



Michigan Department of Health & Human Services

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CHAMPS Claim Inquire Claim Limit List

“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 establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Contents

- What is CHAMPS Claim Limit List?
- How to use CHAMPS Claim Limit List

What is CHAMPS Claim Limit List?

What is CHAMPS Claim Limit List?

- Claim Limit List is a feature within the CHAMPS “Claim Inquiry” option that allows providers to see the historical claim causing a current claim to suspend or deny for multiple reasons including but not limited to:
 - Limit denials (CARC B5, B13, RARC N640)
 - Duplicate denials (CARC 18, RARC N522)
 - 15 day readmission denials (CARC 133, RARC N47)
 - 72 hour rule denials (CARC 96, RARC M2)
 - Split billing denials (CARC 97, RARC M86)

How to use CHAMPS Claim Limit List

How to use CHAMPS Claim Limit List

- Claim limit list is accessible to all providers who have access to the CHAMPS “Claim Inquiry” option.
- The columns displayed on the claim limit list screen will vary depending on the provider type.
- The claim limit list will show historical claims being billed by the billing NPI who is logged into CHAMPS as well as other billing NPI claims if their claim is affecting your current claim.
- Within the claim limit list, there may be multiple pages of historical TCNs. Make sure to review all the pages by clicking the ‘Next’ button or ‘Save to XLS’.
- In the following example, an Inpatient Hospital claim is used. The steps shown will remain the same for all provider types.

https://milogintp.michigan.gov/eai/tplogin/authenticate?URL=/

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* = Required Fields

*User ID

*Password

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- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar.



Login to your account

* = Required Fields

*User ID



*Password



Login



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- You will be directed back to your MILogin home page.
- Click the CHAMPS hyperlink



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Terms & Conditions: CHAMPS

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Acknowledge/Agree Cancel

- Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS.



→ Select Domain *

→ Select Profile *

→ Select Favorite

- Select the Billing NPI from the Domain drop-down menu
- Select the appropriate profile (for example: full access, limited access, etc.)
- Select a Favorite if one has previously been saved



NPI: _____ Name: _____

Latest updates

System Notification

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.

Calendar

11:48 AM 12 January 2015 Monday

2015 January						
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			→	

My Reminders

Filter By [dropdown] [input] [input] [Go] [Save Filters] [My Filters ▾]

Alert Type	Alert Message	Alert Date	Due Date	Read
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼

No Records Found !

- Click the Claims tab

Provider Portal

NPI:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, the Health Care Eligibility Benefit Inquiry and Response (Core 270/271) will be down between 6:00 AM and 9:00 PM on Saturday, January 10th through 9:00 PM on Sunday, January 11th. The system will be back online at 10:00am on Saturday January 10th. This

will be down between 6:00 AM and 9:00 PM on Saturday, January 10th through 9:00 PM on Sunday, January 11th. The system will be back online at 10:00am on Saturday January 10th. This

Calendar

1:24 PM 12 January 2015 Monday

2015 January

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	

CLAIM SUBMISSION

- Submit Professional ★
- Submit Institutional ★
- Submit Dental ★
- Search Template ★

MANAGE CLAIMS

- Adjust/Void Claim Provider ★

INQUIRE CLAIMS

- Claim Inquiry ★

RA LIST

- RA List ★

No Records Found!

- Select Claim Inquiry



Close

Inquire Claim

TCN And Reason Code % And Remark Code % And

Filter By And Filter By With Status In Claim All Go

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date	Reason Code	Remark Code
<input type="checkbox"/> 3 <input type="text" value="00"/>	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

- Enter the denied header TCN within CHAMPS Claim Inquire
- Click the TCN hyperlink to open up the claim header detail page



Header TCN: 3 00

Beneficiary ID: Name:

Show



Header Details

Upload/View Documents

TCN: 3 00

Original TCN:

Bill Type: 0 * 1 * 1 * 1 *

Adjustment Source:

Claim Type: R - Inpatient

No of Lines: 11

Medicare: N

Pricing Rule: DRG Pricing

Source: HI

Related Cause:

Commercial: N

Claim Status: D

Beneficiary ID: *

Gender: *

Patient Control Number: *

Last Name:

DOB: *

Medical Record Number:

First Name:

Age:

Benefit Plan: Medical Assistance Emergency Services

Billing Provider ID: * Type: NPI *

Billing

Provider Taxonomy:

Attending Provider ID: * Type: NPI *

Attending

Provider Taxonomy:

Pay To Provider ID: Type: NPI

Operating Provider ID: Type:

Other Operating

From Date: 12/07/2013 *

To Date: 12/11/2013 *

Referral #:

PRO #:

Auth #:

DRG Code: 103

Total DRG OutLier Payment: 0

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Codes List
- Diagnosis Codes
- Indicators
- Other Payers Information
- Related Causes
- Service Line List
- Situational Information

Cancel

- Once in the claim header detail page, click the show drop-down menu
- Select service line list, or click the service line list icon  from the header screen

Header TCN: 3[redacted]00

Beneficiary ID: [redacted]

Name: [redacted]

Show ▾

Service Lines

Filter By [dropdown] [input] And Filter By [dropdown] [input] Go

Save Filters My Filters ▾

TCN ▲ ▼	Revenue Code ▲ ▼	Procedure Code ▲ ▼	Modifiers ▲ ▼	Dental Attribute ▲ ▼	From Date ▲ ▼	To Date ▲ ▼	Units ▲ ▼	Submitted Charges ▲ ▼	Approved Amount ▲ ▼	Claim Status ▲ ▼
<input type="checkbox"/> 3[redacted]01	0110						4	\$5,200.00	\$0.00	Denied
<input type="checkbox"/> 3[redacted]02	0250						153	\$1,542.54	\$0.00	Denied
<input type="checkbox"/> 3[redacted]03	0258						1	\$9.20	\$0.00	Denied
<input type="checkbox"/> 3[redacted]04	0270						6	\$465.00	\$0.00	Denied
<input type="checkbox"/> 3[redacted]05	0300						6	\$258.00	\$0.00	Denied
<input type="checkbox"/> 3[redacted]06	0301						4	\$140.00	\$0.00	Denied
<input type="checkbox"/> 3[redacted]07	0320						1	\$68.00	\$0.00	Denied
<input type="checkbox"/> 3[redacted]08	0351						1	\$1,020.00	\$0.00	Denied
<input type="checkbox"/> 3[redacted]09	0402						1	\$150.00	\$0.00	Denied
<input type="checkbox"/> 3[redacted]10	0740						1	\$765.00	\$0.00	Denied

View Page: 2 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

Cancel

- Click the service line that is being denied
- If your entire claim is being denied or suspended, select service line ending in 01

Header TCN: 3 [redacted] 00

Line TCN: 3 [redacted] 01

Beneficiary ID: [redacted] Name: [redacted]

Show

Service Line Detail

Upload/View Documents

TCN: 3 [redacted] 01

Claim Type: R - Inpatient

Source: HIPAA

Adjustment Source:

Bill Type: 0 * 1 * 1 * 1 *

Claim Status: Denied

Pricing Rule:

Beneficiary ID: [redacted]

Last Name: [redacted]

First Name: [redacted]

Gender: Female

DOB: [redacted]

Age: 39

Benefit Plan: Medical Assistance Emergency Services

Operating Provider ID: [input]

Type: [dropdown]

Other Operating Provider ID: [input]

Type: [dropdown]

Rendering Provider ID: [input]

Type: [dropdown]

Referring Provider ID: [input]

Type: [dropdown]

Auth #: [input]

PRO#: [input]

Referral #: [input]

Service From Date: [calendar icon]

Service To Date: [calendar icon]

Procedure Code: [input]

Modifiers: 1: [input] 2: [input] 3: [input] 4: [input]

Procedure Description: [input]

Submitted Procedure Code: [input]

Submitted Modifiers: 1: [input] 2: [input] 3: [input] 4: [input]

Characters Remaining: 80

Revenue Code: 0110 *

Total APC OutLier Payment: \$0.00

Manual Units: [input]

Billed Units: 4 *

Manual Price: [input]

Paid Units: 0

APC Code: [input]

Previous Next Cancel

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail
- Claim Limit List
- Claim Notes
- Codes List
- Diagnosis Codes
- Drug Information
- Indicators
- Other Payers Information
- Service Line List
- Situational Information

- Once in the service line detail page, select the Show drop-down menu
- Select the Claim Limit List



Header TCN: 3[redacted]00

Line TCN: 3[redacted]01

Beneficiary ID: [redacted]

Name: [redacted]

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[redacted]01	12/07/2013	12/11/2013	R	0111		1[redacted]01			0110			\$5,200.00	\$0.00	04/16/2015	0	1191	1	04/07/2015

View Page: 1

Viewing Page: 1

« First ◀ Prev ▶ Next » Last

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[redacted]01	12/07/2013	12/07/2013	R	0111		1[redacted]52			0120			\$953.00	\$0.00	01/02/2014	0	1191	1	04/07/2015
3[redacted]02	12/07/2013	12/07/2013	R	0111		1[redacted]52			0250			\$559.89	\$0.00	01/02/2014	0	1191	1	04/07/2015
3[redacted]03	12/07/2013	12/07/2013	R	0111		1[redacted]52			0258			\$6.25	\$0.00	01/02/2014	0	1191	1	04/07/2015
3[redacted]04	12/07/2013	12/07/2013	R	0111		1[redacted]52			0260			\$471.00	\$0.00	01/02/2014	0	1191	1	04/07/2015
3[redacted]05	12/07/2013	12/07/2013	R	0111		1[redacted]52			0300			\$725.25	\$0.00	01/02/2014	0	1191	1	04/07/2015
3[redacted]06	12/07/2013	12/07/2013	R	0111		1[redacted]52			0320			\$107.75	\$0.00	01/02/2014	0	1191	1	04/07/2015
3[redacted]07	12/07/2013	12/07/2013	R	0111		1[redacted]52			0351			\$1,725.00	\$0.00	01/02/2014	0	1191	1	04/07/2015
3[redacted]08	12/07/2013	12/07/2013	R	0111		1[redacted]52			0450			\$1,204.67	\$0.00	01/02/2014	0	1191	1	04/07/2015
3[redacted]09	12/07/2013	12/07/2013	R	0111		1[redacted]52			0730			\$57.25	\$0.00	01/02/2014	0	1191	1	04/07/2015
3[redacted]01	12/22/2013	12/23/2013	R	0111		1[redacted]03			0120			\$1,170.00	\$0.00	01/16/2014	0	1191	1	04/07/2015

View Page: 2

Viewing Page: 1

« First ◀ Prev ▶ Next » Last

- The current denied claim will be displayed in the 'Current Claim' box and the paid claim(s) will be displayed in the 'History Claims' box
- Click 'Next' to view additional pages of historical TCNs
- Select the Save To XLS button to display all history claims in an Excel spreadsheet



Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **We continue to update our Provider Resources, just click on the links below:**
 - [Listserv Instructions](#)
 - [Medicaid Alerts and Biller “B” Aware](#)
 - [Quick Reference Guides](#)
 - [Update Other Insurance NOW!](#)
 - [Medicaid Provider Training Sessions](#)
- **Provider Support:**
 - ProviderSupport@michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program