

## Frequently Asked Questions: Online Claims Submission

### General FAQs

**Q. Does DMAS have an online claims submission application on its website?**

A. DMAS Direct Data Entry (DDE) offers our providers a browser-based online claims submission application. Services include those charges typically billed using CMS-1500 or UB-04 claim forms. Providers may submit Professional (CMS-1500), Institutional (UB-04) and Medicare Crossover claims using Direct Data Entry (DDE).

Providers also may make adjustments or void previously submitted claims through DDE.

DDE is provided at no cost to providers. Paper claims submissions are not allowed except when requested by DMAS. Providers must use the Medicaid Enterprise System (MES) Provider Portal to complete DDE.

The MES Provider Portal can be accessed at [DMAS Identity, Credentials and Access Management \(virginia.gov\)](https://www.virginia.gov)

**Q. What are the benefits of using the online claims submission application?**

A. Electronic claim filing is more efficient and cost effective. DMAS DDE provides a confirmation of upon the approved submission of the claim. DDE online submission using the browser-based application is free to providers that have secure access to the DMAS provider portal.

**Q. What type of claims may be submitted using the online claims submission application?**

A. Claims for services normally submitted on a CMS-1500 or UB-04 may be submitted using the DDE claims submission process.

**Q. Are there charges which cannot be submitted via DDE?**

A. DDE exclusions can be found in DMAS manuals, Chapter V

**Q. Is there a charge to submit claims through DMAS online DDE claim process**

A. No, this service is offered free to DMAS participating providers who have secure access to the DMAS provider portal.

**Q. Is there something I have to load on my computer to use the online DMAS DDE claim process?**

A. No. DMAS DDE is a browser-based application. Participating providers will need to launch your Internet browser and log on to the DMAS provider portal

**Q. How can I access the online claims submission application?**

A. You can access the DDE User's Manual and FAQs on the Provider Portal under Provider Reference Material/Claims DDE

**Q. Is the DMAS DDE Claim Process secure and HIPAA compliant?**

A. Yes

### Specific Application Questions

**Q. Do I have to enter something in every field?**

A. No. DMAS DDE process will guide you through the required fields and a Help document is available for each field within the application.

**Q. How do I submit a claim that lists more than one visit?**

A. You may enter up to a total of six lines for a CMS-1500 professional claim on the DMAS DDE

**Q. What are POS codes?**

A. POS stands for Place of Service. Enter the corresponding code for the location where the service was rendered in this field.

**Q. What if I make a mistake?**

A. DMAS DDE process will identify errors which must be corrected prior to submission. DMAS DDE process will allow the provider to review and make corrections prior to submission.

To cancel the claim before submission, click on the “Clear Form” button, or close your web browser. Once the “Submit” button is clicked, the claim submission cannot be stopped or corrected.

**Q. What if I don’t have time to complete the claim?**

A. DMAS DDE does not have a claim “Save” process. Provider will need to start the claim from the beginning if not completed when created.

**Q. What if I can’t find what I want on a drop-down menu?**

A. If the information you require is not on the drop-down menu, the claim must either be submitted using an EDI transaction through one of our contracted clearinghouses or be submitted on paper. Please review [EDI information](#) for more information about our clearinghouses.

**Q. How will I know if my claim is accepted for processing?**

A. If your claim was rejected, a reason is provided to help you correct the claim prior to resubmission

**Q. My claims have been rejected for “invalid diagnosis.” What diagnosis should I use?**

A. DMAS requires HIPAA compliant codes. The online claim submission application requires HIPAA compliant ICD-10 codes. Providers should reference a current ICD-10 Diagnosis Code Book

**Q. My claims have been rejected for “invalid CPT codes.” What CPT codes should I use?**

A. DMAS requires valid CPT codes on all claim submissions. Providers should reference DMAS manuals, Chapter IV and current CPT code billing guidelines.

**Q. If I have any questions, is there someone I can contact and get help?**

A. Yes, the Provider Helpline at 800-552-8627