

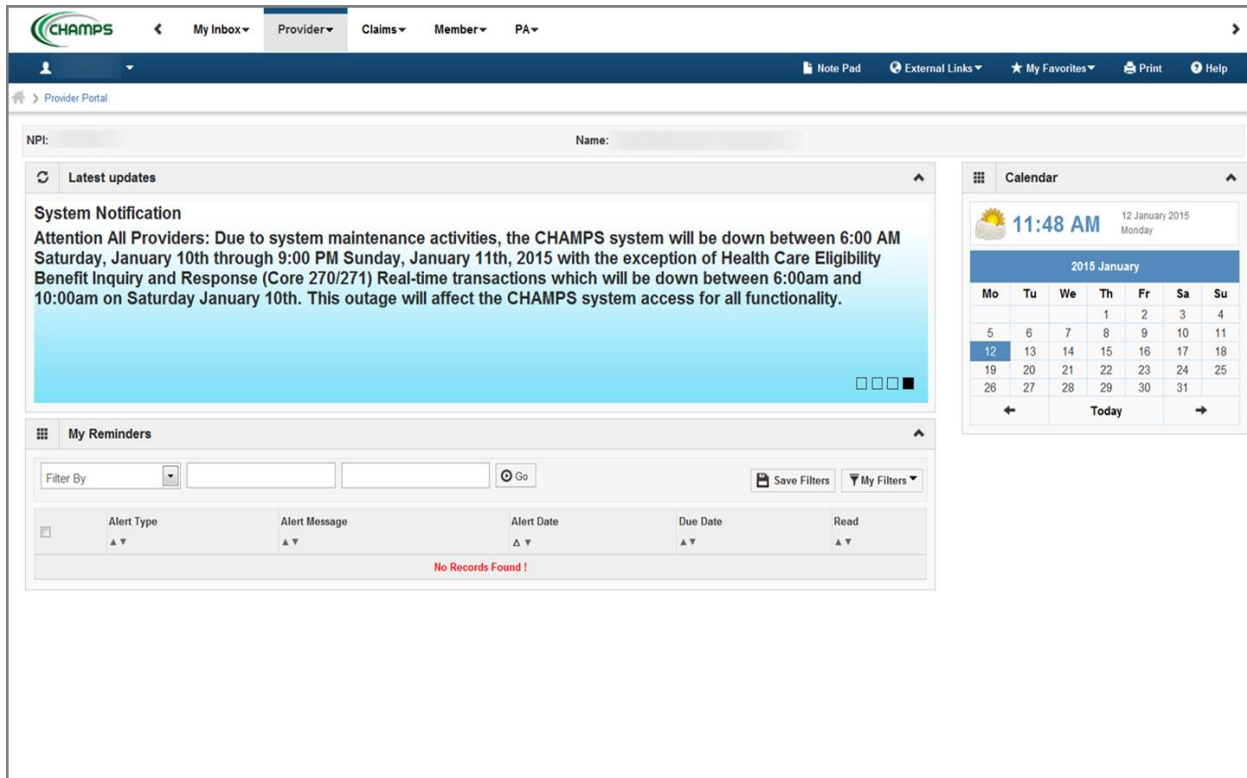
Claim Limit List

How to use the Claim Limit List function within CHAMPS

Claim Limit List is a feature within the CHAMPS “Claim Inquiry” option that allows providers to see the historical claim/service line that is causing the current claim/service line to suspend or deny for multiple reasons included but not limited to:

- Limits (CARC B5, B13, RARC N640)
- Exact Duplicate and Suspected Duplicates (CARC 18, RARC N522)
- 15-Day Readmissions (CARC 133, RARC N47)
- 72-hour Rule (CARC 96, RARC M2)
- Split billing (CARC 97, RARC M86)

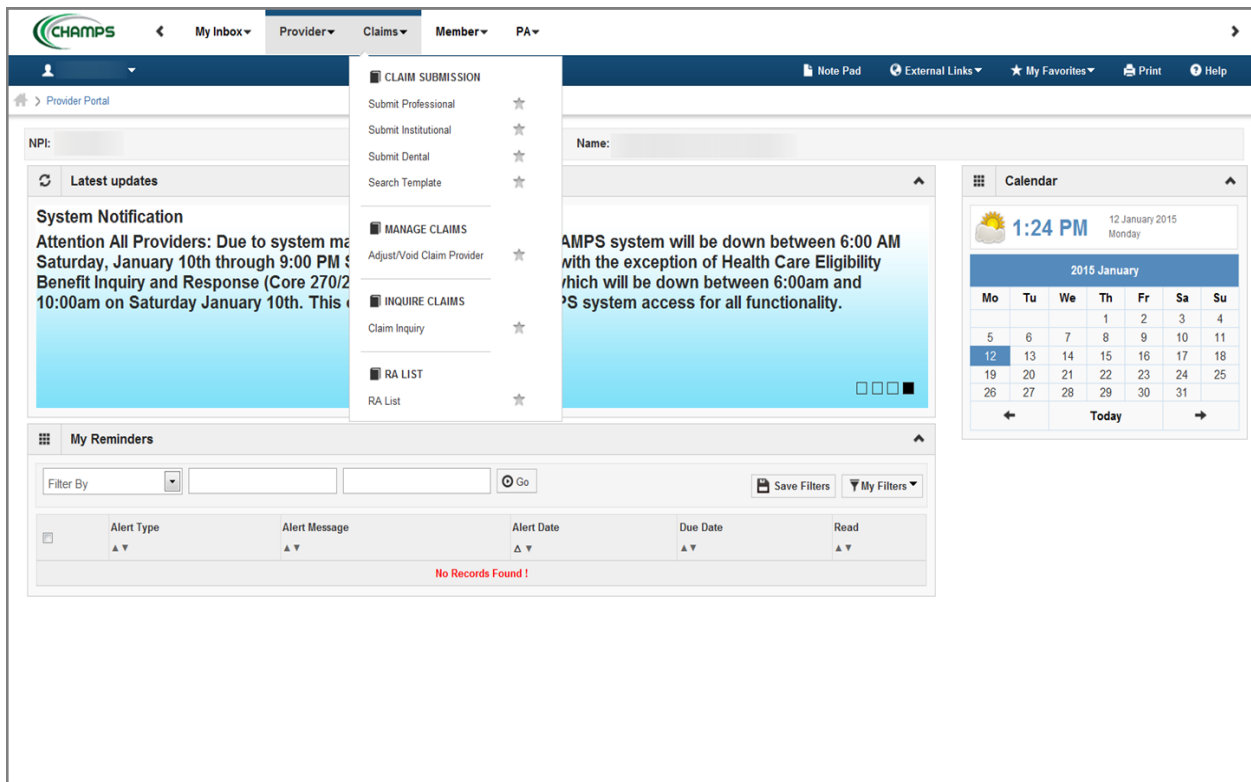
1. Select the Claims Tab



The screenshot shows the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The 'Claims' tab is currently selected. Below the navigation bar, there are search fields for 'NPI:' and 'Name:'. The main content area is divided into several sections:

- Latest updates:** A system notification box with a blue background stating: "Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality." There are three small square icons at the bottom right of the notification.
- My Reminders:** A table with columns for 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', and 'Read'. Below the table, it displays the message "No Records Found!".
- Calendar:** A calendar for January 2015. The current date is 12 January 2015 (Monday) at 11:48 AM. The calendar grid shows days from 1 to 31.

2. Select Claim Inquiry



The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. A dropdown menu is open under 'Claims', listing options: CLAIM SUBMISSION (with sub-items: Submit Professional, Submit Institutional, Submit Dental, Search Template), MANAGE CLAIMS (with sub-item: Adjust/Void Claim Provider), INQUIRE CLAIMS (with sub-item: Claim Inquiry), and RA LIST (with sub-item: RA List). The main content area features a 'System Notification' with a blue background, stating: 'Attention All Providers: Due to system maintenance on Saturday, January 10th through 9:00 PM EST, the CHAMPS system will be down between 6:00 AM and 6:00 PM EST with the exception of Health Care Eligibility and Benefit Inquiry and Response (Core 270/271) which will be down between 6:00am and 6:00pm EST on Saturday January 10th. This will affect CHAMPS system access for all functionality.' To the right is a calendar for January 2015, showing the current time as 1:24 PM on Monday, January 12, 2015. Below the notification is a 'My Reminders' section with a filter box and a table with columns: Alert Type, Alert Message, Alert Date, Due Date, and Read. The table currently displays 'No Records Found!'.

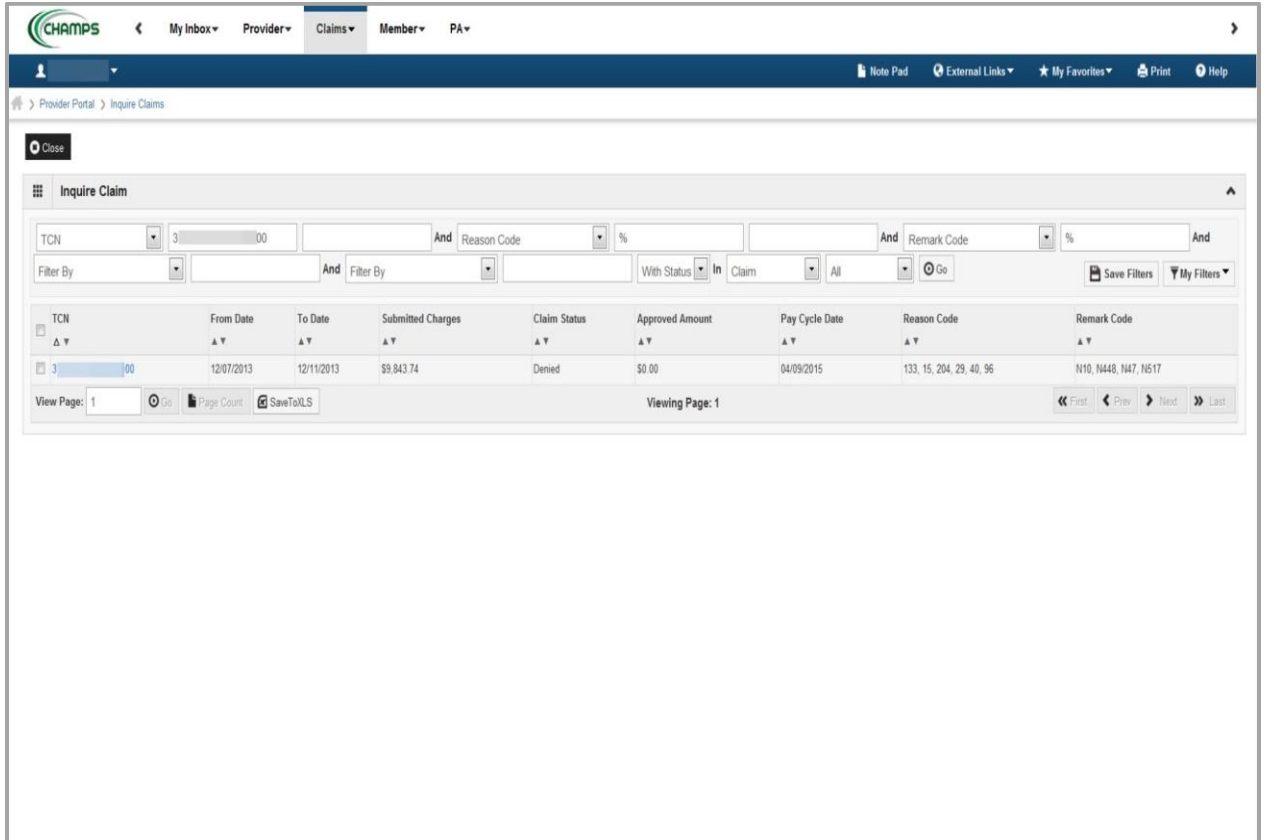
3. Select desired filters

The screenshot shows the CHAMPS 'Inquire Claim' interface. At the top, there are navigation tabs: 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below the navigation is a toolbar with icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Inquire Claim' and features a search bar and a 'Close' button. A dropdown menu is open, listing various filter criteria. The list includes:

- Admission Date
- Approved Amount
- Batch ID
- Beneficiary ID
- Claim Notes
- Claim Type
- Consumer ID
- From/To Dates
- Medical Record Number
- MiChild ID
- Original TCN
- PA Number
- Patient Account Number
- Pay Cycle Date
- Recipient ID
- Referral Number
- Rendering Provider NPI
- TCN Load Date
- TCN
- APC Pay Status
- Adjudication Date
- Admission Date
- Approved Amount
- Batch ID
- Beneficiary ID
- Beneficiary Name
- Claim Notes
- Claims Filing Indicator
- Code Category
- Consumer ID
- Copay Tier
- Diagnosis Code
- FPL
- From/To Dates
- GA/RP ID
- HIPAA Version
- ICO Indicator
- Invoice Date
- Invoice Type
- Line Approved Amount
- Line Item Control Number
- MAGI Category
- Medical Record Number
- MiChild ID
- Modifier
- NDC Code
- Oral Cavity
- Original TCN

The interface also shows a table with columns for 'Date', 'To Date', and 'Submitted Charges'. On the right side, there are additional filter options for 'With Status', 'In Claim', and 'Last 6 Months', along with 'Save Filters' and 'My Filters' buttons.

- Click the TCN hyperlink to open the claim header detail page



CHAMPS My Inbox Provider Claims Member PA

Provider Portal > Inquire Claims

Inquire Claim

TCN: 3 Reason Code: % Remark Code: %

Filter By: With Status: In Claim: All

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date	Reason Code	Remark Code
3	12/07/2013	12/11/2013	\$9,843.74	Denied	\$0.00	04/09/2015	133, 15, 204, 29, 40, 96	N10, N448, N47, N517

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5. From the Show drop down select service line list

The screenshot displays a web application interface for Provider Relations. At the top, there are navigation links for 'Print' and 'Help'. Below this, the 'Header Details' section is visible, containing various input fields and labels:

- Header Information:** Header TCN: 3[redacted]00, Beneficiary ID: [redacted], Name: [redacted]
- Claim Information:** Claim Type: R - Inpatient, No of Lines: 11, Medicare: N, Pricing Rule: DRG Pricing
- Beneficiary Information:** Beneficiary ID: [redacted], Gender: [redacted], Patient Control Number: [redacted], Last Name: [redacted], DOB: [redacted]
- Provider Information:** Billing Provider ID: [redacted], Attending Provider ID: [redacted], Pay To Provider ID: [redacted], Operating Provider ID: [redacted]
- Additional Fields:** From Date: 12/07/2013, To Date: 12/11/2013, Referral #: [redacted], Auth #: [redacted], DRG Code: 103, Total DRG OutLier Payment: 0

On the right side of the interface, a 'Show' dropdown menu is open, displaying a list of options. The 'Service Line List' option is highlighted in blue, indicating it is the selected action.

- If the claim is Inpatient or denying/suspending at the header then select service line 01
If a service line is denying/suspending, then select that service line.

Print Help

Header TCN: 3-00000000
Beneficiary ID: [redacted] Name: [redacted] Show

Service Lines

Filter By [] And Filter By [] Go Save Filters My Filters

TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
3-00000001	0110						4	\$5,200.00	\$0.00	Denied
3-00000002	0250						153	\$1,542.54	\$0.00	Denied
3-00000003	0258						1	\$9.20	\$0.00	Denied
3-00000004	0270						6	\$465.00	\$0.00	Denied
3-00000005	0300						6	\$258.00	\$0.00	Denied
3-00000006	0301						4	\$140.00	\$0.00	Denied
3-00000007	0320						1	\$68.00	\$0.00	Denied
3-00000008	0351						1	\$1,020.00	\$0.00	Denied
3-00000009	0402						1	\$150.00	\$0.00	Denied
3-00000010	0740						1	\$765.00	\$0.00	Denied

View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last Cancel

7. Once the service line is selected then select Claim Limit List from the Show dropdown

The screenshot shows a web application interface for 'Service Line Detail'. At the top, there are fields for 'Header TCN: 3...', 'Line TCN: 3...', and 'Beneficiary ID: ...'. A 'Name:' field is also present. A 'Show' dropdown menu is open on the right side, listing various options: 'Claim Outbacks', 'Claim Enhancement Amounts', 'Claim Header Detail', 'Claim Limit List' (highlighted), 'Claim Notes', 'Codes List', 'Diagnosis Codes', 'Drug Information', 'Indicators', 'Other Payers Information', 'Service Line List', and 'Situational Information'. The main form area contains several sections: 'Adjustment Source' with 'TCN: 3...', 'Claim Type: R - Inpatient', and 'Source: HIPAA'; 'Beneficiary Information' including 'Beneficiary ID:', 'Gender: Female', 'Last Name:', 'DOB:', 'First Name:', and 'Age: 39'; 'Operating Provider' and 'Referring Provider' fields with 'Type:' dropdowns; 'Procedure Code' and 'Submitted Procedure Code' fields; and 'Revenue Code: 0110', 'Manual Units', 'Manual Price', 'Billed Units: 4', and 'Paid Units: 0'. At the bottom right, there are 'Previous', 'Next', and 'Cancel' buttons.

8. The current suspended/denied claim information will be displayed at the top and the previously processed claim will show at the bottom

Print Help

Header TCN: 3-0000
 Line TCN: 3-01
 Beneficiary ID: Name: Show

Current Claim

TCN	From Date	To Date	Claim Type	Bill Type	POS	Billing Provider NPI	Servicing Provider NPI	Procedure Code	Revenue Code	Modifiers	Tooth #	Billed Amount	Paid Amount	Paid Date	Units	Error Code	Run Number	Run Date
3-01	12/07/2013	12/11/2013	R	0111		1-01			0110			\$5,200.00	\$0.00	04/16/2015	0	1191	1	04/07/2015

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History Claims

TCN	From Date	To Date	Claim Type	Bill Type	POS	Billing Provider NPI	Servicing Provider NPI	Procedure Code	Revenue Code	Modifiers	Tooth #	Billed Amount	Paid Amount	Paid Date	Units	Error Code	Run Number	Run Date
3-01	12/07/2013	12/07/2013	R	0111		1-52			0120			\$953.00	\$0.00	01/02/2014	0	1191	1	04/07/2015
3-02	12/07/2013	12/07/2013	R	0111		1-52			0250			\$559.89	\$0.00	01/02/2014	0	1191	1	04/07/2015
3-03	12/07/2013	12/07/2013	R	0111		1-52			0258			\$6.25	\$0.00	01/02/2014	0	1191	1	04/07/2015
3-04	12/07/2013	12/07/2013	R	0111		1-52			0260			\$471.00	\$0.00	01/02/2014	0	1191	1	04/07/2015
3-05	12/07/2013	12/07/2013	R	0111		1-52			0300			\$725.25	\$0.00	01/02/2014	0	1191	1	04/07/2015
3-06	12/07/2013	12/07/2013	R	0111		1-52			0320			\$107.75	\$0.00	01/02/2014	0	1191	1	04/07/2015
3-07	12/07/2013	12/07/2013	R	0111		1-52			0351			\$1,725.00	\$0.00	01/02/2014	0	1191	1	04/07/2015
3-08	12/07/2013	12/07/2013	R	0111		1-52			0450			\$1,204.67	\$0.00	01/02/2014	0	1191	1	04/07/2015
3-09	12/07/2013	12/07/2013	R	0111		1-52			0730			\$57.25	\$0.00	01/02/2014	0	1191	1	04/07/2015
3-01	12/22/2013	12/23/2013	R	0111		1-03			0120			\$1,170.00	\$0.00	01/16/2014	0	1191	1	04/07/2015

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