

PROVIDER INQUIRER

December, 2009 Quarterly Edition

www.michigan.gov/mdch

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Reason/Remark Codes

A majority of the calls/emails the provider inquiry area receives is regarding the reason/remark codes that now appear on the remittance advices with the onset of the new billing system CHAMPS. The national reason/remark codes replaced the previous proprietary explanation codes that Medicaid used to edit claims. The definitions of the national reason/remark codes can be found at www.wpc-edi.com. Click on code lists, then under **HEALTHCARE** the claim adjustment reason codes and the remittance advice remark codes are listed. The combination of the reason/remark codes are used to help a provider identify claim issues. FYI: Many carriers including Medicare have been utilizing the national reason/remark codes for years.

A few of the top combination reason/remarks codes are listed below. They may not all appear together on the claim but these certain reason/remark codes will give you clues about the billing issue:

Reason code B7, Remark code N198: Generally this means the provider is not eligible on the billing DOS. Things to look at are:

- 1) Is provider eligible with provider enrollment on the DOS?
- 2) Is the rendering provider associated with the billing provider for this DOS?
- 3) Is the license active for the DOS?

Reason code 31, Remark code N30: This means the beneficiary; member was not eligible for the program you are billing for on the DOS. Things to check are:

- 1) Is the beneficiary eligible for services on the DOS?
- 2) Are the specific services you are billing for a part of the program beneficiary is eligible for? For example, the beneficiary is eligible for Plan First services only and you are billing for non family planning services.
- 3) Were they retroactively qualified for Medicaid?

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Reason code18, Remark code B13, Remark code N30: These edits generally mean that the provider has already been paid or partially paid for these services on this beneficiary. Please verify:

- 1) Past remittance advices for payment before and after CHAMPS.
- 2) Check claim status on Champs. This can be done by qualifying from/to DOS, beneficiary ID#, and/or billing NPI, procedure code etc.

Before contacting provider support providers should verify how they are enrolled and the dates they are enrolled in CHAMPS. Verify member eligibility and the services the beneficiary is qualified to receive. And/or verify to see if the provider has received previous payment for these services.

Proposed Medicaid Changes

Below are the proposed Policy Bulletins that are posted online. Please review them online at www.michigan.gov/medicaidproviders >>Policy and Forms. Make sure all comments have been submitted by the Comment Due Date below.

Comment Due Date	Notice Number	Subject
December 30, 2009	M0912-Update	Updates to the Medicaid Provider Manual
December 17, 2009	0945-Status	Change in Enrollment Status During an Episode of Care

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New Policy Bulletins

The bulletins below were published during the previous month. It is very important that all providers are aware of new Policy Bulletins that are published. All applicable Policy Bulletins will be incorporated into the new quarter of the on-line updated Medicaid Manual. To view the new policy bulletins online you can visit www.michigan.gov/medicaidproviders >> Policy and Forms. If you have any questions on the Policy Bulletins above, please contact Provider Inquiry at 1-800-292-2550 or ProviderSupport@michigan.gov.

Issue Date	Bulletin Number	Subject
December 1, 2009	MSA 09-61	Diagnosis Related Group (DRG) Grouper Update, DRG Rate Update and Per Diem Rate Rebasing
December 1, 2009	MSA 09-60	Updates to the Medicaid Provider Manual
November 10, 2009	MSA 09-56	MI Choice Waiver Waiting List - Revised
November 3, 2009	MSA 09-57	Children's Special Health Care Services (CSHCS) Payment Agreement Changes and Benefit Reductions
October 16, 2009	MSA 09-55	Medicaid Cost Reporting for Medicaid Leave Days - Hospital
October 5, 2009	MSA 09-52	Pharmacy Vaccine Administration Reimbursement
October 5, 2009	MSA 09-51	Community Health Automated Medicaid Processing System (CHAMPS) National Provider Identifier (NPI) Editing for Fee-for-Service (FFS) Billing and Rendering/Serviceing Providers
October 1, 2009	MSA 09-54	Elimination of the Categories for Approved Enteral Formulae Product List, End Dating coverage for five Healthcare Common Procedure Coding System (HCPCS) codes, Adding Prior Authorization Requirements for HCPCS code E0621, and Changing Penny Screen on the Michigan Department of Community Health (MDCH) Database
October 1, 2009	MSA 09-53	October Sanctioned Provider Update

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THE CORNER

Community Health Automated Medicaid Processing System



CHAMPS Has Arrived!



After three years of planning, building and testing the Community Health Automated Medicaid Processing System (CHAMPS); the Claims, Prior Authorization and Eligibility subsystems were successfully launched on September 18, 2009. Since the launch date over 4 million claims have been processed in CHAMPS.

MDCH would like to thank all of the Providers and Provider Associations that have submitted suggestions and participated in the development and testing of CHAMPS throughout this project; such input was critical as we move forward to bring about the changes necessary to make CHAMPS a success.

MDCH will post notices of identified CHAMPS issues and directives for resolution of such issues under **Updates** on the CHAMPS webpage. To view this information Providers are encouraged to visit www.michigan.gov/mdch >>CHAMPS. This page also contains helpful resources for each CHAMPS subsystem including Quick Reference Guides, Web Based Training, Frequently Asked Questions and more.

For questions related to navigating through CHAMPS, domain access and user id/password problems please contact the CHAMPS Helpline at: 1-888-643-2408 or by email: CHAMPS@michigan.gov.

Nearly 4,100 providers have attended CHAMPS training sessions since October. A few December training sessions have space available. To register click: [Medicaid Provider Training Sessions website](#) on the CHAMPS webpage. Please note these sessions cover navigation through the subsystems and are not billing sessions. MDCH will offer billing sessions after January, 2010.

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Update on edit 743

MDCH has started the process to resurrect claims that received the 743 edit prior to CHAMPS "go-live." This process will be done in phases over several weeks. **Correction to issue sent 12/9/09:** The TCN for these claims will be 18 digits in length.



**State of Michigan Offices will be closed:
Thursday, December 24, 2009
And
Friday, December 25, 2009
In observance of the Christmas Holiday**

Topic Suggestions for the Provider Inquirer:

Do you have a particular billing topic you would like Outreach and Education to address in the next quarterly edition of the Provider Inquirer? If so, submit your suggestion to: provideroutreach@michigan.gov. In the subject line type: Provider Inquirer. Please submit your suggestion(s) at least one month prior to the next edition, Outreach and Education will try to accommodate your suggestion. The Provider Inquirer is released the third month of the quarter (i.e. March, June, September and December).