



# Submit Dental Claims Online (Direct Data Entry)



## Quick Reference

### Business Rules




- Mode of Claim Submission “Direct Data Entry (DDE)” must be select within the Provider Enrollment file for access
- Claim Reference Number (CRN) is now referred to Transaction Control Number (TCN)
- Fields marked with an asterisk (\*) are required and must be completed for the Claim to be submitted successfully.
- DDE is available only for **original** claim submission; not for Adjustments or Voids (Type of Bill xx7 or xx8 are not allowed)
- There are no hyperlinks from the DDE screens to any other screens within CHAMPS, except Billing Instructions
- There are multiple categories marked with a . These are expandable. Data should be entered into these fields as they pertain to the claim you are entering. Only leave expandable boxes open if you have entered data in those fields. If no data is entered, keep expandable boxes closed

Action	Submit Dental Claims Online – Submit Claims	Notes
<b>Submit Claims</b>	<ol style="list-style-type: none"> <li>1. After you have logged into CHAMPS with your Single Sign On (SSO) user ID and password, select one of the following profiles: CHAMPS Full Access, CHAMPS Limited Access or Claims Access</li> <li>2. Click the Claims tab at the top of the page</li> <li>3. Click on the Claim Submission hyperlink</li> <li>4. Click the Submit Dental claim type hyperlink</li> </ol>	<ul style="list-style-type: none"> <li>• The <b>Submit Dental Claim</b> page appears. Hyperlinks appearing near the top of this page take you to the corresponding area on the page. For example, clicking the “Beneficiary” hyperlink causes the page to scroll to the Beneficiary section of the page</li> </ul>
Action	Submit Dental Claims Online – Provider Information	Notes
<b>Provider Information</b>	<ol style="list-style-type: none"> <li>1. The <b>Provider ID</b> number under the Provider Information Section at the header level of the claim will be populated with the NPI of the Domain you have entered into the system under  <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Provider ID: <input type="text" value="1234567890"/></div> </li> <li>2. The <b>Type</b> from the drop down lists will be populated with type <b>NPI</b>  <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Type: <input type="text" value="NPI"/></div> </li> <li>3. Optionally, enter the <b>Taxonomy Code</b> <span style="font-size: small;">Taxonomy Code: <input type="text"/></span></li> <li>4. Select “Yes” or “No” for the “Is the Billing Provider also the Pay-To Provider?” question</li> </ol>	<ul style="list-style-type: none"> <li>• You must select the Domain of the Billing Provider NPI. If you have selected the incorrect Domain and wish to change the Provider ID, you must click on <b>My Inbox</b> and select <b>Change Profile</b></li> <li>• If “<b>NO</b>” is selected, you <b>MUST</b> complete the fields that appear: <b>Provider ID</b> and <b>Type</b>. Optionally, enter a <b>Taxonomy Code</b></li> </ul>

	<p>5. Select “Yes” or “No” for the “Is the Billing Provider or Pay-To Provider also the Rendering Provider?” question</p> <p>6. Select “Yes” or “No” for the “Is this service the result of a referral?”</p>	<ul style="list-style-type: none"> <li>• If “<b>NO</b>” is selected, you <b>MUST</b> complete the fields that appear: <b>Provider ID</b> and <b>Type</b>. Optionally, enter a <b>Taxonomy Code</b></li> <li>• If “<b>YES</b>” is selected, you <b>MUST</b> complete the fields that appear: <b>Provider ID</b> and <b>Type</b>. Optionally, enter a <b>Taxonomy Code</b></li> <li>• When Billing Provider, Rendering Provider, Pay to Provider and Referring Provider numbers are entered, they must refer to different providers, with the following exception – the Billing Provider can also be the Rendering Provider as long as he/she is not enrolled as Rendering/Serviceing Only</li> </ul>
Action	Submit Dental Claims Online – Beneficiary Information	Notes
<b>Beneficiary Information</b>	<p>1. Enter the <b>Beneficiary ID</b> Beneficiary ID: <input type="text"/> *</p> <p>2. Enter the Beneficiary’s <b>Last Name</b> Last Name: <input type="text"/> *</p> <p>3. Enter the Beneficiary’s <b>First Name</b> First Name: <input type="text"/> *</p> <p>4. Optionally, enter the Beneficiary’s <b>Middle Initial (MI)</b> MI: <input type="text"/></p> <p>5. Optionally, enter the Beneficiary’s <b>Suffix</b> Suffix: <input type="text"/></p> <p>6. Enter the Beneficiary’s <b>Date of Birth</b> Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *</p> <p>7. Select an option from the <b>Gender</b> drop-down list Gender: <input type="text"/> *</p> <p>8. Select “Yes” or “No” form the “Does the beneficiary have insurance other than Medicaid?” question</p>	<ul style="list-style-type: none"> <li>• Examples of a <b>Suffix</b> are: Jr. or Sr</li> <li>• Use the two-digit month (mm), two-digit date (dd), and four-digit year (yyyy) format</li> <li>• If “<b>YES</b>” is selected, see “<b>Submit Claims Online – Other Insurance Information</b>” section below, steps 7-11</li> </ul>
Action	Submit Dental Claims Online – Other Insurance Information	Notes
<b>Other Insurance Information</b>	<p>1. Select an option in the <b>Payer Responsibility Code</b> drop-down list Payer Responsibility Code: <input type="text"/> *</p> <p>2. Enter the <b>Payer ID Number</b> Payer ID Number: <input type="text"/> *</p> <p>3. Optionally, enter the <b>Subscriber Member ID</b> Subscriber Member ID: <input type="text"/></p> <p>4. Optionally, enter the Subscriber’s <b>Last Name, First Name, Middle Initial (MI)</b>, and <b>Suffix</b> where appropriate</p> <p>5. Optionally, enter the Subscriber’s <b>Date of Birth</b> Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<ul style="list-style-type: none"> <li>• For other insurance, Primary must be entered in the first occurrence of Payer Responsibility Code; Secondary must be entered in the second occurrence, and Tertiary must be entered in the third occurrence</li> <li>• Provider can submit up to 3 other insurances</li> <li>• The list of Payer ID Numbers can be found on <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Billing and Reimbursement &gt;&gt;Third Party Liability</li> </ul>

	<p>6. Optionally, select the Subscriber's <b>Gender</b> from the drop-down list Gender: <input type="text"/></p> <p>7. Enter the <b>Insured's Group or Policy Number</b> Insured's Group or Policy Number: <input type="text"/> *</p> <p>8. Select an option in the <b>Beneficiary's Relationship</b> drop-down list Beneficiary's Relationship: <input type="text"/> *</p> <p>9. Select an option in the <b>Claim Filing Indicator</b> drop-down list Claim Filing Indicator : <input type="text"/> *</p> <p>10. Enter an amount in the <b>Total COB Payer Paid Amount</b> field Total COB Payer Paid Amount: \$ <input type="text"/> *</p> <p>11. Click the <b>Add Another</b> <a href="#">Add Another</a> hyperlink to add additional insurance information then repeat <b>Steps 1 – 11</b></p>	<ul style="list-style-type: none"> <li>When Beneficiary's relationship is any value other than "self", Subscriber Member ID, Last and First name must be entered</li> <li>Total COB Payer Paid Amount may be "zero"</li> </ul>
Action	Submit Dental Claims Online – Claim Information	Notes
Claim Information	<p>1. Optionally enter <b>Patient Account Number</b> Patient Account No.: <input type="text"/></p> <p>2. Enter the <b>Place of Service</b> Place of Service: <input type="text"/> *</p> <p>3. Enter <b>Prior Authorization/CLIA</b> information if applicable</p> <ol style="list-style-type: none"> <li>Click the red  to expand the <b>Prior Authorization/CLIA</b> section</li> <li>Enter the <b>Prior Authorization Number</b> Prior Authorization Number: <input type="text"/> *</li> <li>Select "Yes" or "No" if the Prior Authorization is a <b>MDCH PA</b> MDCH PA: <input type="radio"/> Yes <input type="radio"/> No</li> <li>Enter the <b>CLIA Number</b> CLIA Number: <input type="text"/></li> </ol> <p>2. To add a <b>Claim Note</b>, do the following:</p> <ol style="list-style-type: none"> <li>Click the red  to expand the <b>Claim Note</b> section</li> <li>Enter information in the <b>Claim Note</b> field</li> </ol> <p>3. Select "Yes" or "No" for the "Is this claim accident related?" question</p> <p>4. Select "Yes" or "No" for the "Does this claim have backup documentation?" question</p>	<ul style="list-style-type: none"> <li><b>Patient Account Number:</b> <ul style="list-style-type: none"> <li>If entered can be used as a filter by function when Inquiring on the claim</li> </ul> </li> <li><b>Prior Auth/CLIA:</b> <ul style="list-style-type: none"> <li>When a prior authorization (PA) is entered, the user must select a radio button to Indicate whether the PA is MDCH issued or not. If yes is selected, the PA is MDCH issued and must be validated in PA tables. If no is selected, no validation of the number is required</li> </ul> </li> <li><b>Claim Notes</b> are restricted to 80 characters</li> <li><b>Accident Related:</b> <ul style="list-style-type: none"> <li>If "YES" is selected, choose an option from at least one (1) of the <b>Related Causes</b> drop-down lists. Optionally, complete the remaining fields</li> </ul> </li> <li><b>Backup Documentation:</b> <ul style="list-style-type: none"> <li>If "YES" is selected for this question, add a <b>Claim Note</b> and enter the <b>EZLink</b> information relating to the backup documentation for the claim</li> </ul> </li> </ul>

Action	Submit Dental Claims Online – Basic Line Item Information	Notes
<p><b>Basic Line Item Information</b></p>	<ol style="list-style-type: none"> <li>1. Enter a date in the <b>Procedure Date</b>.  <small>Procedure Date:</small> <input type="text" value="mm dd yyyy"/> *</li> <li>2. Optionally, select an option in the <b>Area of Oral Cavity</b> drop-down list  <small>Area Of Oral Cavity:</small> <input type="text"/></li> <li>3. Optionally, enter the <b>Tooth Number/Letter</b>  <small>Tooth Number/Letter:</small> <input type="text"/></li> <li>4. Optionally, select an option in one of the five (5) <b>Surface</b> drop-down lists  <small>Surface: 1:</small> <input type="text"/></li> <li>5. Enter a <b>Procedure Code</b> <small>Procedure Code:</small> <input type="text"/> *</li> <li>6. Enter <b>Fees</b> <small>Fees: \$</small> <input type="text"/> *</li> <li>7. Optionally, enter the <b>Rendering Provider ID</b>, select a <b>Type</b> from the drop-down list, and enter a <b>Taxonomy Code</b></li> <li>8. Click the <b>Add Service Line Item</b> <input type="button" value="Add Service Line Item"/> button <ol style="list-style-type: none"> <li>a. The Service Line Item will appear under the “Previously Entered Line Item Information” section</li> <li>b. Optionally, click <b>Line No.</b> to retrieve line item information for editing</li> <li>c. Optionally, click <b>Insurance Info</b> hyperlink to add other insurance information at the line level</li> <li>d. Optionally, click <input type="button" value="Copy"/> to duplicate the service line</li> <li>e. Optionally, click <input type="button" value="Delete"/> to delete service line</li> </ol> </li> <li>9. Repeat <b>Steps 1 – 8</b> to add additional Service Lines</li> <li>10. Click the <b>Update Service Line Item</b> <input type="button" value="Update Service Line Item"/> button to make changes to a previously added Service Line</li> <li>11. If you wish to save the claim as a Template prior to clicking Submit Claim <input type="button" value="Submit Claim"/> click the Save as Template <input type="button" value="Save as Template"/> button <ol style="list-style-type: none"> <li>a. A confirmation message appears providing a Template Number, click the <b>Print</b> button on the Print Pop Up <input type="button" value="Print"/></li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• If more than 1 procedure code is reported on the ADA, you must enter each service separately and click on <input type="button" value="Add Service Line Item"/> after each entry</li> <li>• The area of oral cavity is required if it is applicable</li> <li>• Tooth number/ letter is required if it is applicable</li> <li>• Surface is required if it is applicable</li> <li>• Enter the <b>Rendering Provider ID</b> ONLY if it is different from the one entered in the header</li> <li>• The <b>Update Service Line Item</b> button is only applicable if Service Lines have previously been added to the claim</li> <li>• Select the claim Template within the list page or find the Template by selecting an option such as “Template Number” in the filter by menu <b>Filter By :</b> <input type="text"/></li> </ul>

	<p>b. To locate the Template click on the <b>Menu</b> bar</p>  <p>then <b>Claim Submission</b> then <b>Search Template</b></p> <p>12. Click the <b>Submit Claim</b> button in the upper left hand corner of the screen. </p> <p>13. Click the <b>Print</b> button on the Print Pop Up screen which contains the TCN (Transaction Control Number). </p>	<ul style="list-style-type: none"><li>• If no errors are detected, a confirmation message appears providing a TCN (Transaction Control Number). If errors are detected, a pop-up error message appears. Click the OK button to close the error message and return to the claim to fix any errors</li></ul>
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