

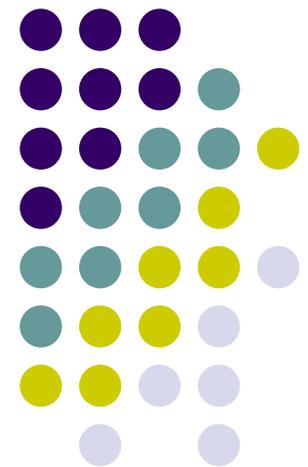
# CHAMPS

## Michigan Medicaid

### Professional Claims

HIPAA 5010

Jan. 1, 2012

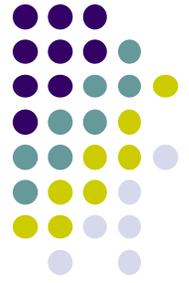


*Michigan Department  
of Community Health*



Rick Snyder, Governor  
Olga Dazzo, Director

# Why HIPAA 5010



- Federally required for claim submissions effective January 1, 2012
- Supports National Provider Identifier (NPI)
- Supports ICD-10 codes, effective October 1, 2013
- Allows for use of ICD-9 or ICD-10 codes by DOS
- Expands the number of reportable diagnosis codes to 12

# General 5010 Changes



- Larger name fields
- Prohibits use of P.O. Box for billing provider address
- Billing Provider requires 9 digit zip code
- Diagnosis field size expanded in preparation for using ICD-10 codes in October 2013.
- Changes made to the AMT segments for COB claims (approved and allowed deleted)

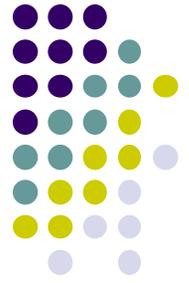


# CHAMPS Templates

- New templates are required January 1, 2012
- Templates previously saved will not be available for use
- There is no change to the number of templates you can create- five are allowed

**Set up your new templates as soon as possible when new screens go live January 2012!**

# Claim Adjustments



- When adjusting an original 4010 claim, adjustor will be prompted to remove 4010 information that is no longer required
  - If NDC Unit Price was blank on a 4010 claim the field will be disabled. If field has a value, you must remove the amount prior to submission.
- When adjusting an original 4010 claim, adjustor will be prompted to add required 5010 information.
  - If patient account number was left blank, you will be prompted to add the value
- If a 4010 claim has multiple NDC's on a single line, remove that line and create new lines for each NDC and use the Prescription/Link No to link the NDC's.

# Direct Data Entry (DDE) Changes



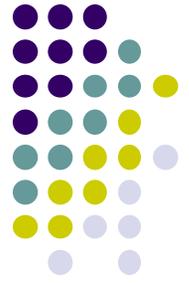
- Place of Service (POS) and Patient Account Number at the header are now required for Professional Claims.
- If the line level POS is different than the header, the new POS must be submitted.
- The second occurrence of the Prior Authorization Number is now the Referral Number.

# DDE Changes



- Five new expendables' were added:
  - Relevant Dates
  - Ambulance
  - Chiropractic
  - Replacement Lens and Frames
  - Anesthesia Related Procedures
- For physician administered drugs:
  - For compound drugs with multiple NDC's report a second line, or more, for each NDC used. Bill the same HCPCS and prescription/link number on each line.

# DDE Changes



- For ambulance providers, pay special attention to the condition indicators in the drop down boxes. These indicators can be used in lieu of note and will lower the number of claims that pend.
- Additional information has been added to the Line Item Grid at the bottom of the CHAMPS screen. This will allow easier confirmation of the information that you have entered.

# DDE - New Fields



## Header

- Place of Service
- Delay Reason Code
- Remittance Date
- Referral Number
- Supervising Provider
- Diagnosis code – max 12 with 8 displayed at header

## Line

- Prescription Date
- Prescription Qualifier
- Prescription Link
- CLIA Number
- Referral Number
- Claim Note
- Procedure Description

# Delay Reason Code



- Provides the reason that the claim submission to MDCH was delayed
- Helps prevent claim denials for “timeliness”
- Always use Delay Reason Codes if applicable
- If related to third party liability (TPL), always include the TPL remit date on the claim

# DDE - Removed Fields



## Header

- Pay to provider
- Similar illness symptom date
- Third occurrence of Related Causes
- Deductible amount
- Subscriber Gender and Date of Birth (OI)
- Second occurrence of Prior Authorization Number

## Service Line

- Second occurrences of Prior Authorization
- National Drug Code changed to one occurrence

# DDE Service Line Summary Grid



- Added
  - Prior Authorization Number
    - Now viewable after adding service line item

# Added – Supervising Provider Remittance Date



Close Submit Claim Save as Template Reset

**Professional Claim:**  
Note: Asterisks (\*) denote required fields. Billing Instructions

**Basic Claim Info**  
Provider | Beneficiary | Claim | Service

**PROVIDER INFORMATION**

**BILLING PROVIDER INFORMATION**  
Provider ID:  \* Type:  \* Taxonomy Code:

Is the Billing Provider also the Rendering Provider?  Yes  No

**RENDERING PROVIDER**  
Provider ID:  \* Type:  \* Taxonomy Code:

Is the Billing Provider also the Supervising Provider?  Yes  No

**SUPERVISING PROVIDER**  
Provider ID:  \* Type:  \*

Is this service the result of a referral?  Yes  No Top

**BENEFICIARY INFORMATION**

**BENEFICIARY**  
Beneficiary ID:  \*  
Last Name:  \* First Name:  \* MI:  Suffix:   
Date of Birth:    \*    \* Gender:  \*  
Onset of Current Illness/symptom Date:       \*

Does the beneficiary have insurance other than Medicaid?  Yes  No

**OTHER INSURANCE INFORMATION**  
**Other Subscriber Information**  
Payer Responsibility Code:  \* **Remittance Date:**    \*  
Payer ID Number:  \* Subscriber Member ID:   
Subscriber Last Name:  First Name:  MI:  Suffix:   
Insured's Group or Policy Number:  \* Beneficiary's Relationship:

Page ID: pgSubmitProfClaim(Claims) Environment: 5010UAT (Server: wtv002.89 - Build: R9 3.13) Server Time: 09/06/2011 10:00:34 EDT

Added – Hearing or Vision Prescription Date  
Spinal Manipulation Info  
Patient Condition Info Vision

Changed – Referral Number instead of 2 Prior Auth. numbers  
Related Causes Info – now



Close Submit Claim Save as Template Reset

CLAIM INFORMATION

RELEVANT DATES

Admission Date: mm dd yyyy Discharge Date: mm dd yyyy  
Assumed Care Date: mm dd yyyy Relinquished Care Date: mm dd yyyy

Hearing or Vision Prescription Date: mm dd yyyy

PRIOR AUTHORIZATION/REFERRAL/CLIA

Prior Authorization Number: MDCH PA:  Yes  No Referral Number: CLIA Number:

Is this claim related to Chiropractic Spinal Manipulation?  Yes  No

SPINAL MANIPULATION INFORMATION

Nature of Condition Code: Description: Additional Description: Characters Remaining: 80

Is this a vision claim involving replacement lenses or frames?  Yes  No

PATIENT CONDITION INFORMATION VISION

Vision Code Category: E1-Spectacle Lenses Add Another

Condition Indicator: 1: 2: 3: 4: 5:

Is this claim accident?  Yes  No

RELATED CAUSES INFORMATION

Related Causes: 1: 2: Accident Date: mm dd yyyy

Auto Accident State: Accident State: Accident Date: mm dd yyyy

Does this claim involve a referral?  Yes  No

CLAIM DATA

Patient Account No.: Place of Service: Diagnosis Codes: 1: 2: 3: 4: Add Another

Page ID: pgSubmitProf Environment: 5010UAT (Server: wtw002.88 - Build: R8.3.13) Server Time: 09/06/2011 10:00:34 EDT

Added – Anesthesia Related Procedure  
Condition Information  
Delay Reason  
Ambulance Information

Changed – Claim Data  
Patient Account No. &  
Place of Service are now  
required at header



Close Submit Claim Save as Template Reset

**CLAIM DATA**  
Patient Account No.:  \*  
Place of Service:  \*

Diagnosis Codes: 1:  01-Pharmacy 2:  03-School 3:  4:  Add Another

**ANESTHESIA RELATED PROCEDURE**  
Principle HCPCS Code:  04-Homeless Shelter  
Code:  05-Indian Health Service Free-standing Facility  
06-Indian Health Service Provider-based Facility  
07-Tribal 038 Free-standing Facility  
08-Tribal 038 Provider-based Facility  
09-Prison-Correctional Facility  
Add Another

**CONDITION INFORMATION**  
1. Condition Code:

**DELAY REASON**  
Delay Reason Code:

**AMBULANCE INFORMATION**  
Pick-up Location Address:  
Address:   
Address:   
City Name:   
State/province:   
Postal Code:   
Country:   
County Subdivision Code:

Drop-off Location Address:  
Last Name/Organization Name:   
Address:   
Address:   
City Name:   
State/province:   
Postal Code:   
Country:   
County Subdivision Code:

Patient Weight:  lb  
Reason Code:  Transport Distance:  miles \*\*

Round Trip Purpose Description:  Characters Remaining: 80  
Stretcher Purpose Description:  Characters Remaining: 80

Condition Indicator: 1:  2:  3:  4:  5:  Add Another

**BASIC LINE ITEM INFORMATION**  
**BASIC SERVICE LINE ITEMS**



# Questions

