



O & P Liaison Meeting - PA

“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

State of Michigan Single Sign On

Please Login or Sign-Up to use Single Sign-On

Login

User ID:

Password:

Login

Forgot Password?

If you have forgotten your password, click Need Password. Single Sign-On system will email you a new temporary password.

Need Password

Sign-Up

If you are a new user to Single Sign-On, click Register to create your User ID and Password.

Register



Application Portal

WELCOME ,

Your password will expire in 12 days.

You are currently subscribed to the following applications:

-
- [CHAMPS](#) ←

[Subscribe to Applications](#) [Add new Roles to Existing Subscription](#)
[Account Maintenance](#) [Sign Off](#)

State of Michigan Single Sign On



User ID:

[Sign Off](#)

MDCH Systems Use Notification

The Michigan Department of Community Health's (MDCH) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business.

Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDCH. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDCH systems for commercial or partisan political purposes.

Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type.

All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and /or prosecution.

By accessing information provided by the Michigan Department of Community Health computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.





Community Health Automated Medicaid Processing System

→ Select Domain *

→ Select Profile *

→ Select Favorite

NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, October 11, 2014 thru 6:00 AM Sunday, October 12, 2014. This outage will affect CHAMPS system access for all functionality.

My Reminders

Filter By

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

Calendar

2:06 PM 18 March 2015 Wednesday

2015 March

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 →

- PA REQUEST LIST
- PA Request List
- PA INQUIRE
- PA Inquire

NPI:

Name:

Latest updates

System Notification

Attention All Providers: There is a scheduled year-end maintenance outage for CHAMPS on Wednesday, December 31, 2014 from 6:00 PM EST till 11:59 PM EST. All CHAMPS front-end applications will be down during this time. Service will resume at 12:01 AM on Thursday, January 1, 2015.



My Reminders

Filter By

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

No Records Found !

Calendar

2:11 PM 18 March 2015
Wednesday

2015 March

Mo	Tu	We	Th	Fr	Sa	Su
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

← Today →

Close Add New Request

PA Request List Hide Filter

Filter By And Filter By And Filter By
Go Save Filters My Filters ▾

Page View	Org	Beneficiary ID	Beneficiary Name	Tracking No.	Request Date	Status	NPI/ID	Upload
	MDC							

PA Request - Requestor, Subscriber Information

Request Date: 03/18/2015

Requestor

Requestor ID:

Requestor NPI:

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

Subscriber

Identification Code Qualifier: MI-Member Identification Number *

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

□	Diagnosis Code ▲ ▼	Description ▲ ▼	Diagnosis Type ▲ ▼	From Date ▲ ▼	To Date ▲ ▼
No Records Found !					



Diagnosis Codes

Code: *



Type: *



From Date:

To Date:



PA Request - Diagnosis Information

Diagnosis Code	Description	Diagnosis Type	From Date	To Date
23771	NEUROFIBROMATOSIS TYPE I	BF-ICD-9 Diagnosis	03/18/2015	03/18/2015

View Page: 1

Viewing Page: 1



PA Request - Service Review Information

Service From Date: 03/18/2015 *  

Service Type: Prosthetic Device *  

Request Category: 

Facility Code Qualifier: A-Uniform Billing Claim *  

Facility Code Value: 

Level of Service: 

Prognosis Code: 

Service To Date: 03/18/2015 *  

Release of Information: 

Certification Type: I-Initial *  

Prev. Auth. Number:

Prev. Admin Number:

Current Health Condition: 

Delay Reason Code: 

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.



PA Request - Service Provider Information

Name	ID	NPI	Provider Code	Contact Name	Communication Qualifier	Communication Number
No Records Found !						



Service Provider by ID

Service Provider ID:

Service Provider NPI:

Provider Code:

Service Provider Taxonomy Code:

Requestor Remarks:



PA Request - Service Provider Information

Name	ID	NPI	Provider Code	Contact Name	Communication Qualifier	Communication Number
			OR-Ordering		TE-Telephone	

View Page:

Viewing Page: 1



PA Request - Procedures Information

Procedure Code	Code Qualifier	Quantity	Amount	From Date	To Date	Status
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !						



Procedure Codes and Modifiers

Service From Date: 04/09/2015 Service To Date: 04/10/2015

Prev. Auth. Number: Prev. Admin Number:

Code Qualifier: HC-HCPCS Codes * ←

Code: L0629 * ←

Modifier 1: Modifier 2: Modifier 3: Modifier 4:

From Date: 04/09/2015 * ← To Date: 04/09/2015 * ←

Description: LSO flex w/rigid stays cust

Providers Associations

Service Provider: * ←

Quantity and Amount

Quantity: 1 * ← Amount: \$1000.00 * ←

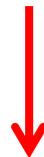
Remarks: Be sure to enter brand/make/model number

PA Request - Procedures Information

Procedure Code	Code Qualifier	Quantity	Amount	From Date	To Date	Status
L0629	HC-HCPCS Codes	1	1,000.00	03/18/2015	03/18/2015	Requested

View Page:

Viewing Page: 1



- Would you like to add additional certification/condition information for any of the categories?
(Ambulance, Chiropractic, DME, Oxygen Therapy, Functional Limitations, Activities Permitted, Mental Status)
- 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?



PA Request - Additional Service Information

Please choose how you would like to submit documents.

[Click here: To Upload Document](#)

[Click here: To Print Fax Cover Page](#)



Report Type	Transmission	ID	Description
▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !			

Required Documentation: Prescription and Letter of Medical Necessity (if Diagnosis does not bypass need for PA)



☰ PA Request - Submitted



Prior Authorization has been submitted to State for review.

Tracking No.: [Redacted]

Requestor Transaction Set Control Number: 1

Submitter Transaction Identifier: [Redacted]



✓ Finish

Questions???