

**Virginia Medicaid Web Portal
Claims Direct Data Entry (DDE)
Frequently Asked Questions
Revised 04/01/2022**

PLEASE NOTE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

General Questions

How do I access the new Virginia Medicaid Enterprise System (MES) Web Portal?

The new Virginia Medicaid Enterprise System (MES) Web Portal can be accessed through the following link: <https://vamedicaid.dmas.virginia.gov>

How do I get secured access to the MMIS Claims DDE functionality?

Users of the Claims DDE function will need to be assigned the COND_SecurePortal_ClaimsEntry security role by either their provider or delegated admin.

What are the types of claims I will be able to submit using Claims DDE functionality?

You can submit the following claims types using this functionality:

- Professional Claims (CMS 1500) and/or
- Institutional Claims (UB04) and/or
- Institutional Medicare Part A Crossover Claims (UB04) and/or
- Professional Crossover Part B Claims

What types of functionality exist in Claims DDE?

The following functionality is currently available:

- You can submit Professional and Institutional Claims including Part A and Part B crossover claims
- You can create and save frequently submitted claims as templates
- You can View/Edit/Delete the existing templates.

Can I submit attachments to my claim online?

Yes, via the 'Attach' button in the attachment section of the claim.

Submitting an attachment online must follow these business rules:

- Only one document can be attached (though it can be a multiple paged document)
- The maximum size is 3MB. Anything larger than this would need to be mailed.
- Must be one of the file types defined in the attachment section for the claim type

Professional Claims

What is the maximum numbers of line items I can submit using the Professional Claim?

You will be able to submit up to 6 line items.

What is the maximum numbers of line items I can enter if the claim I'm submitting is either a void or adjustment?

You can enter only one line item.

What is the maximum number of diagnoses I can enter?

On the claim header you can enter a maximum of 12 diagnoses. On the claim line you can enter a maximum of 4 diagnoses that point to one of the 12 diagnoses noted in the header.

How will attachments be handled for claims submitted through the portal?

You have to select 'Yes' from the 'Does the claim have attachments' radio button and enter the Attachment Control Number Information including Patient Account Number, Date of Service and Sequence Number. You will then mail in the attachment with a copy of the Claim Submitted page as the coversheet.

Where can I see the Internal Control Number (ICN) on the claim?

The ICN will be generated after you submit the claim. You can locate it on the 'Claim Submitted' page.

Professional Claims (cont)

How many ICNs will be generated for each professional claim?

ICNs will be generated based on the number of line items submit with the claim. For example if the submitted claim has 5 line items, the system will generate one ICN for each line item.

How can I submit Temporary Detention Order (TDO) or Emergency Custody Order (ECO) claims?

You cannot submit an original claim for TDO/ECO thru DDE since the member ID# has not been established. Claims for replacement/adjustment or voids to the original paid claim can be done thru DDE by going to the 'Patient and Insured Information' section and select whether the claim is either a TDO or ECO from the TDO/ECO Ind field drop down options.

Where should I enter the Third Party Liability (TPL) information on this claim?

Whenever an actual payment is made by a third party payer, enter this information in the Supplemental Data (Line 24 – Shaded Area) field located in the 'Service Line Item' section.

Where should I enter the previous ICN if the submitted claim is either a void or adjustment against a previously paid claim?

You have to select ' Yes' from the 'If claim is either void/adjustment of a paid claim' radio button options and enter the 'Claim Resubmission Information' like resubmission type code and prior ICN.

Where should I enter third party coverage information?

You have to select ' Yes' from the 'Is there another Health Benefit Plan?' radio button options and enter all applicable third party coverage information.

How many 'Diagnosis or Nature of Illness or Injury' codes need to be submitted for each claim?

The system requires you to enter at least one diagnosis code.

Note: Do not use decimals

Professional Claims (cont)

Where should I enter CLIA # on this Claim?

You have to enter this number in the field 'Reserved for Local Use' located in the 'Physician or Supplier Information' section.

What should I do if I want to add additional service line items in the claim?

From the portal claim page, click on the 'Add Service Line Item' button to add additional service line items in the claim.

Where should I enter paper form locator 24A thru 24J shaded area supplemental information on the portal?

Enter this information in the field 'Supplemental Data (Line 24 – Shaded area)' located under the 'Add Service Line Item' section.

What is the mailing address to forward any documentation necessary to process the professional claim?

**Department of Medical Assistance Services
Practitioner
P.O. Box 27444
Richmond, VA 23261 – 7444**

How do I send in additional documentation and attachments necessary to process the claim?

You have to take a print out of the 'Claim Submitted' page and include that sheet in front of the attachments.

Where can I find specific information for what to enter for my provider type?

For detailed information for your specific provider type, please refer to the Provider Billing Manuals that can be found on the portal under the Provider Resources' tab.

I submitted an adjustment or void of a claim via DDE (Direct Data Entry) and I inquired on the Search Claims => Claims Inquiry the next day with the ICN number that was given to me on the DDE Claim Submitted page, Claims Inquiry displays the message "No claims found that meet the entered criteria"

You must use the original ICN that you entered in the field "ICN to

Institutional Claims

How many line items can I submit using this Institutional Claim?

You will be able to submit up to 115 line items.

What is the list of valid condition codes used by DMAS in the adjudication of claims?

These are the valid condition codes.

| Code | Description |
|-------------|---|
| 39 | Private Room Medically Necessary |
| 40 | Same Day Transfer |
| A1 | EPSDT |
| A4 | Family Planning |
| A5 | Disability |
| A7 | Inducted Abortion Danger to Life |
| AA | Abortion Performed due to Rape |
| AB | Abortion performed due to Incest |
| AD | Abortion performed due to a Life Endangering Physical Condition |
| AH | Elective Abortion |
| AI | Sterilization |

What is the maximum number of 'Condition Code', 'Occurrence Code', 'Occurrence Span & Value' codes that can be submitted through the portal?

- Condition codes – 11
- Occurrence Code & Date – 8
- Occurrence Span Code, From & Through Date – 4
- Value Code & Amount – 12

How do I denote that my diagnosis code is utilizing ICD-10 or ICD-9 so that my claim processes correctly?

In the Diagnosis section, the 'Qualifier' is a required field and can be utilized for this purpose. Select '0' to indicate an ICD-10 diagnosis or '9' to indicate an ICD-9 diagnosis.

How do I file a RUG claim?

To file a RUG claim, enter the revenue code of '0022'. The RUG Group and RUG AI need to be entered into the Procedure Code field. Concatenate the 3 character Group with the 2 character AI and enter. The Total Charges can be zero and the error message will be bypassed for this revenue code.

What is the mailing address to forward any documentation necessary to process the institutional claim?

Department of Medical Assistance Services

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Richmond, VA 23261-7443

Where can I find specific information for what to enter for my provider type?

For detailed information for your specific provider type, please refer to the Provider Billing Manuals that can be found on the portal under the Provider Resources' tab.

Crossover Part B Claims

What is the maximum number of line items I can submit using the Crossover Part B Claim?

You will be able to submit up to 4 line items.

What is the maximum numbers of line items I can enter if the claim I'm submitting is either a void or adjustment?

You can enter only one line item.

What if I have a primary carrier other than Medicare? Where do I need to file the information?

If the Primary Carrier field is anything but '2' then additional fields will display for the entry of other insured's name, group/policy # and plan/program name.

What is the maximum number of diagnoses I can enter on the claim line?

You can enter a maximum of 4 diagnoses per claim line.

How will attachments be handled for claims submitted through the portal?

You have to select 'Yes' from the 'Does the claim have attachments' radio button and enter the Attachment Control Number Information including Patient Account Number, Date of Service and Sequence Number. You will then mail in the attachment with a copy of the Claim Submitted page as the coversheet.

Where can I see the Internal Control Number (ICN) on the claim?

The ICN will be generated after you submit the claim. You can locate it on the 'Claim Submitted' page.

Crossover Part B Claims (cont)***How many ICNs will be generated for each crossover part B claim?***

ICNs will be generated based on the number of Medicare detail sections submitted with the claim. For example if the submitted claim has 4 Medicare detail sections, the system will generate one ICN for each section.

Do I need to enter the Co-Insurance, Copay and the Deductible amounts?

DMAS requires at least one of these (deductible, copay or coinsurance). DMAS will default to 0.00 if provider does not enter any. Claims will deny if no deductible, copay or coinsurance is entered.

How can I submit Temporary Detention Order (TDO) or Emergency Custody Order (ECO) claims?

You cannot submit an original claim for TDO/ECO thru DDE since the member ID# has not been established. Claims for replacement/adjustment or voids to the original paid claim can be done thru DDE by going to the 'Member Information' section and select whether the claim is either a TDO or ECO from the TDO/ECO Ind field drop down options.

Where should I enter the previous ICN if the submitted claim is either a void or adjustment against a previously paid claim?

You have to select 'Yes' from the 'If claim is either void/adjustment of a paid claim' radio button options and enter the 'Adjustment/Void Reason' code and prior ICN.

What should I do if I want to add additional Medicare detail sections in the claim?

From the portal claim page, click on the 'Add Additional Medicare Detail' button to add additional Medicare detail in the claim.

Crossover Part B Claims (cont)

What is the mailing address to forward any documentation necessary to process the professional claim?

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Crossover Part B
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How do I send in additional documentation and attachments necessary to process the claim?

You'll need to print the 'Claim Submitted' page and attach that sheet to the attachments.

Where can I find specific information for what to enter for my provider type?

For detailed information for your specific provider type, please refer to the Provider Billing Manuals that can be found on the portal under the Provider Resources' tab.

I submitted an adjustment or void of a claim via DDE (Direct Data Entry) and I inquired on the ARS the next day with the ICN number that was given to me on the DDE Claim Submitted page, ARS displays the message "No claims found that meet the entered criteria"

You must use the original ICN that you entered in the field "ICN to Credit/Adjust" when inquiring on ARS for the status of an adjustment or void.

Professional, Institutional and Crossover Part B Templates

Does the system allow creating more than one template with the same template name?

No, the system doesn't allow creating more than one template with the same name. The template name should always be unique for each template. Note: DMAS recommends that providers be very specific and detailed (within 40 character limit) in assigning the name to the template. Since a template may be used by multiple users for the same provider, accurate names may prevent multiple templates with the same criteria and functionality.

Will the templates created by one user be able to be accessed by other users in the same organization?

Yes, templates created by one user in the organization, can be accessed by all users in the same organization.

How do I save my template?

From the 'Claim Template Page', click on the 'Save Template' button to save all the entered information.

Do I have to enter all the required fields to save the template?

No, the system doesn't require you to enter all the required fields but it will check for the format of the data entered (i.e. that there are only numbers in an all numeric field, or that the date entered is in the defined format).

Template Management

How would I use templates?

Templates are used to establish a baseline claim that can be reused as needed. This can eliminate the need for having to rekey static data with every submission (i.e. billing provider information). Templates can also be established for common submissions (i.e. infant well care, immunizations, etc) and stored for reuse.

What are the required search criteria to retrieve templates?

Template Name - Either Starts With or Contains
Template Type - Either Professional, Institutional or Crossover Part B

How can I retrieve a template created by someone else in my organization?

Utilizing the Results Type indicator you can identify the 'pool' of templates to be searched. 'User Level' searches templates created by you. 'NPI Level' searches against templates created by anyone within your NPI/API organization.

What can I do using the View/Edit/Delete Template functionality?

You will be able to view and/or edit previously saved templates and if they are no longer needed, you can delete the template from the system.

How can I delete the template?

After entering the required search criteria, click on the search button to display the results based on that criteria.

- Choose a row from the list of results, which will display the corresponding template page.
- From this template page, click on the 'Delete Template' button to delete the existing template.

How can I submit the template as a Claim?

From the 'Claim Template Page', click on the 'Submit Template Claim' button to submit template as a claim