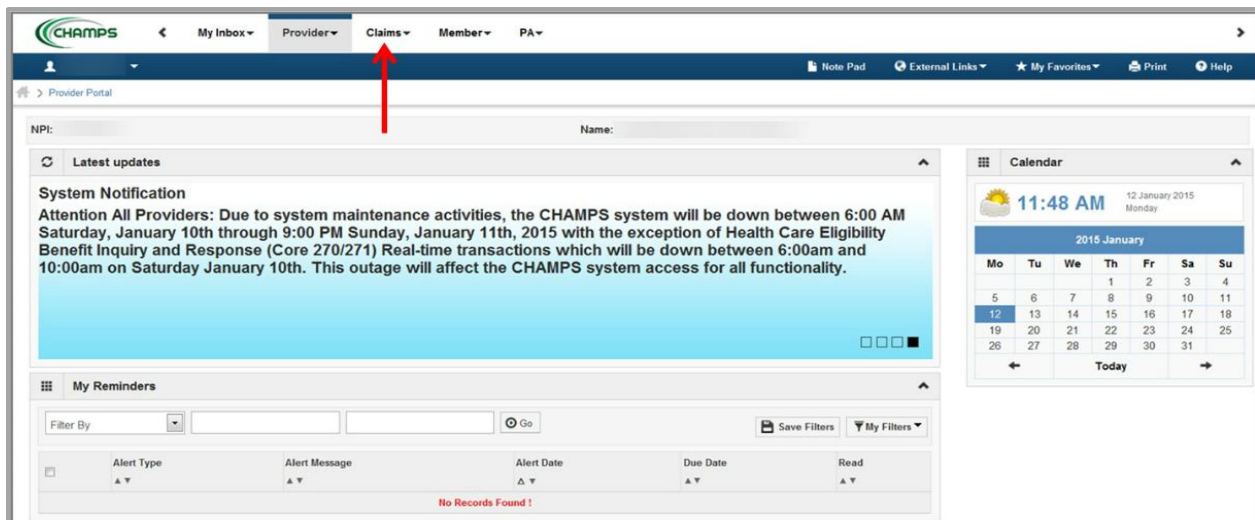


## Direct Data Entry for Professional Claims

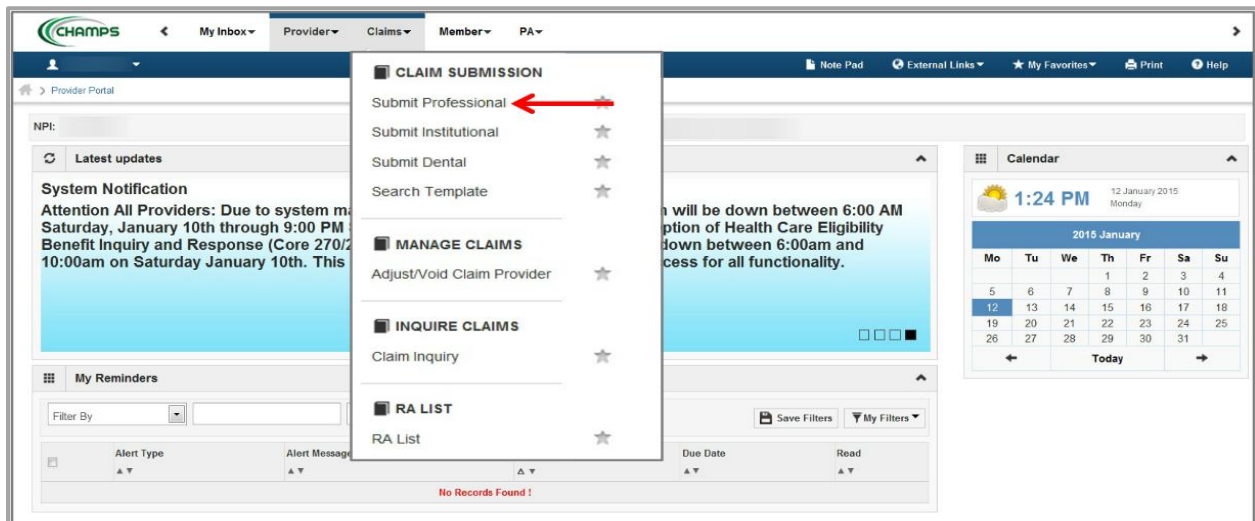
### Submitting a direct data entry (DDE) professional claim within CHAMPS

Direct Data Entry, DDE, is an online process in which data is entered into a system and written into its online files. DDE serves as an alternative method for submitting claims to Medicaid. In order to submit a claim via DDE providers must have access to CHAMPS. Once logged into CHAMPS follow the below directions; **\*\*Make sure pop up blockers are turned off within the internet browser\*\***

1. Click on the **Claims Tab**



2. Select **Submit Professional**



3. Go through each section below, fill in the fields and answer the questions

Please Note: If a beneficiary has insurance other than Medicaid it will be pertinent to have this information prior to entering a claim. Also, asterisks (\*) denote required fields.

- a. [Provider Information](#)
- b. [Beneficiary Information](#)
- c. [Claim Information](#)
- d. [Basic Line Item Information](#)
- e. [Definitions](#)

## PROVIDER INFORMATION

**Professional Claim**

Note: Asterisks (\*) denote required fields.

**Basic Claim Info**

Provider | Beneficiary | Claim | Service

**PROVIDER INFORMATION**

**BILLING PROVIDER INFORMATION**

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

Address Line 1:  \*  
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town:  \*

State/Province:  \*

County:

Country:  \*

Zip Code:  -

**RENDERING PROVIDER**

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

Is the Billing Location also the Service Facility Location?  Yes  No

Is the Billing Provider also the Rendering Provider?  Yes  No

Is the Billing Provider also the Supervising Provider?  Yes  No

Is this service the result of a referral?  Yes  No

Is this service the result of a Primary Care Referral?  Yes  No

- Note:
  - o If the Billing NPI is an Individual/Sole registered NPI select **Yes**, for question, **Is the Billing Provider also the Rendering Provider?** If the Billing NPI is not an Individual/Sole NPI select **No**. Enter the Rendering Providers NPI in the **Provider ID** field and select **NPI** from the **Type** drop-down.
    - The only services that do not require a rendering provider are Durable Medical Equipment and some Laboratory services.
  - o If the rendering provider is a Nursing Practitioner or Physician Assistant a supervising provider is required.
  - o If the service was the result of a referral. Enter the provider NPI in the provider ID box and select NPI.

## BENEFICIARY INFORMATION

☰ **BENEFICIARY INFORMATION** ▲

**BENEFICIARY**

Beneficiary ID:  \*

Last Name:  \*    First Name:  \*    MI:     Suffix:

Date of Birth:  mm  dd  yyyy \*    Gender:  ▼ \*

? Does the beneficiary have insurance other than Medicaid?     Yes  No

**OTHER INSURANCE INFORMATION**

**Other Subscriber Information**

Payer Responsibility Code:  ▼ \*    Remittance Date:  mm  dd  yyyy

Payer ID Number:  \*    Subscriber Member ID:

Subscriber Last Name:     First Name:  MI:  Suffix:

Insured's Group or Policy Number:  \*    Beneficiary's Relationship:  ▼

Claim Filing Indicator:  ▼ \*    Total COB Payer Paid Amount:  \*    Add Another

- Note:
  - If the beneficiary **does not** have insurance other than Medicaid, click **No**. Continue to the next section, Claim Information, after all required fields have been entered.
  - If the beneficiary **does** have insurance other than Medicaid, click **Yes**. Continue to fill in the **Other Subscriber Information**. To see further explanation of a field please reference the [Definitions](#) section.

## CLAIM INFORMATION

☰ **CLAIM INFORMATION** ▲

**RELEVANT DATES**

**PRIOR AUTHORIZATION/REFERRAL/CLIA**

Prior Authorization Number:     MDHHS PA:  Yes  No    Referral Number:

CLIA Number:

**CLAIM NOTE**

? Is this claim related to Chiropractic Spinal Manipulation?     Yes  No

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

? Is this claim accident related?     Yes  No

? Does this claim have backup documentation?     Yes  No

**CLAIM DATA**

Patient Account No.:  \*

Place of Service:  ▼ \*

Diagnosis Code Category:  ▼ \*

Diagnosis Codes: 1:  \*    2:     3:     4:     Add Another

**ANESTHESIA RELATED PROCEDURE**

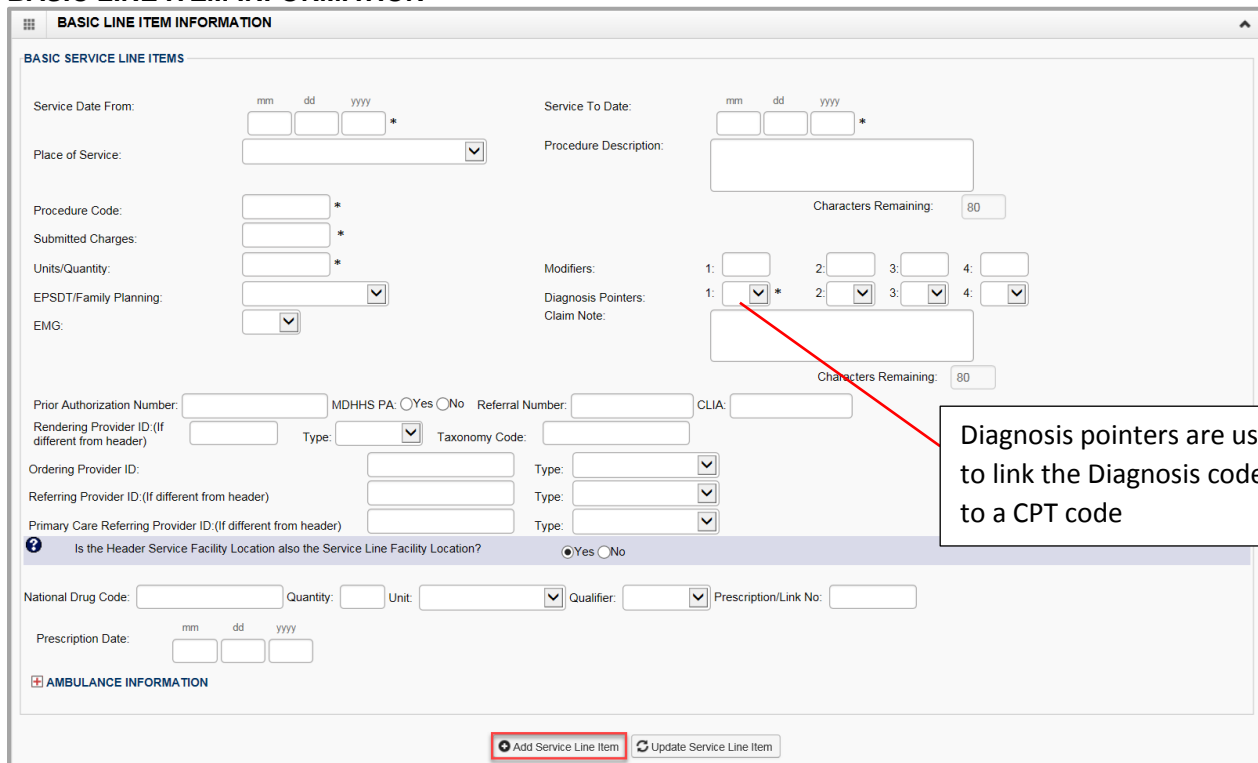
**CONDITION INFORMATION**

**DELAY REASON**

**AMBULANCE INFORMATION**

- Note:
  - o **Relevant Dates** - If the service has a Place of Service INPATIENT and an admission date is required click the + sign and enter the admission date, use this to enter any other relevant date.
  - o If yes is selected for the question, **Is this claim related to Chiropractic Spinal Manipulation**, enter the Nature of Condition Code
  - o If a delay reason is required click the + sign and select the delay reason from the drop down
  - o If the claim is related to an accident, click **Yes** and choose the related causes from the drop down menu
  - o Enter the diagnosis code without the decimal point (if more than 4 are needed click add another)
  - o **Ambulance Information** - If this is an ambulance transport click + sign and enter the Pick-Up and Drop-off Location and the Transport Distance. The only required field is the transport distance.

## BASIC LINE ITEM INFORMATION



**BASIC SERVICE LINE ITEMS**

Service Date From: mm dd yyyy \*      Service To Date: mm dd yyyy \*

Place of Service: [dropdown]      Procedure Description: [text area] Characters Remaining: 80

Procedure Code: [text] \*      Modifiers: 1: [text] 2: [text] 3: [text] 4: [text]

Submitted Charges: [text] \*      Diagnosis Pointers: 1: [dropdown] \* 2: [dropdown] 3: [dropdown] 4: [dropdown]

Units/Quantity: [text] \*      Claim Note: [text area] Characters Remaining: 80

EPSTD/Family Planning: [dropdown]

EMG: [dropdown]

Prior Authorization Number: [text] MDHHS PA:  Yes  No Referral Number: [text] CLIA: [text]

Rendering Provider ID (If different from header): [text] Type: [dropdown] Taxonomy Code: [text]

Ordering Provider ID: [text] Type: [dropdown]

Referring Provider ID (If different from header): [text] Type: [dropdown]

Primary Care Referring Provider ID (If different from header): [text] Type: [dropdown]

Is the Header Service Facility Location also the Service Line Facility Location?  Yes  No

National Drug Code: [text] Quantity: [text] Unit: [dropdown] Qualifier: [dropdown] Prescription/Link No: [text]

Prescription Date: mm dd yyyy

**AMBULANCE INFORMATION**

Diagnosis pointers are used to link the Diagnosis code to a CPT code

- Note:
  - o If No was selected for question, **Is the Header Service Facility Location also the Service Line Facility Location**, enter the Service Line Facility Location and click Validate address.
  - o Once all the information is entered for the service line. Click **+Add Service Line Item**. The service line has now been added to the claim (Figure 1). The Basic Line Item Information fields will become blank to enter additional service line information.
  - o To see further explanation of a field please reference the [Definitions](#) section.

Figure 1: Line number 1 information

**Previously Entered Line Item Information**

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$100.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number
	From	To		1	2	3	4	1	2	3	4			
1	12/31/2999	12/31/2999	99213					1				100.00	1	

1. If the Beneficiary does not have insurance other than Medicaid click, **Submit Claim (Figure 2)**
2. If beneficiary does have insurance other than Medicaid click, [Adding Primary Insurance](#)

Figure 2: Submit Claim

Close Submit Claim Save as Template Reset

**Professional Claim**

Note: Asterisks (\*) denote required fields.

**Basic Claim Info**

Provider | Beneficiary | Claim | Service

3. Once the claim has been submitted a pop-up will show claim details. From here Providers have the option to upload documents, print, or close to continue.

Print Help

**Submitted Professional Claim Details**

TCN: 2 [redacted] 0

Billing Provider ID: [redacted]

Billing Provider Name: [redacted]

Beneficiary ID: [redacted]

Beneficiary Name: [redacted]

Date of Service: [redacted]

Upload Documents Print Close

## ADDING PRIMARY INSURANCE

If the beneficiary has Primary insurance follow these steps to report the insurance at the line level:

1. Once the basic service line item is added to the claim click on **Insurance Info**

**Previously Entered Line Item Information**

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$100.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number	
	From	To		1	2	3	4	1	2	3	4				
1	12/31/2999	12/31/2999	99213					1				100.00	1		<input type="button" value="Insurance Info"/> <input type="button" value="Copy"/> <input type="button" value="Delete"/>

2. Click Yes to the question, **Does the Beneficiary have insurance other than Medicaid?**

Close Basic Claim Form Reset

**Professional Claim**

Note: asterisks (\*) denote required fields.

**INSURANCE INFORMATION**

To save the information, Click 'Basic Claim Form' button.

Does the Beneficiary have insurance other than Medicaid?  Yes  No

**OTHER INSURANCE INFORMATION**

**1. Service Line Other Payer Information**

Primary Payer Responsibility: \*

Amount Paid: \*

Remittance Date: mm dd yyyy

1.Reason Code:  Amount:  Adjustment Quantity:  [Add Another Reason Code](#)

2.Reason Code:  Amount:  Adjustment Quantity:

[Add Another Payer](#)

3. Under **Other Insurance Information** be sure to fill in at least;
  - a. **Primary Payer Responsibility**
  - b. **Amount Paid**
  - c. **Reason Code**
  - d. **Amount Paid** (dollar amount that corresponds with this reason code)

- Note:
  - o Click on **Add Another Reason Code** if the line has more than two reason codes.
  - o If there is Secondary or Tertiary insurance click **Add Another Payer** this will open more fields to allow for additional insurance information.

4. After all insurance information is entered click **Basic Claim Form**

- Note
  - o If there are multiple lines make sure to add the primary insurance information to each line.
  - o Be sure to click on **Insurance Info** to add primary insurance to the line level.

5. Once all information and insurance is completed click, **Submit Claim**

6. Once the claim has been submitted a pop-up will show claim details. From here Providers have the option to upload documents, print, or close to continue.

## DEFINITIONS:

**\*\*In order of direct data entry\*\***

### Provider Information:

- a. **Provider ID/Billing Provider Information:** the provider NPI billing for the services
- b. **Type:** NPI
- c. **Rendering Provider:** The provider actually performing the services
- d. **Supervising Provider:** Required when MDHHS does not recognize the rendering provider's NPI, services rendered by these providers (e.g., dental hygienists) must be billed under a supervising dentist's NPI. The supervising dentist is responsible for ensuring the medical necessity and appropriateness of the services.
- e. **Referral:** Referring provider information is a claim editing requirement for services rendered as a result of a referral.

### Beneficiary Information:

- a. **Beneficiary ID:** Member ID
- b. **Payer Responsibility Code:** Select P-Primary, S-Secondary or T-Tertiary
- c. **Remittance Date:** The date the other insurance EOB was issued (not required)
- d. **Payer ID Number:** This is the number that corresponds to the payer ID # listed in CHAMPS under the beneficiary's commercial insurance (eight digit # that has to match what is listed in CHAMPS).
- e. **Subscriber Member ID:** The ID # for the subscriber of the commercial insurance (not required)
- f. **Subscriber Last Name:** The last name of the subscriber of the commercial insurance (not required)
- g. **First Name:** The first name of the subscriber of the commercial insurance (not required)
- h. **MI:** The middle initial of the subscriber of the commercial insurance (not required)
- i. **Suffix:** The suffix of the subscriber of the commercial insurance (not required)
- j. **Insured's Group or Policy Number:** The Group or Policy number for the commercial insurance (locate TPL file within CHAMPS, no alpha prefix)
- k. **Beneficiary's Relationship:** Select the relationship from the drop down menu (not required)
- l. **Claim Filing Indicator:** Use the drop down menu to indicate the type of primary insurance
- m. **Total COB Payer Paid Amount:** enter the total amount the primary insurance paid on the entire claim.
- n. **Add another:** If the beneficiary has more than one insurance. It will open up additional fields to enter in secondary or tertiary payer information.

### Claim Information:

- a. **Relevant Date:** If the service has a Place of Service INPATIENT and an admission date is required click the + sign and enter the admission date, use this to enter any other relevant date.
- b. **Prior Authorization/Referral/CLIA:** If a Prior authorization is required enter the PA # in the field and select Yes. If a CLIA # is required enter the CLIA # in the field.
- c. **Patient Account No:** This number is the provider's account number or Medical record number for the beneficiary.
- d. **Place of Service:** Use the drop down menu to select the appropriate Place of Service

### Basic Line Item Information:

- a. **Service Date From:** Enter first date of service
- b. **Service To Date:** Enter the last date of service (if there is only one date of service, enter the same date here)
- c. **Place of Service:** Use this is the Place of Service is different from the header (not required)
- d. **Procedure Description:** Brief description of Procedure (not required)



- e. **Procedure Code:** Enter the procedure code for this line only
- f. **Submitted Charges:** Total charge for this line/procedure only
- g. **Units/Quantity:** Total units or quantity for this procedure code
- h. **Modifiers:** if the procedure code requires a modifier enter the modifier here, not all procedure codes require a modifier so there is no asterisk (not required)
- i. **EPSDT/Family Planning:** EPSDT stand for Early and Periodic Screening, Diagnosis and Treatment. If this is indicated for the claim use the drop down menu and select which type of service it is (not required)
- j. **Diagnosis Pointers:** Diagnosis pointers are used to link the Diagnosis Code to CPT.
- k. **EMG:** This is the emergency service indicator. Use the drop down menu to indicate Yes or No (not required, however if the beneficiary had MA-ESO and the service was an emergency this must say yes in order for the claim to process)
- l. **Claim note:** If a claim note is needed they can enter if at the line level as well (not required)
- m. **Prior Authorization Number:** If the code on the line requires a Prior Authorization enter PA number here, if you already entered the authorization # at the header, it is not required at the line level (not required)
- n. **MDHHS PA:** Select Yes or No (not required)
- o. **Referral Number:** Enter the Referral Number (not required)
- p. **CLIA:** Clinical Laboratory Improvement Amendment- If the procedure is a laboratory service a CLIA is required. If you entered this # at the header it is not required at the line (not required)
- q. **Rendering Provider ID:** If different from the header enter the rendering providers NPI in the provider ID box and select NPI from the drop down, taxonomy code is not required (not required)
- r. **National Drug Code:** If an NDC is required enter the National Drug Code, Quantity, Unit and Qualifier
- s. **Prescription Date:** If prescription date is required enter date
- t. **Ambulance Information:** Ambulance information can also be entered at the line level.

#### Adding Primary Insurance:

- a. **Primary Payer Responsibility:** Select from the drop down menu P-Primary, S-Secondary or T-Tertiary
- b. **Amount Paid:** Enter the amount paid by the commercial insurance for this line only
- c. **Remittance Date:** Enter the date the commercial insurance processed the claim (not required)
- d. **Reason code:** This is the reason code submitted by the commercial payer
- e. **Amount \$:** Enter the dollar amount that corresponds with this reason code
- f. **Adjustment Quantity:** This is mutually exclusive to the amount, so only the amount OR adjustment quantity should be entered.
- g. **Add Another Reason Code:** Click on this if the line has more than two reason codes.