

Instructions for Completing the HCBS and DD Billing Form SFN 1730

Step-by-Step Instructions to fill out the SFN 1730 billing form:

<p>Provider Number - Enter the seven-digit provider number you were given when you enrolled. You cannot use your old five digit QSP number. If you do, the claim will be denied.</p>
<p>Provider - Enter your name. LAST NAME first, then your first name, and middle initial, if used.</p>
<p>Billing Period - You can only bill for one month at a time. If you bill for one month at a time, two forms will be needed. Always enter the first day and the last day of the month that you provided services to a client. Use two digits for the month, two digits for the day and four digits for the year. <i>Example: January 2016 would be entered as: 01/01/2016 through 01/31/2016.</i></p>
<p>Recipient's (Client) Identification (ID) Number - Enter the "Recipient (Client) Identification Number" as it appears on the Authorization to Provide Services form. "Authorized" means you have received an Authorization to Provide Services form SFN 1699 and/or SFN 663 from the HCBS/County Case Manager.</p>
<p>Recipient's (Client) Name (Last, First, Middle Initial) - Enter the LAST NAME, first name and middle initial of your client (if used). Their name must be spelled the same as on the Authorization to Provide Services form you received from the HCBS/County Case Manager. Do not use nicknames (Example: Jim for James).</p>
<ul style="list-style-type: none"> ➤ A separate billing form must be used for each client you are billing for. ➤ Only one month of service can be billed on each billing form. If you are billing for services provided to the same person during two (2) different months, you must use two separate forms. Do not staple the forms together.
<p>Procedure Code - Enter the Procedure Code for the service you provided to your client. All 5 boxes must be filled. For example, 00010 is how you would bill for homemaker services.</p>

Note: All codes can now be billed on one form if you are billing under the same recipient (client) ID number.

- Each day of the month needs its own line on the claim form. The form allows 17 entries per client. If your client received care on more than 17 days during the month, use another form to enter the data. All client and provider information **MUST BE** re-entered on the second form. Do not staple the forms together.

From Day - Enter the two-digit number for the day of the month you provided services to your client on each line being billed. {Example: June 2 would be entered as “02”.}

Through Day - Enter the two-digit number for the day of the month you provided services to your client on each line being billed. {Example: June 2 would be entered as “02”}

- The “From Day” and the “Through Day” will be the same in both columns.

Units - Enter the number of units you are billing for that day. The number of units will always be a whole number. **Never** use a decimal point on the billing form. {Example: 3 units are entered as 3}

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Billed Amount - The billed amount equals the rate for each procedure code multiplied by the number of units provided on that date. Your rate will be on the Authorization to Provide Services form(s) (SFN 1699, SFN 404, and/or SFN 663) that you received from the HCBS/County Case Manager.

Original Claim Number: Void Replacement Boxes - **Do not enter anything in these boxes when billing. Leave it blank. This section is only used to void or replace claims.** See the SFN 1730 Claims Correction Instructions if you need to void or replace a claim.

Sign and date the billing forms. **You must make a copy for your records.**

Questions?

The Call Center can help with questions: Call 1-877-328-7098, when asked for a PIN, select “0”

Things You Need to Know Before You Bill:

These instructions will help you fill out a billing form so you can get paid for providing services to clients who qualify for:

- North Dakota Medicaid Waivers (HCBS, DD & Technology Dependent)
- Medicaid State Plan Personal Care Services
- Service Payments for the Elderly and Disabled (SPED) Program
- Expanded SPED Program

Authorization to Provide Services:

You may only bill for authorized services that you actually provided to your client.

“Authorized” means you have received an Authorization to Provide Services form SFN 1699 and/or SFN 663 from the HCBS/County Case Manager.

Mailing Your Billing Forms:

- Allow at least 2-5 working days for mail to reach the State Office.
- Due to large claims volume, you may not receive a check the first week of the month. To check the status of your payment, you may call 1-866-768.



Mail Completed Billing Forms to:

ATTN: HCBS Billing Form
N.D. Department of Human Services
600 E Boulevard Ave Dept. 325
Bismarck, ND 58505-0250

Billing online : in the MMIS Portal can be a time saver. Some benefits of online billing are:

- No waiting for your claiming form to be delivered by mail; claims are sent electronically.
- Better chance of your claim paying on its first try.
- Once you submit the claim, you'll know right away if your claim is going to pay.
- No scanning errors and problems caused by missing information.
- No more trying to write inside all of the boxes on paper forms.
- To sign up for online billing in MMIS: email MMISinfo@nd.gov or call 1-877-328-7098, when asked for a pin, select "0".

Remittance Advice (RA):

You will receive a Remittance Advice (RA) in the mail each time a claim is processed. If payment is made, a check will be sent to you or deposited directly into your bank account. If you don't get paid, the RA will explain why the claim was reduced or denied. If you have the amount you requested and you believe the action was wrong, use the SFN 1730 billing form to make corrections. See the SFN 1730 Claim Correction Instructions to void or replace a claim.

Additional Billing Forms (take from other form)

- Do not make your own copies of the blank billing forms because they may be rejected by the scanner. If you need more blank billing forms, email QSPinfo@ND.Gov to request more.