School Based Services

“Working to protect, preserve, and promote the health and safety of the people of Michigan by listening, communicating, and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establish customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations
Agenda

- ICD-10
- Resources
- Top Denials
- Claim Limit List
- Paper Remittance Advice
- Claim Adjustments
ICD-10 Implementation

October 1, 2015

It’s closer than it seems!
What is ICD-10?

- International Classification of Diseases 10th revision
- ICD-10-CM replaces ICD-9 Volumes 1 & 2
  - Diagnosis Codes for all Physician & Outpatient Healthcare settings
- ICD-10-PCS replaces ICD-9 Volume 3
  - Procedure Codes for Hospital Inpatient Procedures
- 10th Edition was updated by World Health Organization in 1992
ICD-10 Regulatory Requirements

- **Jan 2009**: United States Department of Health and Human Services (HHS) published final regulations setting initial compliance date of October 1, 2013 (45CFR162.1002).

- **April 2012**: HHS published a proposed rule to delay the compliance date.

- **August 2012**: HHS announced a final rule accepting a one-year delay for implementation.
  - **October 1, 2014**.

- **April 2014**: HHS to publish final rule in August 2014 of one-year for implementation.
  - **October 1, 2015**.
Testing with MDCH is now available!!!

Types of Testing

- Outpatient Scenario-Based Testing
- Business-to-Business (B2B) Testing

Where to Go:

Review MDCH website for more details on testing @
http://www.michigan.gov/medicaidproviders

- Click the ICD-10 button
- Click ICD-10 Information
- Click the Testing button
How we can help?

MDCH has established an ICD-10 Awareness & Training Team to assist in provider education and awareness

Review our Website: [www.michigan.gov/5010icd10](http://www.michigan.gov/5010icd10)

Contact the Awareness & Training Team

Email Address: [MDCH-ICD-10@michigan.gov](mailto:MDCH-ICD-10@michigan.gov)
Resources

www.michigan.gov/medicaidproviders

- Billing and Reimbursement >> Provider Specific information >> School Based Services
  - Databases (lists of codes allowed)
  - Meeting schedules and results
  - Training Documents (PCG)
  - Guidelines and Due Dates
  - SSO & File Transfer Instructions
Resources

www.michigan.gov/medicaidproviders

- Hot Topics
  - Document Management Portal (DMP)
  - ListServ
  - L-Letters
  - Training Sessions
  - UPDATE Other Insurance NOW!

- CHAMPS
  - SSO and Instructions
  - CHAMPS Training
  - Medicaid Alerts
  - Quick Reference Guides
Top Denials

- **Reason Code 183**: The referring provider is not eligible to refer the service billed.
- **Remark N574**: Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer.
- **MSA 12-55 and 13-17 effective 7/1/2013**
  - Claims for services rendered as a result of an order or referral must contain the name and individual National Provider Identifier (NPI) of the practitioner who ordered or referred the items or services. All practitioners who order/refer/attend services for Michigan Medicaid beneficiaries must be enrolled/registered in the Michigan Medicaid program.
  - NPI validation in CHAMPS
  - Other rejection codes: CARC 208 and CARC N286
Top Denials

- **Reason Code 96**: For Non-Covered charges, at least one Remark Code must be provided.
- **Remark code N55**: Procedures for billing with group/referring/performing providers were not followed.
- Prior to 8/1/2014, these were informational only.
- Effective August 1, 2014, the prior informational edits for providers who do not have their billing agent associated to their NPI within CHAMPS will be set to deny and denial of claims may occur. The claim adjustment reason code used to communicate this issue is non-covered charges.
- Providers that receive this denial will need to update their Associated Billing Agent step within their Champs Enrollment.
Top Denials

- **Reason Code 18**: Exact Duplicate claim/service
- **Remark Code N522**: Exact Duplicate

- Use Claim Inquire in CHAMPS
  - Filters: Date of Service and Beneficiary ID
  - See which claim have PAID status.

- Claim Limit List - explanation to follow.
Finding Duplicate Claims in CHAMPS

Claim Limit List
For claims with duplicate or limit rejections.
Example: CARC 18 B5 B13
Claim Limit List

- Enter the TCN and select the hyperlinked TCN to launch the claim header.
Select the show menu from the header screen and select SERVICE LINE LIST.
Go to the top right of the service line detail page and in the SHOW BOX - Select – Claim Limit List. This is only available on the LINE of a claim.
You will be able to view the Current Claim and the History Claims information. On this screen you can see what the current claim is hitting against that is causing the duplicate or limit rejection. You can also see the PAID date where MDCH shows that the claim was previously paid.
Paper Remittance Advice
Paper Remittance Advice

Billing Provider NPI: 1111111111
Name: Example O. Provider
EIN/TIN: 010101010
Pay Cycle: 39
RA Number: 75057991
RA Date: 09/30/2009

FINANCIAL ADJUSTMENTS

Adjustment Type | Previous Balance | Adjustment Amount | Remaining Balance
--- | --- | --- | ---

CLAIM SUMMARY

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<th>Category</th>
<th>Count</th>
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<tr>
<td>Derived</td>
<td>1</td>
</tr>
<tr>
<td>GA</td>
<td>0</td>
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Please Note: Suspended Claims and MDCH Proprietary Codes will not be reported on the Remittance Advice

Total Approved: $78.89
Total Adjusted: $0.00
Total Paid: $78.89

Warrant/EFT #: 000032296
Warrant/EFT Date: 09/30/2009
Claims

Adjust/Void Claim Provider
Before you get started

- Collect the member’s eligibility information, Payer ID, claim information and primary payers EOB

- Turn off POP UP BLOCKERS
Claim Adjustment
Claim Adjustment

- Claim Submission
  - Submit Professional
  - Submit Institutional
  - Submit Dental
  - Search Template
- Manage Claims
  - Adjust/Void Claim Provider
- Inquire Claims
  - Claim inquiry
- RA List
  - RA List

System Maintenance Activity
Testing Static Banner Message

Calendar
31 July 2014
10:01 AM

System Messages
No Records Found!
## Claim Adjustment

### Adjust Claims

<table>
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<tr>
<th>TCN:</th>
<th>Go</th>
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[Image of a computer screen showing a CHAMPS system interface for adjusting claims.]
Claim Adjustment

Header TCN: 
Beneficiary ID: 
Name: 

TCN | Error Description | Errorneous Data
--- | --- | ---

No Records Found!

Header Details

TCN: 
Original TCN: 
No Of Lines: 
Related Cause: NO

Beneficiary ID: [Redacted] 
Gender: M-Male
Patient Account Number: [Redacted]
Place of Service: 22-Outpatient Hospital

Claim Type: J - Professional 
Source: HIPAA 
Adjustment Source: 
Claim Status: Paid 
Commercial: N 
Medicare: N

Billing Provider ID: [Redacted] 
Billing Provider Taxonomy: [Redacted] 
Rendering Provider ID: [Redacted] 
Referring Provider ID: [Redacted]

Last Name: 
First Name: 
DOB: 03/11/2010
Admit Date: 
Age: 
Type: NPI

[Buttons: Adjust, Void, Save, Cancel]
Claim Adjustment

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<th>Error Description</th>
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</table>

No Records Found!

- Header Details
  - TCN:
  - Original TCN:
  - No Of Lines:
  - Related Cause:
  - Beneficiary ID:
  - Gender:
  - Patient Account Number:
  - Place of Service:
  - Billing Provider ID:
  - Provider Taxonomy:
  - Rendering Provider ID:
  - Rendering:
  - Supervising Provider ID:

- Claim Type
  - Adjustment Source:
  - Medicare: N

- Source: Web
- Claim Status: In Process
- Commercial: N

- Last Name:
- DOB:
- Admit Date:

- Pay To Provider ID:
- Type: NPI

- Referring Provider ID:
- Type: NPI

- Referring Provider Taxonomy:

- Referring Provider:

- Referral Provider ID:

- Referral Provider Taxonomy:

- Referral Provider:

- Save
- Cancel

- Make any additional changes or updates to the claim
- Click Save
Claim Adjustment

- Click Adjust when finished
1. Enter Adjustment Source – PIA
2. Enter Comment
3. Click OK
If you need additional assistance please contact Provider Support

Phone: 1-800-292-2550
Email: providersupport@michigan.gov

www.michigan.gov/medicaidproviders