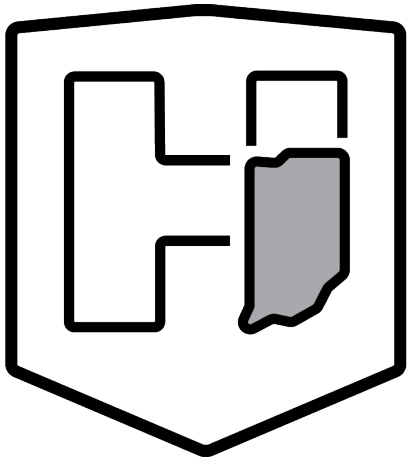


Indiana Department of Health

Children's Special Health Care Services

WebDDE User Guide

January 2021

Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	October 2020		Initial Draft document	IDOH OTC
Version 1.1	January 2021	All	Production Release document	IDOH OTC

Contact Information

Department	Toll-Free Phone Number	Local Phone Number
CSHCS EDI/Web Portal Support	1-800-475-1355 option 5, 1	317-233-9803 direct
CSHCS Claims Inquiries/Problems	1-800-475-1355 option 5, 2	317-233-7833 option 5, 2
CSHCS Provider Relations	1-800-475-1355 option 5, 3	317-233-7833 option 5, 3
CSHCS Eligibility	1-800-475-1355 option 2	317-233-1351 option 2
CSHCS Prior Authorization	1-800-475-1355 option 3	317-234-1821 direct

CSHCS Web Portal Enrollment/Change Form	Fax Number	Email Address
	317-233-8199	edimail@isdh.in.gov

Website Links

Website	Website Uniform Resource Locator (URL)
CSHCS Web Portal	https://eportal.isdh.in.gov/cshcs/index.html
CSHCS WebDDE	Click on 'WEB-Enabled Direct Data Entry' link under CSHCS Web Portal 'Quick Links' section or use direct link https://cshcsclaims.isdh.in.gov/
CSHCS Home Page	https://www.in.gov/isdh/19613.htm

Table of Contents

Section 1: WEB-Enabled Direct Data Entry (WebDDE)

Introduction

The Indiana Department of Health, Children's Special Health Care Services (CSHCS) WEB-Enabled Direct Data Entry (WebDDE) system is now available. The WebDDE system allows registered provider or billing company users to submit individual non-pharmacy claims directly to CSHCS through a secure, Web-based application instead of submitting paper claims.

*** Note:** The WebDDE system will not replace current professional, institutional, and dental claims submitted electronically in the 837 American National Standards Institute (ANSI) formats. The WebDDE system will also not replace pharmacy claims submitted at the point of sale (POS) via National Council for Prescription Drug Programs (NCPDP) Version D.0 format.

Children's Special Health Care Services will continue to accept the following electronic transactions:

- 837P (Professional)
- 837I (Institutional)
- 837D (Dental)
- NCPDP Version D.0 (Pharmacy)

Children's Special Health Care Services will continue to send electronic remittance advice files to providers that have elected to receive the files.

- 835 (Health Care Claim Payment/Advice)

The WebDDE system accepts the following types of professional, institutional, and dental claims.

- Professional Medical, Therapy, Supply, and Transportation
- Institutional Inpatient, Outpatient
- Dental

The WebDDE system allows one claim to be entered in a batch. When entering a claim, the claim must be completed in its entirety before submitting. There is no feature to partially save a claim and complete it later.

The WebDDE application will display a warning after fifteen minutes of inactivity. If the user does not respond for more time, the application will time-out and all entered claim information will be lost.

The WebDDE system will also allow the user to enter Coordination of Benefits (COB) information directly from the Explanation of Benefit (EOB) forms.

The WebDDE system will allow the user to upload all necessary pages of supporting documentation into a single Portable Document Format (PDF) file (maximum 50 megabytes).

A claim submitted through the WebDDE system is assigned a claim ID which can be used for tracking purposes. The WebDDE system will be used in conjunction with the existing CSHCS Web Portal system that is used to verify a participant's eligibility information, verify claim status, and check claim payment information. Providers who have elected to receive the 835 Health Care Claim Payment/Advice file will also continue to receive these files.

Browser Requirements

Any modern browser can access the WebDDE application, such as Google Chrome, Firefox, Microsoft Edge, Safari, and Internet Explorer.

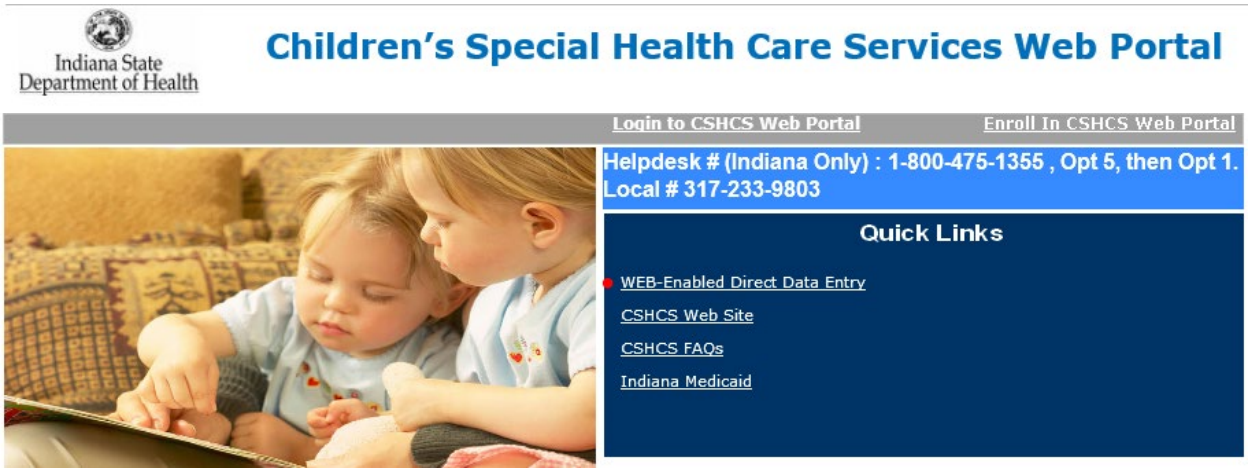
However, when the user needs to log in to the existing CSHCS Web Portal to look up claim status and payment information, the user must still use Internet Explorer as the browser and have compatibility view settings set. The user may contact EDI/Web Portal Support at the phone number listed in Contact Information section for help in setting compatibility if needed.

Access to WebDDE

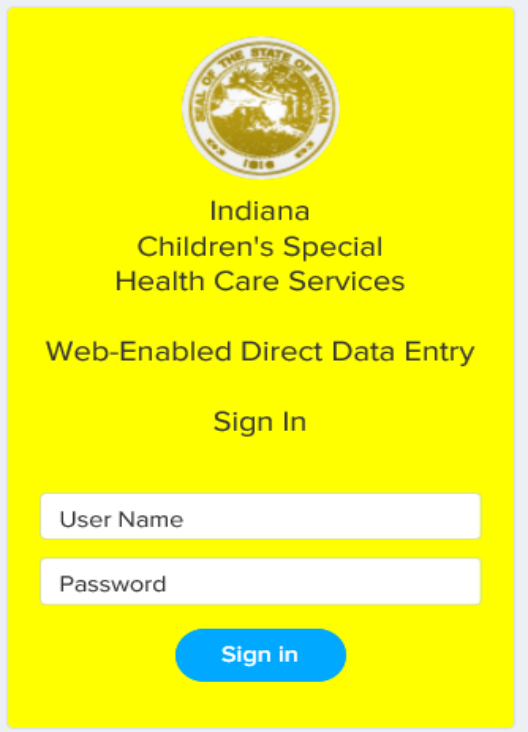
A registered user with the current CSHCS Web Portal system will also be able to access the WebDDE system. If not registered, a request will be made using the same procedure as the current CSHCS Web Portal system. The user may call the CSHCS EDI/Web Portal Support phone number listed in the Contact Information section to obtain the CSHCS Web Portal Enrollment form. Alternately, the user may obtain the CSHCS Web Portal Enrollment form from the current CSHCS Web Portal system using the link listed in the Contact Information section and then clicking on the 'Enroll in CSHCS Web Portal' link or the 'WEB Portal Enrollment and Change Form' link under the Forms section. Billing company users must complete one form for the billing company, and the associated providers with the billing company must each complete a form granting the billing company access to the claim information. The completed forms may be faxed or emailed to CSHCS EDI/Web Portal Support at the fax number or email address listed in the Contact Information section.

Logging In

A registered user with the current CSHCS Web Portal system will use the same login ID and password to access the WebDDE system. The user may access the current CSHCS Web Portal system using the link listed in the Contact Information section and then click on 'WEB-Enabled Direct Data Entry' link to access the WebDDE application. Alternately, the user may directly access the WebDDE application using the link listed in the Contact Information section.



The login for WebDDE is displayed. Enter User Name and Password and click 'Sign In'.



Dashboard

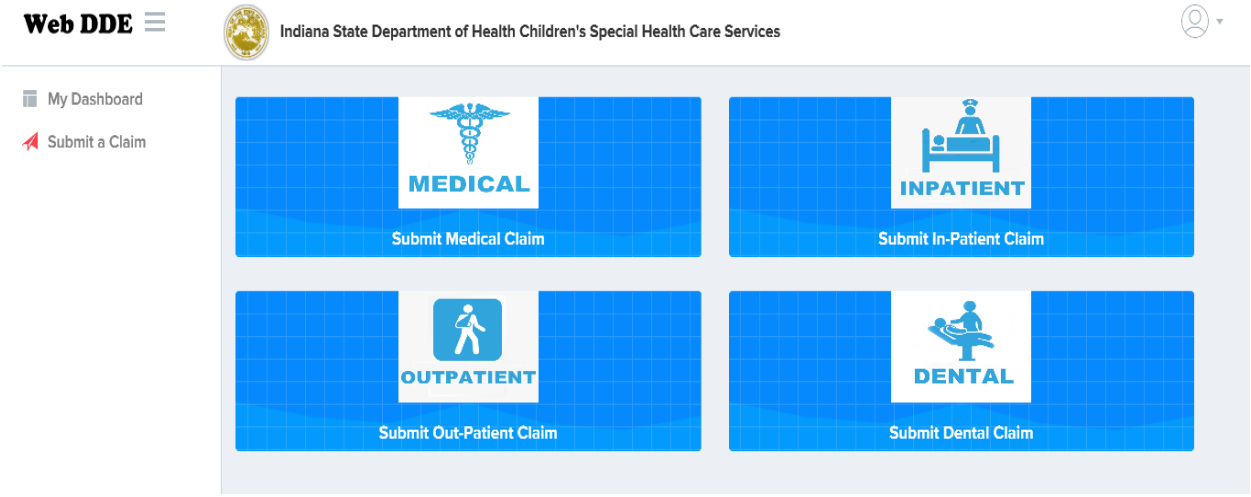
After logging in, the 'My Dashboard' screen will appear. The dashboard count of 'Total Claims Completed' will only display how many claims entered by the user for the current date that have completing loading to the CSHCS claims system.

For example, on 10/30/2020, the logged in user entered six claims. Only one claim, CSD2010300087, has completed loading to the CSHCS claims system. Once the other five claims complete loading to the CSHCS claims system on this date, the count will increase.

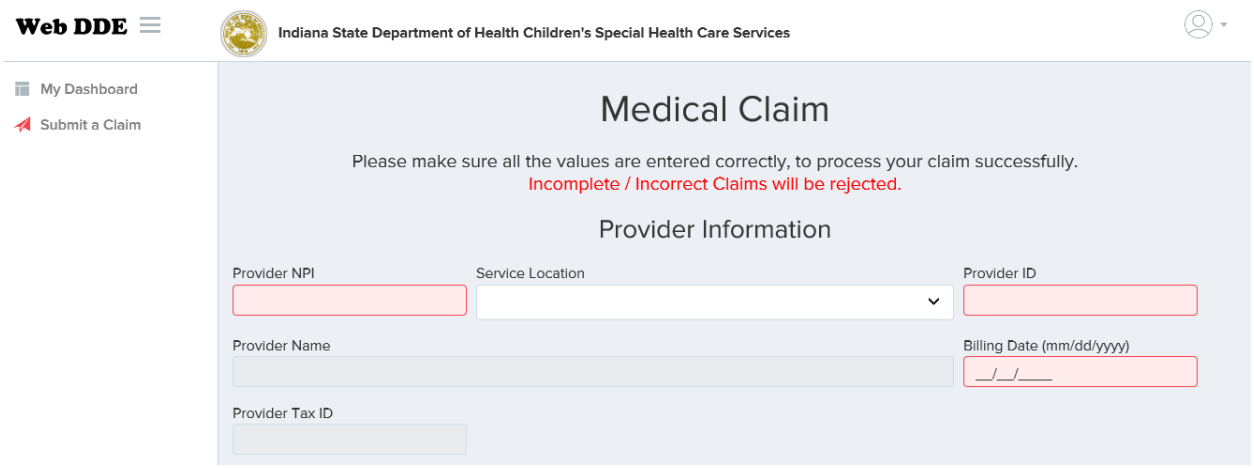
It will show a history of up to one-hundred claims submitted by claim type categories.

Submit a Claim

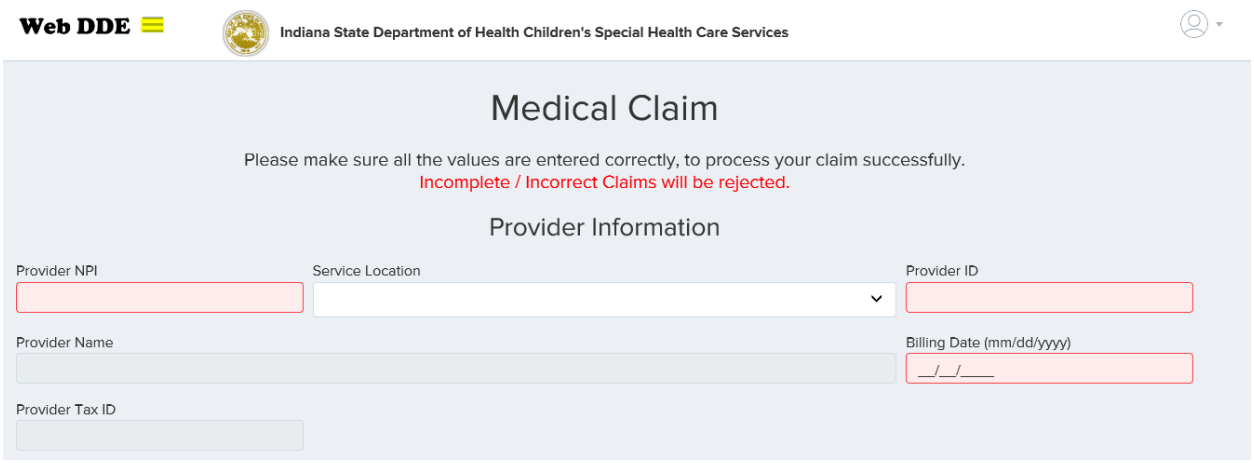
Click on 'Submit a Claim' when ready to enter a claim. Claim type categories will be displayed. Select the claim type desired.



This example shows Medical Claim type was selected and a partial display of the claim form. Further sections of this manual contain explanation and guidance in completion of all claim types.



The user may click on the three lines after WebDDE to expand the claim form for easier data entry. Clicking on the three lines again returns it back to the menu with the collapsed claim form.

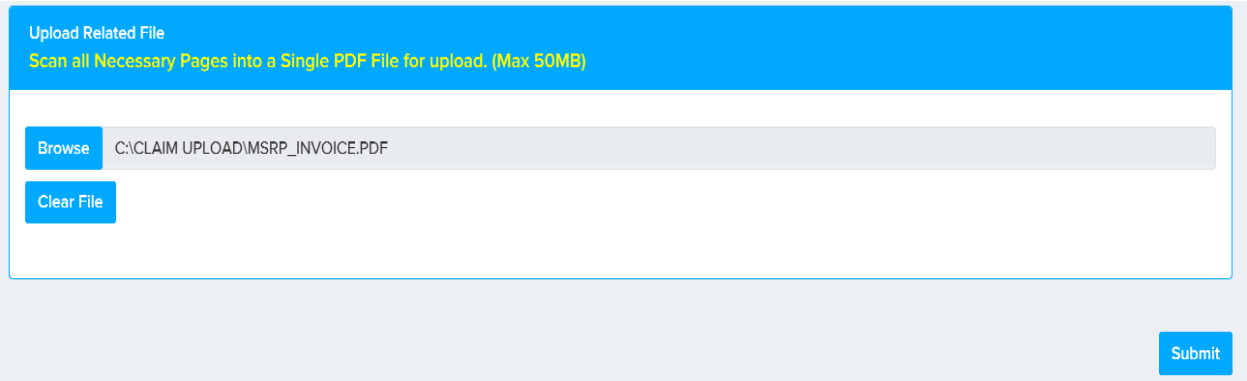


Uploading Supporting Documentation File

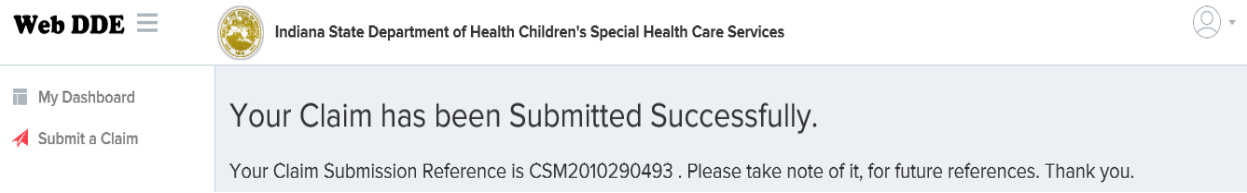
The end of each claim form type will allow the user to upload all necessary pages of supporting documentation into a single Portable Document Format (PDF) file (maximum 50 megabytes).

One example is the Manufacturer's Suggested Retail Price (MSRP) Invoice for professional supply claims that is required and must be uploaded. The user should browse for the location where the user has saved the PDF document on his/her computer. Only a single PDF document may be uploaded.

After the claim has been completed and any supporting documentation needed has been uploaded, the user will click 'Submit' to send the claim.

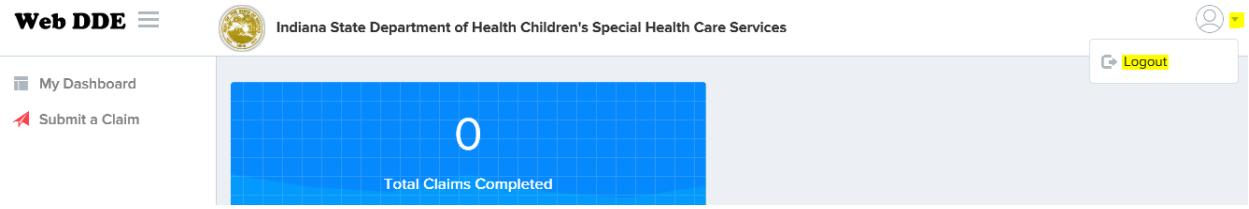


A message will be returned with the Claim ID that was assigned. This claim ID can be used for tracking purposes.

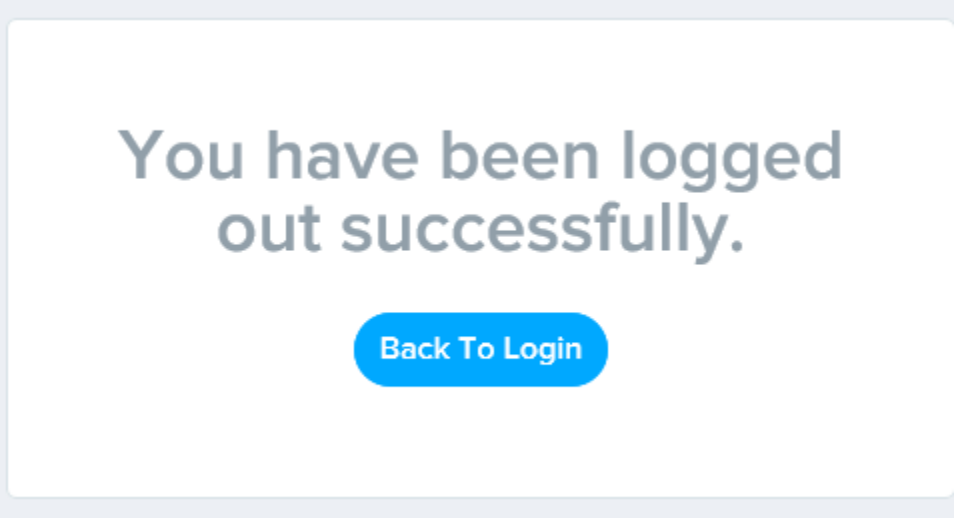


Logging Out

The user will click on the drop-down arrow after the figure image, and a logout option is displayed.



After clicking on the logout option, the following message is displayed. The user may choose to login again or close the browser.



Section 2: Data Element Description

Data element table sections contain a tabular representation of any required or situational field for the Indiana Department of Health, Children's Special Health Care Services WebDDE claim form. Each data element table contains rows and columns describing different WebDDE claim form fields.

Paper Claim Field: The cross-reference to the standard paper claim form if applicable. It is marked with 'N/A' if not applicable.

Usage: Identifies the WebDDE claim form field as R-required, S-situational, or DO-display only.

WebDDE Field Name: Identifies the WebDDE claim form field name.

Field Length/Type: The field length and type of the WebDDE field.
Examples:

9(10)	The '9' means the field is numeric, and the '(10)' means the field is ten digits long.
X(8)	The 'X' means the field is alphanumeric, and the '(8)' means the field is up to eight characters long. Do not enter leading spaces.
9(8)V99	The '9' means the field is numeric, the '(8)' means the first part of the field is up to eight digits long, the 'V' means there is an implied decimal point, and the last part of the field is up to two digits long after the decimal point. Do not enter leading zeroes or trailing zeroes after the decimal point first digit.

Comments/Valid Values: Comments regarding the WebDDE field and/or valid values.

Section 3: Professional Claims Instructions

Introduction Medical

The Indiana Department of Health, Children's Special Health Care Services WEB-Enabled Direct Data Entry (WebDDE) professional claim mimics the CMS-1500 (02/12) paper claim form.

CSHCS is a payer of last resort, so Coordination of Benefits (COB) is needed to pay a claim if there are prior payers. The Medical COB section provides further explanation.

Medical WebDDE Claim Form

Provider Information and Billing Date

*** Note:** If the Provider NPI or Service Location does not exist in the CSHCS claims system, the claim cannot be continued. The provider needs to call the CSHCS Provider Relations phone number listed in the Contact Information section to establish this information. If the provider notices that the Service Location, Provider Name, or Provider Tax ID that is in the CSHCS claims system does not match the current provider information, the provider should also call CSHCS Provider Relations to have the information updated.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
32a. and/or 33a.	R	Provider NPI	9(10)	Valid Provider NPI in CSHCS. This is the Service Facility NPI or Billing Provider NPI. If the Service Facility NPI is different from the Billing Provider NPI, the Service Facility NPI is used.
32. or 33.	R	Service Location	X(158)	Drop-down select and display.
N/A	R	Provider ID	9(5) or 9(6)	Valid Provider ID in CSHCS; displays after Service Location is selected.
32. or 33.	DO	Provider Name	X(100)	The CSHCS Provider Name is displayed.
25.	DO	Provider Tax ID	9(9)	The CSHCS Provider Tax ID is displayed.
31. (Date)	R	Billing Date	X(10)	MM/DD/YYYY; the billing date must be greater than or equal to the claim Date of Service End (To) Date and less than or equal to the current date.

Subscriber Detail

*** Note:** In the CSHCS claims system, the participant (patient) is the subscriber. If the participant does not exist in the CSHCS claims system, the claim cannot be continued. The provider needs to call the CSHCS Eligibility phone number listed in the Contact Information section to establish this information. If the provider notices that the Patient Name, Date of Birth, Sex, Patient Address, or Insured Name that is in the CSHCS claims system does not match the current provider information, the provider should also call CSHCS Eligibility to have the information updated.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
1a.	R	Patient ID	9(6)	Valid Participant ID in CSHCS.
3. or 11a.	R	Date of Birth	X(10)	MM/DD/YYYY; participant's date of birth.
N/A	R	First 3 letters of Last Name	X(3)	First 3 letters of participant's last name.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
2. or 4.	DO	Patient Name	X(95)	The CSHCS Participant Name is displayed.
3. or 11a.	DO	Sex	X(1)	The CSHCS Participant's Sex is displayed.
9.	DO	Insured Name	X(95)	The CSHCS Insured Name for the participant is displayed.
5. or 7.	DO	Patient Address	X(157)	The CSHCS Participant Address is displayed.

Claim Information

*** Note:** WebDDE validates diagnosis codes against the codes in our system database. Therefore, when entering claims, the diagnosis codes must be entered with the decimal point for diagnosis codes greater than three characters. The maximum pattern is 'XXX.XXXX'. If a claim is entered with a new diagnosis code that is not yet in our system database, WebDDE will still allow the claim to be submitted.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
11d.	S	11d: Other Health Plan	X(1)	Y, N, or not selected. This field is used for Coordination of Benefits (COB) with CSHCS as needed. See the Medical COB section for explanation.
21.	R	ICD Indicator	X(1)	0 or 9; defaults to 0. All claims are now ICD-10, so 0 is the default.
19.	S	Note	X(80)	Optional; refer to the National Uniform Claim Committee (NUCC) 1500 Health Insurance Claim Form Version 02/12 Reference Instruction Manual for information regarding this field.
21.		Diagnosis Codes:		
21A	R	A	X(8)	ICD-10 Principal Diagnosis is required.
21B - 21L	S	B through L	X(8)	ICD-10 additional diagnosis codes reported.
23.	S	Prior Auth ID	9(7)	The CSHCS prior authorization obtained for the service(s) as needed.
26.	R	Patient Account Number	X(15)	Patient Account Number assigned by the provider of service's or supplier's accounting system.
28.	R	Total Charges	9(8)V99	Total billed amount of all service line charges.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
29.	S	29a: Insurance Paid	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the claim header level. See the Medical COB section for explanation.
N/A	S	29b: CoPay	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the claim header level. See the Medical COB section for explanation.

Claim Detail Lines

*** Note:** Up to fifty service lines may be entered for a professional claim.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
N/A	DO	Line#	9(1) or 9(2)	Automatically increments as service lines are entered.
24. A. From	R	Dates of Service From	X(10)	MM/DD/YYYY; the Date of Service 'From' date must be greater than or equal to the participant's date of birth. It must also be less than or equal to the participant's date of death if applicable. It must also be less than or equal to the Date of Service 'To' date and less than or equal to the billed date.
24. A. To	R	Dates of Service To	X(10)	MM/DD/YYYY; the Date of Service 'To' date must be greater than or equal to the Date of Service 'From' date and less than or equal to the billed date.
24. B.	R	Place of Service	9(2)	**1)** Code value for professional claim.
24. C.	S	EMG Indicator	X(1)	N, Y, or not selected.
24. D.	R	CPT/HCPCS	X(10)	CPT or HCPCS code value.
24. D.	S	Modifier	X(2)	**2)** Modifier if applicable; up to four modifiers may be entered for the line.
24. E.	R	Diagnosis Pointer	X(1)	The line letter from Item Number 21 that relates to the reason the service(s) was performed. Up to four diagnosis pointers may be entered for the line.
24. F.	R	Charges	9(8)V99	Total billed amount for the service line. The sum of the service line charges must equal the 28: Total

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				Charges.
24. G.	R	Days or Units	9(5)V999	Number of days or units. If reporting a fraction of a unit, use the decimal point.
N/A	S	Insurance Paid	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the service line level. See the Medical COB section for explanation.
N/A	S	CoPay	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the service line level. See the Medical COB section for explanation.

1) https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html

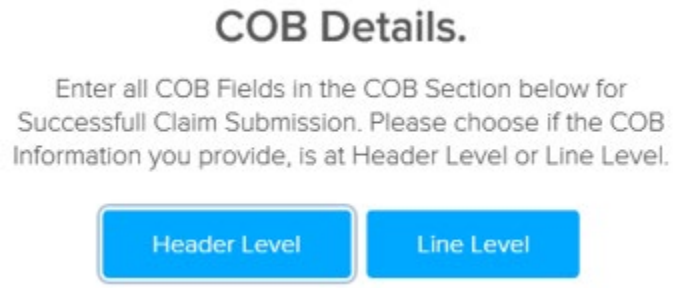
2) https://www.in.gov/medicaid/providers/693.htm
Launch Provider Code Tables and Accept Agreement; select Procedure Code Modifiers for Professional Claims

Medical Coordination of Benefits (COB)

CSHCS is a payer of last resort, so Coordination of Benefits (COB) is needed to pay a claim if there are prior payers. The WebDDE system allows up to three prior payers. The COB information and/or adjustments will be entered at either the claim header level or the claim service line level but not both. The COB information must also match the claim information placement. If Insurance Paid and/or CoPay was entered at header level on the claim, then the COB information must also be entered at the claim header level. If Insurance Paid and/or Copay was entered at service line level on the claim, then the COB information must also be entered at the claim service line level.

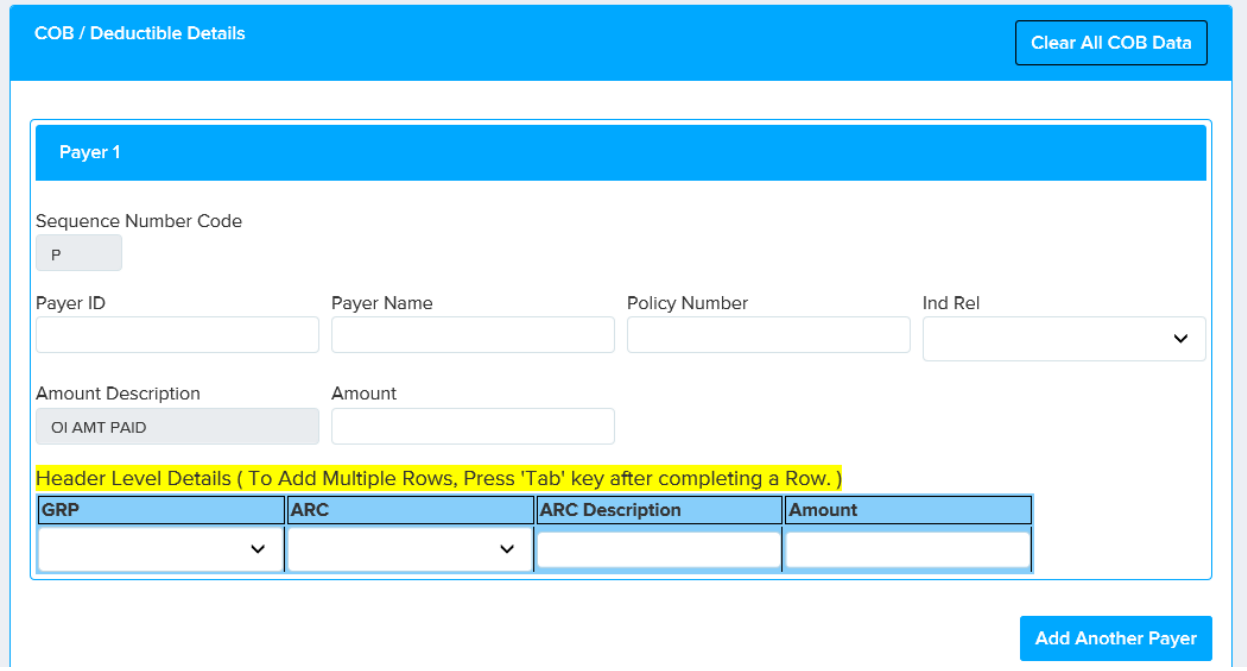
Coordination of Benefits (COB) is controlled by answering the '11d: Other Health Plan' question. If there are no previous payers prior to CSHCS, the question may be answered with 'N' or left blank.

If there are previous payers prior to CSHCS, then the question should be answered with 'Y'. When the 'Y' is selected, a message will be displayed asking if the COB will be at the claim header level or the service line level. Select one of the options. Another message will be displayed confirming the selection, click 'OK'.



The appropriate COB section will appear at the bottom of the WebDDE claim form.

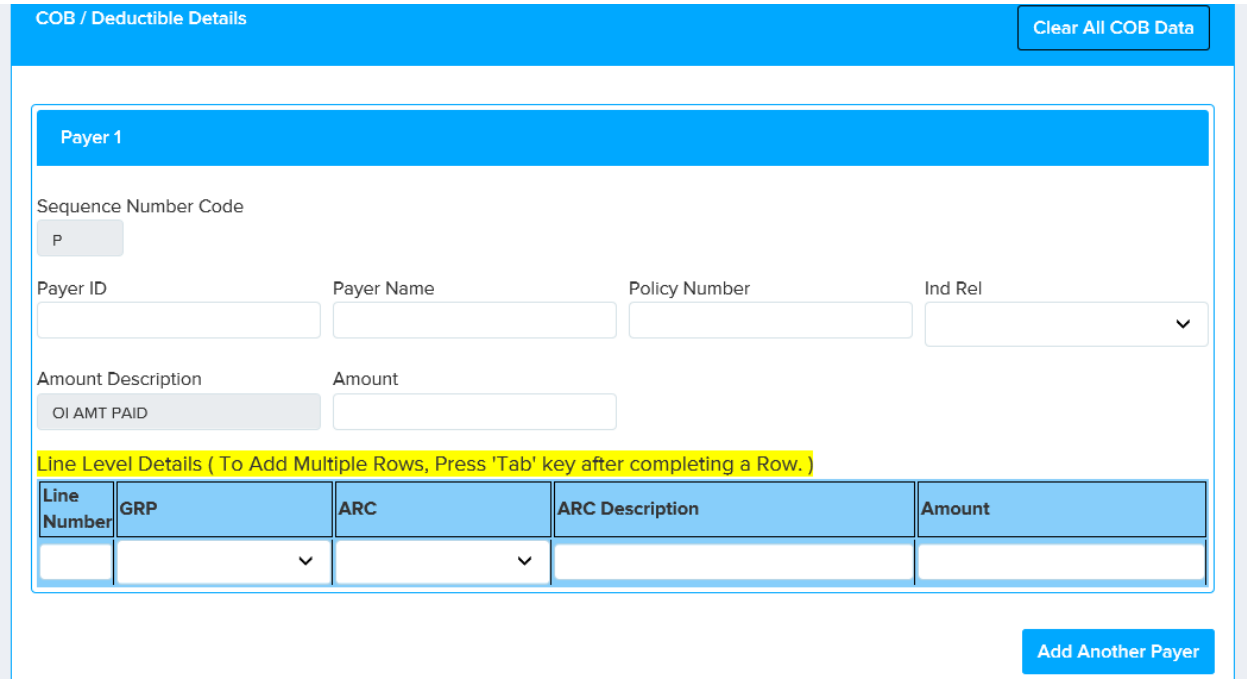
Medical Claim Header Level COB



Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
		Claim Placement Header Level Fields		
29.	S	29a: Insurance Paid	9(8)V99	The total Insurance Paid from all previous payers.
N/A	S	29b: CoPay	9(8)V99	The total CoPay paid from all previous payers.
		COB / Deductible Header Details		
N/A	R	Sequence Number Code	X(1)	**3)** Defaults to 'P'. May add two additional prior payers, 'S' and 'T'.
N/A	S	Payer ID	X(80)	Optional Payer ID if known.
N/A	S	Payer Name	X(60)	Optional Payer Name if known.
N/A	S	Policy Number	X(50)	Optional Policy Number if known.
N/A	S	Ind Rel	9(2)	**4)** Optional Individual Relationship if known. Select from the drop-down.
N/A	R	(OI AMT PAID) Amount	9(8)V99	The total Insurance Paid by the payer denoted by the Sequence Number Code. It is acceptable to enter 0.00 if applicable.
N/A	S	GRP	X(2)	**5)** GRP (Claim Adjustment Group Code) if adjustment is made by the payer denoted by the Sequence Number Code.
N/A	S	ARC	X(8)	**6)** ARC (Adjustment Reason Code) if adjustment is made by the payer denoted by the Sequence Number

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				Code.
N/A	DO	ARC Description	X(2000)	The ARC description is displayed after ARC code is chosen.
N/A	S	Amount	9(8)V99	The adjustment amount if adjustment is made by the payer denoted by the Sequence Number Code.

Medical Claim Service Line Level COB



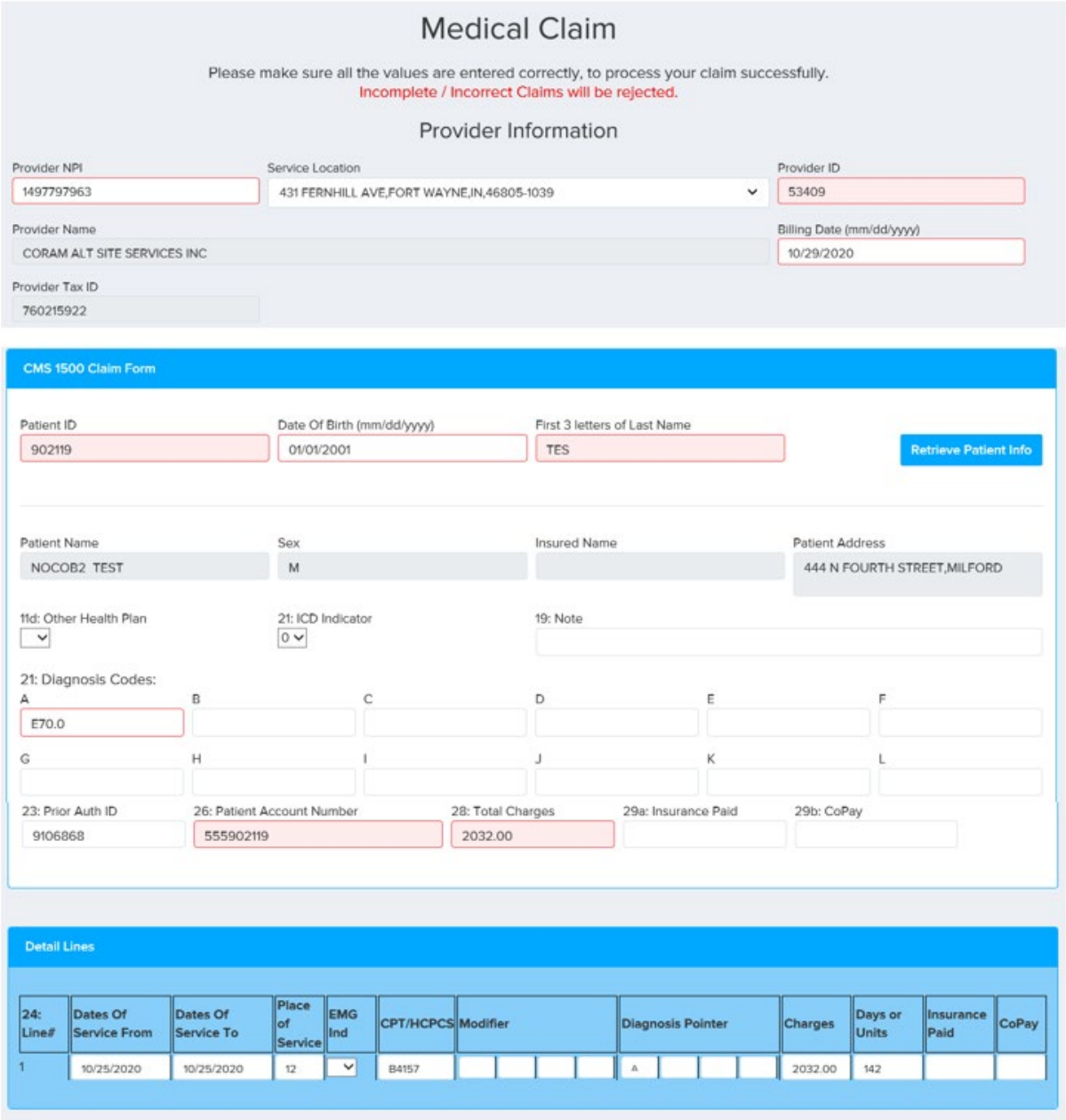
Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
		Claim Placement Service Line Level Fields		
N/A	S	Insurance Paid	9(8)V99	The total line Insurance paid from all previous payers.
N/A	S	CoPay	9(8)V99	The total line CoPay paid from all previous payers.
		COB / Deductible Service Line Details		
N/A	R	Sequence Number Code	X(1)	**3)** Defaults to 'P'. May add two additional prior payers, 'S' and 'T'.
N/A	S	Payer ID	X(80)	Optional Payer ID if known.
N/A	S	Payer Name	X(60)	Optional Payer Name if known.
N/A	S	Policy Number	X(50)	Optional Policy Number if known.
N/A	S	Ind Rel	9(2)	**4)** Optional Individual Relationship if known. Select from the drop-down.

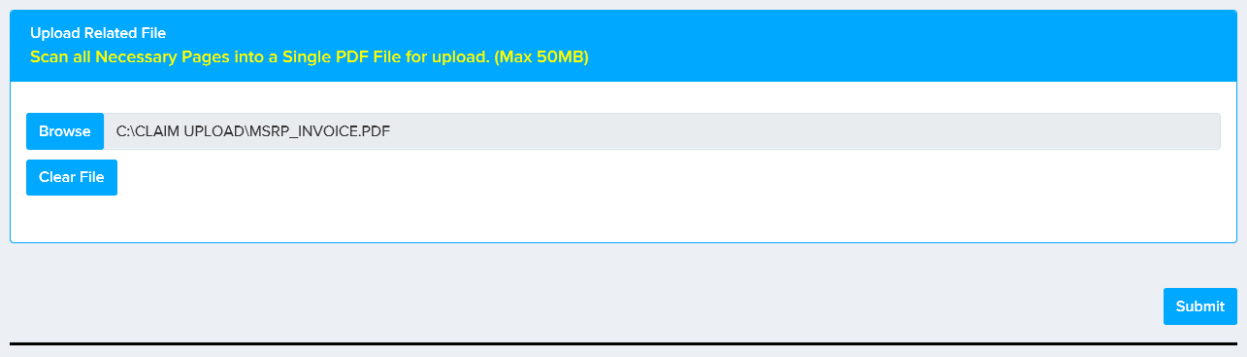
Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
N/A	R	(OI AMT PAID) Amount	9(8)V99	The total Insurance Paid by the payer denoted by the Sequence Number Code. It is acceptable to enter 0.00 if applicable.
N/A	S	Line Number	9(2)	The claim line number being adjusted by the payer denoted by the Sequence Number Code.
N/A	S	GRP	X(2)	**5)** GRP (Claim Adjustment Group Code) if adjustment is made by the payer denoted by the Sequence Number Code.
N/A	S	ARC	X(8)	**6)** ARC (Adjustment Reason Code) if adjustment is made by the payer denoted by the Sequence Number Code.
N/A	DO	ARC Description	X(2000)	The ARC description is displayed after ARC code is chosen.
N/A	S	Amount	9(8)V99	The adjustment amount if adjustment is made by the payer denoted by the Sequence Number Code.

3) Sequence Number Code (Payer) - see Appendix A: Code Values.
4) Individual Relationship code - see Appendix A: Code Values.
5) GRP (Claim Adjustment Group Code) - see Appendix A: Code Values.
6) ARC (Adjustment Reason Code) - see Appendix A: Code Values.

Medical WebDDE Claim no COB

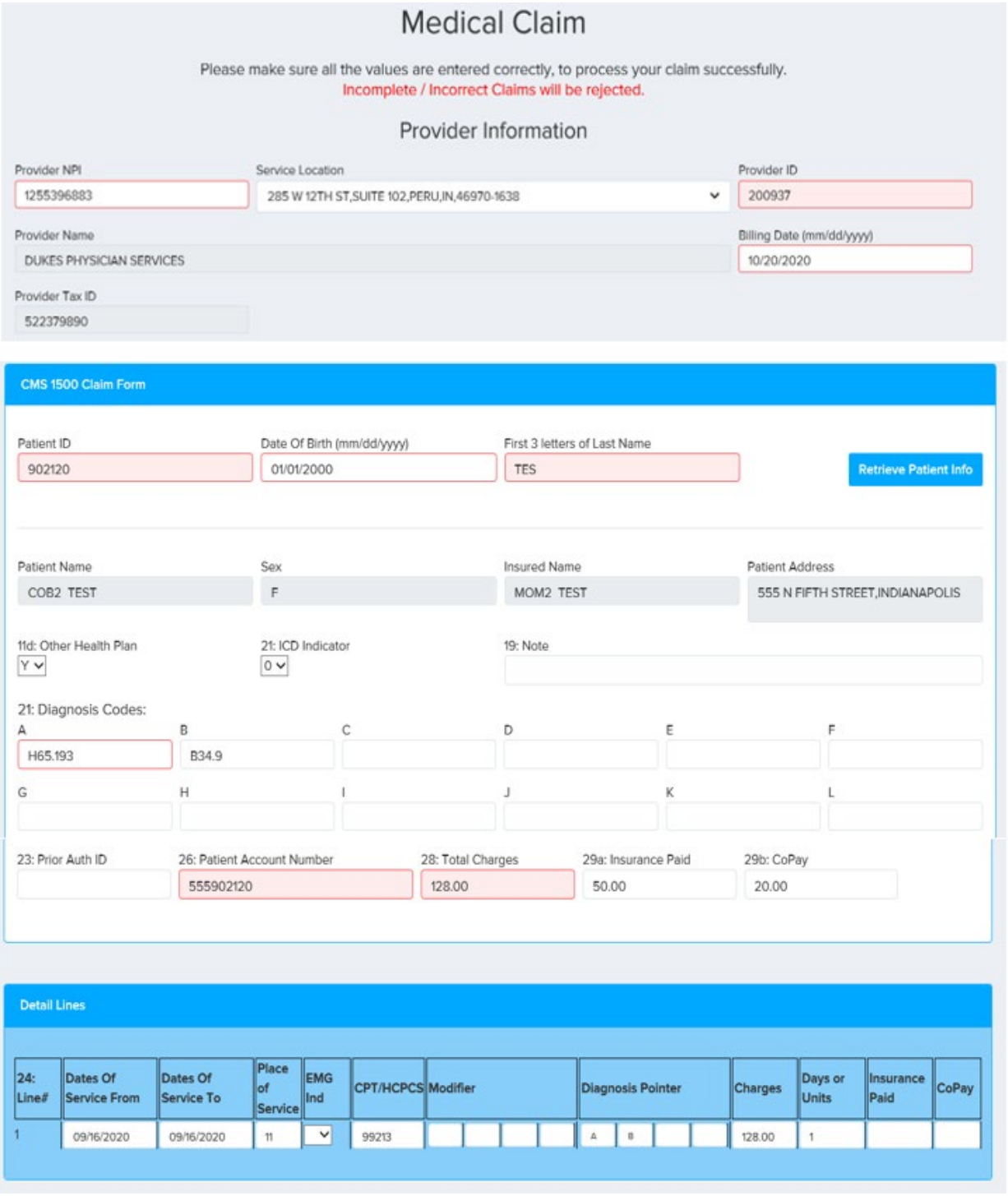
This is an example of a professional WebDDE claim with no Coordination of Benefits. The participant only has CSHCS for insurance. Nothing is entered in claim header level fields 29a: Insurance Paid and 29b: CoPay. Nothing is entered in service line level Insurance Paid and CoPay fields in Detail Lines section. This claim also had a MSRP Invoice that needed to be uploaded.

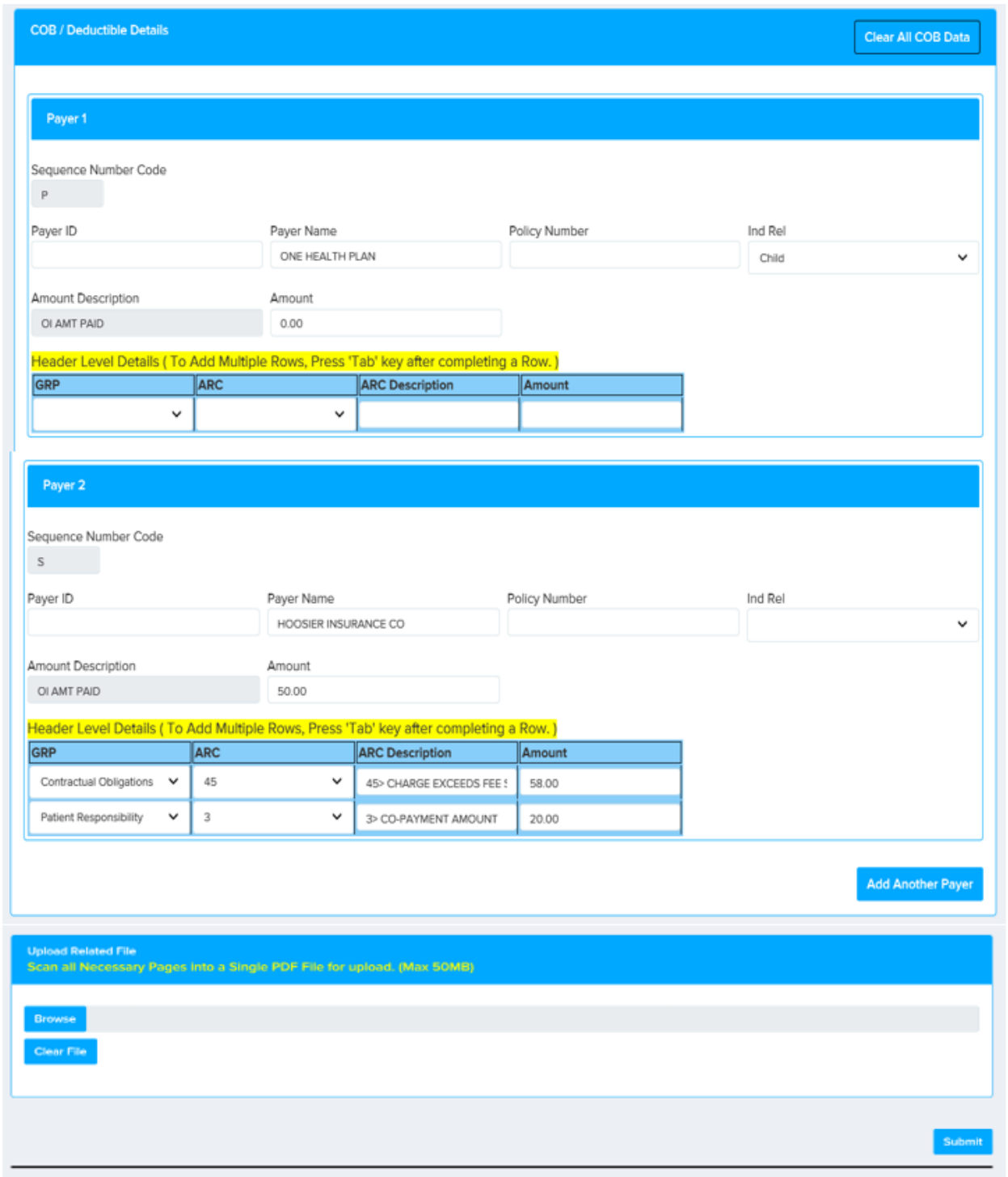



Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
C:\CLAIM UPLOAD\MSRP_INVOICE.PDF
Clear File
Submit

Medical WebDDE COB Claim Header Level

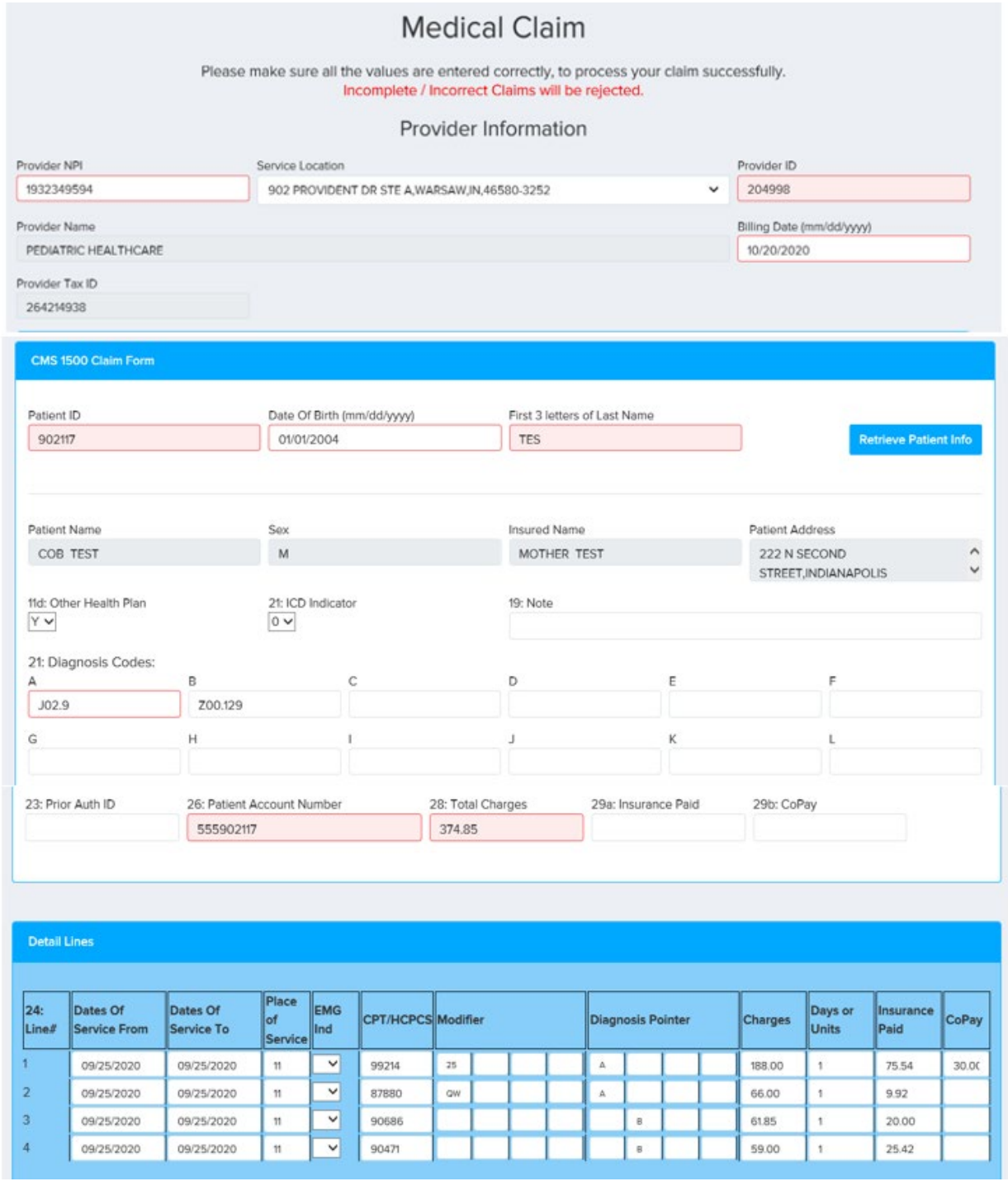
This is an example of a professional WebDDE claim with Coordination of Benefits at claim header level. There are two previous payers. The primary payer paid $0, and the secondary payer paid $50.




COB / Deductible Details
Clear All COB Data
Payer 1
Sequence Number Code
P
Payer ID
Payer Name
ONE HEALTH PLAN
Policy Number
Ind Rel
Child
Amount Description
OI AMT PAID
Amount
0.00
Header Level Details (To Add Multiple Rows, Press 'Tab' key after completing a Row.)
GRP
ARC
ARC Description
Amount
Payer 2
Sequence Number Code
S
Payer ID
Payer Name
HOOSIER INSURANCE CO
Policy Number
Ind Rel
Amount Description
OI AMT PAID
Amount
50.00
Header Level Details (To Add Multiple Rows, Press 'Tab' key after completing a Row.)
GRP
ARC
ARC Description
Amount
Contractual Obligations
45
45> CHARGE EXCEEDS FEE S
58.00
Patient Responsibility
3
3> CO-PAYMENT AMOUNT
20.00
Add Another Payer
Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
Clear File
Submit

Medical WebDDE COB Claim Service Line Level

This is an example of a professional WebDDE claim with Coordination of Benefits at service line level. There is one previous payer.



Medical Claim

Please make sure all the values are entered correctly, to process your claim successfully.
Incomplete / Incorrect Claims will be rejected.

Provider Information

Provider NPI	Service Location	Provider ID
1932349594	902 PROVIDENT DR STE A,WARSAW,IN,46580-3252	204998

Provider Name	Billing Date (mm/dd/yyyy)
PEDIATRIC HEALTHCARE	10/20/2020

Provider Tax ID: 264214938

CMS 1500 Claim Form

Patient ID	Date Of Birth (mm/dd/yyyy)	First 3 letters of Last Name	
902117	01/01/2004	TES	Retrieve Patient Info

Patient Name	Sex	Insured Name	Patient Address
COB TEST	M	MOTHER TEST	222 N SECOND STREET,INDIANAPOLIS

11d: Other Health Plan	21: ICD Indicator	19: Note
Y	0	

21: Diagnosis Codes:

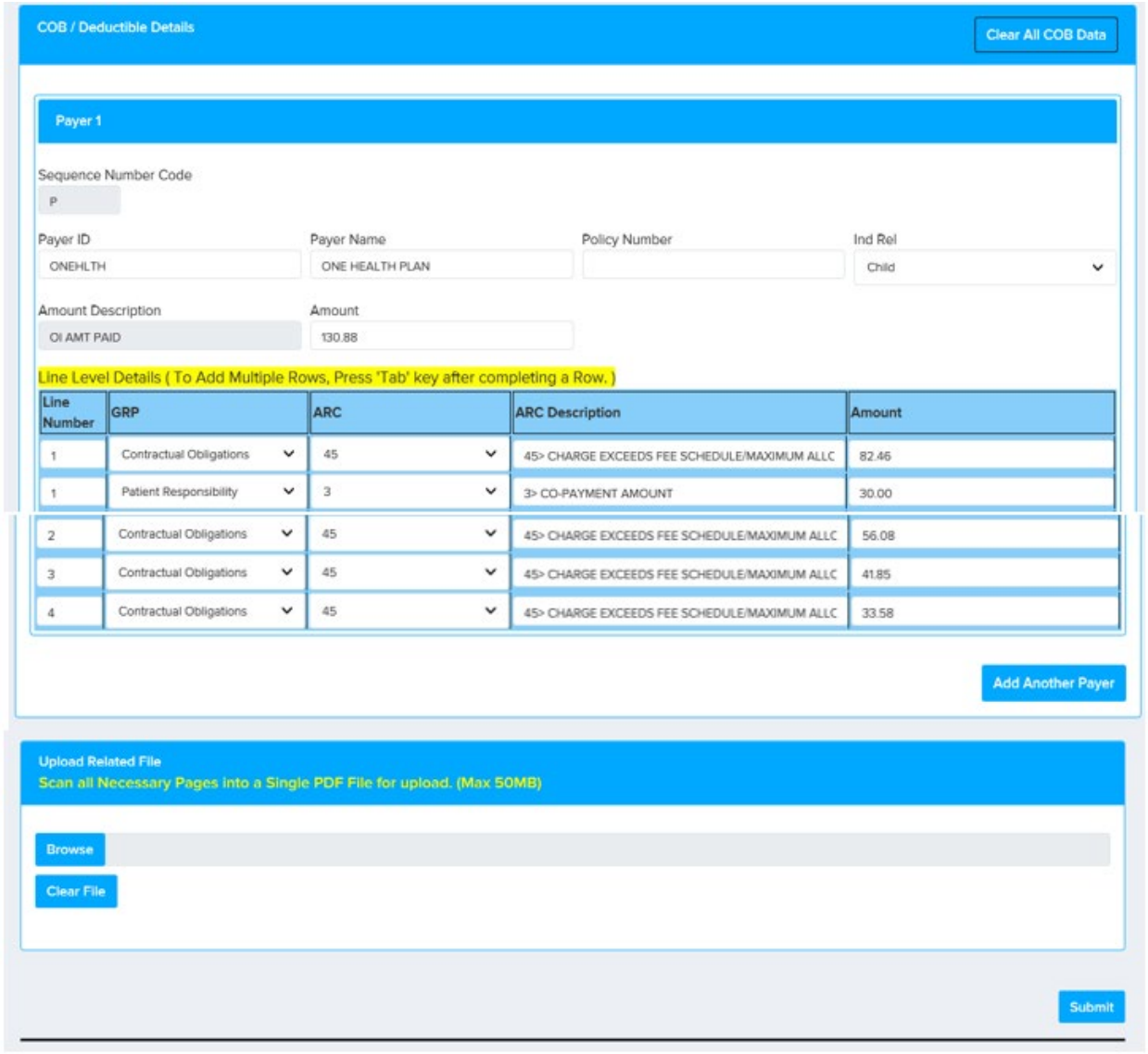
A	B	C	D	E	F
J02.9	Z00.129				

G	H	I	J	K	L

23: Prior Auth ID	26: Patient Account Number	28: Total Charges	29a: Insurance Paid	29b: CoPay
	555902117	374.85		

Detail Lines

24: Line#	Dates Of Service From	Dates Of Service To	Place of Service	EMG Ind	CPT/HCPCS	Modifier	Diagnosis Pointer	Charges	Days or Units	Insurance Paid	CoPay
1	09/25/2020	09/25/2020	11		99214	25	A	188.00	1	75.54	30.0(
2	09/25/2020	09/25/2020	11		87880	QW	A	66.00	1	9.92	
3	09/25/2020	09/25/2020	11		90686		B	61.85	1	20.00	
4	09/25/2020	09/25/2020	11		90471		B	59.00	1	25.42	


COB / Deductible Details
Clear All COB Data
Payer 1
Sequence Number Code
P
Payer ID
ONEHLTH
Payer Name
ONE HEALTH PLAN
Policy Number
Ind Rel
Child
Amount Description
OI AMT PAID
Amount
130.88
Line Level Details (To Add Multiple Rows, Press 'Tab' key after completing a Row.)
Line Number
GRP
ARC
ARC Description
Amount
1
Contractual Obligations
45
45> CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLC
82.46
1
Patient Responsibility
3
3> CO-PAYMENT AMOUNT
30.00
2
Contractual Obligations
45
45> CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLC
56.08
3
Contractual Obligations
45
45> CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLC
41.85
4
Contractual Obligations
45
45> CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLC
33.58
Add Another Payer
Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
Clear File
Submit

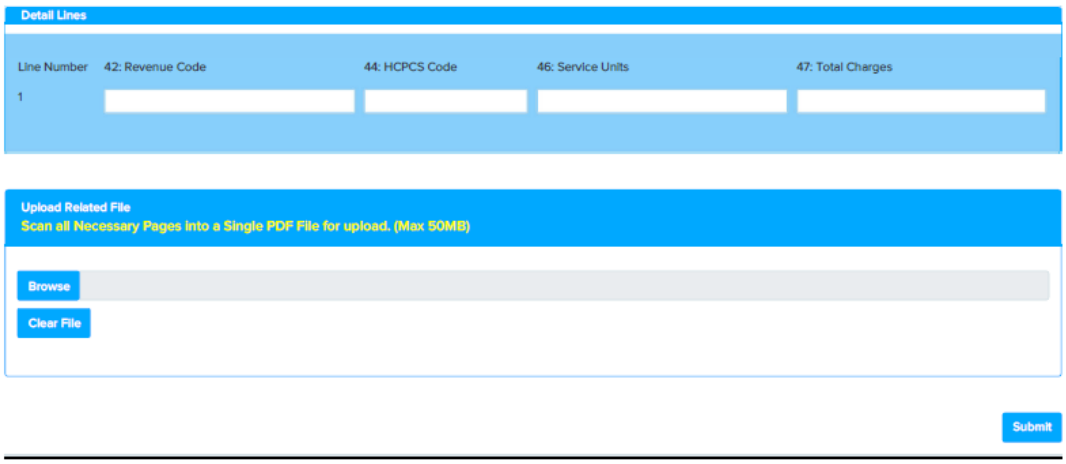
Section 4: Institutional Claims Instructions

Introduction Inpatient

The Indiana Department of Health, Children's Special Health Care Services WEB-Enabled Direct Data Entry (WebDDE) institutional claim mimics the NUBC UB-04 (CMS-1450) paper claim form.

CSHCS is a payer of last resort, so Coordination of Benefits (COB) is needed to pay a claim if there are prior payers. The Inpatient COB section provides further explanation.

Inpatient WebDDE Claim Form



Provider Information and Billing Date

*** Note:** If the Provider NPI or Service Location does not exist in the CSHCS claims system, the claim cannot be continued. The provider needs to call the CSHCS Provider Relations phone number listed in the Contact Information section to establish this information. If the provider notices that the Service Location, Provider Name, or Provider Tax ID that is in the CSHCS claims system does not match the current provider information, the provider should also call CSHCS Provider Relations to have the information updated.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
56	R	Provider NPI	9(10)	Valid Provider NPI in CSHCS. This is the Service Facility NPI or Billing Provider NPI. If the Service Facility NPI is different from the Billing Provider NPI, the Service Facility NPI is used.
1	R	Service Location	X(158)	Drop-down select and display.
N/A	R	Provider ID	9(5) or 9(6)	Valid Provider ID in CSHCS; displays after Service Location is selected.
1	DO	Provider Name	X(100)	The CSHCS Provider Name is displayed.
5	DO	Provider Tax ID	9(9)	The CSHCS Provider Tax ID is displayed.
23 (Creation Date)	R	Billing Date	X(10)	MM/DD/YYYY; the billing date must be greater than or equal to the claim Date of Service End (To) Date and less than or equal to the current date.

Subscriber Detail

*** Note:** In the CSHCS claims system, the participant (patient) is the subscriber. If the participant does not exist in the CSHCS claims system, the claim cannot be continued. The provider needs to call the CSHCS Eligibility phone number listed in the Contact Information section to establish this information. If the provider notices that the Patient Name, Date of Birth, Sex, Patient Address, or Insured Name that is in the CSHCS claims system does not match the current provider information, the provider should also call CSHCS Eligibility to have the information updated.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
60	R	Patient ID	9(6)	Valid Participant ID in CSHCS.
10	R	Date of Birth	X(10)	MM/DD/YYYY; participant's date of birth.
N/A	R	First 3 letters of Last Name	X(3)	First 3 letters of participant's last name.
8b	DO	Patient Name	X(95)	The CSHCS Participant Name is displayed.
11	DO	Sex	X(1)	The CSHCS Participant's Sex is displayed.
58	DO	Insured Name	X(95)	The CSHCS Insured Name for the participant is displayed.
9 a,b,c,d	DO	Patient Address	X(157)	The CSHCS Participant Address is displayed.

Claim Information

*** Note:** WebDDE validates diagnosis codes against the codes in our system database. Therefore, when entering claims, the diagnosis codes must be entered with the decimal point for diagnosis codes greater than three characters. The maximum pattern is 'XXX.XXXX'. If a claim is entered with a new diagnosis code that is not yet in our system database, WebDDE will still allow the claim to be submitted.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
N/A	S	Other Health Plan	X(1)	Y, N, or not selected. This field is used for Coordination of Benefits (COB) with CSHCS as needed. See the Inpatient COB section for explanation.
3a	R	Patient Control Number	X(30)	Patient Control Number assigned by the provider of service's or supplier's accounting system.
4	R	Type of Bill	9(3)	Type of Bill.
14	R	Admission Type	9(3)	Admission Type drop-down.
6	R	From Date	X(10)	MM/DD/YYYY; the Date of Service

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				'From' date must be greater than or equal to the participant's date of birth. It must also be less than or equal to the participant's date of death if applicable. It must also be less than or equal to the Date of Service 'To' date and less than or equal to the billed date.
6	R	To Date	X(10)	MM/DD/YYYY; the Date of Service 'To' date must be greater than or equal to the Date of Service 'From' date and less than or equal to the billed date.
17	R	Discharge Status	X(3)	Discharge Status.
		Occurrence Code		
31a	R	Code	X(5)	First occurrence code is required.
31a	R	Date	X10)	MM/DD/YYYY; First occurrence code date is required.
31b	S	Code	X(5)	Additional occurrence code reported.
31b	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
32a	S	Code	X(5)	Additional occurrence code reported.
32a	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
32b	S	Code	X(5)	Additional occurrence code reported.
32b	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
33a	S	Code	X(5)	Additional occurrence code reported.
33a	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
33b	S	Code	X(5)	Additional occurrence code reported.
33b	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
34a	S	Code	X(5)	Additional occurrence code reported.
34a	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
34b	S	Code	X(5)	Additional occurrence code reported.
34b	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
47	R	Ln 23: Total Billed Amount:	9(8)V99	Total billed amount of all service line charges.
54	S	54: Prior Payments:	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the claim header level. See the

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				Inpatient COB section for explanation.
N/A	S	00: CoPay	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the claim header level. See the Inpatient COB section for explanation.
63	S	PA Number:	9(7)	The CSHCS prior authorization obtained for the service(s) as needed.
		Diagnosis Code		
66	R	ICD Ind	X(1)	0 or 9; defaults to 0. All claims are now ICD-10, so 0 is the default.
67	R	Princ Dg	X(8)	ICD-10 Principal Diagnosis is required.
67 A - Q	S	A through Q	X(8)	ICD-10 additional diagnosis codes reported.
69	R	Admin Dg	X(8)	ICD-10 Admitting Diagnosis is required.
		Procedure Code		
74	S	Principal Code	X(8)	Principal Procedure Code.
74	S	Principal Date	X(10)	MM/DD/YYYY; Principal Procedure Date.
74 a - e	S	Proc Cd (1 through 5)	X(8)	Additional Procedure Codes.
74 a - e	S	Proc Date (1 through 5)	X(10)	MM/DD/YYYY; Additional Procedure Dates.

Claim Detail Lines

*** Note:** Up to ninety-nine service lines may be entered for an inpatient claim.

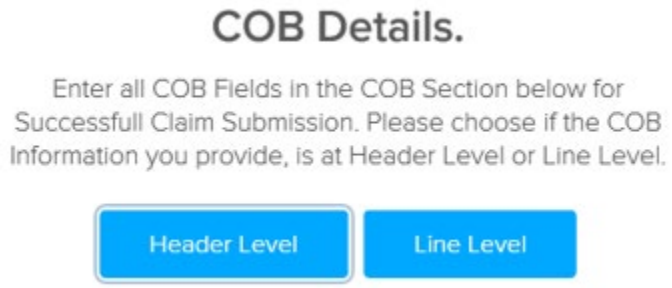
Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
N/A	DO	Line Number	9(1) or 9(2)	Automatically increments as service lines are entered.
42	R	Revenue Code	9(6)	Revenue Code.
44	S	HCPCS Code	X(8)	HCPCS code value if applicable.
46	R	Service Units	9(10)	Number of Service Units.
47	R	Total Charges	9(8)V99	Total billed amount for the service line. The sum of the service line charges must equal the Ln 23: Total Billed Amount.

Inpatient Coordination of Benefits (COB)

CSHCS is a payer of last resort, so Coordination of Benefits (COB) is needed to pay a claim if there are prior payers. The WebDDE system allows up to three prior payers. For Inpatient, the COB information and/or adjustments will be entered at the claim header level only. The COB information must also match the claim information placement.

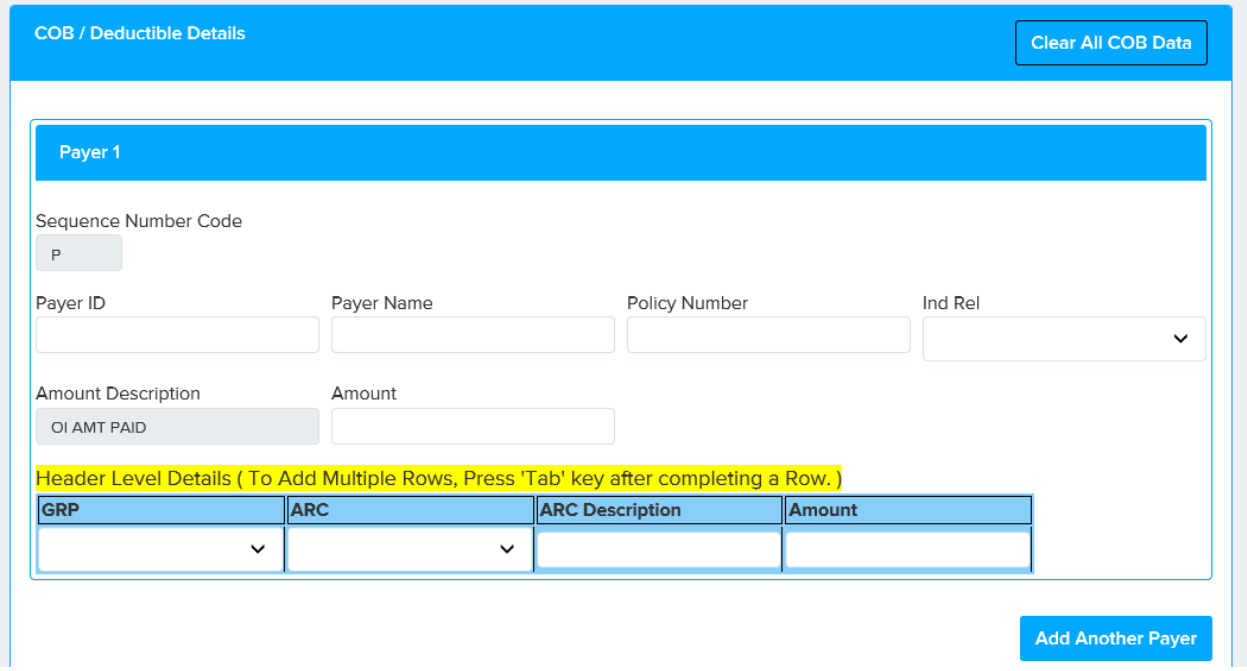
Coordination of Benefits (COB) is controlled by answering the 'Other Health Plan' question. If there are no previous payers prior to CSHCS, the question may be answered with 'N' or left blank.

If there are previous payers prior to CSHCS, then the question should be answered with 'Y'. When the 'Y' is selected, a message will be displayed asking if the COB will be at the claim header level or the service line level. For Inpatient, only select 'Header Level'. Another message will be displayed confirming the selection, click 'OK'.



The appropriate COB section will appear at the bottom of the WebDDE claim form.

Inpatient Claim Header Level COB



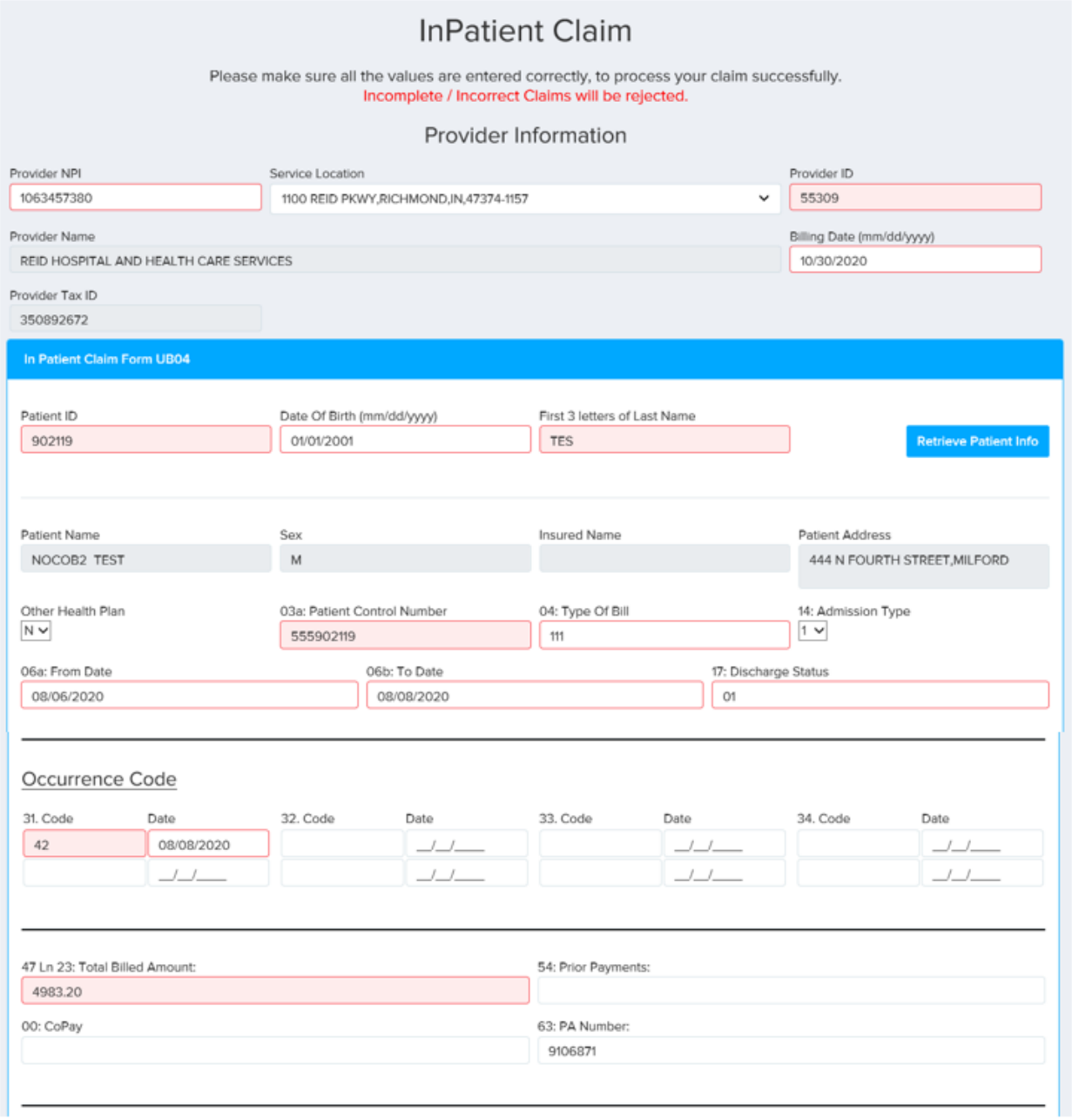
Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
		Claim Placement Header Level Fields		
54	S	54: Prior Payments:	9(8)V99	The total Insurance Paid from all previous payers.
N/A	S	00: CoPay	9(8)V99	The total CoPay paid from all previous payers.
		COB / Deductible Header Details		
N/A	R	Sequence Number Code	X(1)	**3)** Defaults to 'P'. May add two additional prior payers, 'S' and 'T'.
N/A	S	Payer ID	X(80)	Optional Payer ID if known.
N/A	S	Payer Name	X(60)	Optional Payer Name if known.
N/A	S	Policy Number	X(50)	Optional Policy Number if known.
N/A	S	Ind Rel	9(2)	**4)** Optional Individual Relationship if known. Select from the drop-down.
N/A	R	(OI AMT PAID) Amount	9(8)V99	The total Insurance Paid by the payer denoted by the Sequence Number Code. It is acceptable to enter 0.00 if applicable.
N/A	S	GRP	X(2)	**5)** GRP (Claim Adjustment Group Code) if adjustment is made by the payer denoted by the Sequence Number Code.
N/A	S	ARC	X(8)	**6)** ARC (Adjustment Reason Code) if adjustment is made by the payer denoted by the Sequence Number

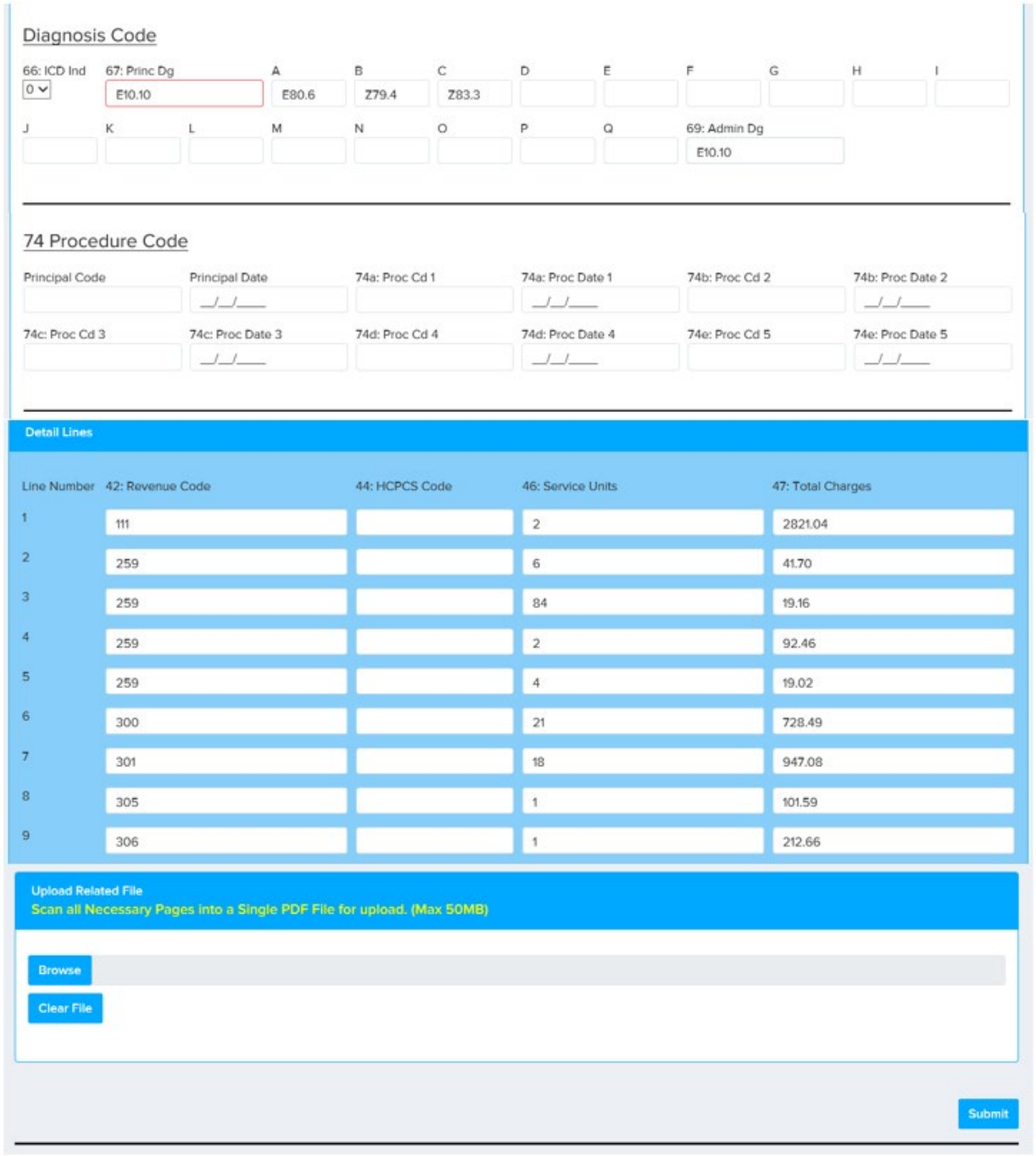
Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				Code.
N/A	DO	ARC Description	X(2000)	The ARC description is displayed after ARC code is chosen.
N/A	S	Amount	9(8)V99	The adjustment amount if adjustment is made by the payer denoted by the Sequence Number Code.

3) Sequence Number Code (Payer) - see Appendix A: Code Values.
4) Individual Relationship code - see Appendix A: Code Values.
5) GRP (Claim Adjustment Group Code) - see Appendix A: Code Values.
6) ARC (Adjustment Reason Code) - see Appendix A: Code Values.

Inpatient WebDDE Claim no COB

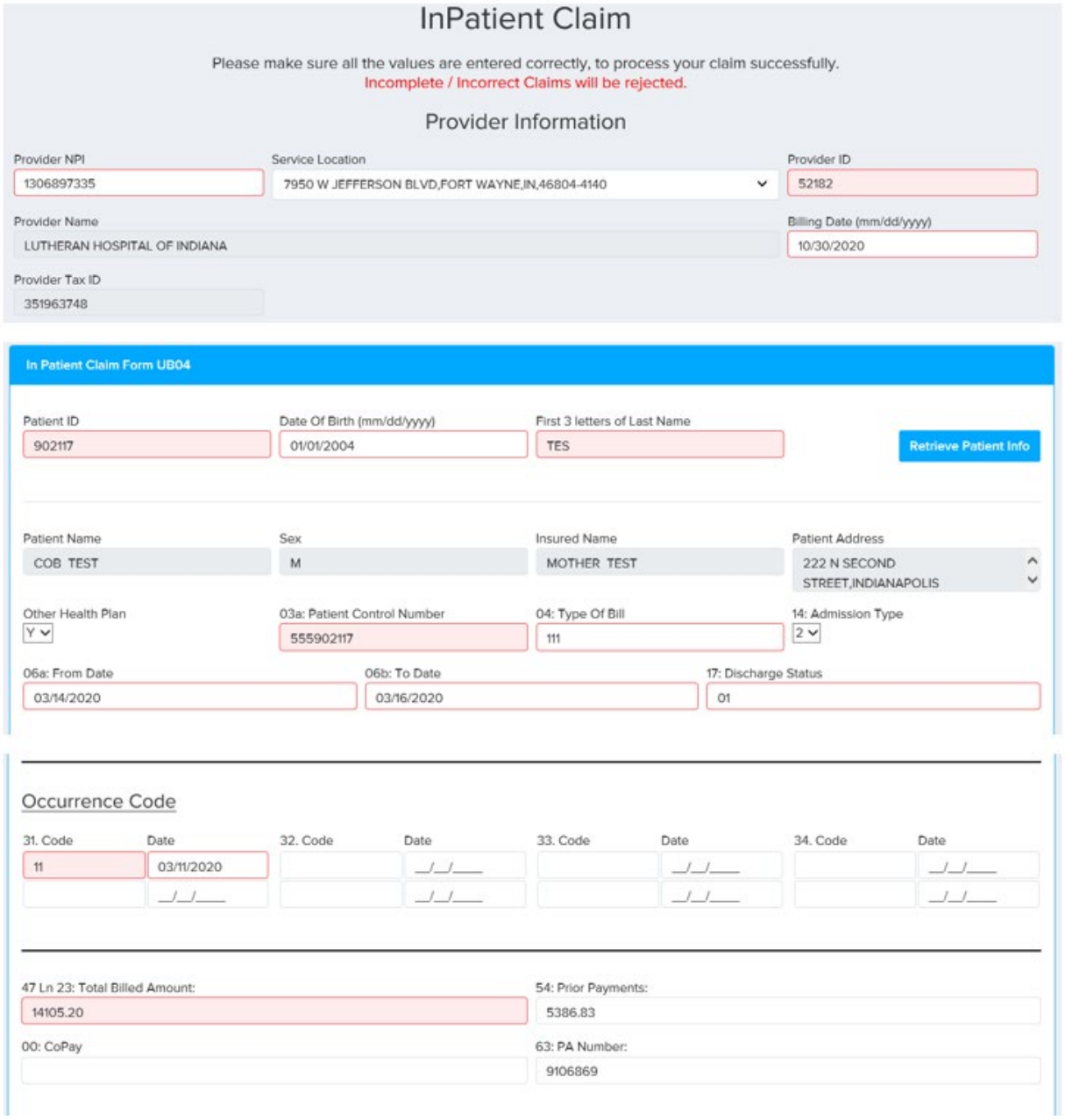
This is an example of an institutional inpatient WebDDE claim with no Coordination of Benefits. The participant only has CSHCS for insurance. Nothing is entered in claim header level fields 54: Prior Payments and 00: CoPay.

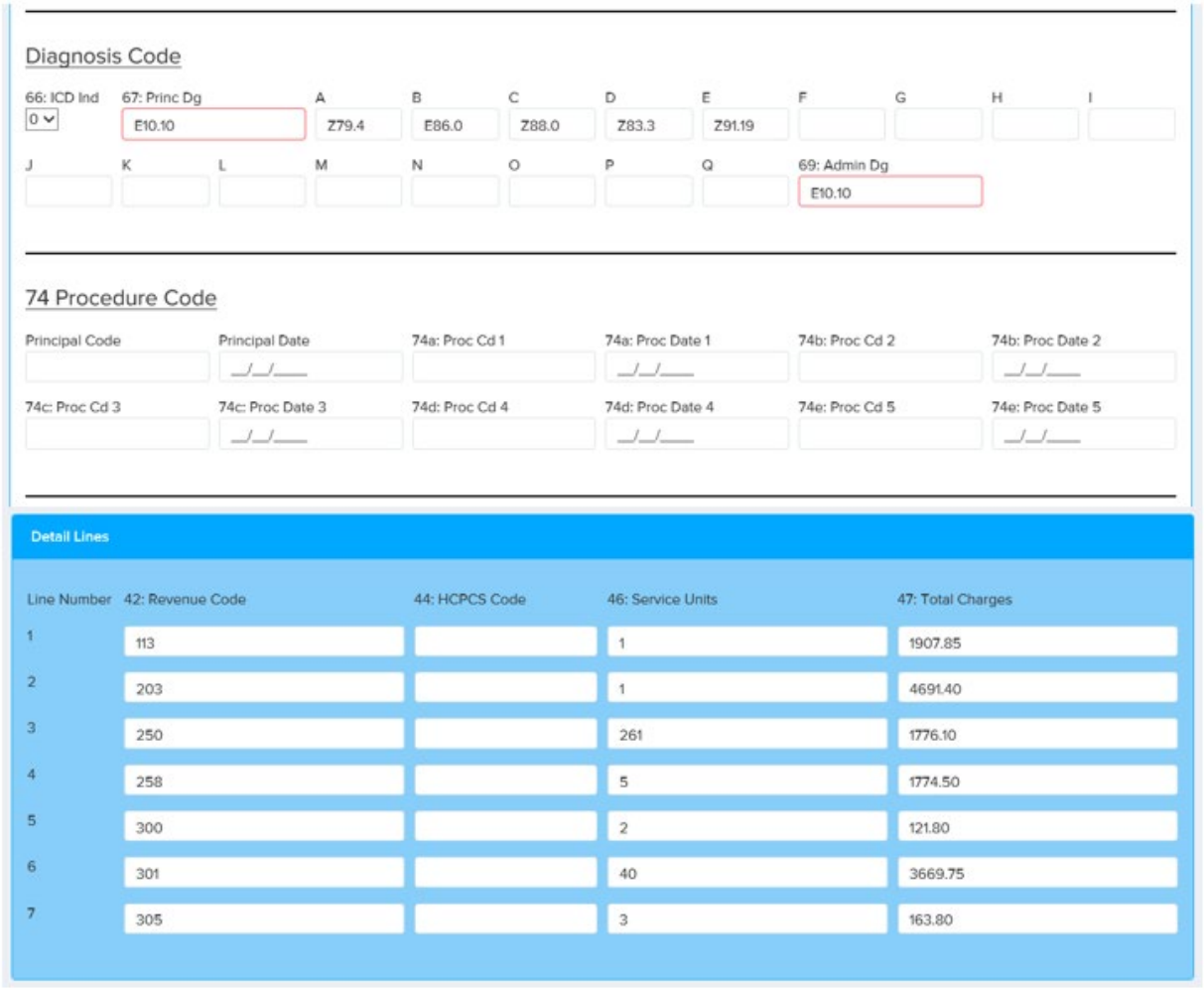



Diagnosis Code
66: ICD Ind
67: Princ Dg
A
B
C
D
E
F
G
H
I
0
E10.10
E80.6
Z79.4
Z83.3
J
K
L
M
N
O
P
Q
69: Admin Dg
E10.10
74 Procedure Code
Principal Code
Principal Date
74a: Proc Cd 1
74a: Proc Date 1
74b: Proc Cd 2
74b: Proc Date 2
74c: Proc Cd 3
74c: Proc Date 3
74d: Proc Cd 4
74d: Proc Date 4
74e: Proc Cd 5
74e: Proc Date 5
Detail Lines
Line Number
42: Revenue Code
44: HCPCS Code
46: Service Units
47: Total Charges
1 111 2 2821.04
2 259 6 41.70
3 259 84 19.16
4 259 2 92.46
5 259 4 19.02
6 300 21 728.49
7 301 18 947.08
8 305 1 101.59
9 306 1 212.66
Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
Clear File
Submit

Inpatient WebDDE COB Claim Header Level

This is an example of an institutional inpatient WebDDE claim with Coordination of Benefits at claim header level. There is one previous payer.





Diagnosis Code

66: ICD Ind	67: Princ Dg	A	B	C	D	E	F	G	H	I
0	E10.10	Z79.4	E86.0	Z88.0	Z83.3	Z91.19				

J	K	L	M	N	O	P	Q	69: Admin Dg
								E10.10

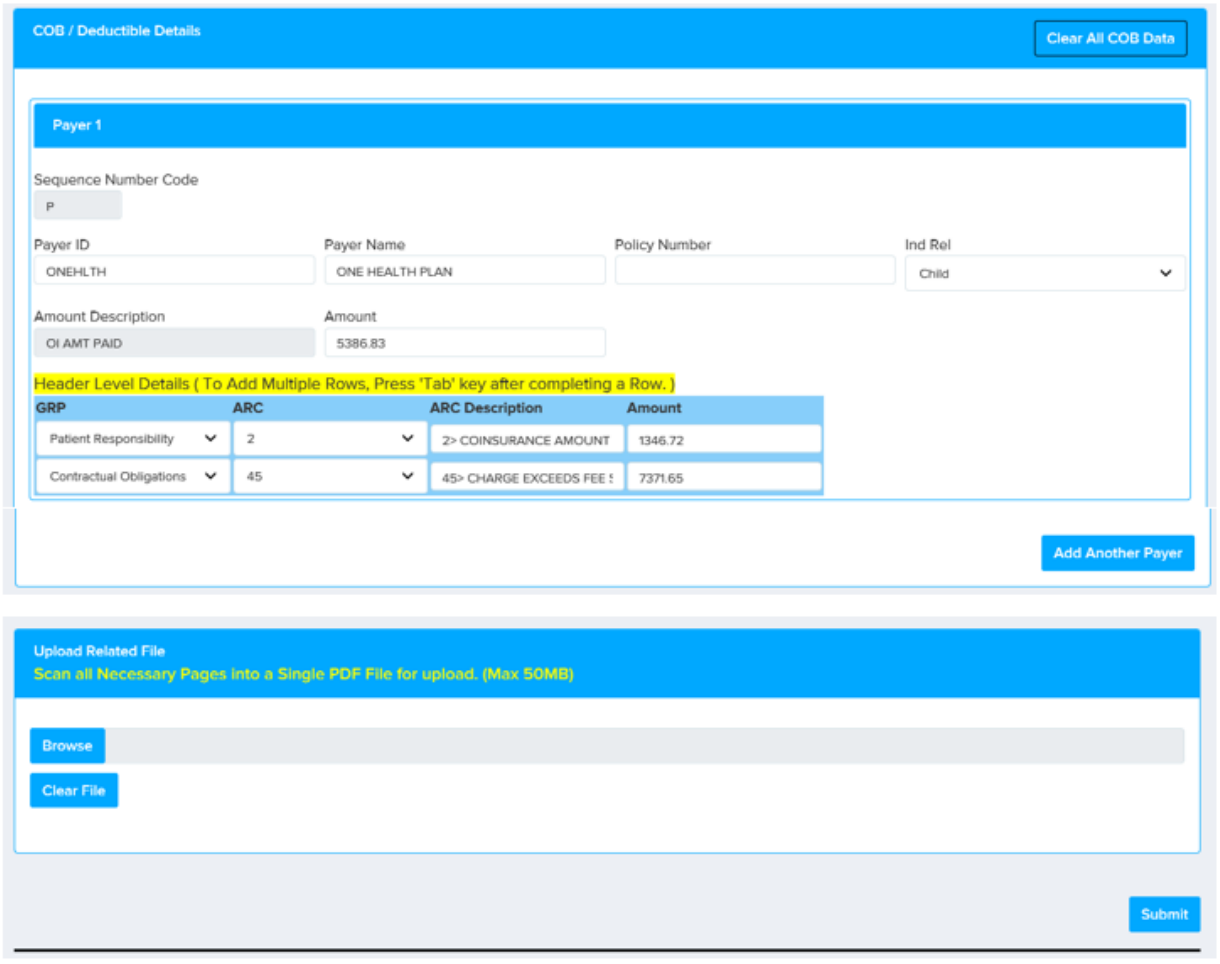
74 Procedure Code

Principal Code	Principal Date	74a: Proc Cd 1	74a: Proc Date 1	74b: Proc Cd 2	74b: Proc Date 2
	__/__/____		__/__/____		__/__/____

74c: Proc Cd 3	74c: Proc Date 3	74d: Proc Cd 4	74d: Proc Date 4	74e: Proc Cd 5	74e: Proc Date 5
	__/__/____		__/__/____		__/__/____

Detail Lines

Line Number	42: Revenue Code	44: HCPCS Code	46: Service Units	47: Total Charges
1	113		1	1907.85
2	203		1	4691.40
3	250		261	1776.10
4	258		5	1774.50
5	300		2	121.80
6	301		40	3669.75
7	305		3	163.80


COB / Deductible Details
Clear All COB Data
Payer 1
Sequence Number Code
P
Payer ID
ONEHLTH
Payer Name
ONE HEALTH PLAN
Policy Number
Ind Rel
Child
Amount Description
OI AMT PAID
Amount
5386.83
Header Level Details (To Add Multiple Rows, Press 'Tab' key after completing a Row.)
GRP
ARC
ARC Description
Amount
Patient Responsibility
2
2> COINSURANCE AMOUNT
1346.72
Contractual Obligations
45
45> CHARGE EXCEEDS FEE S
7371.65
Add Another Payer
Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
Clear File
Submit

Inpatient WebDDE COB Service Line Level

This example of an institutional inpatient WebDDE claim with Coordination of Benefits at service line level does not exist. CSHCS only allows an institutional inpatient WebDDE claim with Coordination of Benefits at the claim header level.

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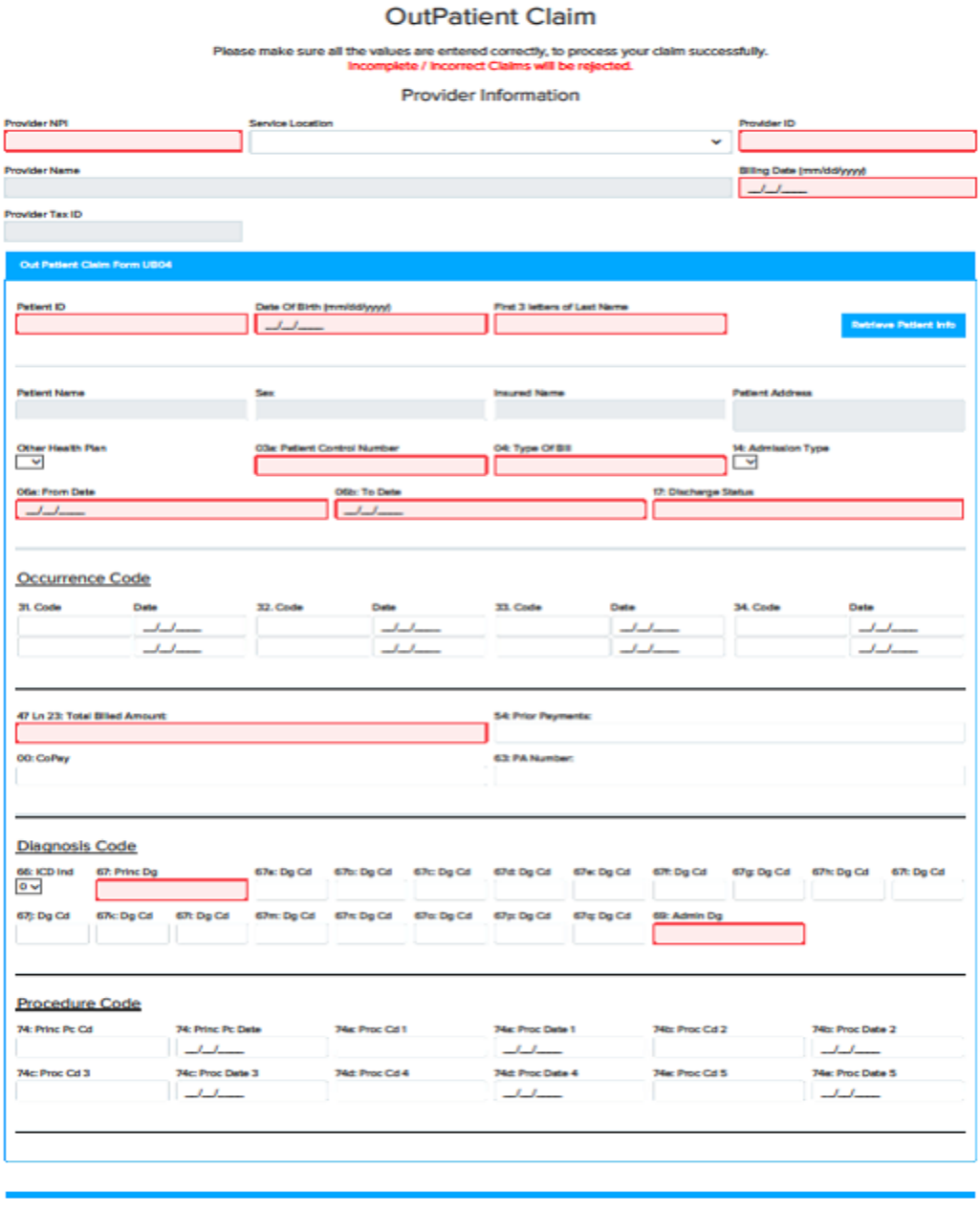
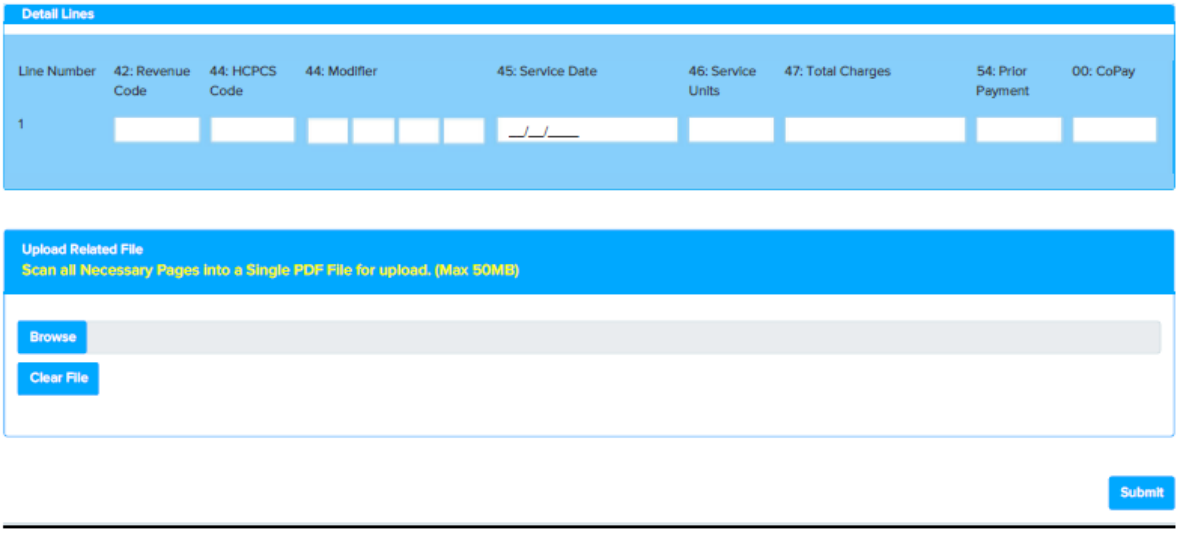
Introduction Outpatient

The Indiana Department of Health, Children's Special Health Care Services WEB-Enabled Direct Data Entry (WebDDE) institutional claim mimics the NUBC UB-04 (CMS-1450) paper claim form.

CSHCS is a payer of last resort, so Coordination of Benefits (COB) is needed to pay a claim if there are prior payers. The Outpatient COB section provides further explanation.

Outpatient WebDDE Claim Form





Provider Information and Billing Date

*** Note:** If the Provider NPI or Service Location does not exist in the CSHCS claims system, the claim cannot be continued. The provider needs to call the CSHCS Provider Relations phone number listed in the Contact Information section to establish this information. If the provider notices that the Service Location, Provider Name, or Provider Tax ID that is in the CSHCS claims system does not match the current provider information, the provider should also call CSHCS Provider Relations to have the information updated.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
56	R	Provider NPI	9(10)	Valid Provider NPI in CSHCS. This is the Service Facility NPI or Billing Provider NPI. If the Service Facility NPI is different from the Billing Provider NPI, the Service Facility NPI is used.
1	R	Service Location	X(158)	Drop-down select and display.
N/A	R	Provider ID	9(5) or 9(6)	Valid Provider ID in CSHCS; displays after Service Location is selected.
1	DO	Provider Name	X(100)	The CSHCS Provider Name is displayed.
5	DO	Provider Tax ID	9(9)	The CSHCS Provider Tax ID is displayed.
23 (Creation Date)	R	Billing Date	X(10)	MM/DD/YYYY; the billing date must be greater than or equal to the claim Date of Service End (To) Date and less than or equal to the current date.

Subscriber Detail

*** Note:** In the CSHCS claims system, the participant (patient) is the subscriber. If the participant does not exist in the CSHCS claims system, the claim cannot be continued. The provider needs to call the CSHCS Eligibility phone number listed in the Contact Information section to establish this information. If the provider notices that the Patient Name, Date of Birth, Sex, Patient Address, or Insured Name that is in the CSHCS claims system does not match the current provider information, the provider should also call CSHCS Eligibility to have the information updated.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
60	R	Patient ID	9(6)	Valid Participant ID in CSHCS.
10	R	Date of Birth	X(10)	MM/DD/YYYY; participant's date of birth.
N/A	R	First 3 letters of Last Name	X(3)	First 3 letters of participant's last name.
8b	DO	Patient Name	X(95)	The CSHCS Participant Name is displayed.
11	DO	Sex	X(1)	The CSHCS Participant's Sex is displayed.
58	DO	Insured Name	X(95)	The CSHCS Insured Name for the participant is displayed.
9 a,b,c,d	DO	Patient Address	X(157)	The CSHCS Participant Address is displayed.

Claim Information

*** Note:** WebDDE validates diagnosis codes against the codes in our system database. Therefore, when entering claims, the diagnosis codes must be entered with the decimal point for diagnosis codes greater than three characters. The maximum pattern is 'XXX.XXXX'. If a claim is entered with a new diagnosis code that is not yet in our system database, WebDDE will still allow the claim to be submitted.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
N/A	S	Other Health Plan	X(1)	Y, N, or not selected. This field is used for Coordination of Benefits (COB) with CSHCS as needed. See the Outpatient COB section for explanation.
3a	R	Patient Control Number	X(30)	Patient Control Number assigned by the provider of service's or supplier's accounting system.
4	R	Type of Bill	9(3)	Type of Bill.
14	R	Admission Type	9(3)	Admission Type drop-down.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
6	R	From Date	X(10)	MM/DD/YYYY; the Date of Service 'From' date must be greater than or equal to the participant's date of birth. It must also be less than or equal to the participant's date of death if applicable. It must also be less than or equal to the Date of Service 'To' date and less than or equal to the billed date.
6	R	To Date	X(10)	MM/DD/YYYY; the Date of Service 'To' date must be greater than or equal to the Date of Service 'From' date and less than or equal to the billed date.
17	R	Discharge Status	X(3)	Discharge Status.
		Occurrence Code		
31a	S	Code	X(5)	First occurrence code is optional.
31a	S	Date	X(10)	MM/DD/YYYY; First occurrence code date is optional.
31b	S	Code	X(5)	Additional occurrence code reported.
31b	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
32a	S	Code	X(5)	Additional occurrence code reported.
32a	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
32b	S	Code	X(5)	Additional occurrence code reported.
32b	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
33a	S	Code	X(5)	Additional occurrence code reported.
33a	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
33b	S	Code	X(5)	Additional occurrence code reported.
33b	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
34a	S	Code	X(5)	Additional occurrence code reported.
34a	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
34b	S	Code	X(5)	Additional occurrence code reported.
34b	S	Date	X(10)	MM/DD/YYYY; Additional occurrence code date reported.
47	R	Ln 23: Total Billed Amount:	9(8)V99	Total billed amount of all service line charges.
54	S	54: Prior Payments:	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				at the claim header level. See the Outpatient COB section for explanation.
N/A	S	00: CoPay	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the claim header level. See the Outpatient COB section for explanation.
63	S	PA Number:	9(7)	The CSHCS prior authorization obtained for the service(s) as needed.
		Diagnosis Code		
66	R	ICD Ind	X(1)	0 or 9; defaults to 0. All claims are now ICD-10, so 0 is the default.
67	R	Princ Dg	X(8)	ICD-10 Principal Diagnosis is required.
67 A - Q	S	67a: Dg Cd through 67q: Dg Cd	X(8)	ICD-10 additional diagnosis codes reported.
69	R	Admin Dg	X(8)	ICD-10 Admitting Diagnosis is required.
		Procedure Code		
74	S	Princ Pc Cd	X(8)	Principal Procedure Code.
74	S	Princ Pc Date	X(10)	MM/DD/YYYY; Principal Procedure Date.
74 a - e	S	Proc Cd (1 through 5)	X(8)	Additional Procedure Codes.
74 a - e	S	Proc Date (1 through 5)	X(10)	MM/DD/YYYY; Additional Procedure Dates.

Claim Detail Lines

*** Note:** Up to ninety-nine service lines may be entered for an outpatient claim.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
N/A	DO	Line Number	9(1) or 9(2)	Automatically increments as service lines are entered.
42	R	Revenue Code	9(6)	Revenue Code.
44	S	HCPCS Code	X(8)	HCPCS code value if applicable.
44	S	Modifier	X(2)	Modifier if applicable; up to four modifiers may be entered for the line.
45	R	Service Date	X(10)	MM/DD/YYYY; the Service Date must be greater than or equal to the participant's date of birth. It must also be less than or equal to the

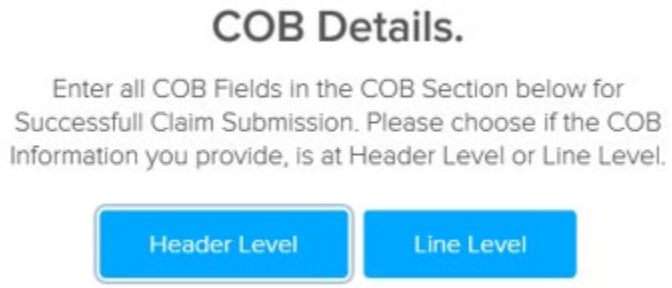
Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				participant's date of death if applicable. It must also be less than or equal to the billed date.
46	R	Service Units	9(10)	Number of Service Units.
47	R	Total Charges	9(8)V99	Total billed amount for the service line. The sum of the service line charges must equal the Ln 23: Total Billed Amount.
N/A	S	54: Prior Payment	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the service line level. See the Outpatient COB section for explanation.
N/A	S	00: CoPay	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the service line level. See the Outpatient COB section for explanation.

Outpatient Coordination of Benefits (COB)

CSHCS is a payer of last resort, so Coordination of Benefits (COB) is needed to pay a claim if there are prior payers. The WebDDE system allows up to three prior payers. The COB information and/or adjustments will be entered at either the claim header level or the claim service line level but not both. The COB information must also match the claim information placement. If Insurance Paid and/or CoPay was entered at header level on the claim, then the COB information must also be entered at the claim header level. If Insurance Paid and/or Copay was entered at service line level on the claim, then the COB information must also be entered at the claim service line level.

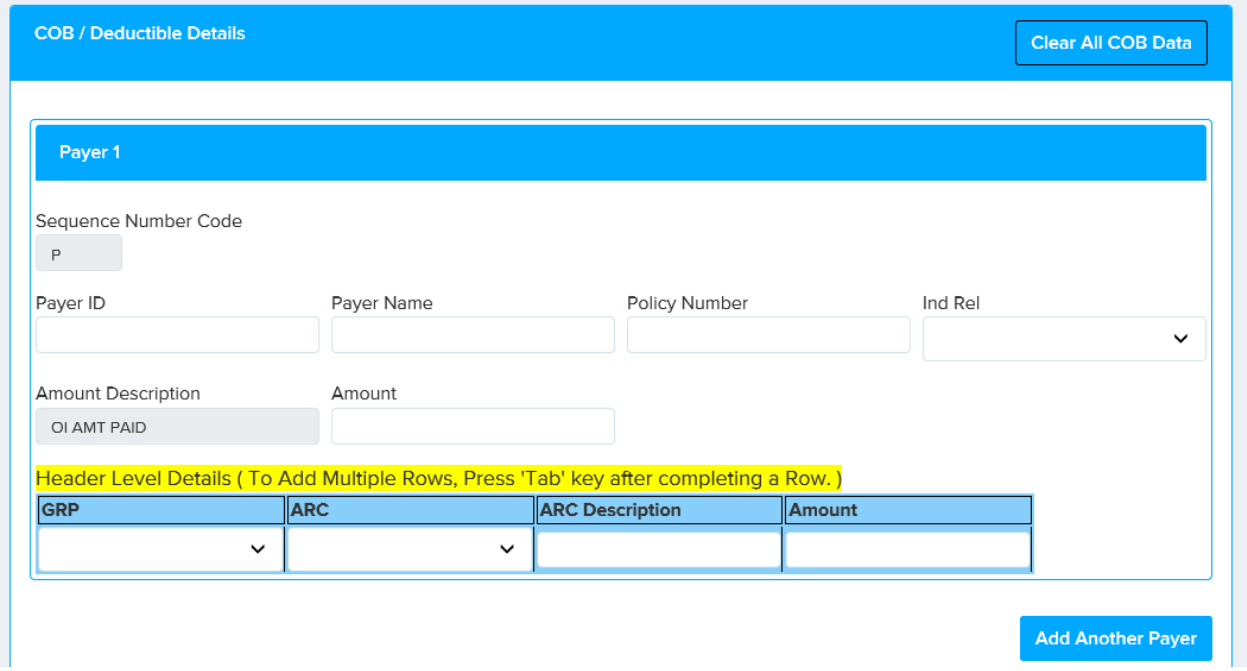
Coordination of Benefits (COB) is controlled by answering the 'Other Health Plan' question. If there are no previous payers prior to CSHCS, the question may be answered with 'N' or left blank.

If there are previous payers prior to CSHCS, then the question should be answered with 'Y'. When the 'Y' is selected, a message will be displayed asking if the COB will be at the claim header level or the service line level. Select one of the options. Another message will be displayed confirming the selection, click 'OK'.



The appropriate COB section will appear at the bottom of the WebDDE claim form.

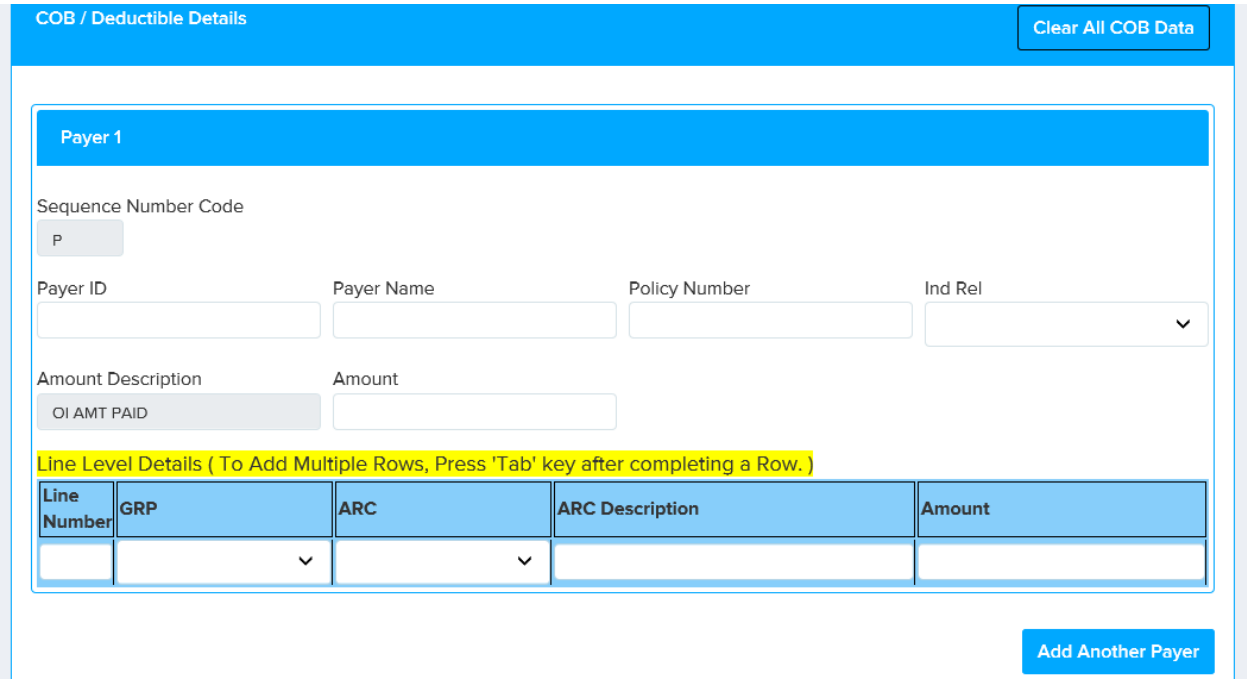
Outpatient Claim Header Level COB



Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
		Claim Placement Header Level Fields		
54	S	54: Prior Payments:	9(8)V99	The total Insurance Paid from all previous payers.
N/A	S	00: CoPay	9(8)V99	The total CoPay paid from all previous payers.
		COB / Deductible Header Details		
N/A	R	Sequence Number Code	X(1)	**3)** Defaults to 'P'. May add two additional prior payers, 'S' and 'T'.
N/A	S	Payer ID	X(80)	Optional Payer ID if known.
N/A	S	Payer Name	X(60)	Optional Payer Name if known.
N/A	S	Policy Number	X(50)	Optional Policy Number if known.
N/A	S	Ind Rel	9(2)	**4)** Optional Individual Relationship if known. Select from the drop-down.
N/A	R	(OI AMT PAID) Amount	9(8)V99	The total Insurance Paid by the payer denoted by the Sequence Number Code. It is acceptable to enter 0.00 if applicable.
N/A	S	GRP	X(2)	**5)** GRP (Claim Adjustment Group Code) if adjustment is made by the payer denoted by the Sequence Number Code.
N/A	S	ARC	X(8)	**6)** ARC (Adjustment Reason Code) if adjustment is made by the payer denoted by the Sequence Number

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				Code.
N/A	DO	ARC Description	X(2000)	The ARC description is displayed after ARC code is chosen.
N/A	S	Amount	9(8)V99	The adjustment amount if adjustment is made by the payer denoted by the Sequence Number Code.

Outpatient Claim Service Line Level COB

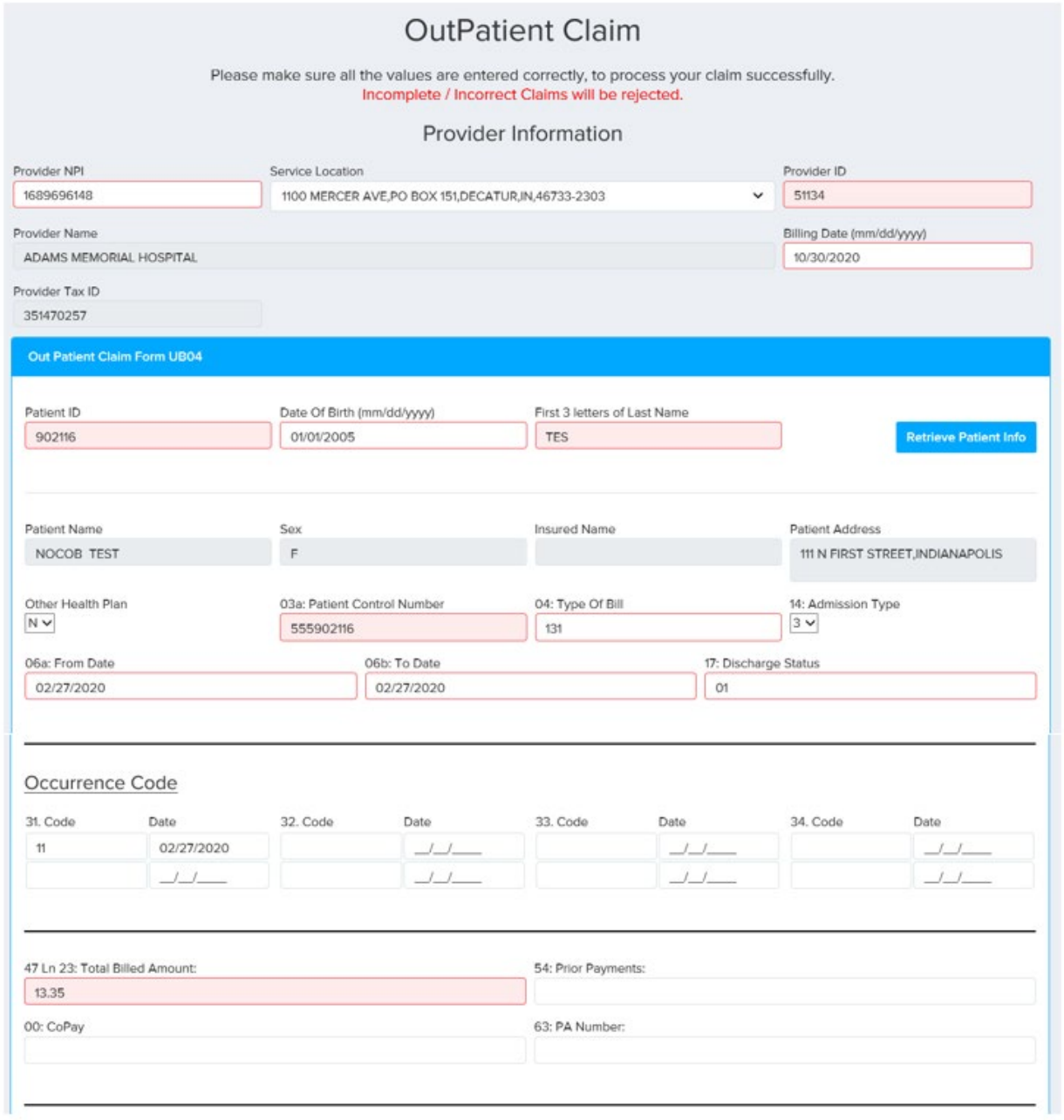


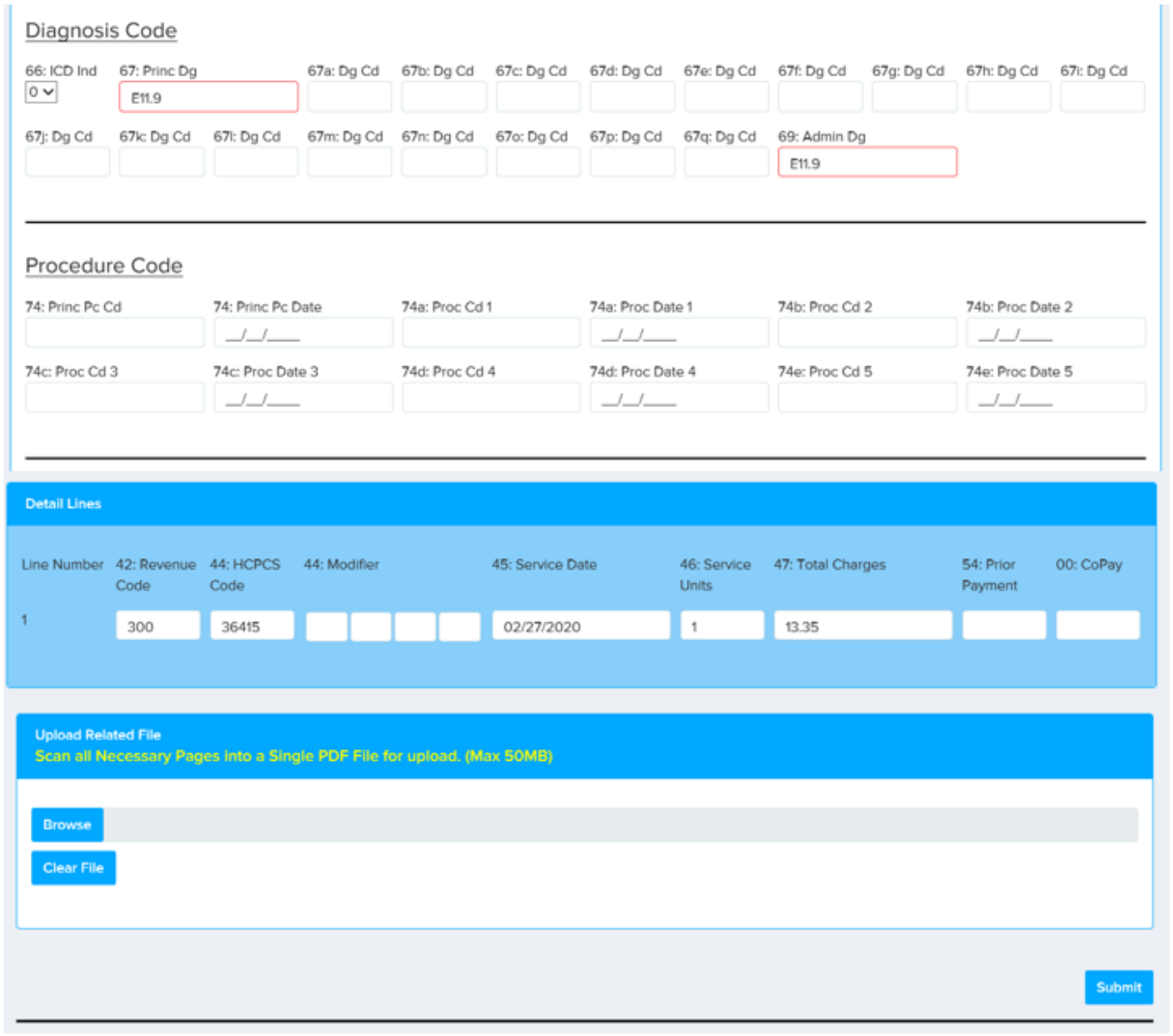
Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
		Claim Placement Service Line Level Fields		
N/A	S	54: Prior Payment	9(8)V99	The total line Insurance paid from all previous payers.
N/A	S	00: CoPay	9(8)V99	The total line CoPay paid from all previous payers.
		COB / Deductible Service Line Details		
N/A	R	Sequence Number Code	X(1)	**3)** Defaults to 'P'. May add two additional prior payers, 'S' and 'T'.
N/A	S	Payer ID	X(80)	Optional Payer ID if known.
N/A	S	Payer Name	X(60)	Optional Payer Name if known.
N/A	S	Policy Number	X(50)	Optional Policy Number if known.
N/A	S	Ind Rel	9(2)	**4)** Optional Individual Relationship if known. Select from the drop-down.
N/A	R	(OI AMT PAID) Amount	9(8)V99	The total Insurance Paid by the payer

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				denoted by the Sequence Number Code. It is acceptable to enter 0.00 if applicable.
N/A	S	Line Number	9(2)	The claim line number being adjusted by the payer denoted by the Sequence Number Code.
N/A	S	GRP	X(2)	**5)** GRP (Claim Adjustment Group Code) if adjustment is made by the payer denoted by the Sequence Number Code.
N/A	S	ARC	X(8)	**6)** ARC (Adjustment Reason Code) if adjustment is made by the payer denoted by the Sequence Number Code.
N/A	DO	ARC Description	X(2000)	The ARC description is displayed after ARC code is chosen.
N/A	S	Amount	9(8)V99	The adjustment amount if adjustment is made by the payer denoted by the Sequence Number Code.

Outpatient WebDDE Claim no COB

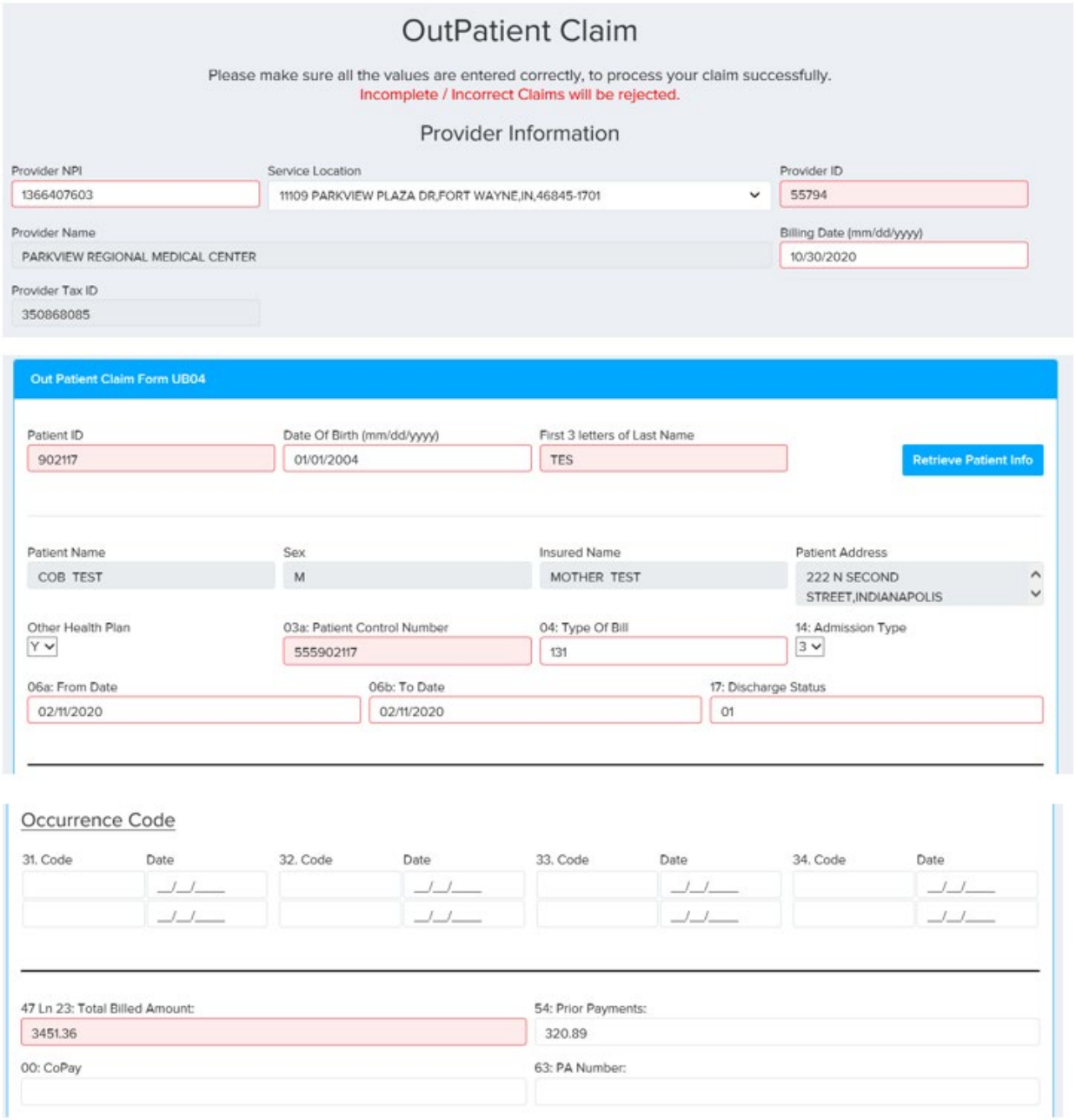
This is an example of an institutional outpatient WebDDE claim with no Coordination of Benefits. The participant only has CSHCS for insurance. Nothing is entered in claim header level fields 54: Prior Payments and 00: CoPay. Nothing is entered in service line level 54: Prior Payment and 00: CoPay fields in Detail Lines section.

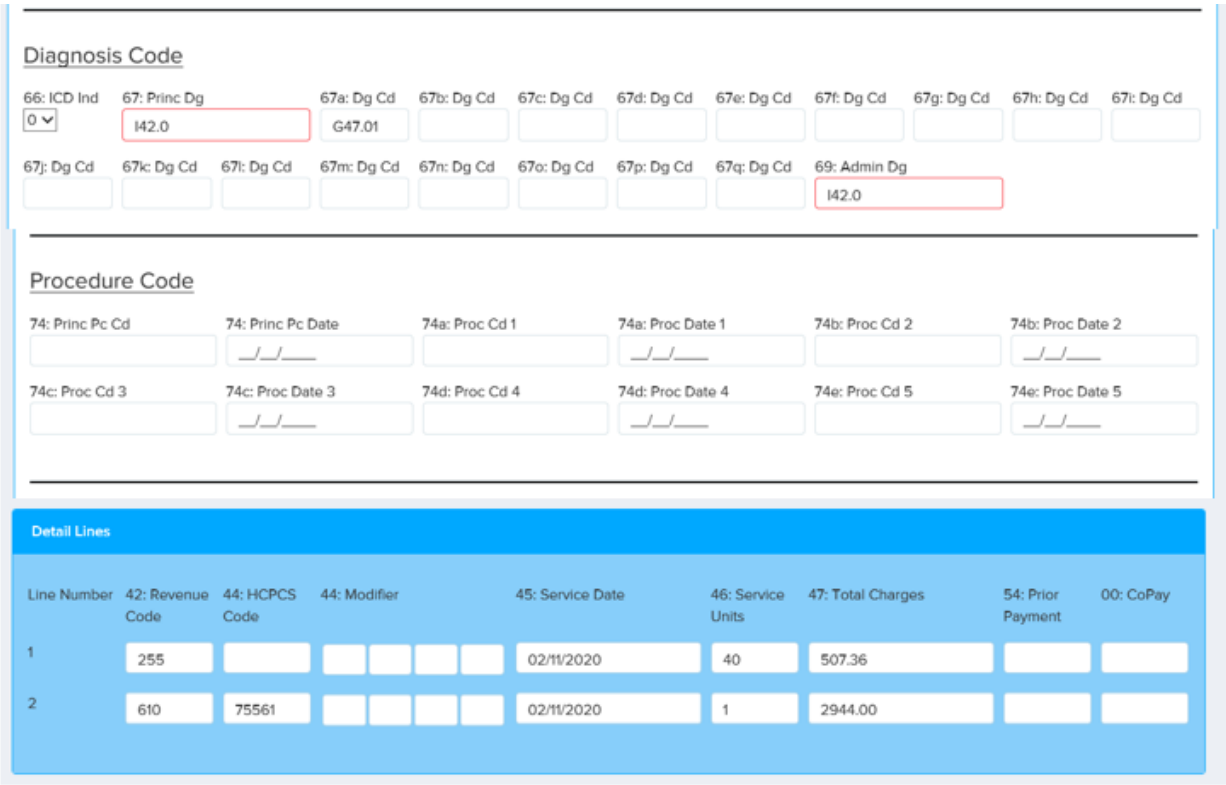


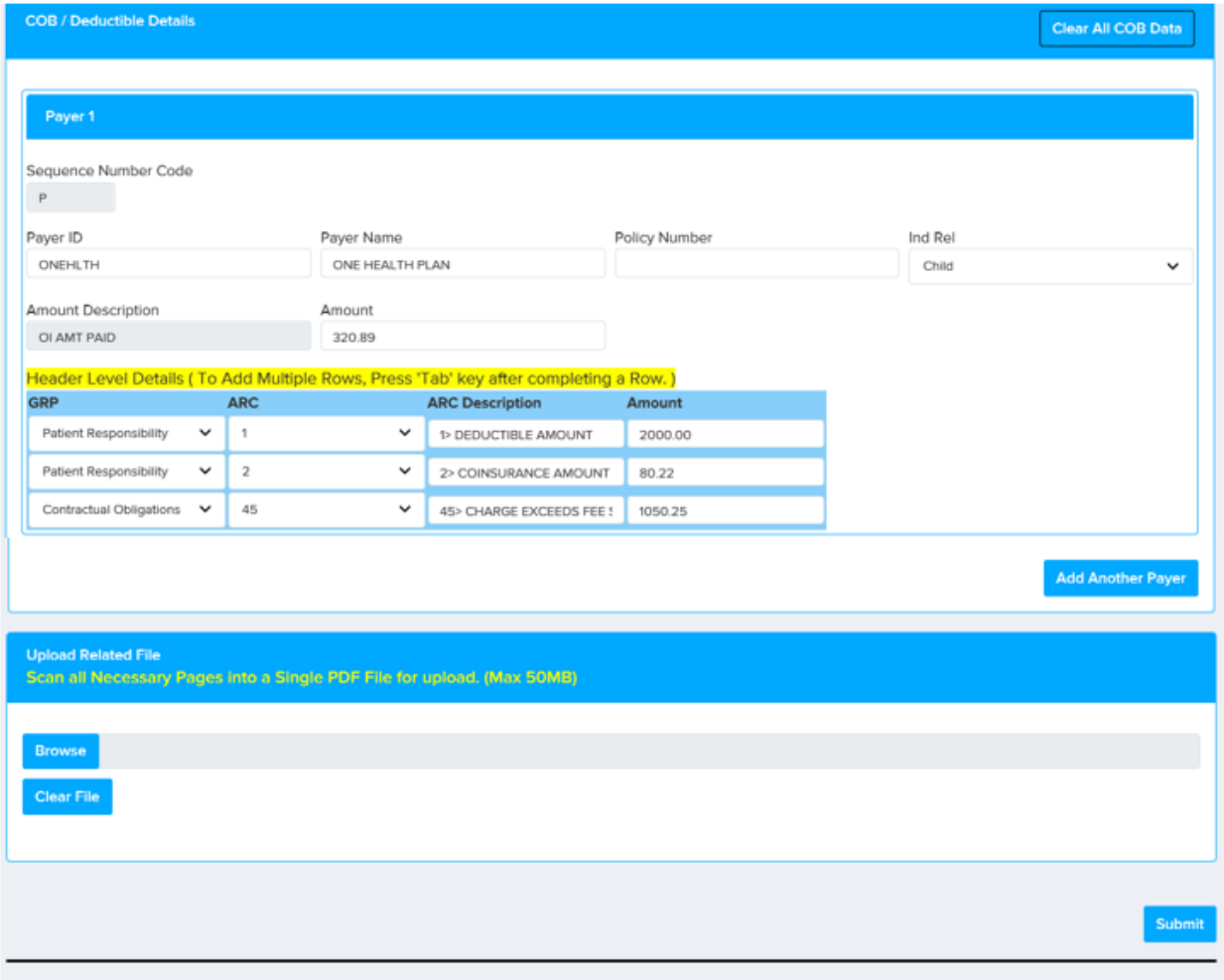

Diagnosis Code
66: ICD Ind
0
67: Princ Dg
E11.9
67a: Dg Cd
67b: Dg Cd
67c: Dg Cd
67d: Dg Cd
67e: Dg Cd
67f: Dg Cd
67g: Dg Cd
67h: Dg Cd
67i: Dg Cd
67j: Dg Cd
67k: Dg Cd
67l: Dg Cd
67m: Dg Cd
67n: Dg Cd
67o: Dg Cd
67p: Dg Cd
67q: Dg Cd
69: Admin Dg
E11.9
Procedure Code
74: Princ Pc Cd
74: Princ Pc Date
74a: Proc Cd 1
74a: Proc Date 1
74b: Proc Cd 2
74b: Proc Date 2
74c: Proc Cd 3
74c: Proc Date 3
74d: Proc Cd 4
74d: Proc Date 4
74e: Proc Cd 5
74e: Proc Date 5
Detail Lines
Line Number
42: Revenue Code
44: HCPCS Code
44: Modifier
45: Service Date
46: Service Units
47: Total Charges
54: Prior Payment
00: CoPay
1
300
36415
02/27/2020
1
13.35
Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
Clear File
Submit

Outpatient WebDDE COB Claim Header Level

This is an example of an institutional outpatient WebDDE claim with Coordination of Benefits at claim header level. There is one previous payer.

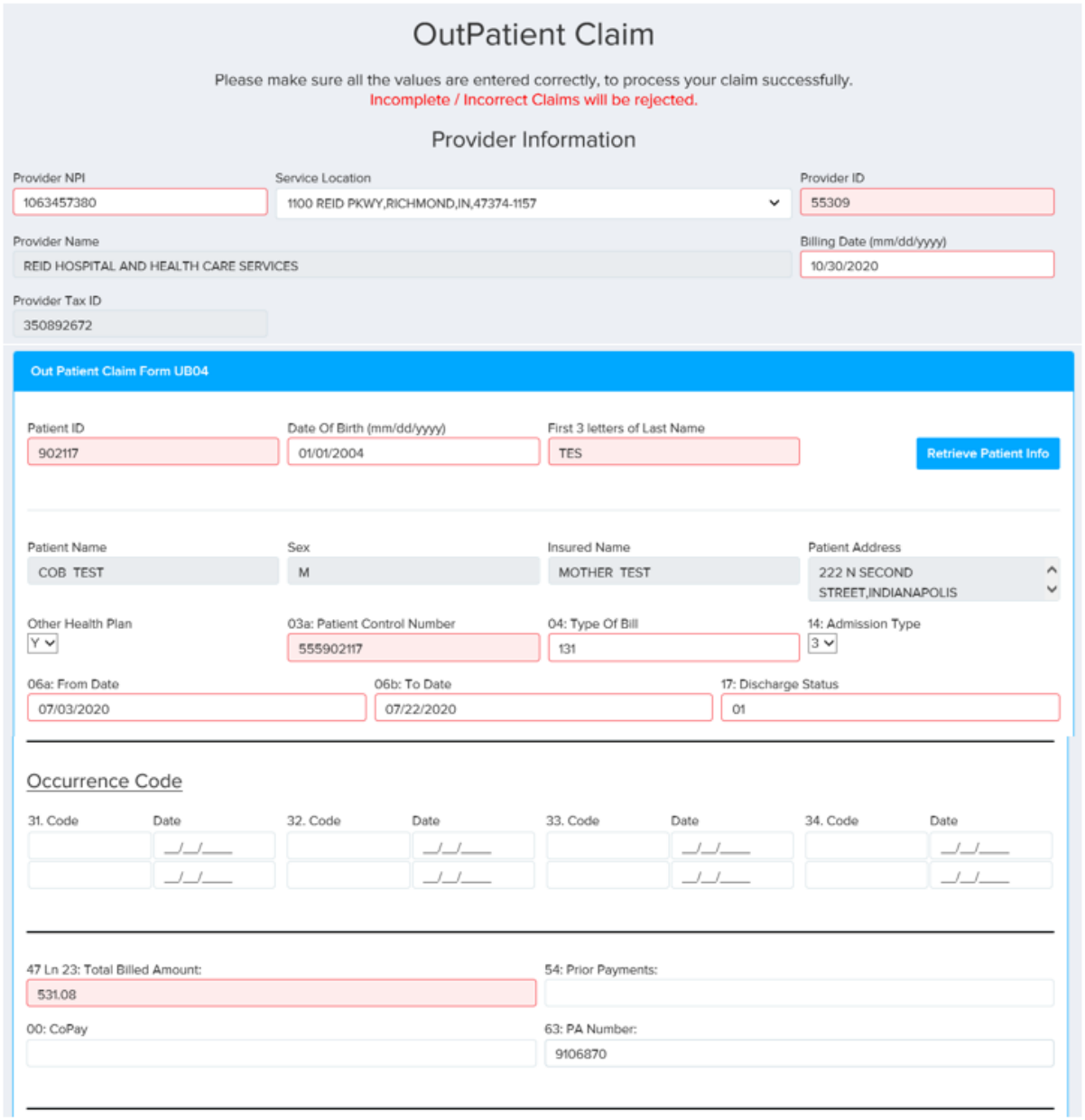


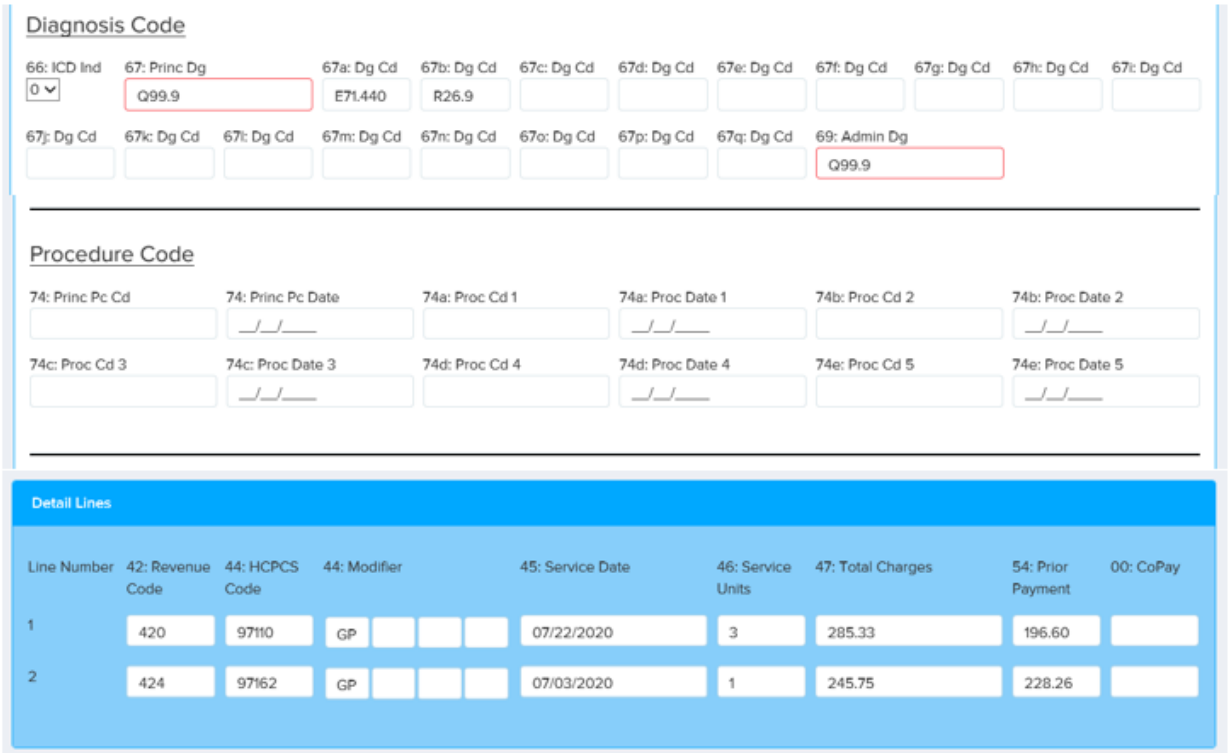

Diagnosis Code
66: ICD Ind
0
67: Princ Dg
I42.0
67a: Dg Cd
G47.01
67b: Dg Cd
67c: Dg Cd
67d: Dg Cd
67e: Dg Cd
67f: Dg Cd
67g: Dg Cd
67h: Dg Cd
67i: Dg Cd
67j: Dg Cd
67k: Dg Cd
67l: Dg Cd
67m: Dg Cd
67n: Dg Cd
67o: Dg Cd
67p: Dg Cd
67q: Dg Cd
69: Admin Dg
I42.0
Procedure Code
74: Princ Pc Cd
74: Princ Pc Date
74a: Proc Cd 1
74a: Proc Date 1
74b: Proc Cd 2
74b: Proc Date 2
74c: Proc Cd 3
74c: Proc Date 3
74d: Proc Cd 4
74d: Proc Date 4
74e: Proc Cd 5
74e: Proc Date 5
Detail Lines
Line Number
42: Revenue Code
44: HCPCS Code
44: Modifier
45: Service Date
46: Service Units
47: Total Charges
54: Prior Payment
00: CoPay
1
255
02/11/2020
40
507.36
2
610
75561
02/11/2020
1
2944.00

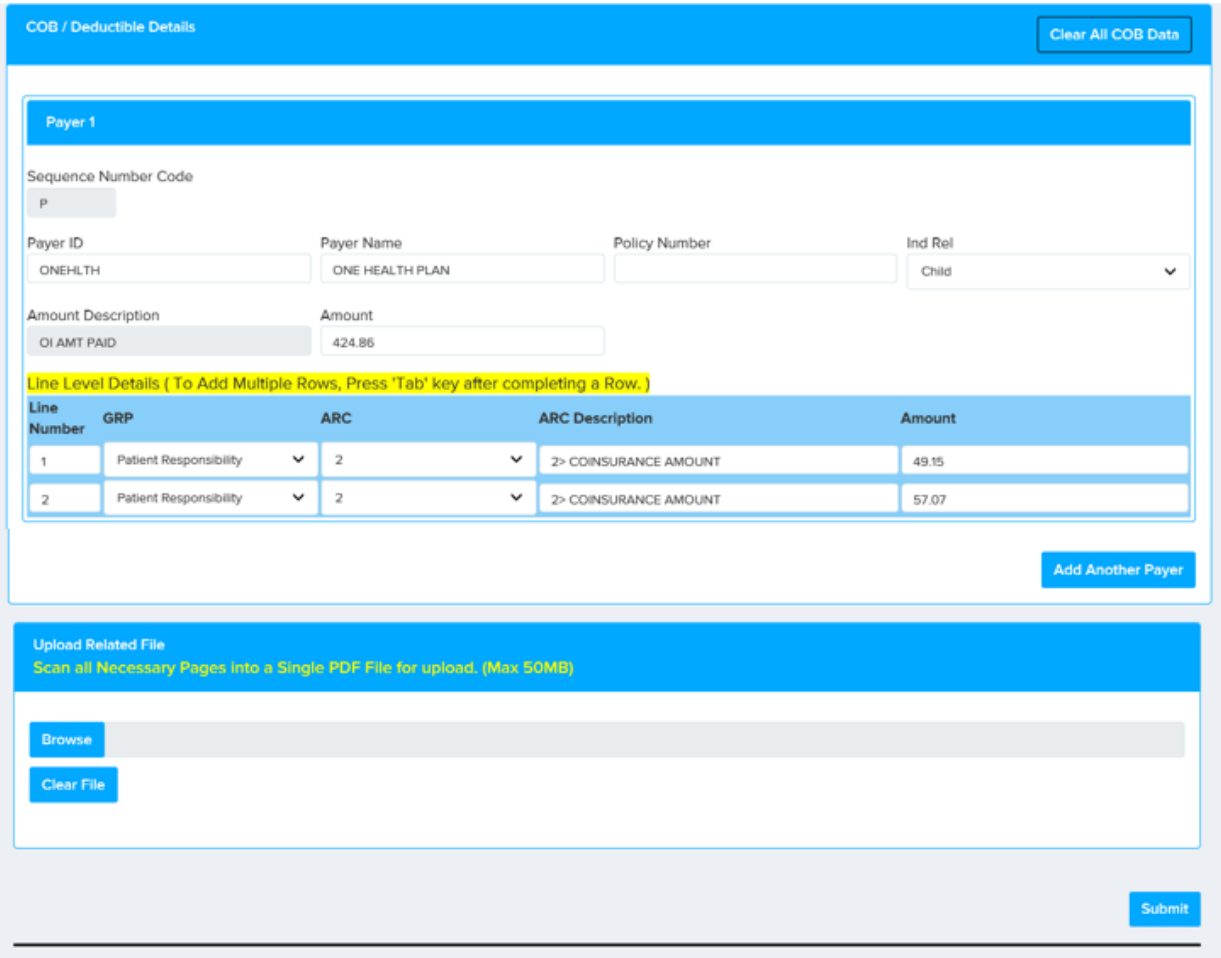

COB / Deductible Details
Clear All COB Data
Payer 1
Sequence Number Code
P
Payer ID
ONEHLTH
Payer Name
ONE HEALTH PLAN
Policy Number
Ind Rel
Child
Amount Description
OI AMT PAID
Amount
320.89
Header Level Details (To Add Multiple Rows, Press 'Tab' key after completing a Row.)
GRP
ARC
ARC Description
Amount
Patient Responsibility
1
1> DEDUCTIBLE AMOUNT
2000.00
Patient Responsibility
2
2> COINSURANCE AMOUNT
80.22
Contractual Obligations
45
45> CHARGE EXCEEDS FEE S
1050.25
Add Another Payer
Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
Clear File
Submit

Outpatient WebDDE COB Claim Service Line Level

This is an example of an institutional outpatient WebDDE claim with Coordination of Benefits at service line level. There is one previous payer.




Diagnosis Code
66: ICD Ind
0
67: Princ Dg
Q99.9
67a: Dg Cd
E71.440
67b: Dg Cd
R26.9
67c: Dg Cd
67d: Dg Cd
67e: Dg Cd
67f: Dg Cd
67g: Dg Cd
67h: Dg Cd
67i: Dg Cd
67j: Dg Cd
67k: Dg Cd
67l: Dg Cd
67m: Dg Cd
67n: Dg Cd
67o: Dg Cd
67p: Dg Cd
67q: Dg Cd
69: Admin Dg
Q99.9
Procedure Code
74: Princ Pc Cd
74: Princ Pc Date
74a: Proc Cd 1
74a: Proc Date 1
74b: Proc Cd 2
74b: Proc Date 2
74c: Proc Cd 3
74c: Proc Date 3
74d: Proc Cd 4
74d: Proc Date 4
74e: Proc Cd 5
74e: Proc Date 5
Detail Lines
Line Number
42: Revenue Code
44: HCPCS Code
44: Modifier
45: Service Date
46: Service Units
47: Total Charges
54: Prior Payment
00: CoPay
1
420
97110
GP
07/22/2020
3
285.33
196.60
2
424
97162
GP
07/03/2020
1
245.75
228.26


COB / Deductible Details
Clear All COB Data
Payer 1
Sequence Number Code
P
Payer ID
ONEHLTH
Payer Name
ONE HEALTH PLAN
Policy Number
Ind Rel
Child
Amount Description
OI AMT PAID
Amount
424.86
Line Level Details (To Add Multiple Rows, Press 'Tab' key after completing a Row.)
Line Number
GRP
ARC
ARC Description
Amount
1
Patient Responsibility
2
2> COINSURANCE AMOUNT
49.15
2
Patient Responsibility
2
2> COINSURANCE AMOUNT
57.07
Add Another Payer
Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
Clear File
Submit

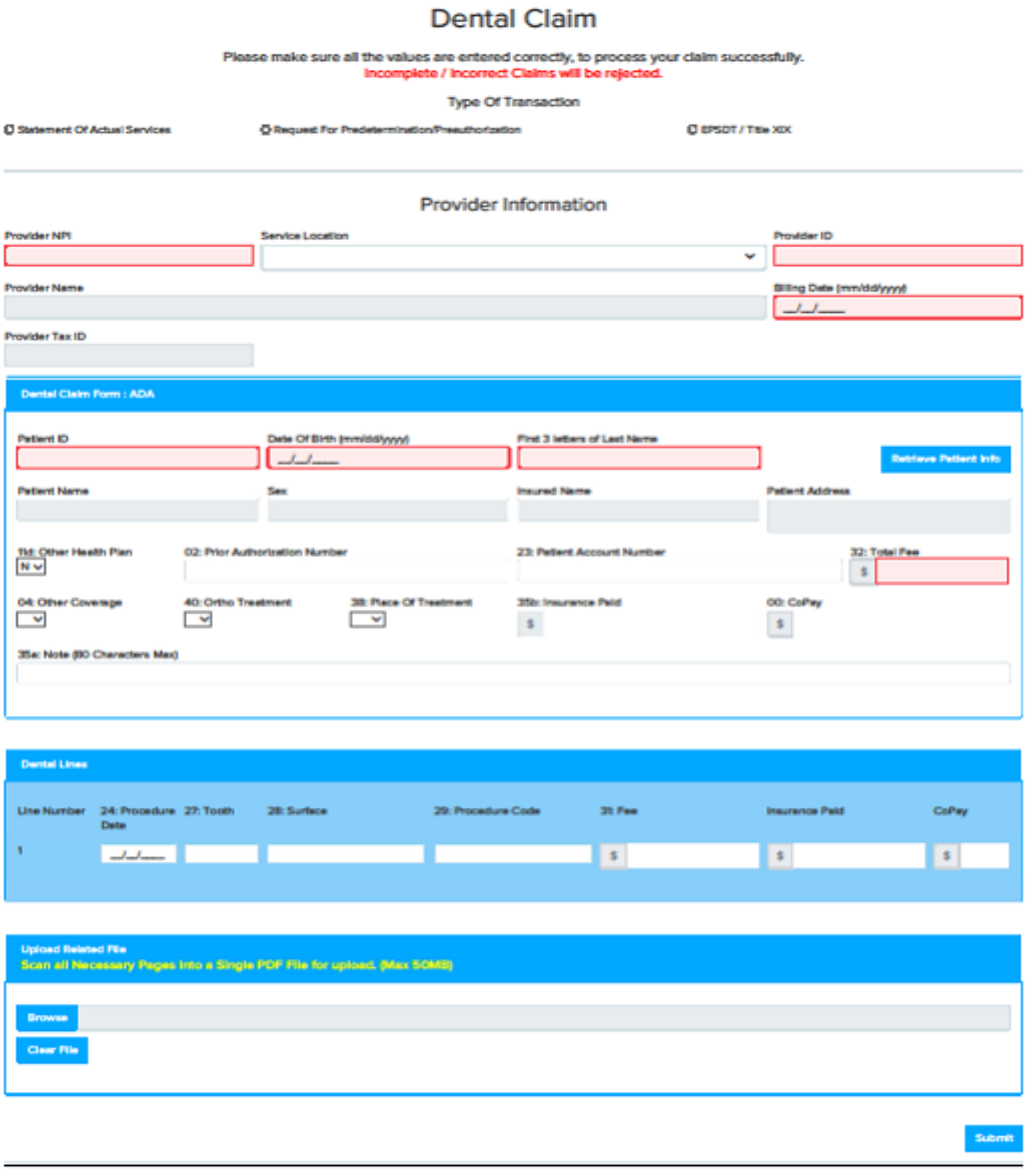
Section 5: Dental Claims Instructions

Introduction Dental

The Indiana Department of Health, Children's Special Health Care Services WEB-Enabled Direct Data Entry (WebDDE) dental claim mimics the ADA 2012 paper claim form.

CSHCS is a payer of last resort, so Coordination of Benefits (COB) is needed to pay a claim if there are prior payers. The Dental COB section provides further explanation.

Dental WebDDE Claim Form



Header Information

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
		Type of Transaction		
1.	R	Statement of Actual Services	X(1)	Submit actual services claim to CSHCS.
	N/A	Request for Predetermination/ Preauthorization	X(1)	Please call CSHCS Preauthorization for PA instead of submitting a claim for preauthorization/predetermination.
	N/A	EPSDT / Title XIX	X(1)	CSHCS does not use.

Provider Information and Billing Date

*** Note:** If the Provider NPI or Service Location does not exist in the CSHCS claims system, the claim cannot be continued. The provider needs to call CSHCS Provider Relations phone number listed in the Contact Information section to establish this information. If the provider notices that the Service Location, Provider Name, or Provider Tax ID that is in the CSHCS claims system does not match the current provider information, the provider should also call CSHCS Provider Relations to have the information updated.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
49.	R	Provider NPI	9(10)	Valid Provider NPI in CSHCS. This is the Service Facility NPI or Billing Provider NPI. If the Service Facility NPI is different from the Billing Provider NPI, the Service Facility NPI is used.
48.	R	Service Location	X(158)	Drop-down select and display.
N/A	R	Provider ID	9(5) or 9(6)	Valid Provider ID in CSHCS; displays after Service Location is selected.
48.	DO	Provider Name	X(100)	The CSHCS Provider Name is displayed.
51.	DO	Provider Tax ID	9(9)	The CSHCS Provider Tax ID is displayed.
53. (Date)	R	Billing Date	X(10)	MM/DD/YYYY; the billing date must be greater than or equal to the claim Procedure Date and less than or equal to the current date.

Subscriber Detail

*** Note:** In the CSHCS claims system, the participant (patient) is the subscriber. If the participant does not exist in the CSHCS claims system, the claim cannot be continued. The provider needs to call the CSHCS Eligibility phone number listed in the Contact Information section to establish this information. If the provider notices that the Patient Name, Date of Birth, Sex, Patient Address, or Insured Name that is in the CSHCS claims system does not match the current provider information, the provider should also call CSHCS Eligibility to have the information updated.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
15.	R	Patient ID	9(6)	Valid Participant ID in CSHCS.
13.	R	Date of Birth	X(10)	MM/DD/YYYY; participant's date of birth.
N/A	R	First 3 letters of Last Name	X(3)	First 3 letters of participant's last name.
12.	DO	Patient Name	X(95)	The CSHCS Participant Name is displayed.
14.	DO	Sex	X(1)	The CSHCS Participant's Sex is displayed.
5.	DO	Insured Name	X(95)	The CSHCS Insured Name for the participant is displayed.
12.	DO	Patient Address	X(157)	The CSHCS Participant Address is displayed.

Claim Information

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
N/A	S	11d: Other Health Plan	X(1)	Y, N, or not selected. This field is used for Coordination of Benefits (COB) with CSHCS as needed. See the Dental COB section for explanation.
2.	S	Prior Authorization Number	9(7)	The CSHCS prior authorization obtained for the service(s) as needed.
23.	S	Patient Account Number	X(15)	Patient Account Number assigned by the dentist's office to identify the patient.
32.	R	Total Fee	9(8)V99	Total billed amount of all service line charges.
4.	S	Other Coverage	X(1)	Y, N, or not selected.
40.	S	Ortho Treatment	X(1)	Y, N, or not selected.
38.	R	Place of Treatment	9(2)	**1)** Code value for professional claim.
35.	S	35b: Insurance Paid	9(8)V99	This field is used for Coordination of

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				Benefits (COB) with CSHCS as needed at the claim header level. See the Dental COB section for explanation.
N/A	S	00: CoPay	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the claim header level. See the Dental COB section for explanation.
35.	S	Note	X(80)	Optional.

1) https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html
WebDDE allows the following selections:

Code	Definition
11	Office
22	Outpatient Hospital
32	Nursing Facility
99	Other Place of Service

Claim Detail Lines

*** Note:** Up to fifty service lines may be entered for a dental claim.

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
N/A	DO	Line Number	9(1) or 9(2)	Automatically increments as service lines are entered.
24.	R	Procedure Date	X(10)	MM/DD/YYYY; the Procedure Date must be greater than or equal to the participant's date of birth. It must also be less than or equal to the participant's date of death if applicable. It must also be less than or equal to the billed date.
27.	S	Tooth	X(2)	Tooth Number(s) or Letter(s).
28.	S	Surface	X(5)	Tooth Surface.
29.	R	Procedure Code	X(10)	Dental procedure code.
	R	Fee	9(8)V99	Total billed amount for the service line. The sum of the service line charges must equal the 32: Total Fee.
N/A	S	Insurance Paid	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the service line level. See the Dental COB section for explanation.

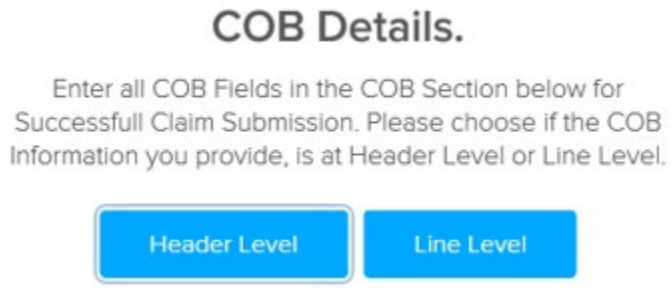
Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
N/A	S	CoPay	9(8)V99	This field is used for Coordination of Benefits (COB) with CSHCS as needed at the service line level. See the Dental COB section for explanation.

Dental Coordination of Benefits (COB)

CSHCS is a payer of last resort, so Coordination of Benefits (COB) is needed to pay a claim if there are prior payers. The WebDDE system allows up to three prior payers. The COB information and/or adjustments will be entered at either the claim header level or the claim service line level but not both. The COB information must also match the claim information placement. If Insurance Paid and/or CoPay was entered at header level on the claim, then the COB information must also be entered at the claim header level. If Insurance Paid and/or Copay was entered at service line level on the claim, then the COB information must also be entered at the claim service line level.

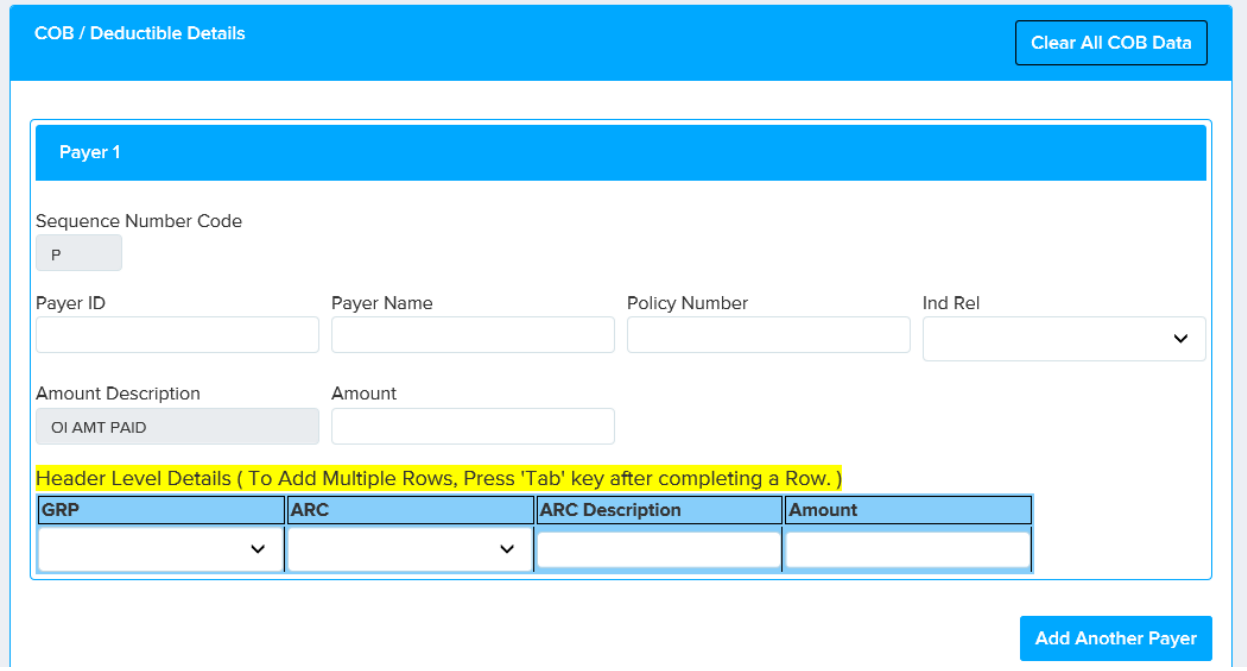
Coordination of Benefits (COB) is controlled by answering the '11d: Other Health Plan' question. If there are no previous payers prior to CSHCS, the question may be answered with 'N' or left blank.

If there are previous payers prior to CSHCS, then the question should be answered with 'Y'. When the 'Y' is selected, a message will be displayed asking if the COB will be at the claim header level or the service line level. Select one of the options. Another message will be displayed confirming the selection, click 'OK'.



The appropriate COB section will appear at the bottom of the WebDDE claim form.

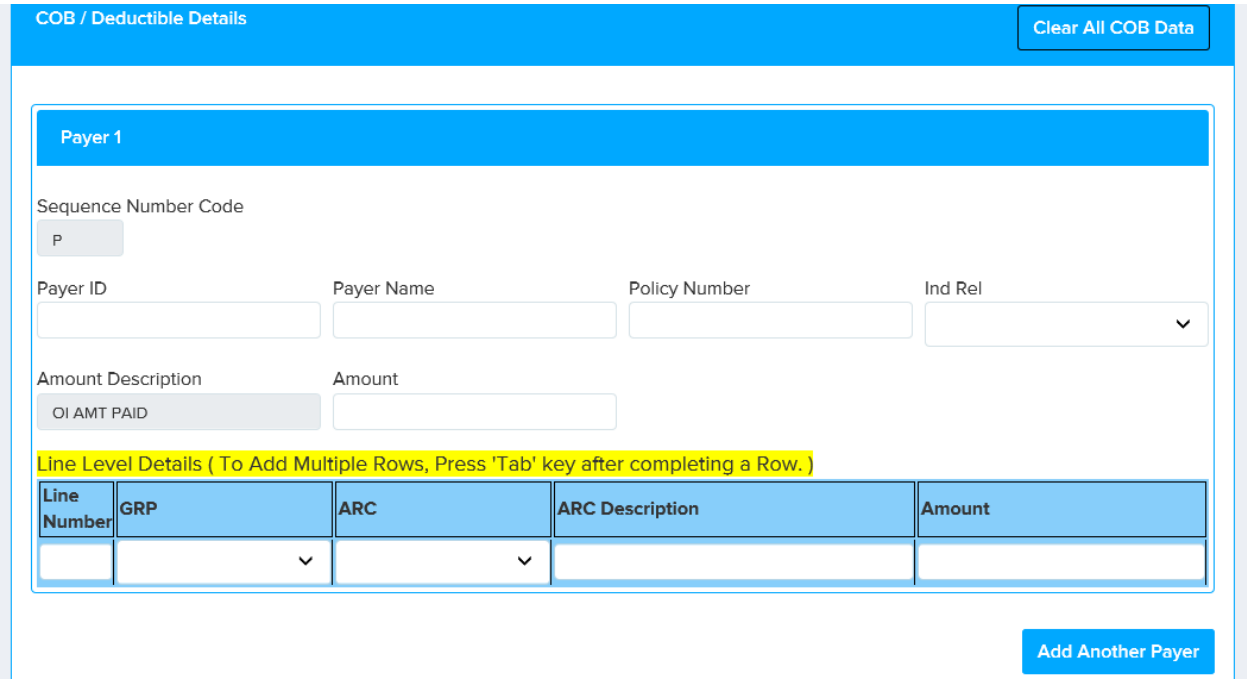
Dental Claim Header Level COB



Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
		Claim Placement Header Level Fields		
35.	S	35b: Insurance Paid	9(8)V99	The total Insurance Paid from all previous payers.
N/A	S	00: CoPay	9(8)V99	The total CoPay paid from all previous payers.
		COB / Deductible Header Details		
N/A	R	Sequence Number Code	X(1)	**3)** Defaults to 'P'. May add two additional prior payers, 'S' and 'T'.
N/A	S	Payer ID	X(80)	Optional Payer ID if known.
N/A	S	Payer Name	X(60)	Optional Payer Name if known.
N/A	S	Policy Number	X(50)	Optional Policy Number if known.
N/A	S	Ind Rel	9(2)	**4)** Optional Individual Relationship if known. Select from the drop-down.
N/A	R	(OI AMT PAID) Amount	9(8)V99	The total Insurance Paid by the payer denoted by the Sequence Number Code. It is acceptable to enter 0.00 if applicable.
N/A	S	GRP	X(2)	**5)** GRP (Claim Adjustment Group Code) if adjustment is made by the payer denoted by the Sequence Number Code.
N/A	S	ARC	X(8)	**6)** ARC (Adjustment Reason Code) if adjustment is made by the payer

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				denoted by the Sequence Number Code.
N/A	DO	ARC Description	X(2000)	The ARC description is displayed after ARC code is chosen.
N/A	S	Amount	9(8)V99	The adjustment amount if adjustment is made by the payer denoted by the Sequence Number Code.

Dental Claim Service Line Level COB

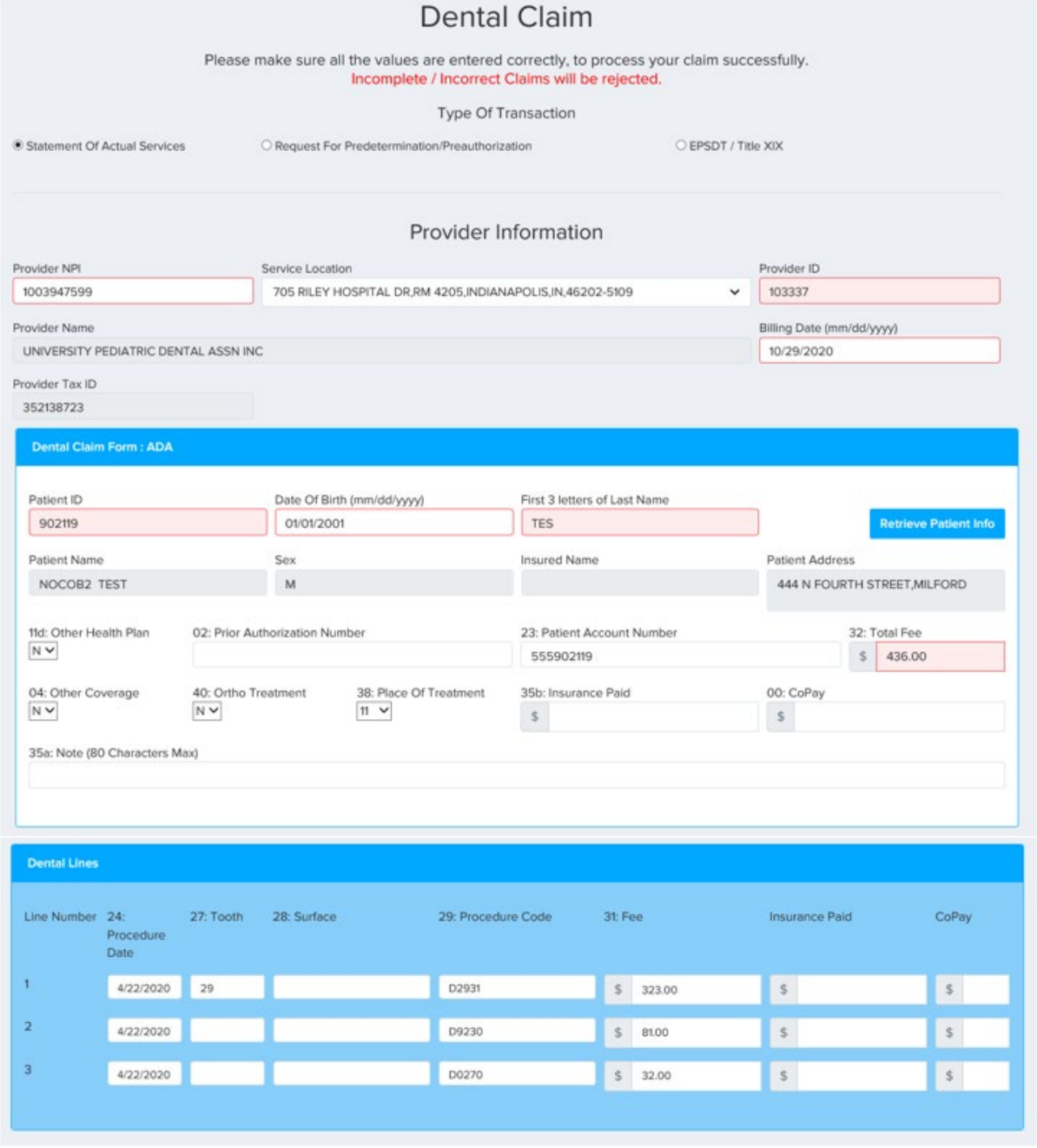


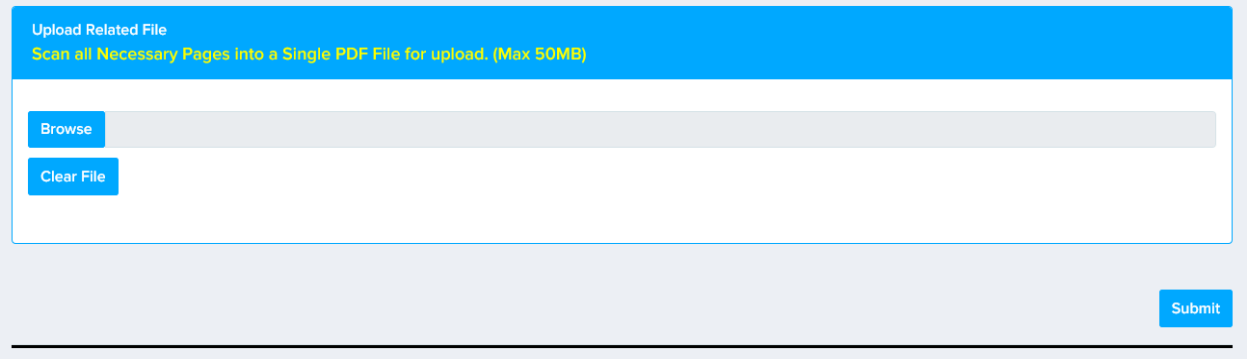
Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
		Claim Placement Service Line Level Fields		
N/A	S	Insurance Paid	9(8)V99	The total line Insurance paid from all previous payers.
N/A	S	CoPay	9(8)V99	The total line CoPay paid from all previous payers.
		COB / Deductible Service Line Details		
N/A	R	Sequence Number Code	X(1)	**3)** Defaults to 'P'. May add two additional prior payers, 'S' and 'T'.
N/A	S	Payer ID	X(80)	Optional Payer ID if known.
N/A	S	Payer Name	X(60)	Optional Payer Name if known.
N/A	S	Policy Number	X(50)	Optional Policy Number if known.
N/A	S	Ind Rel	9(2)	**4)** Optional Individual Relationship if

Paper Claim Field	Usage	WebDDE Field Name	Field Length/ Type	Comments/Valid Values
				known. Select from the drop-down.
N/A	R	(OI AMT PAID) Amount	9(8)V99	The total Insurance Paid by the payer denoted by the Sequence Number Code. It is acceptable to enter 0.00 if applicable.
N/A	S	Line Number	9(2)	The claim line number being adjusted by the payer denoted by the Sequence Number Code.
N/A	S	GRP	X(2)	**5)** GRP (Claim Adjustment Group Code) if adjustment is made by the payer denoted by the Sequence Number Code.
N/A	S	ARC	X(8)	**6)** ARC (Adjustment Reason Code) if adjustment is made by the payer denoted by the Sequence Number Code.
N/A	DO	ARC Description	X(2000)	The ARC description is displayed after ARC code is chosen.
N/A	S	Amount	9(8)V99	The adjustment amount if adjustment is made by the payer denoted by the Sequence Number Code.

Dental WebDDE Claim no COB

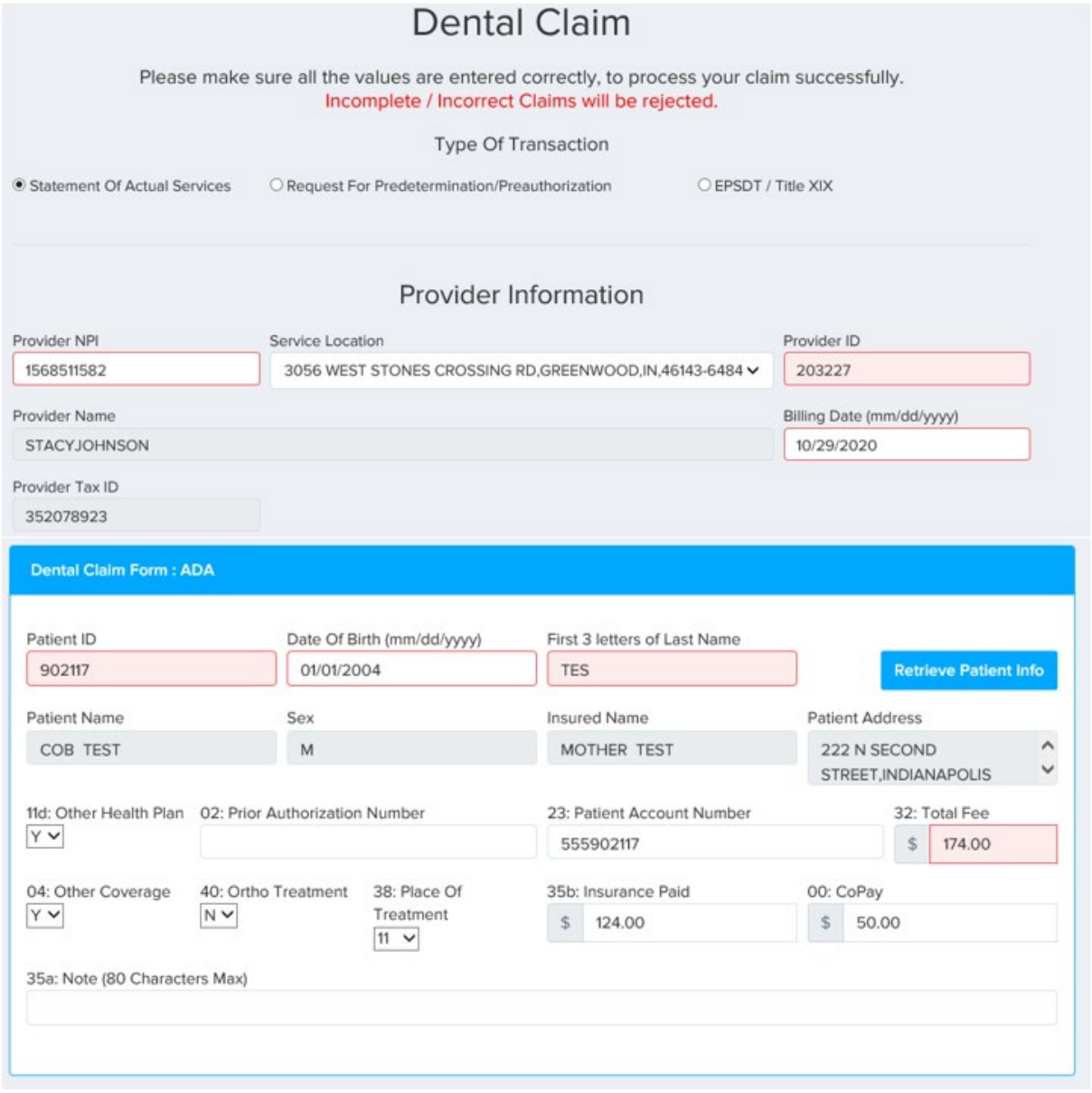
This is an example of a dental WebDDE claim with no Coordination of Benefits. The participant only has CSHCS for insurance. Nothing is entered in claim header level fields 35b: Insurance Paid and 00: CoPay. Nothing is entered in service line level Insurance Paid and CoPay fields in Detail Lines section.

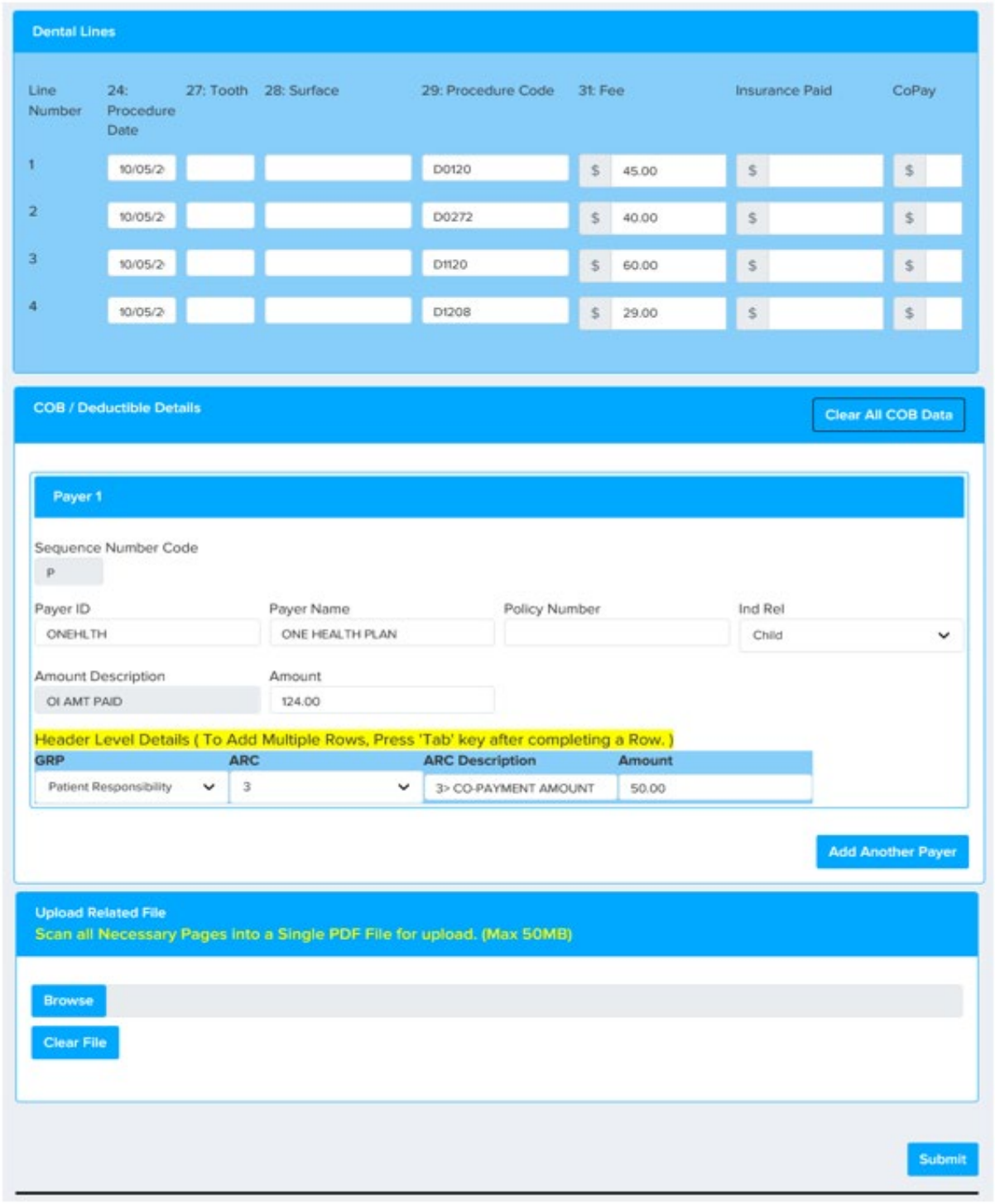



Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
Clear File
Submit

Dental WebDDE COB Claim Header Level

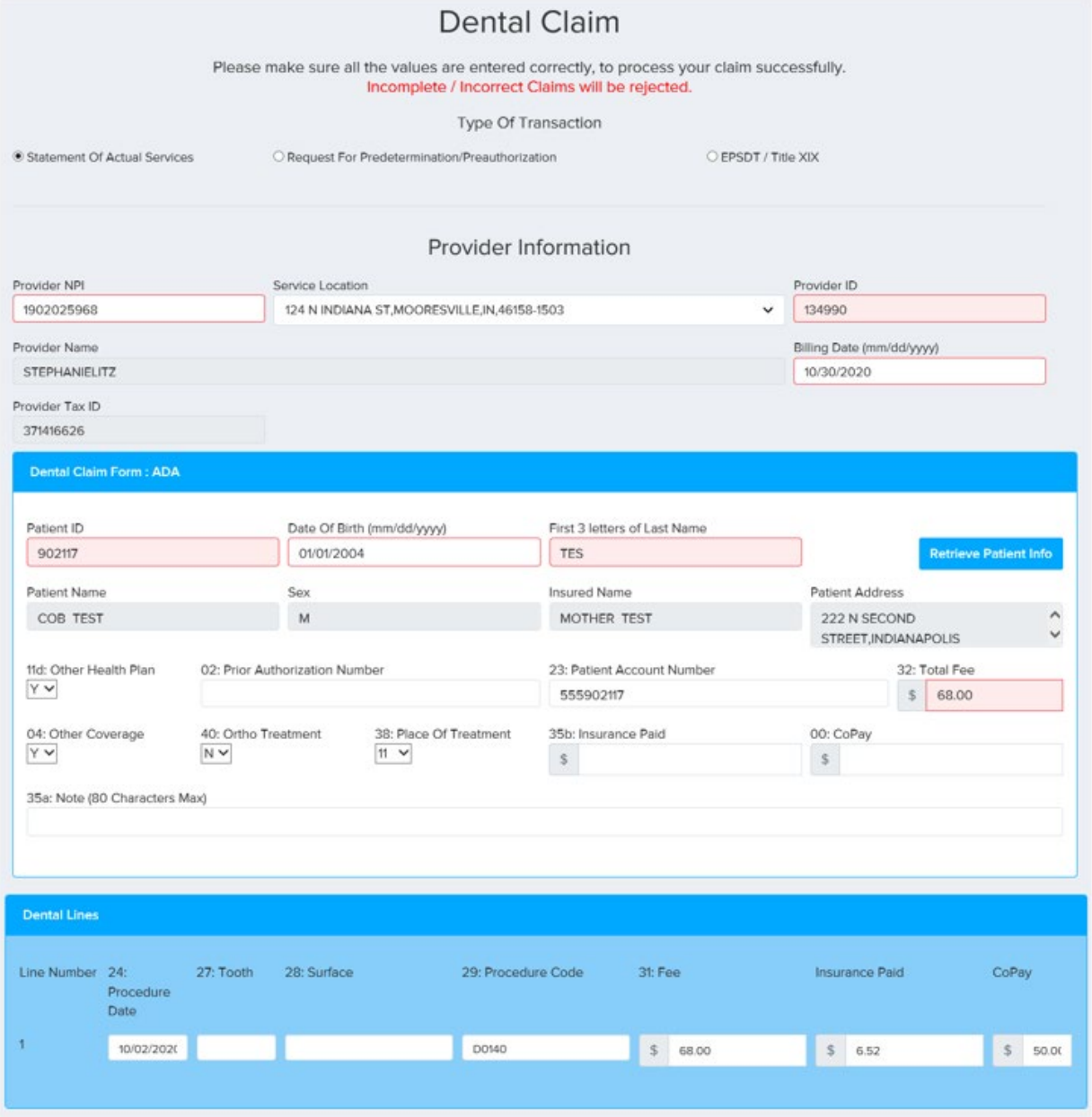
This is an example of a dental WebDDE claim with Coordination of Benefits at claim header level. There is one previous payer.

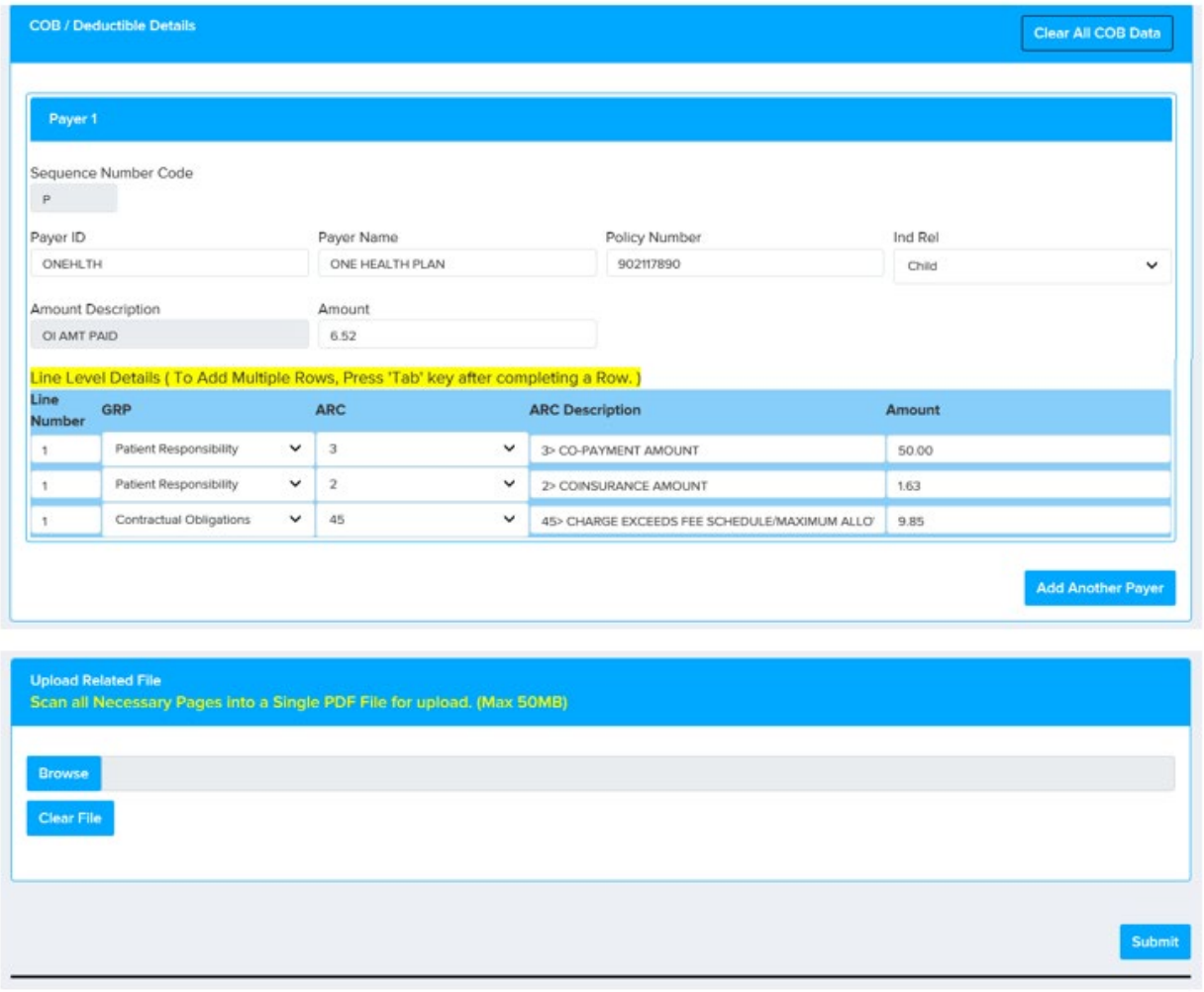



Dental Lines
Line Number
24: Procedure Date
27: Tooth
28: Surface
29: Procedure Code
31: Fee
Insurance Paid
CoPay
1
10/05/2
D0120
$ 45.00
2
10/05/2
D0272
$ 40.00
3
10/05/2
D1120
$ 60.00
4
10/05/2
D1208
$ 29.00
COB / Deductible Details
Clear All COB Data
Payer 1
Sequence Number Code
P
Payer ID
ONEHLTH
Payer Name
ONE HEALTH PLAN
Policy Number
Ind Rel
Child
Amount Description
OI AMT PAID
Amount
124.00
Header Level Details (To Add Multiple Rows, Press 'Tab' key after completing a Row.)
GRP
ARC
ARC Description
Amount
Patient Responsibility
3
3> CO-PAYMENT AMOUNT
50.00
Add Another Payer
Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
Clear File
Submit

Dental WebDDE COB Claim Service Line Level

This is an example of a dental WebDDE claim with Coordination of Benefits at service line level. There is one previous payer.




COB / Deductible Details
Clear All COB Data
Payer 1
Sequence Number Code
P
Payer ID
ONEHLTH
Payer Name
ONE HEALTH PLAN
Policy Number
902117890
Ind Rel
Child
Amount Description
OI AMT PAID
Amount
6.52
Line Level Details (To Add Multiple Rows, Press 'Tab' key after completing a Row.)
Line Number
GRP
ARC
ARC Description
Amount
1
Patient Responsibility
3
3> CO-PAYMENT AMOUNT
50.00
1
Patient Responsibility
2
2> COINSURANCE AMOUNT
1.63
1
Contractual Obligations
45
45> CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLO
9.85
Add Another Payer
Upload Related File
Scan all Necessary Pages into a Single PDF File for upload. (Max 50MB)
Browse
Clear File
Submit

Appendix A: Code Values

Sequence Number Code (Payer)

Code	Definition
P	Primary
S	Secondary
T	Tertiary

Individual Relationship Code

Code	Definition		Code	Definition
01	Spouse		39	Organ Donor
18	Self		40	Cadaver Donor
19	Child		53	Life Partner
20	Employee		G8	Other Relationship
21	Unknown			

GRP (Claim Adjustment Group Code)

Code	Definition
CO	Contractual Obligations
PR	Patient Responsibility
OA	Other Adjustments
PI	Payor Initiated Reductions

ARC (Adjustment Reason Code)

https://x12.org/codes/claim-adjustment-reason-code