

Provider Enrollment

PURPOSE

ND Medicaid enrolls all willing and able providers that meet ND Medicaid provider enrollment requirements. All eligible providers must enroll and bill with their own NPI. Providers eligible to enroll may not bill for services under a supervising or peer provider's NPI.

APPLICABILITY

PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll with ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

To be eligible for enrollment, a provider must:

- Supply a covered service(s) to at least one ND Medicaid eligible member.
- Meet the conditions in this chapter and conditions of the [SFN 615](#), the ND Medicaid Provider Agreement;
- Be a provider with a valid license, certification, accreditation, or registration according to the state laws and regulations of the state in which services are rendered; and
- Be free of any exclusions from a federally funded programs including but not limited to the List of Excluded Individuals and Entities (LEIE), System of Award Management (SAM) or a state Medicaid agency.

PROVIDER REQUIREMENTS

Your signature on the Medicaid Provider Agreement for North Dakota Medicaid means you agree to follow the conditions of participation in the Medicaid Program Provider Agreement ([SFN 615](#)). More requirements may apply based on the provider type or specialty. Conditions may include:

- You may not abandon a member in a way that would violate professional ethics.
- You may not refuse to serve a member because of race, color, national origin, age, or disability.
- You must advise members in advance if you are accepting them only on a private pay basis. This shall be in writing and signed by the member.
- When a provider arranges ancillary services for a member through other providers, such as a lab or a durable medical equipment provider, the ancillary

providers are considered to have accepted the member and they may not bill the member directly.

TAXONOMY CODES

Taxonomy codes identify a health care provider by the service they provide and area of specialty.

Providers are required to submit taxonomy codes when submitting paper or electronic claims to ND Medicaid. This excludes Qualified Service Providers (HCBS claims), transportation claims and claims submitted by other atypical provider types.

There are two separate taxonomy code sets, one for individual providers, and one for group providers. Individual taxonomies cannot be used for group enrollments, just as group taxonomies cannot be used for individuals.

Determine the taxonomy you are going to be billing by searching the following lists to see which specialty and provider type corresponds to that taxonomy.

- ND Medicaid Valid Values for Group Providers and Individual Providers
- Provider Type Codes and Provider Specialty Codes

Taxonomy codes listed on a claim **MUST** match the taxonomy codes on a provider's record or the claims will be denied.

ORDERING, REFERRING AND PRESCRIBING PROVIDERS

ND Medicaid requires ordering, referring, or prescribing (ORP) providers to enroll as a participating provider. ND Medicaid cannot pay for ND Medicaid-covered services requiring a referral, order, or prescription unless the referring, ordering, or prescribing provider is enrolled. Services requiring an order or referral are listed on the Medicaid Covered Services policy.

SUPERVISING PROVIDERS, LIMITED LICENSE PROVIDERS, AND STUDENTS

Services rendered by health care providers with limited licenses, meaning providers licensed as assistants and those who must practice under supervision¹ pursuant to North Dakota laws and regulations applicable to their profession, may be billed through the supervising provider's NPI number so long as the supervisee is not required to enroll and bill under their own NPI. Behavioral health care providers² eligible to render behavioral health rehabilitative services may not bill for services under a supervising

¹Supervision means the physician or other supervising provider must direct and oversee the service according to professional requirements in state law, rules, or guidelines of a regulating/licensing board or organization. It does not mean that the physician or other supervising provider must be present in the room when the service is rendered unless applicable laws or regulations for the profession require in-room presence.

²Behavior Modification Specialists, Licensed Associate Professional Counselors, Licensed Master and Baccalaureate Social Workers, Mental Health Technicians, Registered Nurses.

practitioner's NPI. Please see the [Behavioral Health Rehabilitative Services](#) policy for more information.

Health care trainees (unlicensed) who are registered with their respective professional regulatory board, pursuant to North Dakota laws and regulations applicable to their profession, and who have a scope of practice in law or regulation may not enroll as North Dakota Medicaid providers and cannot bill ND Medicaid for services rendered.

Services provided by a health care provider with a limited license or a trainee practicing under supervision must be documented in medical records.

Supervising health care providers must be responsible for:

- satisfying all applicable state law and regulatory supervision requirements;
- ensuring the student isn't excluded from federally funded programs and
- patient care provided by a supervisee.

Student

Services provided by students enrolled in a medical training program may be billed under the supervising provider if:

- The provider must provide direct supervision³ of the student for the duration of the time services are being provided to the member.
- There are no more than six (6) students providing services to every one (1) direct supervising provider.
- There is a contract with the education institution, or the education institution has a policy in place outlining the requirements for supervising students providing services to Medicaid members. The policy or contract must be provided to ND Medicaid upon request.

OUT-OF-STATE PROVIDERS

Out-of-state providers may enroll with ND Medicaid. "Out-of-state provider" means a provider who is located more than fifty (50) miles from a North Dakota border within the United States. Out-of-state services require service authorization except for services provided in response to an emergency. For more information on Out of State services, refer to the [Out-of-State Services](#) policy.

Out-of-state emergency services require a retroactive authorization to receive payment. Out-of-state providers may apply for a retroactive enrollment date for the date of covered services provided to a member see the [Enrollment Effective Date](#) section.

³ Direct supervision means the supervising provider can visualize, and be immediately available, to the supervisee, or student, at all times while services are being provided to the member.

REQUIRED ENROLLMENT DOCUMENTS

Providers need to send a completed online application to enroll with ND Medicaid. Out of state providers must submit the Out of State/Out of Network Enrollment Clarification Form (SFN 509). For the specific documents related to the provider type, see Required Documents under Enrollment located at ND Medicaid Provider Enrollment Information.

Required documentation may be submitted by:

Email: NDMedicaidenrollment@noridian.com ;

Fax: 701-433-5956 ATTN: NDM Provider Enrollment; or

Mail: Noridian Healthcare Solutions

Attn: ND Medicaid Provider Enrollment

PO Box 6055

Fargo, ND 58108-6055

Your application processing does not begin until both your online application is completed and submitted, and your completed required documentation is received.

ENROLLMENT EFFECTIVE DATE

An effective date cannot be prior to an NPI enumeration date. A Provider may have numerous NPIs; however, each NPI will have its own specific enumeration date assigned. An original NPI enumeration date cannot be utilized if a new NPI has been established and is being used to open a different enrollment record. The new NPI's enumeration date will be the soonest an effective date can be recognized.

You will be able to select an enrollment effective date on your application. An enrollment effective date is the date your enrollment will be made effective. It is limited to no more than ninety (90) days prior to the date your complete application packet is received. If you do not select an enrollment effective date, your enrollment will become effective on the date that your application was received.

Providers who request a retroactive effective enrollment date may supply covered services prior to receipt of all required enrollment documents if the provider meets all eligibility requirements at the time the service is provided and only if appropriate documentation of the services supplied is maintained.

Future effective dates will not be approved for more than 60 days prior to a service being provided.

ND Medicaid may consider a retroactive enrollment effective date that exceeds ninety (90) days but not to exceed 365 days from the date of service for situations involving

emergent care provided to a member. If the application involves an emergency service, an explanation on why enrollment was not able to be submitted within ninety (90) days from the date of service and medical notes must be sent with the application packet. If you do not submit this information, a date beyond ninety (90) days of receipt of a completed application may not be approved.

Retroactive enrollment is not applicable to the 1915(i) program.

ENROLLMENT APPROVAL

You will receive a 7-digit Medicaid ID number in one of two ways. If you completed the security information section during your enrollment process, you will receive a letter via the United States Postal Service with enrollment information that includes your 7-digit Medicaid ID number and login information to access the web portal. If you did not complete the security section during the enrollment process, you can register for web access using the Provider Registration section on the home page of the Medicaid Management Information System (MMIS) Web Portal once your application is approved. To register for web access, click the "Register" link, enter your 7-digit Medicaid ID and Social Security Number (for individual providers) or Employer Identification Number (for billing groups).

REVALIDATION AND PROVIDER OR OWNER UPDATES/CHANGES

Federal regulations require you to revalidate your enrollment at least once every five (5) years, except for DME which is every (3) years. Your revalidation date is in your online provider portal. ND Medicaid will also send notifications to the email address(es) associated with your enrollment record. A revalidation roster and past due revalidations list is updated monthly and published on the ND Medicaid website. The revalidation list will list all providers who have revalidations due within six (6) months of the published date. The past due revalidations list will list all providers that are currently past due. Both reports are located at: [Provider Enrollment Information | Health and Human Services North Dakota](#) under Revalidation Information.

PROVIDER UPDATES AND CHANGES TO ENROLLMENT

Provider updates such as affiliations, terminations, EFT, taxonomy, address, name, etc., must be sent to Provider Enrollment for Processing. Please see the [Provider Enrollment](#) section of the ND HHS website for more information on how to request these updates.

Providers are responsible for ensuring their enrollment information is complete and up to date. Failing to keep enrollment information up to date may be cause for claim denial, recoupment, or termination. Providers may make changes to their enrollment information through the ND Medicaid provider web portal. Changes that cannot be updated through the provider web portal may be sent to:

Email: NDMedicaidenrollment@noridian.com; or
Fax: 701-433-5956 ATTN: NDM Provider Enrollment; or
Mail: Noridian Healthcare Solutions
Attn: ND Medicaid Provider Enrollment
PO Box 6055
Fargo, ND 58108-6055

To avoid payment delays, notify Provider Enrollment of address of Automated Clearing House (ACH) changes in advance.

OWNERSHIP CHANGES

Federal regulations require providers to report ownership changes to ND Medicaid. Providers have thirty-five (35) days to send changes of ownership for owners who have 5% or more ownership interest. Refer to 42 C.F.R. § 455.104 for more information. For tax reporting purposes, Provider Enrollment must be notified at least 30 days in advance of any changes that cause a change in a tax identification number.

Providers that are enrolled with both Medicare and Medicaid must ensure that the owners and managing employees match in both enrollment systems. Discrepancies delay application approvals and may result in payment suspensions and possible terminations for enrolled providers.

TERMINATING ENROLLMENT

If a provider wants to end their ND Medicaid enrollment, notice of termination must be sent via email to NDMedicaidEnrollment@noridian.com or faxed to 701-433-5956 Attn: NDM Provider Enrollment. Include name, national provider identifier (NPI) if applicable, ND Medicaid number, and the termination date. Notice must be sent in writing and requires 30 days' advance notice.

ND Medicaid may also end enrollment under the following circumstances:

- Breach of the Provider Agreement;
- Demonstrated inability to perform under the terms of the Provider Agreement;
- Failure to follow applicable North Dakota and United States laws; or
- Failure to follow regulations and policies of the North Dakota Department of Health and Human Services or the ND Medicaid program.

See N.D. Administrative Code § 75-02-05 for more information.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for

at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

ELECTRONIC CLAIMS SUBMISSIONS

Medicaid claims sent electronically experience fewer errors and quicker payment. Electronic service claims must be in a Health Insurance Portability and Accountability Act (HIPAA) compliant format. See [Electronic Data Interchange \(EDI\)/Electronic Claim Billing](#) for more information.

Providers sending claims for non-medical services are exempt from sending HIPAA compliant claims. These services include home and community-based services, waiver services, and non-emergent transportation/meals/lodging services.

REFERENCES

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

CONTACT

Medical Services
600 East Boulevard Ave
Bismarck, ND 58505-0250
Phone: [\(701\) 328-2310](tel:7013282310)
Email: dhsmedicalservices@nd.gov

POLICY UPDATES

January 2025

Section	Update
Supervising providers, limited license providers, and students	Student section added.
Enrollment effective date	Added information related to NPI and enrollment effective date.

April 2025

Taxonomy	Added Taxonomy section that was previously on PE webpage. (4/4/2025)
Enrollment effective date	Changed language from “approved” to “received”. Added language around future effective dates. (4/4/2025)

January 2026

Supervising Providers	Added LMSWs
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