



## 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!

**HIPAA** ICD-10  
Implementation

# What is ICD-10?

ICD - 10



- International Classification of Diseases 10<sup>th</sup> 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
- 10<sup>th</sup> 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?

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

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**Review our Website:**

**[www.michigan.gov/5010icd10](http://www.michigan.gov/5010icd10)**

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**Contact the Awareness & Training Team**

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

# Resources

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



My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Uatsg1,Uatsg1 ▾

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Inquire Claims

Close

## Inquire Claim

TCN ▾ 211327510078619000 And Reason Code ▾ % And Filter By ▾ And  
Filter By ▾ And Filter By ▾ With Status ▾ In Claim ▾ All ▾ Go Save Filters My Filters ▾

TCN ▲ ▾	From Date ▲ ▾	To Date ▲ ▾	Submitted Charges ▲ ▾	Claim Status ▲ ▾	Approved Amount ▲ ▾	Pay Cycle Date ▲ ▾	Reason Code ▲ ▾
<a href="#">211327510078619000</a>	01/04/2013	01/04/2013	\$65.00	Denied	\$0.00	10/10/2013	125,18,22,9,B13,B5

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Enter the TCN and select the hyperlinked TCN to launch the claim header.

# Claim Limit List

Print Help

Header TCN:  Beneficiary ID:  Name:

Show ▾

**Header Details** Upload/View Document

TCN:  Claim Type: J - Professional  
Original TCN:  Adjustment Source:  
No Of Lines: 1 Medicare: N  
Related Cause: NO ▾

Beneficiary ID:  \* Last Name:   
Gender: F-Female ▾ \* DOB:  \*  
Patient Account Number:  \* Admit Date:  \*  
Place of Service: 22-Outpatient Hospital ▾

Billing Provider ID:  \* Type: NPI ▾ \* Pay To  
Provider ID:

Billing  
Provider Taxonomy:

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List**
- Servicing Facility Locations
- Situational Information

Select the show menu from the header screen and select SERVICE LINE LIST.

# Claim Limit List

Print Help

Header TCN: \_\_\_\_\_  
Line TCN: \_\_\_\_\_  
Beneficiary ID: \_\_\_\_\_ Name: \_\_\_\_\_

Show ▾

**Service Line Detail** Upload/View Documents

TCN: 211327510078619001 Claim Type: J - Professional Source: DD  
Adjustment Source: Claim Status: Denied Pricing Rule: Def  
EPSDT Indicator: [ ] Emergency indicator: [ ]

Beneficiary ID: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Gender: Female DOB: 1/04/2013 Age: 0  
Benefit Plan: Full Fee-for-Service Medicaid

Rendering Provider ID: \_\_\_\_\_ Type: NPI Referring Provider ID: \_\_\_\_\_ Type: \_\_\_\_\_  
Rendering Provider Taxonomy: \_\_\_\_\_  
Ordering Provider ID: \_\_\_\_\_ Type: \_\_\_\_\_ Primary Care Referring Provider ID: \_\_\_\_\_ Type: \_\_\_\_\_  
Auth #: \_\_\_\_\_ Referral #: \_\_\_\_\_ CLIA Number: \_\_\_\_\_  
From Date: 01/04/2013 To Date: 01/04/2013  
Place of Service: 22-Outpatient Hospital

Procedure Code: 99391 Manual Units: \_\_\_\_\_ Billed Units: 1  
Submitted Procedure Code: 99391 Manual Price: \_\_\_\_\_ Paid Units: 0

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail
- Claim Limit List**
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Drug Information
- Indicators
- Other Payers Information
- Patient Code List
- Patient Vision Condition
- Service Line List
- Servicing Facility Locations
- Situational Information

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.

# Claim Limit List

Print Help

## Current Claim

TCN	Revenue Code	Modifiers	Billed Amount	Paid Amount	Paid Date	Units	Error Code	Run Number	Run Date	Code	Rever
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼		▲▼
211327510			\$65.00	\$0.00	10/10/2013	0	1225	1	10/02/2013		
211327510			\$65.00	\$0.00	10/10/2013	0	1375	1	10/02/2013		

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View Pag

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## Hi

TCN	Revenue Code	Modifiers	Billed Amount	Paid Amount	Paid Date	Units	Run Number	Run Date	Code	Rever	
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼		▲▼
411325670			\$125.00	\$45.89	09/26/2013	1	1	10/02/2013			

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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

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# 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
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## CLAIM SUMMARY

Category	Count
Paid	5
Denied	1
GA	0

← **Total Number of Paid Claims**

← **Total Number of Rejected Claims**

← **Total Number of Gross Adjustments**

**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
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Warrant/ETF #: 000032296

Warrant/EFT Date: 09/30/2009



7508677600000003

# Paper Remittance Advice

Billing Provider NPI: 1111111111

Name: Example O. Provider

EIN/TIN: 010101010

Pay Cycle:

RA Number: 75057991

RA Date: 09/30/2009

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

Column 1 lists in order the Gross Adjustment ID (if applicable), Bene Name, Bene ID, Patient Acc. # (if applicable), and Medical Rec. # (if applicable)

Column 2 lists in order the Original TCN (if void or adjustment was submitted), TCN, and TOB (if applicable)

Column 3 lists in order the Submitter ID (CHAMPS Billing Agent ID, DEG ID, or Provider NPI) and Rendering Provider NPI

Column 4 lists Invoice Date and Service Date(s)

Column 5 lists in order the Revenue code (if applicable), Procedure Code (if applicable), and Modifier (if applicable)

Column 6 lists in order the PPS, DRG, and APC rates (if applicable)

Column 7 lists the Quantity Billed

Column 8 lists the Total Charges billed

Column 9 lists the Amount Approved

Column 10 lists the claim Category (Paid, Denied, or Gross Adjusted)

Column 11 lists the HIPAA Reason Code(s)

Column 12 lists the HIPAA Remark Code(s)

Patient, Name  
0022332423  
0006269322

31091841000321500

12345678  
1111111111

12/09/2008-12/09/2008

15340

409

1

\$375.00

\$0.00

Denied

133, 23, 31

N10, N131

31091841000321500

12345678

12/09/2008-12/09/2008

15341

1

\$60.00

\$0.00

Denied

133, 23, 31

N10, N131

31091841000321500

12345678

12/09/2008-12/09/2008

J7340

1

\$1,452.00

\$0.00

Denied

133, 23, 31, B5

M461, N185

Patient, One  
0095124282  
0005711862

310918410089841000

12345678  
1111111111

03/07/2008-03/07/2008

99213

1

\$80.00

\$18.24

Paid

2, 45

310918410089841001

03/07/2008-03/07/2008

99213

1

\$80.00

\$18.24

Paid

2, 45



750867760000004

# Claims

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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

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. A red arrow points to the 'Claims' menu item. Below the navigation bar, the user is logged in as 'Uatsg1, Uatsg1'. The main content area shows the 'Provider Portal' for NPI: 1003879530 and Name: UNIVERSITY OF MICHIGAN HOSPITALS. The interface is divided into several sections: 'Latest updates' with a 'System Maintenance Activity' message; 'My Reminders' with a filter section and a table showing 'No Records Found!'; and 'Notification' with three messages from 'User1'. On the right side, there is a 'Calendar' widget showing the date 29 July 2014 (Tuesday) at 09:39 AM, and a 'System Messages' widget.

**Navigation Bar:** CHAMPS | My Inbox | Provider | Claims | Member | PA

**User:** Uatsg1, Uatsg1

**Provider Portal:** NPI: 1003879530 | Name: UNIVERSITY OF MICHIGAN HOSPITALS

**Latest updates:** System Maintenance Activity  
Testing Static Banner Message

**My Reminders:**  
Filter By: [ ] [ ] [Go] [Save Filters] [My Filters]

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found!				

**Notification:**  
User1 sent you message Yesterday  
User1 sent you message Yesterday  
User1 sent you message Yesterday

**Calendar:** 09:39 AM | 29 July 2014 Tuesday  
2014 July  
Mo Tu We Th Fr Sa Su  
1 2 3 4 5 6  
7 8 9 10 11 12 13  
14 15 16 17 18 19 20  
21 22 23 24 25 26 27  
28 29 30 31  
Today

**System Messages:**

# Claim Adjustment

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes the CHAMPS logo, a user profile dropdown for 'Uatsg1, Uatsg1', and menu items for 'My Inbox' and 'Provider'. The main content area is divided into several sections:

- Latest updates:** A section titled 'System Maintenance Activity' with the message 'Testing Static Banner Message'.
- My Reminders:** A section with a 'Filter By' dropdown and a table for reminders. The table has columns for 'Alert Type' and 'Alert Message'. Below the table, it states 'No Records Found!'.
- Notification:** A section showing two notifications from 'User1' sent 'Yesterday'.
- CLAIM SUBMISSION:** A menu with options: 'Submit Professional', 'Submit Institutional', 'Submit Dental', and 'Search Template'.
- MANAGE CLAIMS:** A menu with the option 'Adjust/Void Claim Provider', which is highlighted by a red arrow.
- INQUIRE CLAIMS:** A menu with the option 'Claim Inquiry'.
- RA LIST:** A menu with the option 'RA List'.

On the right side of the interface, there is a 'Calendar' widget showing the date '31 July 2014 Thursday' and a 'System Messages' widget.

# Claim Adjustment

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

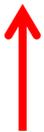
Uatg1,Uatg1 ▾ Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal

Close

Adjust Claims

TCN: [masked] Go



# Claim Adjustment

Header TCN:   
Beneficiary ID:  Name:

[Show](#) 

TCN	Error Description	Erroneous Data
No Records Found !		

**Header Details** Upload/View Documents

TCN:  Claim Type: J - Professional Source: HIPAA  
Original TCN:  Adjustment Source: Claim Status: Paid  
No Of Lines: 1 Medicare: N Commercial: N  
Related Cause: NO

Beneficiary ID:  \* Last Name:  First Name:   
Gender: M-Male \* DOB: 03/11/2010 \* Age: 3  
Patient Account Number:  Admit Date:   
Place of Service: 22-Outpatient Hospital

Billing Provider ID:  \* Type: NPI \* Pay To Provider ID:  Type: NPI  
Billing Provider Taxonomy:   
Rendering Provider ID:  Type: NPI Referring Provider ID:  Type: NPI  
Rendering  Referring

[Adjust](#) [Void](#) [Save](#) [Cancel](#)

# Claim Adjustment

Header TCN:   
Beneficiary ID:  Name:  Show ▾

TCN	Error Description	Erroneous Data
No Records Found !		

**Header Details** Upload/View Document

TCN:  Claim Type: J - Professional  
Original TCN:  Adjustment Source:  Claim  
No Of Lines: 1 Medicare: N Comr  
Related Cause: NO ▾

Beneficiary ID:  \* Last Name:  First  
Gender: M-Male ▾ \* DOB: 03/11/2010  \*  
Patient Account Number:  Admit Date:    
Place of Service: 22-Outpatient Hospital ▾

Billing Provider ID:  \* Type: NPI ▾ \* Pay To Provider ID:  Type: NPI ▾  
Billing Provider Taxonomy:   
Rendering Provider ID:  Type: NPI ▾ Referring Provider ID:  Type: NPI ▾  
Rendering  Referring

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Claim Relevant Dates
- Claim Spinal Manipulation
- Claims Ambulance Info
- Diagnosis Codes
- Indicators
- Other Payers Information
- Patient Code List
- Patient Vision Condition
- Related Causes
- Service Line List
- Servicing Facility Locations
- Situational Information

Adjust Void Save Cancel

# Claim Adjustment

Header TCN:   
Beneficiary ID:  Name:

Show ▾

TCN	Error Description	Erroneous Data
No Records Found !		

Header Details Upload/View Documents

TCN:   
Original TCN:   
No Of Lines: 1  
Related Cause: NO ▾

Claim Type:   
Adjustment Source:   
Medicare: N

Source: Web  
Claim Status: In Process  
Commercial: N

Beneficiary ID:  \*  
Gender: M-Male ▾ \*  
Patient Account Number:   
Place of Service: 22-Outpatient Hospital ▾

Last Name:   
DOB:   \*  
Admit Date:

First Name:   
Age: 0

Billing Provider ID:  \* Type: NPI ▾ \*  
Billing Provider Taxonomy:   
Rendering Provider ID:  Type: NPI ▾  
Rendering Provider Taxonomy:   
Supervising Provider ID:  Type:

Pay To Provider ID:  Type: NPI ▾  
Referring Provider ID:  Type: NPI ▾  
Referring Provider Taxonomy:   
Primary Care Referring Provider ID:



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

# Claim Adjustment

Header TCN:   
Beneficiary ID:  Name:  Show ▾

TCN	Error Description	Erroneous Data
No Records Found !		

**Header Details** Upload/View Documents 🔗 ✉ ☰ ▲

TCN:  Claim Type:  Source: Web  
Original TCN:  Adjustment Source:  Claim Status: In Process  
No Of Lines: 1 Medicare: N Commercial: N  
Related Cause:

Beneficiary ID:  \* Last Name:  First Name:   
Gender:  \* DOB:  \* Age:   
Patient Account Number:  Admit Date:  \*  
Place of Service:

Billing Provider ID:  \* Type:  \* Pay To Provider ID:  Type:

Billing Provider Taxonomy:  Referring Provider ID:  Type:

Rendering Provider ID:  Type:  Referring Provider Taxonomy:

Rendering Provider Taxonomy:  Primary Care Referring Provider ID:

Supervising Provider ID:  Type:

- Click Adjust when finished

# Claim Adjustment

Print Help

Header TCN:

Beneficiary ID:  Name:

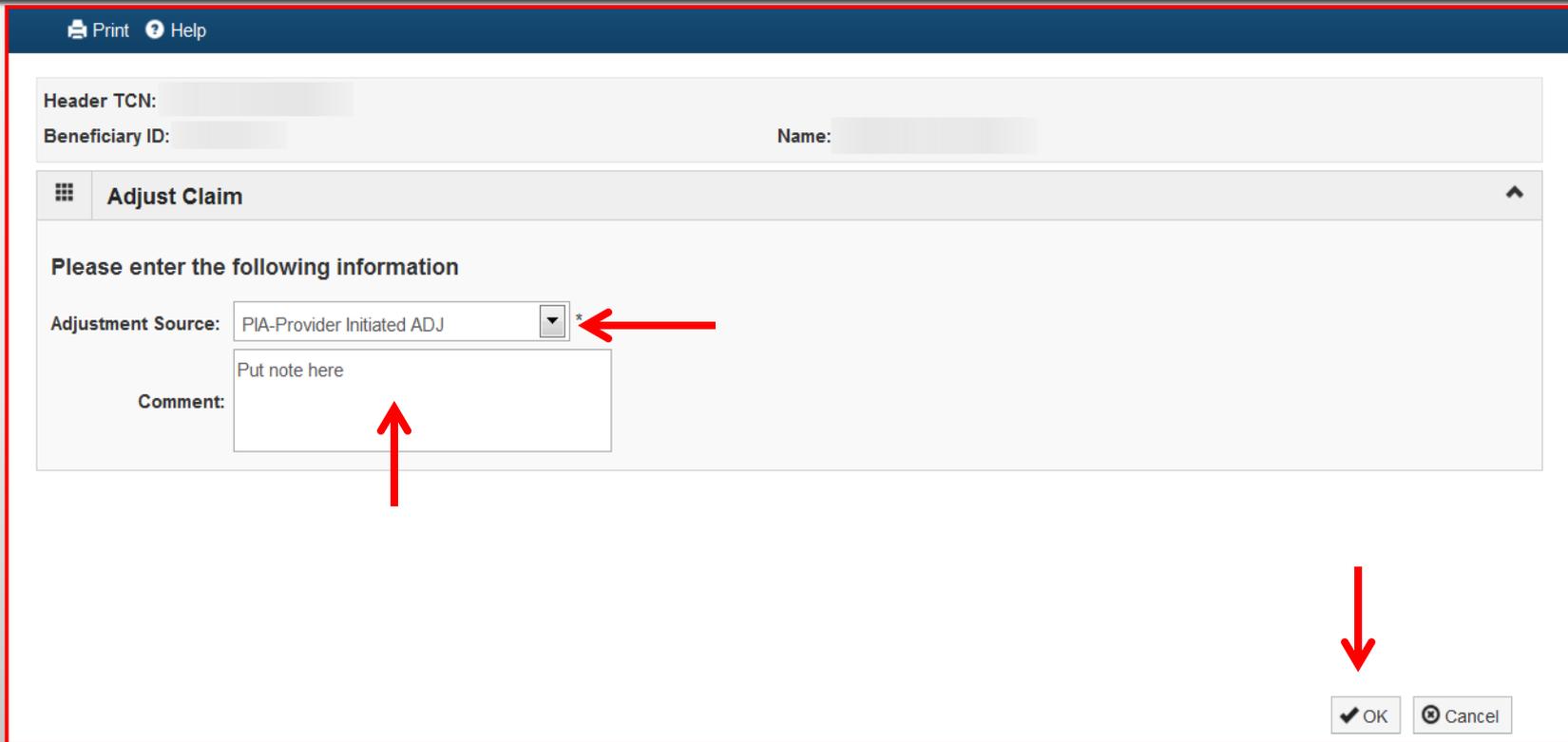
**Adjust Claim**

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ  \*

Comment:

OK Cancel



1. Enter Adjustment Source – PIA
2. Enter Comment
3. Click OK



## Provider Relations

If you need additional assistance please  
contact  
Provider Support

Phone: 1-800-292-2550

Email: [providersupport@michigan.gov](mailto:providersupport@michigan.gov)

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