACTED]

PA Request - Service Provider Information:

<input type="checkbox"/>	Name ▲▼	ID ▲▼	NPI ▲▼	Provider Code ▲▼	Contact Name ▲▼	Communication Qualifier ▲▼	Communication Number ▲▼
--------------------------	------------	----------	-----------	---------------------	--------------------	-------------------------------	----------------------------

No Records Found!

Click Add by ID to  
enter Service  
Provider Information



Add by ID Delete Back Next Cancel Finish Cancel Req



Tracking No.: 100000766  
Beneficiary ID: ██████████

Beneficiary Name: ██████████

PA Request - Service Provider Information:

Name	ID	NPI	Provider Code	Contact Name	Communication Qualifier	Communication Number
------	----	-----	---------------	--------------	-------------------------	----------------------

No Records Found!

Welcome to MMIS - Microsoft Internet Explorer

Service Provider by ID:

Service Provider ID:       Service Provider NPI:

Provider Code:  ▼

Service Provider Taxonomy Code:

Requestor Remarks:

Page ID: ServiceProviderById(PA)

Done Trusted sites

Enter required information and click Submit



Add by ID Delete Back Next Cancel Finish Cancel Req



Tracking No.: 100000766  
Beneficiary ID: ██████████

Beneficiary Name: ██████████

### PA Request - Service Provider Information:

<input type="checkbox"/>	Name ▲▼	ID ▲▼	NPI ▲▼	Provider Code ▲▼	Contact Name ▲▼	Communication Qualifier ▲▼	Communication N ▲▼
<input type="checkbox"/>	TEST PROVIDER		1111111111			TE-Telephone	() -

<< Prev

Viewing Page 1

Next >>

1

Go

Page Count

SaveToXLS

Click Next to  
continue

Add by ID

Delete

Back

**Next**

Cancel

Finish

Cancel





Tracking No.: 100000766  
Beneficiary ID: [REDACTED]

Beneficiary Name: [REDACTED]

### PA Request - Procedures Information:

<input type="checkbox"/>	Procedure Code ▲▼	Code Qualifier ▲▼	Quantity ▲▼	Amount ▲▼	From Date ▲▼	To Date ▲▼	Status ▲▼
--------------------------	----------------------	----------------------	----------------	--------------	-----------------	---------------	--------------

No Records Found !

Click Add to  
enter Procedure  
Information



Add Delete Back Next Cancel Finish Cancel Req

Procedure Codes:

Service From Date: 01/01/2009

Service To Date: 01/01/2009

Code Qualifier: BO-HCPCS Procedure Code \*

Code: D0240 \*

From Date: 01/01/2009 \*

Description: Intraoral occlusal film

To Date: 01/01/2009 \*

Providers Associations:

Service Provider: [Redacted] \*

Modifier And Dental Info:

Modifier 1: [ ]

Modifier 2: [ ]

Modifier 3: [ ]

Modifier 4: [ ]

Tooth Surf 1: ---SELECT---

Tooth Surf 2: ---SELECT---

Tooth Surf 3: ---SELECT---

Tooth Surf 4: ---SELECT---

Tooth Surf 5: ---SELECT---

Tooth Num: ---SELECT---

Quad: [ ]

Quantity and Amount:

Quantity: 1 \*

Amount: \$500.00 \*

Remarks: [ ]

Enter required information and click submit



Change Service Date

Submit

Cancel



PA Request - Procedures Information:

<input type="checkbox"/>	Procedure Code ▲▼	Code Qualifier ▲▼	Quantity ▲▼	Amount ▲▼	From Date ▲▼	To Date ▲▼	Status ▲▼
<input type="checkbox"/>	D0240	BO-HCPCS Procedure Code			09/22/2008	09/25/2008	Requested

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

Click Add to add another Procedure Code or Next to continue



Add Delete Back Next Cancel Cancel Req



Tracking No.: 1000000112  
Beneficiary ID: [REDACTED]

Beneficiary Name: YGRZXX, YGTJXG G



PA Request - Request Navigator:

- Would you like to add additional patient condition information?
- Are you sending additional service information?
- Are you requesting home oxygen therapy?
- Does the patient require non-emergency ambulance transport certification?
- Do the services requested have a specific pattern of delivery or usage?
- Are you requesting certification for admission?
- Are you requesting approval of spinal manipulation services?
- Are you requesting home health care, private duty nursing, or services by a nurses agency?

If sending attachments select "are you sending additional service information?" and then click Next.

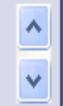


Back Next Cancel Cancel Request



Tracking No.: 1000000107  
Beneficiary ID: [REDACTED]

Beneficiary Name: GR-QNAJOGX, RGOZN DO-KDWDQ



PA Request - Additional Service Information:

[Click here: To Upload Document](#)

<input type="checkbox"/>	Report Type ▲▼	Transmission ▲▼	ID ▲▼	Description ▲▼
--------------------------	-------------------	--------------------	----------	-------------------

No Records Found !



Add Delete Back Next Cancel Cancel Request RequestNav



Additional Service Information:

You may add up to 10 documents information

Attachment Report Type: 05-Treatment Diagnosis \*

Mode of Transmission: EL-Electronically Only \*

Tracking No.: 1000000107

Attachment Description: Extent of gum disease

**Select the type of report,  
how you are transmitting the report  
(electronic or fax)  
and give a brief description of the  
document.  
Then click submit.**



?

Tracking No.: 1000000107

Beneficiary ID: [REDACTED]

Beneficiary Name: GR-QNAJOGX, RGOZN DO-KDWDQ

PA Request - Additional Service Information:

[Click here: To Upload Document](#)

<input type="checkbox"/>	Report Type ▲▼	Transmission ▲▼	ID ▲▼	Description ▲▼
<input type="checkbox"/>	05-Treatment Diagnosis	EL-Electronically Only	1000000107	Determine extent of gum disease

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

You may add another report  
or Upload your document  
from your browser.

Add Delete Back Next Cancel Cancel Request RequestNav



Tracking No.: [redacted]  
Beneficiary ID: [redacted]

Beneficiary Name: [redacted]

PA Request - Additional Service Information:

Report Type
<input type="checkbox"/> DG-Diagnostic Report

<< Prev Viewing Page 1 Next >> 1

[Click here: To Upload Document](#)

Description
of gum disease

**Welcome to MMIS - Microsof...**

Attachment:

**Click Browse to Upload File**

Filename:   \*

1. Click browse to find your document
2. Click Upload Document
3. Click close
4. If you do not need to attach another document,



**PA Request - Submitted:**

**Prior Authorization has been submitted to State for review.**

**Tracking No.: 100000767**

**Requestor Transaction Set Control Number: 1**

**Submitter Transaction Identifier: 100000767**

Click Finish to  
exit PA



Finish



- NOTE: As of 8/10/10 the fax portion of CHAMPS is not operational. For those providers that cannot attach documents electronically please continue to complete a Prior Authorization paper request & submit the request & copies of attachments by fax to: (517) 335-5090 or (517) 335-0075 or by mail to:

MDCH

Dental Prior Authorization

PO Box 30154

Lansing, MI 48909

\*DO NOT enter a new PA Request in CHAMPS if sending PA by Fax or Paper the PA Staff will enter the request for you.

# PA Inquire



My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Uatirp2, Uatirp2. You have logged-in with UATIRP2 UATIRP2 1245310267 Individual domain and PA Provider profile.

Links: --Select--



Path: Provider Portal

Menu

Close

### Choose an Option:

[PA Request List](#)

List Prior Authorization Requests

[PA Inquire](#)

PA Inquire page where the user enters a PA number to Inquire about

Select PA  
Inquire





My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Uatirp2, Uatirp2. You have logged-in with UATIRP2 UATIRP2 1245310267 Individual domain and PA Provider profile.

Links: --Select--

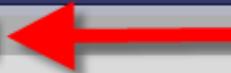


Path: Provider Portal/ PA Inquire

Menu

Close

Submit



PA Inquire:

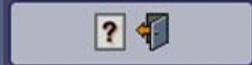
Tracking No.:  +

Enter PA  
number and  
Click Submit





Welcome Uatirp2, Uatirp2. You have logged-in with UATIRP2 UATIRP2 [redacted] Individual domain and PA Provider profile. Links: --Select--



Path: Provider Portal/ PA Inquire/ PA Utilization

Menu

Close

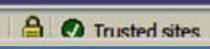
PA Utilization:

Tracking No.: 100000766	Authorization Status: Requested
Beneficiary ID: [redacted]	Beneficiary Name: [redacted]
Service: Dental	Organization: PA - DEFAULT
Request Date: 11/5/2008	Last Updated Date: 11/5/2008
Service Start Date: 9/22/2008	Service End Date: 9/25/2008
Requestor ID:	Requestor Name: UATIRP2, UATIRP2
Requestor NPI: 1245310267	Source of Request: DDE-278 Provider

Line #	Servicing Prov ID	Servicing Prov NPI	Code	Mod1	Mod2	Reqst Units	Reqst \$ Amount	Auth Units	Auth \$ Amount	From Date	To Date	Statu
1		[redacted]	D0240			0	0.00	0	0.00	09/22/2008	09/25/2008	Request

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

View information and Click Close



# Additional Information

- Can submit PA through CHAMPS or by Paper
- Won't get PA back like before
  - PA will be returned via a letter
    - Examples of Letters
      - Approval, Denial, No Action, Returned, etc..
    - Letter will include
      - Resolution, Procedure Code, Description, Quantity and Fee, Dates requested, PA number, etc...



# Beneficiary Eligibility

# Verify Beneficiary Eligibility

- Verify Eligibility before **any** service is provided
- Option of using several verification systems, including: CHAMPS, Netwerkes, Web-DENIS, etc.
- Scope & Coverage codes, program codes, etc. no longer available. Benefit Plan information has replaced these codes

# CHAMPS Eligibility Resources

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

[www.michigan.gov/medicaidproviders](http://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

# Verifying Eligibility in CHAMPS



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/ Prior Authorization/ 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 !



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

Menu

Close **Submit**

**TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.**

- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH

**MEMBER ELIGIBILITY INQUIRY:**

SEARCH MA PENDING ELIGIBILITY:

SERVICING PROVIDER NPI/PROVIDER ID:  \*

FILTER BY: Member ID

LAST NAME:

DATE OF BIRTH:

INQUIRY START DATE:  \*

**Enter required  
information then  
click submit**

SSN:

FIRST NAME:

INQUIRY END DATE:  \*

Menu

Close

INQUIRY DATE RANGE: 09/01/2009 - 11/01/2009

GENDER: FEMALE

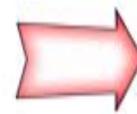
PROVIDER LOCK-IN: N

CASE NUMBER: [REDACTED]

WORKER LOAD NUMBER: [REDACTED]

CSHCS RESTRICTIONS: N

MHP PCP: N



DATE OF BIRTH: 07/28/1976

COMMERCIAL / OTHER: Y

DHS PHONE: (571) 992-0933

COUNTY OF RESIDENCE: 63-OAKLAND

DHS COUNTY: 63-03-WALLED LAKE DISTRICT

[Print Member Summary](#)

**BENEFIT PLANS:**

Benefit Plan Id ▲▼	Benefit Plan Type ▲▼	CHAMPS Provider Id ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▼
MA	FEE FOR SERVICE		03/13/2009	03/13/2009	09/01/2009	11/01/2009

<< 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 ▲▼
-----------	--------------------------	-----------	--------------------------	-------------------	--------------------	------------------------	------------------	----------------

No Records Found!



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

Member ID: [REDACTED]

Name: RKCOY, YNGTG W

Menu

Close

SEARCH BY: MEMBER ID: [REDACTED]

MEMBER:

MEMBER ID: [REDACTED]

NAME: RKCOY, YNGTG W  
DOB: 07/28/1976

INSURANCE DETAILS:

FILTER BY:  ACTIVE/INACTIVE:

INSURANCE NAME ▲▼	PAYER ID ▲▼	COVERAGE TYPE ▲▼	GROUP NUMBER ▲▼	POLICY NUMBER ▲▼	POLICY HOLDER ID ▲▼	DATE LAST UPDATED ▲▼	BEGIN DATE ▲▼	END DATE ▲▼
MEDICARE-ENROLLED IN PART A	33333333	AA	[REDACTED]	[REDACTED]		02/20/2009	01/01/2004	12/31/2999
MEDICARE-ENROLLED IN PART B	44444444	BB	[REDACTED]	[REDACTED]		02/20/2009	01/01/2004	12/31/2999
MEDICARE-ENROLLED IN MEDICARE PART D	66666666	DD	[REDACTED]	[REDACTED]		02/20/2009	02/01/2006	12/31/2999



Path: Provider Portal/ Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level

Member ID: [REDACTED]

Name: IUBOTMZUT, SGXEUT

Menu

Close

INQUIRY DATE RANGE: 09/24/2009 - 09/24/2009  
 GENDER: MALE  
 PROVIDER LOCK-IN: N  
 CASE NUMBER: [REDACTED]  
 WORKER LOAD NUMBER: [REDACTED]  
 CSHCS RESTRICTIONS: N  
 MHP PCP: N

DATE OF BIRTH: 02/20/2004  
 COMMERCIAL / OTHER: N  
 DHS PHONE: [REDACTED]  
 COUNTY OF RESIDENCE: 82-WAYNE  
 DHS COUNTY: 82-35-SCHOOLCRAFT/STANSBURY

[Print Member Summary](#)

**BENEFIT PLANS:**

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Created Date	Transaction Date	Start Date	End Date
MA-MC	MANAGED CARE	[REDACTED]	03/11/2009	03/11/2009	09/24/2009	09/24/2009
MA	FEE FOR SERVICE		03/11/2009	03/11/2009	09/24/2009	09/24/2009
HK-DENTAL	MANAGED CARE		03/11/2009	03/11/2009	09/24/2009	09/24/2009

<< 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	[REDACTED]		[REDACTED]	0	02/20/2009	03/11/2009	09/24/2009	09/24/2009

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



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

**Member ID:** [REDACTED]

**Name:** IUBOTMZUT, SGXEUT

Menu 

Close

### PROVIDER INFORMATION SUMMARY:

SOURCE PROVIDER ID: 4618777

NPI:

CHAMPS PROVIDER ID: 4618777

PROVIDER NAME: RPQLFDUH DXWR

PROVIDER TYPE:

ADDRESS: [REDACTED]

CITY: DETROIT

STATE: MI

ZIP: 48207

PHONE/CONTACT: [REDACTED]

SPECIALTY:



Path: Provider Portal/ Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level

Member ID: [REDACTED]

Name: YZOMKX, KHUTE U

Menu

Close



**THIS NPI IS LISTED. SEE CSHCS GUIDELINES.**

INQUIRY DATE RANGE: 09/24/2009 - 09/24/2009

GENDER: FEMALE

PROVIDER LOCK-IN: N

CASE NUMBER:

WORKER LOAD NUMBER: [REDACTED]

**CSHCS RESTRICTIONS: Y**

MHP PCP: N

DATE OF BIRTH: 09/05/1983

COMMERCIAL / OTHER: N

DHS PHONE: (571) 992-0933

COUNTY OF RESIDENCE: 82-WAYNE

DHS COUNTY: 63-03-WALLED LAKE DISTRICT

[Print Member Summary](#)

**BENEFIT PLANS:**

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Created Date	Transaction Date	Start Date	End Date
CSHCS	FEE FOR SERVICE		03/13/2009	03/13/2009	09/24/2009	09/24/2009

<< 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
-----	--------------------	-----	--------------------	-------------	--------------	------------------	------------	----------

**No Records Found !**

Member ID: [REDACTED]

Name: YZOMKX, KHUTE U

Menu

Close

Show: ---SELECT---

MEMBER CSHCS DETAILS:

RESPONSIBLE PARTY NAME:

ACCIDENT LIABILITY CODE:

ANNUAL REPAYMENT:

DIAGNOSIS CODES LIST:

Diagnosis Code ▲▼	Sequence ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▼
27700	1	02/20/2009	02/20/2009	09/24/2009	09/24/2009
25001	2	02/20/2009	02/20/2009	09/24/2009	09/24/2009

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

AUTHORIZED PROVIDERS LIST:

Source Provider Id ▲▼	NPI ▲▼	CHAMPS Provider Id ▲▼	Provider Type ▲▼	Provider Specialty ▲▼	Provider Subspecialty ▲▼	PCCM ▲▼	Diagnosis Code ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▼
[REDACTED]	[REDACTED]	[REDACTED]	A060			N	27700	02/20/2009	02/20/2009	09/24/2009	09/24/2009
[REDACTED]	[REDACTED]	[REDACTED]	A010			N	27700	02/20/2009	02/20/2009	09/24/2009	09/24/2009
[REDACTED]	[REDACTED]	[REDACTED]	A060			N	27700	02/20/2009	02/20/2009	09/24/2009	09/24/2009
[REDACTED]	[REDACTED]	[REDACTED]	A060			N	27700	02/20/2009	02/20/2009	09/24/2009	09/24/2009
[REDACTED]	[REDACTED]	[REDACTED]	A010			N	27700	02/20/2009	02/20/2009	09/24/2009	09/24/2009



- Reporting National Provider Identifier (NPI) on the claim



# Reporting NPI

- What is the difference between a Type 1 NPI and a Type 2 NPI?

**Type 1** = the individual's own number, also known as the rendering/servicing provider (i.e. the dentist's personal number)

**Type 2** = the organization, agency or group practice (the billing provider's NPI)



# Reporting the NPI on the Claim

- Type 1 (the dentist's NPI) report in Loop 2310B for electronic claims or Field 54 on paper claim
- Type 2 (Group practice/Billing Provider NPI) report in Loop 2010AA for electronic claims or Field 49 on paper claim



- Electronic Claims vs. Paper Claims
- Submitting Electronic Claims
- CHAMPS Direct Data Entry

# Electronic vs. Paper Claims

## Electronic Claims

- 997 Acknowledgment
- 1-2 Weeks to appear on a Remittance Advice
- No EOB needed
- List of approved Billing Agents located on the website under Electronic Billing
- 835 Remittance Advice

## Paper Claims

- No Confirmation
- 6-9 months to appear on an Remittance Advice
- Need to attach EOB
- Processing Errors
- Manual keying errors
- Paper Remittance Advice
- More likely to pend



- Submitting Claims Electronically



# Electronic Claims 837

## **Reporting NPI's:**

Group/Billing Provider (Type II) NPI must be reported in Loop 2010AA.

Rendering/Servicing/Individual (Type I) NPI must be reported in Loop 2310B.



# Electronic Billing

- Report Other Insurance in Loop 2320 Segment CAS
- Report OI payments in Loop 2430 CAS (report CAS codes)

# What are Claim Adjustment Source (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.)

# Common CAS Codes

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

Complete list:

- [www.wpc.edi.com/codes](http://www.wpc.edi.com/codes) >> Claim Adjustment Reason Codes



# Electronic Claims

Tooth number & Tooth Surface should be reported in Loop 2400 Segment TOO.

Refer to Provider Specific information (fee screens) to determine which specific procedures require tooth# and/or tooth surface(s) to be reported on claim.



# Electronic Claims

Oral Cavity Destination Code should be reported in Loop 2400 Segment SV304.

Refer to Provider Specific Information (fee screens) to determine which specific procedures require Oral Cavity Destination Code to be reported on a claim.



# Electronic Replacement & Void Report in Loop 2300 Replacement and Void claims.

**In the Data element field report:**

7 = Replacement

8 = Void

In Loop 2300 Segment REF02 enter the TCN number for the last paid claim.

Be sure to enter in Loop 2300 NTE Segment "Replacement" or "Void/Cancel," accordingly.



## Electronic Claims (837)

### **Reporting Prior Authorization:**

Loop 2300 Segment REF01 indicate G1  
then report the MDCH PA number in 2300  
REF02

In claim notes: 2300 NTE Segment report:  
"Prior Authorization."



# Electronic Claims

For complete electronic billing instructions visit:

[www.michigan.gov/mdch](http://www.michigan.gov/mdch) > Providers > Trading Partners > Companion Guide for the HIPAA 837 Dental Claim, Version 4010A1



## Electronic Claims (w/ Attachments)

Eff. 7/1/09 (See: Provider Manual, Billing & Reimbursement for Dental Providers):

- Attachments for electronic claims must be submitted via Documentation EZ Link
- MDCH will not accept paper documentation sent through the mail for electronic claims



# Documentation EZ Link

Documentation EZ Link must be reported on the electronic claim (837):

- Add Note in Loop 2300 Segment NTE02  
“Required documentation was sent via EZ Link” and enter Reference code “ADD” in Loop 2300 Segment NTE 01



## Documentation EZ Link

Electronic attachments may be sent via fax to Doc. EZ Link use the following forms:

### **Professional/Dental Fax cover sheet:**

MSA-0001-EZ

### **Institutional Fax cover sheet:**

MSA-0002-EZ

Refer to MDCH website for full instructions for submitting attachments to Documentation EZ Link:

[www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)

>Documentation EZ Link



## Documentation EZ Link

In order to submit electronic attachments the submitter must:

- Comply w/ standard HIPAA reporting requirements, this includes reporting Claim Adjustment Segment (CAS) codes when submitting secondary & tertiary claims



# CHAMPS Direct Data Entry Claims



My  
Inbox

Admin

Provider

**Claims**

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with **DR John Toothpulle** and SP DDS [redacted] domain and CHAMPS Full Access profile. Links: --Select--



Path: Provider Portal  
NPI: [redacted]

Name: VWDUNHB, Q

Menu

Provider Portal:

Online Services:

Welcome!

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](#)



My Reminders:

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

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



My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Welcome Outreach, Training. You have logged-in with Dr John Toothpuller IND SP DDS [redacted] domain and C



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

Welcome Outreach, Training. You have logged-in with Dr John Toothpuller IND SP DDS [redacted] domain and CI



Path: [Provider Portal](#)

Menu

Close

### Choose an Option:

[Submit Professional](#)

Submit Professional

[Submit Institutional](#)

Submit Institutional

[Submit Dental](#)

Submit Dental

[Search Template](#)

Search Template



Welcome Outreach, Training. You have logged-in with Dr John Toothpuller IND SP DDS [redacted] domain and CHAMPS Full Access profile. [Link](#)



Path: Provider Portal/ Search Templates/ Submit Dental Claim/ Provider Portal/ Search Templ

Menu

Close Submit Claim Reset

Dental Claim:

Note: Asterisks (\*) denote required fields.



Basic Claim Info

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

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: [redacted] \* Type: NPI \* Taxonomy Code: [ ]

Is the Billing Provider also the Pay-To Provider?  Yes  No



PAY-TO PROVIDER INFORMATION

Provider ID: [redacted] \* Type: NPI \* Taxonomy Code: [ ]

Is the Billing Provider or Pay-To Provider also the Rendering Provider?  Yes  No

Is this service the result of a referral?  Yes  No

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: [redacted] \*

Last Name: Tester \* First Name: Test \* MI: [ ] Suffix: [ ]

Date of Birth: mm dd yyyy 04 11 1990 \* Gender: F-Female \*

Does the beneficiary have insurance other than Medicaid?  Yes  No

**OTHER INSURANCE INFORMATION**

**Other Subscriber Information**

**See Eligibility**

Payer Responsibility Code: P-Primary \*

Payer ID Number: 12121212 \*

Subscriber Member ID: 333333

Subscriber Last Name: Tester

First Name: Test MI: Suffix:

Date of Birth: mm dd yyyy  
04 11 1990

Gender: F-Female

Insured's Group or Policy Number: 555555 \*

Beneficiary's Relationship:

Claim Filing Indicator : CI-Commercial Insurance Co. \*

Total COB Payer Paid Amount: \$ 250.00 \* Add Another

**CLAIM INFORMATION**

**CLAIM DATA**

Patient Account No.: 4KT5

Place of Service: 11 \*

**Report total amount paid for entire claim**

**PRIOR AUTHORIZATION**

**CLAIM NOTE**

Is this claim accident related?  Yes  No

Does this claim have backup documentation?  Yes  No

Close Submit Claim Reset

CLAIM NOTE

Claim Note:  \*

Characters Remaining:

? Is this claim accident related?  Yes  No

? Does this claim have backup documentation?  Yes  No

**BASIC LINE ITEM INFORMATION**

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

**BASIC SERVICE LINE ITEMS**

Procedure Date:    \*

Area Of Oral Cavity:

Tooth Number/Letter:

Surface: 1:  2:  3:  4:  5:

Procedure Code:  \*

Fees: \$  \*

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



Menu

Close Submit Claim Reset

Does this claim have backup documentation?  Yes  No

### BASIC LINE ITEM INFORMATION

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

#### BASIC SERVICE LINE ITEMS

Procedure Date:    \*

Area Of Oral Cavity:

Tooth Number/Letter:

Surface: 1:  2:  3:  4:  5:

Procedure Code:  \*

Fees: \$  \*

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

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.

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

Total Fee: \$500.00

Line No	Procedure Date	Area of Oral Cavity	Tooth Number/Letter	Surface					Procedure Code	Fees	Insurance Info	Copy	Delete
				1	2	3	4	5					
1	09/20/2009								d0240	500.00			

Insurance Info

Copy

Delete

Top

Menu

Close

Basic Claim Form

Reset

### Dental 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:  \* Amount Paid: \$  \*

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

2. Reason Code:  Amount: \$  Adjustment Quantity:

[Add Another Payer](#)

Welcome Outreach, Training. You have logged-in with Dr John Toothpuller IND SP DDS [REDACTED] domain and CHAMPS Full Access profile.



Path: Provider Portal/ Search Templates/ Submit Dental Claim

Menu

Close Submit Claim Reset

Basic Claim Info

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

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: [REDACTED] \* Type: NPI \* Taxonomy Code: [REDACTED]

- 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

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: [REDACTED] \*  
Last Name: Tester \* First Name: Test \* MI: [REDACTED] Suffix: [REDACTED]  
Date of Birth: mm dd yyyy \* Gender: F-Female \*  
04 11 1990



# 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
- PDF formatted exact copy of paper remittance advice
  - Ability to save and print these documents
- Stored in CHAMPS for approximately 3 months



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

NPI: [redacted]

Name: VPLWK, MHIUHB I PG SF

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 !

# 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](http://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:

<a href="#">Claim Submission</a>	Claim Submission
<a href="#">Manage Claims</a>	Manage Claims
<a href="#">Inquire Claims</a>	Inquire Claims
<a href="#">RA List</a>	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

Note: For step by step instructions on assigning your RA Address, visit [www.michigan.gov/medicaidproviders](http://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:

<a href="#">Claim Submission</a>	Claim Submission
<a href="#">Manage Claims</a>	Manage Claims
<a href="#">Inquire Claims</a>	Inquire Claims
<a href="#">RA List</a>	RA List



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 1023196458 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 Dr John Rambo GROUP 1023196458 domain and CHAMPS Full Access profile.

Links: --Select--



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

Menu

Close

### Inquire Claim:

Filter By :   And   And

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

Go

To Date

Submitted Charges

Claim Status

Approved Amount

Paid Date

**No Records Found !**



Welcome Outreach, Training. You have logged-in with Dr John Rambo GROUP [redacted] 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"/>	212345678912345678	03/02/2008	03/02/2008	\$50.00	Paid	\$0.00		[redacted]
<input type="checkbox"/>	[redacted]	03/02/2008	03/02/2008	\$50.00	Denied	\$0.00		[redacted]
<input type="checkbox"/>	[redacted]	03/02/2008	03/02/2008	\$50.00	In Process	\$0.00		[redacted]
<input type="checkbox"/>	[redacted]	03/02/2008	03/02/2008	\$50.00	Denied	\$0.00		[redacted]
<input type="checkbox"/>	[redacted]	03/02/2008	03/02/2008	\$50.00	In Process	\$0.00		[redacted]
<input type="checkbox"/>	[redacted]	03/02/2008	03/02/2008	\$50.00	Denied	\$0.00		[redacted]
<input type="checkbox"/>	[redacted]	03/02/2008	03/02/2008	\$50.00	In Process	\$0.00		[redacted]
<input type="checkbox"/>	[redacted]	05/01/2008	05/01/2008	\$50.00	Denied	\$0.00		[redacted]
<input type="checkbox"/>	[redacted]	05/15/2008	05/15/2008	\$100.00	Denied	\$0.00		[redacted]
<input type="checkbox"/>	[redacted]	05/01/2008	05/01/2008	\$50.00	Denied	\$0.00		[redacted]



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

Name: Ygrzlx, Bjwmaj

Show: ---SELECT---

Header Details:



TCN: [REDACTED]  
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] \*  
Gender: F-Female \*

Last Name: Ygrzlx  
DOB: 08/28/1948 \*

First Name: Bjwmaj  
Age: 59

Patient Account Number: [REDACTED] \*

Billing 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
- 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

# Claim Reference Number VS. Transaction Control Number

- Claims Reference Number = CRN
- Transaction Control Number = TCN

Old CRN had 10 digits (ie. 6123121233)

To find in CHAMPS: 2006612312123300

TCN's have 18 digits



- Replacement & Void/Cancel Claims



# Replacement and Void Claims

- Submit only to replace APPROVED claims
- Source/Status = PEND or REJ **DO NOT** submit a replacement or void.
- Use last paid Transaction Control Number (TCN)
- One year limitation from last paid date
- Bene. ID & Prov. NPI must be the same as original claim



# Replacement vs. Void/Cancel

- |                               |                        |
|-------------------------------|------------------------|
| 1. Incorrect quantity?        | 1. Replacement         |
| 2. Incorrect amount billed?   | 2. Replacement         |
| 3. Incorrect beneficiary?     | 3. Void/cancel         |
| 4. Other Ins. Paid ?          | 4. Void or replacement |
|                               | <b>See Next Slide</b>  |
| 5. Incorrect date of service? | 5. Replacement         |
| 6. Incorrect procedure code?  | 6. Replacement         |
| 7. Incorrect provider NPI?    | 7. Void/cancel         |
| 8. Duplicate paid claim?      | 8. Void/cancel         |
| 9. Original claim rejected?   | 9. New claim           |



# Electronic Replacement & Void Report in Loop 2300 Replacement and Void claims.

**In the Data element field report:**

7 = Replacement

8 = Void

In Loop 2300 Segment REF02 enter the TCN number for the last paid claim.

Be sure to enter in Loop 2300 NTE Segment "Replacement" or "Void/Cancel," accordingly.



# Replacements & Voids in CHAMPS

# Welcome to MMIS - Microsoft Internet Explorer



My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Test, Provider. You have logged-in with [REDACTED] DENTAL GROUP [REDACTED] GRP 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!



My Reminders:

Filter By:

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date	D
--------------------------	------------	---------------	------------	---

No Records Found !

# Manage Claims

Adjust Claims

Welcome Test, Provider. You have logged-in with [REDACTED] DENTAL GROUP [REDACTED] GRP domain and CH



Path: Provider Portal

Menu

Close

### Choose an Option:

<a href="#">Claim Submission</a>	Claim Submission
<a href="#">Manage Claims</a> 	Manage Claims
<a href="#">Inquire Claims</a>	Inquire Claims
<a href="#">RA List</a>	RA List

Welcome Test, Provider. You have logged-in with [REDACTED] DENTAL GROUP [REDACTED] GRP domain and CHAMPS Full Access profile.

Links:



Path: [Provider Portal](#)

Menu ▾

Close

Choose an Option:

<a href="#">Adjust/Void Claim Provider</a>	Adjust/Void Claim Provider
--	----------------------------



Welcome Test, Provider. You have logged-in with [REDACTED] DENTAL GROUP [REDACTED] GRP domain and CHAMPS Full Access profile.



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

Menu

Close

### Adjust Claims:

TCN:





Header TCN: 200911111111000  
Beneficiary ID: [REDACTED]

Name: [REDACTED]

Show: ---SELECT---

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

No Records Found !

Header Details:



TCN: [REDACTED]

Claim Type: K - Dental

Source: Legacy

Original TCN: [REDACTED]

Adjustment Source:

Claim Status: Paid

No Of Lines: 3

Medicare: N

Commercial: N

Related Cause: NO

Beneficiary ID: [REDACTED] \*

Last Name: [REDACTED]

First Name: [REDACTED]

Gender: F-Female

DOB: 02/08/1991 \*

Age: 18

Patient Control 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]

Total Fee: \$87.57 \*

Approved Amount: \$87.57

Warrant/EFT Number: [REDACTED]

RA Number: [REDACTED]

Paid Date: [REDACTED]



Adjust Void Save Cancel



Header TCN: 410000070000000000  
 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:	Source: Web
Original TCN: 200911111111000	Adjustment Source:	Claim Status: In Process
No Of Lines: 3	Medicare: N	Commercial: N
Related Cause: NO		

Beneficiary ID: [REDACTED] *	Last Name: [REDACTED]	First Name: [REDACTED]
Gender: F-Female *	DOB: 02/08/1991 *	Age: [REDACTED]
Patient Control 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]	

Total Fee: \$87.57 *	Approved Amount: [REDACTED]	
Warrant/EFT Number: [REDACTED]	RA Number: [REDACTED]	Paid Date: [REDACTED]

Adjust Void 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:	\$14.00	2
Payer1	[REDACTED]	00953	MB-Medicare Part B		[REDACTED]	\$3.00	P-Primary			
								Adj:	\$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: 410000070000000000  
 Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: ---SELECT---

Service Lines:

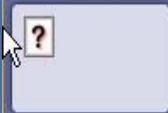
Filter By : [ ] And [ ] Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input checked="" type="checkbox"/>	4100000700000000001		D0150	06/22/2009	06/22/2009	1	\$18.90	\$0.00	
<input type="checkbox"/>	4100000700000000002		D0210	06/22/2009	06/22/2009	1	\$40.95	\$0.00	
<input type="checkbox"/>	4100000700000000003		D1110	06/22/2009	06/22/2009	1	\$27.72	\$0.00	

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

Add Delete Cancel





Header TCN:   
Beneficiary ID:

Name:

Show:

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"/>	[REDACTED]		D0150	06/22/2009	06/22/2009	1	\$18.90	\$0.00	
<input type="checkbox"/>	[REDACTED]		D0210	06/22/2009	06/22/2009	1	\$40.95	\$0.00	
<input type="checkbox"/>	[REDACTED]		D1110	06/22/2009	06/22/2009	1	\$27.72	\$0.00	

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

**Microsoft Internet Explorer**

Are you sure you want to delete service line?

Header TCN:   
Beneficiary ID:

Name:

Show:

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"/>	410000070000000002		D0210	06/22/2009	06/22/2009	1	\$40.95	\$0.00	
<input type="checkbox"/>	410000070000000003		D1110	06/22/2009	06/22/2009	1	\$27.72	\$0.00	

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

Add Delete Cancel



Header TCN:   
Line TCN:   
Beneficiary ID:

Name:

Show: ---SELECT---

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

No Records Found !

Service Line Detail:



TCN:  
Adjustment Source:

Claim Type:  
Claim Status:

Source: Web  
Pricing Rule:

Beneficiary ID:  
Gender: Female  
Benefit Plan:

Last Name:  
DOB: 02/08/1991

First Name:  
Age:

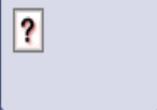
Rendering Provider ID:  \* Type: NPI \* Taxonomy: 122300000X Referring Provider ID:  Type:   
 Auth #:  Auth #:  Place of Service: 11-Office

Procedure Code: D0210 \* Oral Cavity:  Placement Date: 06/22/2009 \*  
 Tooth #:  Surface Code: 1:  2:  3:  4:  5:   
 Manual Units:  Billed Units:  1 \* Paid Units:  
 Manual Price:

Submitted Charges: \$40.95 \* Billed Amount:  Approved Amount: \$0.00  
 Medicare Paid:  Medicare Co-insurance:  Medicare Deductible:   
 Other Insurance:  Other Insurance Co-Pay:  Other Insurance Deductible:



Previous Next Save Cancel



Header TCN:

Line TCN:

Beneficiary ID:  Name:

Show:

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

No Records Found !

Service Line Detail:



TCN:  Claim Type:  Source: Web

Adjustment Source:  Claim Status:  Pricing Rule:

Beneficiary ID:  Last Name:  First Name:

Gender: Female DOB: 02/08/1991 Age:

Benefit Plan:

Rendering Provider ID:  \* Type:  \* Taxonomy: 122300000X Referring Provider ID:  Type:

Auth #:  Auth #:  Place of Service:

Procedure Code:  \* Oral Cavity:

Tooth #:  Surface Code 1:  2:  3:  4:  5:

Manual Units:  Billed Units:  \* Paid Units:

Manual Price:

Submitted Charges:  \* Billed Amount:  Approved Amount:

Medicare Paid:  Medicare Co-insurance:  Medicare Deductible:

Other Insurance:  Other Insurance Co-Pay:  Other Insurance Deductible:



Header TCN:

Beneficiary ID:

Name:



Show:

--SELECT--



TCN



Error Description



Erroneous Data



No Records Found!

Header Details:



TCN:

Claim Type:

Source: Web

Original TCN:

Adjustment Source:

Claim

No Of Lines: 2

Medicare: N

Status:

Related Cause: NO

Commercial: N

Beneficiary ID:  \*

Last Name:

First Name:

Gender: F-Female  \*

DOB: 02/08/1991 \*

Age:

Patient Control Number:  \*

Billing Provider ID:  Type: NPI

Pay To Provider ID:  Type: NPI

Rendering Provider ID:  \* Type: NPI

Referring Provider ID:  Type:

Auth #:

Auth #:

Total Fee: \$87.57 \*

Approved Amount:

Warrant/EFT Number:

RA Number:

Paid Date:



Adjust

Void

Save

Cancel



Header TCN:

Beneficiary ID:

Name:

Adjust Claim:

Please enter the following information:

Adjustment Source: PIA-Provider Initiated ADJ  \*

Comment:



## ■ Voiding a Claim

Welcome Test, Provider. You have logged-in with [REDACTED] DENTAL GROUP [REDACTED] GRP domain and CH



Path: Provider Portal

Menu

Close

### Choose an Option:

<a href="#">Claim Submission</a>	Claim Submission
<a href="#">Manage Claims</a> 	Manage Claims
<a href="#">Inquire Claims</a>	Inquire Claims
<a href="#">RA List</a>	RA List

Welcome Test, Provider. You have logged-in with [REDACTED] DENTAL GROUP [REDACTED] GRP domain and CHAMPS Full Access profile.

Links:



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

Menu

Close

### Adjust Claims:

TCN:

200911111111000

Go



Header TCN:  Beneficiary ID:  Name:

Show:

--SELECT--

TCN ▲▼	Error Description ▲▼	Erroneous Data ▲▼
-----------	-------------------------	----------------------

No Records Found !

Header Details:



TCN:  Claim Type: K - Dental Source: Legacy  
 Original TCN:  Adjustment Source: Claim Status: Paid  
 No Of Lines: 8 Medicare: N Commercial: N  
 Related Cause:

Beneficiary ID:  \* Last Name:  First Name:   
 Gender:  \* DOB:  \* Age:   
 Patient Control Number:  \*

Billing Provider ID:  Type:  Pay To Provider ID:  Type:   
 Rendering Provider ID:  \* Type:  \* Referring Provider ID:  Type:   
 Auth #:  Auth #:

Total Fee:  \* Approved Amount:   
 Warrant/EFT Number:  RA Number:  Paid Date:

Adjust **Void** Save Cancel





Header TCN: [redacted]  
Beneficiary ID: [redacted]

Name: [redacted]



Void Claim:

Please enter the following information:

Void Source: PIV-Provider Initiated VOID \*

Comment: Indicate why you are voiding claim.



OK Cancel

# Top Dental Denials

# New Terms

- MDCH proprietary Explanation codes no longer in use. HIPAA Reason & Remark codes are used.

**Claim Adjustment Reason Codes (CARC)**

**Remittance Advice Remark Codes (RARC)**

These codes may be found at: [www.wpc-edi.com/](http://www.wpc-edi.com/)



# CARC 31 RARC N30

- Patient cannot be identified as our insured

## **Resolution:**

Check beneficiary eligibility on Eligibility Verification System (EVS), rebill if appropriate.

# CARC 16 & N37

- Claim/service lacks information needed for adjudication. Missing/Incomplete/Invalid Tooth number/letter.

**Resolution:** Check Dental provider fee screen to confirm procedure code & tooth # requirement. If appropriate rebill.

# X-Ray Codes D0230 & D0240

- **Problem:** Electronic claims received without a quantity reported for those codes that require quantity. These claims are denying as duplicates.
- The direct data entry (DDE) replacement screens allow for quantity to be reported
- **Resolution:** Report quantity in Loop 2400 Segment SV306

# CARC 18

- Suspected or exact duplicate of a paid claim in the system history
- Resolution: If determined to be a valid claim,
  - verify the dates of service and re-bill or void
  - previously paid claim
- **Associated RARC:** N30, M86, N10

# CARC 18 Continued:

- Filter claim inquiry screen by date of service and beneficiary ID
- Filter claim inquiry screen for denied TCN, navigate to the line level detail of a line that denied as a duplicate on the RA, then use the "show menu" to access the Claim Limit List



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

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

[Inquire Claim](#)

Inquire Claims - Provider

Welcome UB Center You have logged-in with domain and Provider profile. Links: --Select--

Path: Provider Portal/ Inquire Claims

Menu

Close

### Inquire Claim:

Filter By : TCN [ ] And [ ] And [ ]  
With Status [ ] Go

	TCN ▲▼	From Date ▲▼	To Date ▲▼	Procedure Codes ▲▼	Submitted Charges ▲▼	Claim Status ▲▼	Approved Amount ▲▼	Paid Date ▲▼	Denial Reasons ▲▼	Patient Account Number ▲▼
<input type="checkbox"/>	2009121212121000	/06/2007	11/06/2007	D0240	\$90.00	Paid	\$36.81		18	12345

Header TCN: [REDACTED] Name: [REDACTED]  
Beneficiary ID: [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"/>	2009121212121001		D0240	11/06/2007	11/06/2007	1	\$90.00	\$36.81	Denied
<input type="checkbox"/>									
<input type="checkbox"/>									

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

Line TCN: [REDACTED] Name: [REDACTED]  
Beneficiary ID: [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: D0240 Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]

Submitted Procedure Code: D0240 \* 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: \$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]



# Medicaid Website

Finding Dental Information at the  
MDCH website:

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)



Community Health Automated Medicaid Processing System

Prevention

Pregnant Women,  
Children & Families

Mental Health &  
Substance Abuse

Health Care Coverage

Statistics and Reports

Providers

Inside Community Health

Health Systems & Health  
Profession Licensing

michigan <sup>steps up</sup>

michiganstepsup.org

Safe Delivery  
of Newborns  Safe  
Delivery



The Michigan Department of Community Health has added podcasts as a feature on the Web site. MDCH wants to further communicate our health message to you.

All podcasts will feature tips and information on various topics.

The podcasts will be updated regularly to accompany various events and news related

to health issues in Michigan.

[Open the Webcast and Podcast Page](#)

## Influenza A (H1N1)

[Michigan's Influenza A H1N1 Page](#)

[Centers for Disease Control and Prevention H1N1 Flu Page](#)

- [Michigan Tobacco Quit Line to Re-Open After Brief Hiatus](#)
- [Improving Supports and Services for People Served by the Public Mental Health System](#)

This initiative builds on the August 2008 Concept Paper in which the Michigan Department of Community Health (MDCH) articulated its vision for assuring that community inclusion and participation, independence and opportunities for

productive activities are realized by Michigan residents with serious mental illness.



A Better Way to MEDICAID!

System "Go Live" date: September 18, 2009

System "Go Live" date: September 18, 2009

Log onto <https://app.state.mi.us> to access CHAMPS.

CHAMPS Enrollment Helpline  
1-888-543-2408

(Out of State Providers Please use Email)

[CHAMPS@michigan.gov](mailto:CHAMPS@michigan.gov)

[Accessing the CHAMPS System](#)  
[Updates](#)  
[Additional CHAMPS Subsystems](#)  
[CHAMPS Training](#)  
[New Providers](#)  
[Billing Agent](#)  
[Group](#)  
[Facilities/Agencies/Organization](#)  
[Billing/Genecog](#)  
[Individual/Solo Proprietor](#)  
[Resources](#)  
[The CHAMPS Corner](#)

# Main Page

**Michigan.gov**  
The Official State of Michigan Website

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

Search

**MI Business One Stop**

- Departments/Agencies
- Online Services
- Surveys
- RSS Feeds**

**Quick Links**

- News Releases
- MDCH Brochures Available for Download
- Careers & Internships
- Finding Free or Low-Cost Health Care
- Health Information Technology (HIT) Commission
- Office of Long-Term Care Supports and Services
- Informed Consent for Abortion
- Find Shortcuts to MDCH Web Topics
- Emerging Diseases
- Might I be eligible for benefits? Click here to find out
- GENDIS - Genealogical Data

**More Topics** \_\_\_\_\_

**MDCH** Department of Community Health

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

Printer Friendly | Text Version | A- A+Text Size | Share

**Webcasts and Podcasts From the Director**



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[Centers for Disease Control and Prevention H1N1 Flu Page](#)

Birth, Death, Marriage and Divorce Records

Physical Health & Prevention

Pregnant Women, Children & Families

Mental Health & Substance Abuse

Health Care Coverage

Statistics and Reports

**Providers**

Inside Community Health

Health Systems & Health Profession Licensing

michigan steps up  
michiganstepsup.org

Safe Delivery of Newborns

## Providers



This website offers information for service providers, managed care organizations and trading partners related to healthcare programs administered by the Michigan Department of Community Health. Programs include Medicaid, Children's Special Health Care Services, Children's Waiver, Adult Benefits Waiver, MOMS, and Plan First!

The website has been organized to assist users to easily locate pertinent information. For additional assistance providers and trading partners may contact Provider Support at 1-800-292-2550 or [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

### Providers



This section is

### Managed Care



This section provides MCOs

### Trading Partners



This section

[Department](#)

[Online S](#)

[Surveys](#)

[RSS Feeds](#)

[Quick Links](#)

• News Release

• MDCH Brochure for Download

• Careers & Employment

• Finding Free Health Care

• Health Information Technology Commission

• Office of Long-Term Supports & Aging

• Informed Choice Abortion

• Find Short-Term Topics

• Emerging Diseases

• Might I be eligible for benefits? Contact us

• GENDIS - Genetic Disease Information System

[Quick Links](#)

• Notification of Emergency

• The Michigan Air Quality System

• CDC Public Health Library

• Michigan Health



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## HOT TOPICS



- CHAMPS



Medicaid is a federal and state funded health care program that provides comprehensive health care coverage for

medically indigent.



Information about Mental Health & Substance Abuse



Information about Children's Special Health Care Services and the Children with Special Needs Fund.



Other Health Care Programs includes Adult Benefits Waiver, Healthy Kids Dental, MI Choice, MOMS, Plan First!, PACE and others.

### Provider Enrollment

Access provider enrollment forms and information, as well as instructions for initiating Electronic Funds Transfers (EFT)

### Eligibility Verification System

Access information and options available related to verifying beneficiary eligibility.

### Draft Policy Bulletins for Public Comment

Draft policy bulletins issued for public review and comment.

### Health Care Eligibility Information

Brief overview of medical assistance programs



# Hot Topics

- CHAMPS
  
- Biller “B” Aware
  - Current Medicaid Issues
  
- Provider Tips
  - Tips for specific provider group
  
- Documentation EZ Link

# 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](mailto:MSAPolicy@michigan.gov).



## HOT TOPICS



- CHAMPS
- Biller "B" Aware
- Provider Tips
- Documentation EZ Link



Get information about Policy and Forms like the Medicaid Provider Manual, draft and



In Billing and Reimbursement, find information necessary for claim

### Provider Enrollment

Access provider enrollment forms and information, as well as instructions for initiating Electronic Funds



A Better Way to MEDICAID

System "Go Live" date: September 18, 2009

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CHAMPS Enrollment Helpline  
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[Group](#)  
[Facilities/Agencies/Organization](#)  
[Rendering/Service](#)  
[Individual/Sole Proprietor](#)  
[Resources](#)  
[The CHAMPS Corner](#)



## HOT TOPICS



- CHAMPS
- Billers "B" Aware
- Provider tips
- Documentation EZ Link



Get information about Policy and Forms like the Medicaid Provider Manual, draft and final policy bulletin, 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.

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Communications and Training gives access to Provider Update newsletters, numbered letters, information on training

opportunities, etc.



Prior Authorization gives access to the Medicaid Nursing Facility Level of Care Determination tool.

### Draft Policy Bulletins for Public Comment

Draft policy bulletins issued for public review and comment.



Waivers includes

## Provider Updates

[Biller "B" Aware](#)

[Provider Inquirer Newsletter](#)

[Provider Tips](#)

[Medicare Crossover](#)

---

### BILLER "B" AWARE

- July 13, 2009-** MDCH has identified a systems issue with Inpatient claims incorrectly paying Patient Status 43, 62 & 65. MDCH will be initiating claim adjustments for any claim with Patient Status 43, 62 or 65 with admit dates on/after 1/1/2007. These adjustments should appear on Pay Cycle 29 - RA 7/23/09.
- June 22, 2009-** As a result of Executive Order 2009-22 mandating State of Michigan furlough days, you could experience a delay in Medicaid payment. To avoid a delay, claims must be submitted one day earlier than the normal schedule. Please be aware, claims must be submitted by noon June 29, 2009 in order to appear on pay cycle 27, dated July 8, 2009.
- June 16, 2009-** The April 15, 2009 Biller "B" Aware message instructed providers to submit the Medicare EOB when reporting the Medicare Part C deductible in error. Submission of EOBs is only required when documenting the billing time limit, non-standard payments for traditional Medicare, or for secondary paper claims. When billing electronic claims EOBs are not required when billing Medicare Part C (Medicare Advantage or HMO) or traditional Medicare claims with standard

**HOT**

## HOT TOPICS

**HOT**

- CHAMPS
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## Provider Tips

### All Providers:

- [February 4, 2009 - Paper Biller Tips Powerpoint](#)
- [February 4, 2009 - Tips for Billing Secondary/Tertiary Claims Electronically](#)
- [December 5, 2008 - MDCH General Billing Tips and Resources Powerpoint](#)
- [August 27, 2008 - CMS 1500 Claim Completion Instructions](#)
- [August 19, 2008 - Professional Providers CHAMPS, NPI, and General Updates Powerpoint](#)
- [September 12, 2007 - CMS 1500 & UB04 Paper Claim Format General Instructions](#)
- [June 14, 2005 - ListServ Instructions](#)
- [June 6, 2005 - MDCH Payment Liability](#)
- [November 19, 2004 - Documentation Requirements](#)

### Dental Providers

- [August 19, 2008 - CHAMPS, NPI, and General Updates Powerpoint](#)

**HOT**

## HOT TOPICS

**HOT**

- [CHAMPS](#)
- [Biller "B" Aware](#)
- [Provider Tips](#)

[Documentation EZ Link](#)



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Draft policy bulletins issued for public review and comment.

## Documentation EZ Link General Information

### [Documentation EZ Link Information](#)

An introductory letter about Documentation EZ Link including background on the program and the benefits of using it.

### [Documentation EZ Link Q&A](#)

Common questions and answers about EZ Link.

### [Documentation EZ Link Technical Specifications](#)

Technical details of accessing EZ Link (for IT staff)

### [Documentation EZ Link Virtual Printer Installation](#)

Instructions and technical specifications for the EZ Link Virtual Printer (for IT staff)

---

## Documentation EZ Link Training

### [Documentation EZ Link Webinar Registration](#)

Details about live on-line EZ Link training sessions (a.k.a webinars).

2009 Webinar Schedule	
Webinar Date	Webinar Time
Wednesday, June 17 <sup>st</sup>	10:00 am - 12:00 pm
Wednesday, July 1 <sup>st</sup>	2:00 pm - 4:00 pm
Wednesday, July 15 <sup>th</sup>	10:00 am - 12:00 pm
Wednesday, July 29 <sup>th</sup>	2:00 pm - 4:00 pm
Wednesday, August 12 <sup>th</sup>	10:00 am - 12:00 pm



# Medicaid Online Manual

- Viewable in Adobe Acrobat Reader
  - Version 5.0 or higher
- Updated Quarterly on Website
  - New quarterly information highlighted
- CD available upon request (MSA 08-56)
- Directory Appendix



# Medicaid Policy Bulletins & Proposed Changes

- All Bulletins posted online
- Posted by Issue Date
- Proposed Policy Bulletins posted
  - 30 day Public Comment Period
  - Request form available to Participate in Policy Proposal Review

**HOT**

## HOT TOPICS

**HOT**

- [CHAMPS](#)
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# POLICY / FORMS



## **Medicaid Provider Manual**

The Medicaid Provider Manual contains participation coverage and reimbursement policies related to Medicaid, Children's Special Health Care Services, Adult Benefit Waiver, and other healthcare delivery programs administered by the Department of Community Health.



## **Michigan Medicaid Approved Policy Bulletins**

The Michigan Department of Community Health periodically issues notices of policy. These documents inform providers of changes in Michigan Medicaid policy.

[2009](#)   [2008](#)   [2007](#)   [2006](#)   [2005](#)   [2004](#)   [2003](#)

[2002](#)   [11/2000-12/2001](#)



## **Michigan Medicaid Proposed Policy**

These documents inform interested parties of proposed changes in Michigan Medicaid policy. Proposed new policy and changes to existing policy must undergo a 30-day public comment period before it becomes final.



# Provider Specific Information

- Fee Screens
  - Medicaid Covered Procedure Codes
  - Medicaid Fees
  - Modifiers Required
  - Documentation Requirements
  - Prior Authorization Requirements
- Refer to the Instructions document for specific coding information



# Explanation Codes

- MDCH has their own list of edit codes on our website
- Identifies status of claim
  - Paid
  - Pend
  - Reject
- Informational Edits
  - Appear with an "X" after the edit
- When the claims portion of **CHAMPS** is released the explanation codes will be replaced w/ reason & remark codes

**HOT**

## HOT TOPICS

**HOT**

- [CHAMPS](#)
- [Billers "B" Aware](#)
- [Provider Tips](#)
- [Documentation EZ Link](#)



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### [Draft Policy Bulletins for Public Comment](#)

Draft policy bulletins issued for public review and comment.



[Waivers](#) includes

# BILLING & REIMBURSEMENT



## Electronic Billing

This link will provide important information and documents for all your electronic billing needs. Please view the B2B instructions and all Trading Partner information.



## Provider Specific Information

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



## Third Party Liability

Coordination of benefits, casualty, manual, and related links.



## List of Sanctioned Providers

Lists providers excluded from Medicaid participation.



## Documentation EZ Link

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



## DCH - File Transfer

Related reimbursement links for Medicaid providers (CHP, FQHC, 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/Abuse Online

Complaint Form.

For questions related to the content of the Medicaid Provider pages, please email [MSAPolicy@michigan.gov](mailto:MSAPolicy@michigan.gov).



## HOT TOPICS



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# COMMUNICATION & TRAINING

## Training Session Information

The Provider Outreach and Education training schedule and registration form can be found at the [Medicaid Provider Training Sessions](#) webpage.

Medicaid Provider Outreach is starting a new billing session series beginning in January. These sessions will be specific to the provider types listed on this registration website and will be broken into two training sessions, one in the morning followed by an afternoon session.

In addition to billing sessions, Outreach will also present CHAMPS updates on separate days. These CHAMPS sessions will cover topics such as: domain issues, managing your Provider Enrollment applications, and a brief tutorial on the Eligibility, Prior Authorization, and Claims subsystems that will be going live this spring.

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## Provider Inquirer Newsletters

[June 2009](#)

[March 2009](#)

[October 2008](#)

[September 2008](#)

[August 2008](#)

[July 2008](#)

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## Numbered Letters

Numbered letters are utilized to communicate new developments, information, policy clarifications, etc. to providers and beneficiaries. **Note: Only letters to providers are posted.**

- [2009](#)
- [2008](#)
- [2007](#)

[TOP](#)

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## Provider Liaison Meetings

- [Pharmacy/First Health Meetings](#)
- [School Based Services Fee for Service Rate Methodology Workgroup](#) (this workgroup has been dissolved)
- [Medical Care Advisory Council \(MCAC\) Meetings](#)

[TOP](#)

# Payment Error Rate Measurement (PERM)

# 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 within 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?