



# Submit Institutional Claims Online (Direct Data Entry) Quick Reference

## Business Rules

- Mode of Claim Submission “Direct Data Entry (DDE)” must be select within the Provider Enrollment file for access
- Fields marked with an asterisk (\*) are required and must be completed for the Claim to be submitted successfully
- DDE is available only for **original** claim submission; not for Adjustments or Voids (Type of Bill xx7 or xx8 are not allowed)
- Claim Reference Number (CRN) is now referred to Transaction Control Number (TCN)
- There are no hyperlinks from the DDE screens to any other screens within CHAMPS, except Billing Instructions
- There are multiple categories marked with a +. These are expandable. Data should be entered into these fields as they pertain to the claim you are entering. Only leave expandable boxes open if you have entered data in those fields. If no data is entered, keep expandable boxes closed. Attending Provider ID is one such category that is required for all institutional claims

Action	Submit Institutional Claims Online – Submit Claims	Notes
<b>Submit Claims</b>	<ol style="list-style-type: none"> <li>1. After you have logged into CHAMPS with your Single Sign On (SSO) user ID and password, select one of the following profiles: CHAMPS Full Access, CHAMPS Limited Access or Claims Access</li> <li>2. Click on the Claim Submission hyperlink.</li> <li>3. Click the Submit Institutional claim type hyperlink</li> </ol>	<ul style="list-style-type: none"> <li>• The <b>Submit Institutional Claim</b> page appears. Hyperlinks appearing near the top of this page take you to the corresponding area on the page. For example, clicking the “Beneficiary” hyperlink causes the page to scroll to the Beneficiary section of the page</li> </ul>
Action	Submit Institutional Claims Online – Provider Information	Notes
<b>Provider Information</b>	<ol style="list-style-type: none"> <li>1. The <b>Provider ID</b> number under the Provider Information Section at the header level of the claim will be pre-populated with the NPI of the Domain you have entered into the system under            Provider ID: <input type="text" value="1234567890"/> *</li> <li>2. The <b>Type</b> from the drop down lists will be pre-populated with type <b>NPI</b> Type: <input type="text" value="NPI"/> *</li> <li>3. Optionally, enter the <b>Taxonomy Code</b> Taxonomy Code: <input type="text"/></li> </ol>	<ul style="list-style-type: none"> <li>• You must select the Domain of the Billing Provider NPI. If you have selected the incorrect Domain and wish to change the Provider ID, you must click on <b>My Inbox</b> and select <b>Change Profile</b></li> <li>• Free-standing rehab facilities and outpatient ambulance services supply the appropriate <b>Taxonomy</b> codes</li> </ul>

Action	Submit Institutional Claims Online – Beneficiary Information	Notes
Beneficiary Information	<ol style="list-style-type: none"> <li>1. Enter the <b>Beneficiary ID</b> Beneficiary ID: <input type="text"/> *</li> <li>2. Enter the Beneficiary's <b>Last Name</b> Last Name: <input type="text"/> *</li> <li>3. Enter the Beneficiary's <b>First Name</b> First Name: <input type="text"/> *</li> <li>4. Optionally, enter the Beneficiary's <b>Middle Initial (MI)</b> MI: <input type="text"/></li> <li>5. Optionally, enter the Beneficiary's <b>Suffix</b> Suffix: <input type="text"/></li> <li>6. Enter the Beneficiary's <b>Date of Birth</b> Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *</li> <li>7. Select an option from the <b>Gender</b> drop-down list Gender: <input type="text"/> *</li> </ol>	<ul style="list-style-type: none"> <li>• Examples of a <b>Suffix</b> are: Jr. or Sr.</li> <li>• Use the two-digit month (mm), two-digit date (dd), and four-digit year (yyyy) format</li> </ul>
Action	Submit Institutional Claims Online – Claim Information	Notes
Claim Information	<ol style="list-style-type: none"> <li>1. Enter the <b>Patient Control Number</b> Patient Control No.: <input type="text"/> *</li> <li>2. Optionally, enter the <b>Medical Record Number</b> Medical Record No.: <input type="text"/></li> <li>3. Enter the <b>Type of Bill</b> Type of Bill: <input type="text"/> *</li> <li>4. Enter a date in the <b>Statement Dates From and To</b> Statement Dates: From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *</li> <li>5. Optionally, enter the <b>Admission Date/Hour</b> Admission Date/Hour: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> : <input type="text"/></li> <li>6. Optionally, enter the <b>Admission Type</b> Admission Type: <input type="text"/></li> <li>7. Enter the <b>Admission Source</b> Admission Source: <input type="text"/> *</li> <li>8. Optionally, enter the <b>Discharge Hour</b> Discharge Hour: <input type="text"/> : <input type="text"/></li> <li>9. Enter the <b>Patient Status</b> Patient Status: <input type="text"/> *</li> <li>10. Enter the <b>Principle Diagnosis Code</b> Principal Diagnosis Code: <input type="text"/> *</li> <li>11. Optionally, select the <b>POA</b> from the drop down menu</li> </ol>	<ul style="list-style-type: none"> <li>• <b>Type of Bill</b> must be 4 digits with leading zero</li> <li>• <b>Admission Type</b> is required for Inpatient</li> <li>• <b>Diagnosis Code</b> cannot contain decimals</li> <li>• <b>Principle Diagnosis Code</b> cannot begin with E</li> <li>• <b>POA</b> is allowed for Inpatient type of bills only</li> </ul>

Action	Submit Institutional Claims Online – Optional Claim Information	Notes
Optional Claim Information	<p>POA: <input type="text"/></p> <ol style="list-style-type: none"> <li>To add optional <b>Condition Information</b>, do the following:             <ol style="list-style-type: none"> <li>Click the red  to expand the <b>Condition Information</b> section</li> <li>Enter the <b>Condition Code</b> 1. Condition Code: <input type="text"/></li> </ol> </li> <li>To add optional <b>Occurrence Information</b>, do the following:             <ol style="list-style-type: none"> <li>Click the red  to expand the <b>Occurrence Information</b> section</li> <li>Enter the <b>Occurrence Code</b> 1. Occurrence Code: <input type="text"/></li> <li>Enter the <b>Occurrence Date</b> Occurrence Date: <input type="text"/> <input type="text"/> <input type="text"/></li> </ol> </li> <li>To add optionally <b>Occurrence Span Information</b>, do the following:             <ol style="list-style-type: none"> <li>Click the red  to expand the <b>Occurrence Span Information</b> section</li> <li>Enter the <b>Occurrence Span Code</b> 1. Occurrence Span Code: <input type="text"/></li> <li>Enter the <b>From and Through Dates</b> From Date: <input type="text"/> <input type="text"/> <input type="text"/> Through Date: <input type="text"/> <input type="text"/> <input type="text"/></li> </ol> </li> <li>To add optionally <b>Value Information</b>, do the following:             <ol style="list-style-type: none"> <li>Click on the red  to expand the <b>Value Information</b> section</li> <li>Enter the <b>Value Code</b> 1. Value Code: <input type="text"/></li> <li>Enter the <b>Value Amount \$</b> Value Amount: \$ <input type="text"/></li> </ol> </li> <li>To add optionally <b>Other Insurance Information</b>, do the following:             <ol style="list-style-type: none"> <li>Click the red  to expand the <b>Other Insurance Information</b> section</li> <li>Select an option in the <b>Payer Responsibility Code</b> drop-down list Payer Responsibility Code: <input type="text"/></li> <li>Enter the <b>Payer ID Number</b> Payer ID Number: <input type="text"/></li> <li>Optionally, enter the <b>Subscriber Member ID</b> Subscriber Member ID: <input type="text"/></li> <li>Optionally, enter the Subscriber's <b>Last Name, First Name, Middle Initial (MI)</b>, and <b>Suffix</b> where appropriate.</li> <li>Optionally, enter the Subscriber's <b>Date of Birth</b></li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>If more than 1 <b>Condition Code</b> needs to be added, click on "Add Another" hyperlink. Another row will be displayed</li> <li>If more than 1 <b>Occurrence Code</b> needs to be added, click on "Add Another" hyperlink. Another row will be displayed</li> <li>If more than 1 <b>Occurrence Span Code</b> needs to be added, click on "Add Another" hyperlink. Another row will be displayed</li> <li>If more than 1 <b>Value Code</b> needs to be added, click on "Add Another" hyperlink. Another row will be displayed</li> <li>For other insurance, Primary must be entered in the first occurrence of Payer Responsibility Code; Secondary must be entered in the second occurrence, and Tertiary must be entered in the third occurrence</li> <li>Provider can submit up to 3 other insurances</li> <li>The list of <b>Payer ID (Carrier ID) Numbers</b> can be found on <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Billing and Reimbursement &gt;&gt;Third Party Liability</li> </ul>

Date of Birth:

g. Optionally, select the Subscriber's **Gender** from the drop-down list  
Gender:

h. Enter the **Insured's Group or Policy Number**

Insured's Group or Policy Number:

i. Select an option in the **Beneficiary's Relationship** drop-down list  
Beneficiary's Relationship:

j. Select an option in the **Claim Filing Indicator** drop-down list

Claim Filing Indicator:

k. Enter an amount in the **Total COB Payer Paid Amount** field

Total COB Payer Paid Amount: \$

l. Optionally, enter the **Reason Code, Amount, and Adjustment Quantity**

m. Click the **Add Another** [Add Another](#) hyperlink to add additional insurance information then repeat **Steps 5a – 5l**.

6. To add optionally **Prior Authorization**, do the following:

a. Click the red  to expand the **Prior Authorization** section

b. Enter the **Prior Authorization Number**

Prior Authorization Number:

c. Select "Yes" or "No" if the Prior Authorization is a **MDCH PA**

MDCH PA:  Yes  No

7. To add optionally **Diagnosis Information**, do the following:

a. Click the red  to expand the **Diagnosis Information** section

b. Optionally, enter the **Admitting Diagnosis Code**

Admitting Diagnosis Code:

c. Optionally, enter the **PPS/DRG** PPS/DRG:

d. Optionally, enter the **Reason for Visit**

Reason For Visit: 1:

e. Optionally, enter **E-Code** E-Code:

f. Optionally, select the **POA** POA:

g. Optionally, click the red  to expand the **Other Diagnosis Information** section

8. To add optionally **Procedure Information**, do the following:

a. Click the red  to expand the **Procedure Information** section

- When **Beneficiary's Relationship** is any value other than "self", Subscriber Member ID, Last and First Name must be entered

- **Total COB Payer Paid Amount** may be "zero".
- Do not report contraction/ Adjustment amount with payment in **Payer Paid Amount** field

- Click "Add Another Reason Code" to add additional **Reason Codes**

- When a prior authorization (PA) is entered, the user must select a radio button to Indicate whether the PA is MDCH issued or not. If yes is selected, the PA is MDCH issued and must be validated in PA tables. If no is selected, no validation of the number is required

- **Admitting Diagnosis** is required for Inpatient

- Do not use decimals or spaces when reporting Diagnosis codes

- Up to 3 **Reason for Visit** codes are allowed

- **Reason for Visit** is required for TOB 013x, 085x when RC 0450, 0451, 0452, 0459, 0516, 0526, 0762 reported

- Click "Add Another" to add additional **E-Code** and **POA**

- This is for ICD-9 Surgical Procedure codes and dated, not line level CPT/HCPCs codes

b. Enter the **Principal Procedure Code**

Principal Procedure Code:

c. Enter the **Procedure Date**

Procedure Date:  mm  dd  yyyy

d. Optionally, click the red **+** to expand the **Other Procedure Information** section

9. Enter the **Attending Physician Information**, by do the following:

a. Click the red **+** to expand the **Attending Physician Information** section

b. Enter the **Provider ID** Provider ID:

c. Select the **Type** from the drop down menu Type:

10. To add optionally **Operating Physician Information**, do the following:

a. Click the red **+** to expand the **Operating Physician Information** section

b. Enter the **Provider ID** Provider ID:

c. Select the **Type** from the drop down menu Type:

11. To add optionally **Other Physician Information**, do the following:

a. Click the red **+** to expand the **Other Physician Information** section

b. Enter the **Provider ID** Provider ID:

c. Select the **Type** from the drop down menu Type:

12. To add a **Claim Note**, do the following:

a. Click the red **+** to expand the **Claim Note** section

b. Enter information in the **Claim Note** field

13. Select "Yes" or "No" for the "Does this claim have backup documentation?" question

- **Attending Physician Information** is required for all Institutional claim types

- **Claim Notes** are restricted to 80 characters

- If **"YES"** is selected for this question, add a **Claim Note** and enter the **EZLink** information relating to the backup documentation for the claim

Action	Submit Institutional Claims Online – Basic Line Item Information	Notes
<p><b>Basic Line Item Information</b></p>	<ol style="list-style-type: none"> <li>1. Enter the <b>Revenue Code</b> Revenue Code: <input type="text"/> *</li> <li>2. Optionally, enter the <b>Rate Amount</b> Rate Amount: \$ <input type="text"/></li> <li>3. Optionally, enter the <b>HCPCS</b> HCPCS Code: <input type="text"/></li> <li>4. Optionally, enter up to four (4) <b>Modifiers</b> Modifiers: 1: <input type="text"/></li> <li>5. Optionally, enter the <b>Service Date</b> Service Date: <input type="text"/> <input type="text"/> <input type="text"/></li> <li>6. Optionally, enter the <b>Last Date of Service</b> Last Date of Service: <input type="text"/> <input type="text"/> <input type="text"/></li> <li>7. Enter the <b>Service Units</b> Service Units: <input type="text"/> *</li> <li>8. Enter the <b>Total Line Charges</b> Total Line Charges: \$ <input type="text"/> *</li> <li>9. Optionally, enter the <b>Non-Covered Line Charges</b> Non-covered Line Charges: \$ <input type="text"/></li> <li>10. Optionally, enter the <b>National Drug Code</b>, enter a <b>Quantity</b>, and enter <b>Units</b></li> <li>11. Click the <b>Add Service Line Item</b> <input type="button" value="Add Service Line Item"/> button <ol style="list-style-type: none"> <li>a. The Service Line Item will appear under the “Previously Entered Line Item Information” section</li> <li>b. Optionally, click <b>Line No.</b> to retrieve line item information for editing</li> <li>c. Optionally, click <b>Insurance Info</b> hyperlink to add other insurance information at the line level</li> <li>d. Optionally, click <input type="button" value="Copy"/> to duplicate the service line</li> <li>e. Optionally, click <input type="button" value="Delete"/> to delete service line</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• <b>Revenue Code</b> 0001 cannot be submitted on any service line</li> <li>• <b>Revenue Codes</b> must be 4 digits per NUBC guidelines</li> <li>• Line Service Date is required for TOB 013x, 014x, 034x, 072x, 074x, 075x, 085x</li> <li>• If more than 1 <b>National Drug Code</b> needs to be added, click on “Add Another” hyperlink. Another row will be displayed. Up to 3 NDC codes can be added per service line</li> <li>• If more than 1 procedure code is reported you must enter each service separately and click on <input type="button" value="Add Service Line Item"/> after each entry</li> <li>• The <b>Update Service Line Item</b> button is only applicable if Service Lines have previously been added to the claim</li> </ul>

	<p>12. Repeat <b>Steps 1 – 11</b> to add additional Service Lines</p> <p>13. Click the <b>Update Service Line Item</b> <input type="button" value="Update Service Line Item"/> button to make changes to a previously added Service Line</p> <p>14. If you wish to save the claim as a Template prior to clicking Submit Claim <input type="button" value="Submit Claim"/> click the Save as Template <input type="button" value="Save as Template"/> button.</p> <p style="padding-left: 20px;">a. A confirmation message appears providing a Template Number, click the <b>Print</b> button on the Print Pop Up screen <input type="button" value="Print"/>.</p> <p style="padding-left: 20px;">b. To locate the Template click on the <b>Menu</b> bar <input type="button" value="Menu"/> then <b>Claim Submission</b> then <b>Search Template</b>.</p> <p>15. Click the <b>Submit Claim</b> <input type="button" value="Submit Claim"/> button in the upper left hand corner of the screen.</p> <p>16. Click the <b>Print</b> button on the Print Pop Up screen which contains the TCN (Transaction Control Number). <input type="button" value="Print"/></p>	<ul style="list-style-type: none"> <li>• Select the claim Template within the list page or find the Template by selecting an option such as “Template Number” in the filter by menu <b>Filter By :</b> <input type="text"/></li>   <li>• If no errors are detected, a confirmation message appears providing a TCN (Transaction Control Number). If errors are detected, a pop-up error message appears. Click the OK button to close the error message and return to the claim to fix any errors</li> </ul>
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