



# North Dakota 1915(i) Medicaid Academy

Session 5: Documentation and Billing

Tuesday, November 29<sup>th</sup>, 2022

2-4 pm CT

# Today's Facilitators



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# Your Team Today includes:



# Medicaid Academy Schedule

Topic	Date	Tools
Orientation and Provider Enrollment	10/25/22	Provider Enrollment Guide
Provider Enrollment Q&A	10/27/22	
Services Participant Enrollment	11/1/22	Participant Eligibility Tracker
Services Participant Enrollment Q&A	11/3/22	
Staffing and Budgeting	11/8/22	Services Budget Tool, Time Study Materials
Staffing and Budgeting Q&A	11/10/22	
Policies and Procedures	11/15/22	Sample Policies and Procedures
Policies and Procedures Q&A	11/17/22	
<b>Documentation and Billing</b>	<b>11/29/22</b>	<b>Billing Guide</b>
Documentation and Billing Q&A	12/1/22	
Quality Assurance	12/6/22	
Quality Assurance Q&A	12/8/22	

# Purpose of Medicaid Academy Learning Sessions

DHS provides the “WHAT”/ Policy Requirements

**The TA Team** helps with “HOW” so you can develop a plan for your agency



Each session will include:

Helpful tips and tools provided by the TA team

Opportunities for sharing experiences across agencies

Coaching for your agency

[State 1915\(i\) Website](#)

[1915\(i\) State Plan Amendment](#)

# What is impacted at the agency-level when becoming a Medicaid provider?



- Programmatic
  - Service provision
  - Staffing & Training
- Strategic
  - Business partnerships
  - Strategic long-term planning
- Analytical
  - Data management
  - Quality Assurance
- Logistic
  - Financial operations
  - Legal agreements
  - HR considerations



# Shared Tools and Materials

## Medicaid Academy Materials

- [1915\(i\) Trainings | Health and Human Services North Dakota](#)
- Web site will include:
  - Recordings of these trainings
  - Slide Decks

## Tools for Today

- [Service Plan Template](#)
- [Billing Guide for Housing Supports](#)- being adapted for other services

# 1915(i) Eligibility Criteria

Recipient of  
Traditional  
Medicaid or  
Medicaid  
Expansion,  
Household income  
up to 150% of FPL



Qualifying  
Behavioral Health  
Diagnosis



WHODAS Score of  
25 or higher



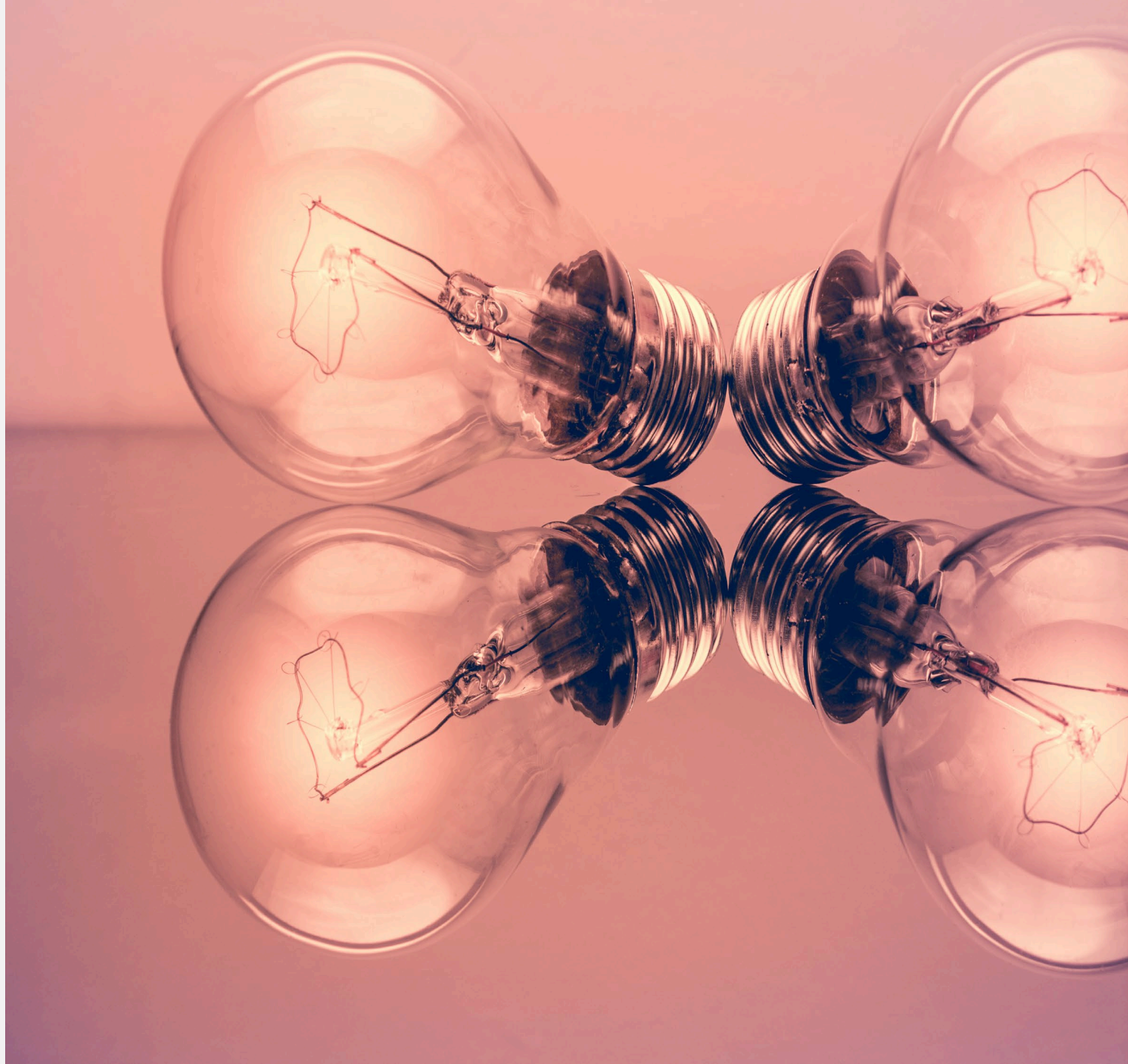


# 1915(i) Home and Community-Based Services

- Care Coordination
- Training and Support for Unpaid Caregivers
- Peer Support
- Family Peer Support
- Respite
- Non-Medical Transportation
- Community Transition Service (not provided by community providers)
- Benefits Planning
- Supported Education
- Pre-Vocational Training
- Supported Employment
- Housing Support



**Billable Time:**  
When staff are  
supporting  
individuals within  
the scope of a  
1915(i) service, that  
is billable time





# *Which Payment Structure For Which Service*

## ● 15 Minute Increments

- Care Coordination
- Training and Supports for Unpaid Caregivers
- Peer Support
- Family Peer Support
- Respite
- Benefits Planning
- Supported Education
- Pre Vocational Training
- Supportive Employment
- Housing Support

## ● Per Service (round trip)

- Non-Medical Transportation

**Your staff are documenting  
all the work done to achieve  
these goals. Make sure they  
think as broadly as possible.**



# Person-Centered Service Planning Best Practices

- Care Coordinators collaborate with other providers to avoid duplication and re-traumatization
- Service plan goals are a living breathing used document that sets the framework for services
- Service plans are strengths-based
- Client's voice is reflected in their service plan
- Goals are created *with* client and reflect client's own recovery goals
- Goals are reviewed with progress and barriers noted and new goals established

# Plan of Care Elements – Best Practice

Diagnosis/functional criteria

Needs to be addressed

Goals developed based on needs and desires

Measurable and clear goals that represent what the client wants/needs

Smaller objectives to reach goal

Strengths of client linked to the goal

Timelines

Roles and responsibilities

Service type, amount and duration

Progress and update



# Documentation: Connect back to goals established on Person-Centered Plan of Care





# 1915(i) Required Medical Record Information

- Individual's name and date of birth
- **Date, begin time, and end time of service (for services billed per 15-minute unit)**
- **Name and title of individual providing (rendering) the service**
- Person-Centered Plan of Care
- **Signature and date by the person providing the service**
- Service authorization number
- Claims, billings and records of Medicaid payments and amounts received from other payers for services provided to members
- Any other related medical or financial data that may include appointment schedules, account receivable ledgers and other financial information.

# Medical Records Signature Policy



- Signed (written or electronic) by the individual enrolled provider
- CMS requires all medical record entries must be
  - ✓ legible
  - ✓ promptly completed
  - ✓ dated and timed
  - ✓ authenticated in written or electronic form by the individual provider providing the service





# Technical Elements of a Billable Progress Note

**\*red: not required but best  
practice**

*May be electronic or paper*

- Date of entry
- Date the service was provided
- Start and End Times with am and pm designation/**length of service in minutes**
- Location/type of contact
- Client Name and ID#
- Service name and description
  - **Client response, progress, changes**
  - **Next steps/appointment date and time**
- Name, signature and title of service provider
- **Service is linked back to goals in service plan**



# Writing the Progress Note Narrative

Focus on the service related to the goals

Relate service to needs assessed and Person-Centered Plan of Care goals

Include direct quotes by the individual, but avoid unnecessary “he said” “she said”

Focus on the facts of what happened, avoid being too subjective or opinionated

Demonstrate “sufficient duration to accomplish the intent/goal”

Include client’s response, progress and plan for next steps



# Justifying Time Spent

Demonstrate “sufficient duration to accomplish the intent and goal.”

- Consider issues and challenges present at time of service
- Document best practice approaches used
- Note any functioning limitations that would cause session to be longer
- Document impact service had on individual

\*Use caution to not pressure staff for “productivity” that could lead to fraudulent note stretching (i.e. making a 2-minute call last 15 minutes in order to bill, even though extra time was not medically necessary).

# Staff Training Recommendations

- Trauma-informed care and organizational practices used throughout
- Technical training around compliance
- Harm Reduction
- Cultural competency, humility, anti-racism
- Assertive engagement
- Motivational Interviewing
- Housing First
- Develop a mandatory annual training on key topics





# EXAMPLES

## Subjective

## Objective

“The apartment was a mess.”

“Writer observed food, garbage, clothing and papers blocking walkways and vents.”

“”Client was out of control and kicked out of the store.”

“Client was experiencing active paranoia and persecutory thoughts. Client began to scream at other shoppers. Security was called and escorted client out.

Client is doing much better living indoors.

“Client appeared calm, confident and in good health. Client showed writer how she stores her meds in her weekly pillbox. When asked how she is liking her new unit, client reported “I like this place, I mean I can’t stop smiling. I love it. Especially the A/C unit.”

## Objective Writing:

- focus on the facts (what happened?)
- avoid being too subjective or opinionated
- write notes knowing that this is the legal medical record of the individual you support

# Connecting The Note To The Goals

## Assessment

- Includes diabetes

## Person-Centered Plan of Care

- Includes goal of improving health, specifically diabetes A1c

*“Observed Joe had no food when conducting a home visit. Joe stated that he was asking neighbors for food which resulted in complaints to property management. Accompanied Joe to the grocery store. During the trip, discussed several important items. First, the importance of buying healthy food to help with diabetes. Second, discussed how to alert his support staff if he needs food instead of asking neighbors. Third, provided resources for healthy meals and diabetes information.”*



# Ex: Individualized Service Plan- Peer Support

**Person-Centered Plan of Care goal, developed by the Care Coordinator**

- *“I would like to make friends who support my recovery.”*

**Individualized Service Plan objectives, developed by the Peer Support Specialist**

- *“I want to get involved in my local church.”*
- *“I want to volunteer and help others get the help I received.”*





# Progress Note Examples

- *“Met with Joe. Discussed his religious and spiritual beliefs and researched with local faith communities. This writer acknowledged how important it is to get feedback and information from him on what is important to him in regards to non-treatment related activities. Made a date to attend an open house at the church of Joe’s choosing.”*
- *“Joe was very anxious about attending this open house to discuss and set goals for himself around managing that anxiety and what people will think of him. We will meet again next Monday 9/27 to go to the open house. We will meet prior to attending to discuss his feelings and concerns before we go. Joe felt optimistic and positive about the process.”*



# Ex: Individualized Service Plan- Housing Support

## Person-Centered Plan of Care goal, developed by the Care Coordinator

- *“I don’t want to be evicted and I want to stay in my apartment”*
- *“I want to learn how to get along with my neighbors.”*

Recommendation – Client needs housing support services because she is at risk of eviction due to continued negative interactions with neighbors and complaints by neighbors

## Individualized Service Plan objectives, developed by the Peer Support Specialist

- *“I will engage in anger management interventions to try to learn how to communicate better.”*
- *“I will find productive things to do so I don’t have too much time on my hands with nothing to do.”*



# Progress Note Examples

- *“Met with Jane to discuss her housing issues regarding a potential eviction. This writer offered a non-judgmental approach which allowed her to be open and honest. We discussed strategies she could try to better resolve conflicts so she doesn’t get evicted and possibly become homeless again.”*
- *“Jane agreed to attending anger management sessions to find new ways of resolving conflicts and communicating more positively with neighbors.”*
- *“We will meet twice weekly for 3 weeks and then weekly, after things get more stabilized. Jane is hopeful about this plan and keeping her housing. This writer offered much support and encouragement to her.”*



# TEMPLATE EXAMPLES



# Individualized Service Plan Template Example:

<b>Client Name:</b>				<b>Client #:</b>	
<b>Goal (Needs and Preferences):</b>					
<b>Desired Results in Client's Words:</b>					
<b>Other community organizations/support people involved</b>					
<b>Linked to Treatment Recommendation:</b>					
<b>Strengths/Abilities and how they will be used to meet the goal:</b>					
<b>Effective Date:</b>				<b>Review Date:</b>	
<b>Measurable Objective</b>	<b>Intervention</b>	<b>Service Type</b>	<b>Person Responsible</b>	<b>Frequency</b>	<b>Target Date</b>
<input type="checkbox"/>					
<input type="checkbox"/>					



# Individualized Service Plan Review

**Client Name:**

**Date:**

**Previous Plan Date:**

**Next Review Date:**

**Goals from previous plan:**

Goals	Measurable Objectives	Original Target Date	Progress/Barriers	New Target Date

# Services Review



# Remote Service Delivery

- Cannot be more than 25% of services provided in a calendar month
  - ✓ Includes telephone and secure video conferencing
  - ✓ Must be elected by the individual receiving services, and
  - ✓ Must not prohibit needed in-person services for the member
- NO remote option for Respite or Non-Medical Transportation
- Documentation must include:
  - ✓ Remote delivery was elected by the member, and
  - ✓ Did not block the member's access to the community, and
  - ✓ Did not prohibit needed in-person services for the member, and
  - ✓ Utilized a HIPAA-compliant platform, and
  - ✓ Prioritized the integration of the individual into the community
- Best practice is to provide services directly to the extent possible

\*this guidance is noted in the separate policies for *each* service [on the 1915\(i\) website](#)





# Indirect Services

- Indirect service is a service on the behalf of an individual, but the individual is not present, either in person or via technology.
- Care Coordinators can bill for indirect time, all other services cannot.
- NOT INCLUDED in their services, but has been raised with DHS by providers.




# QUESTIONS



# Break Out Room Question:

Reviewing your agency's service  
planning and documentation  
processes...



15 minutes in  
your agency  
groups

What needs to be added?  
Revised?



***Break***



# Billing

**ND Medicaid 1915i Services Fee Schedule**  
**as of 7/1/2022**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

Code	Modifier	Description	Medicaid Fee
H2015		Care Coordination (per 15 minutes)	\$20.86
H0039	UK	Training and Supports for Unpaid Caregivers (per 15 minutes) <sup>1</sup>	\$7.55
T2025		Training and Supports for Unpaid Caregivers (per service)	\$511.28
H0038		Peer Support (per 15 minutes)	\$7.55
H0038	UK	Family Peer Support (per 15 minutes)	\$7.55
T2027		Respite (per 15 minutes)	\$7.48
T2003		Non-medical transportation; encounter/trip	\$13.38
T5999		Community Transition Services (per service)	\$3,067.65
H2021	U3	Benefits Planning (per 15 minutes)	\$10.73
H2025	U3	Supported Education (per 15 minutes)	\$10.73
H2023		Prevocational Training (per 15 minutes) <sup>1</sup>	\$10.73
H2025	U4	Supported Employment (per 15 minutes)	\$10.73
H2021	U4	Housing Support Services (per 15 minutes)	\$10.73

<sup>1</sup> This service can be billed for individual or group setting. If group setting is provided, modifier UA must be appended to the line and reimbursement will be 25% of the allowed amount.

# Reimbursement Rates: What Will We Be Paid?

Code	Modifier	Description	Medicaid Fee
H2015		Care Coordination (per 15 minutes)	\$20.86
H0039	UK	Training and Supports for Unpaid Caregivers (per 15 minutes) <sup>1</sup>	\$7.55
T2025		Training and Supports for Unpaid Caregivers (per service)	\$511.28
H0038		Peer Support (per 15 minutes)	\$7.55
H0038	UK	Family Peer Support (per 15 minutes)	\$7.55
T2027		Respite (per 15 minutes)	\$7.48
T2003		Non-medical transportation; encounter/trip	\$13.38
T5999		Community Transition Services (per service)	\$3,067.65
H2021	U3	Benefits Planning (per 15 minutes)	\$10.73
H2025	U3	Supported Education (per 15 minutes)	\$10.73
H2023		Prevocational Training (per 15 minutes) <sup>1</sup>	\$10.73
H2025	U4	Supported Employment (per 15 minutes)	\$10.73
H2021	U4	Housing Support Services (per 15 minutes)	\$10.73

<sup>1</sup> This service can be billed for individual or group setting. If group setting is provided, modifier UA must be appended to the line and reimbursement will be 25% of the allowed amount.



# Billing in 15 Minute Increments

You bill for 1 Unit  
when you see a  
person for

- 1 minute to 22 minutes
- 15 minutes (1X15) plus 7 minutes

You bill for 2 Units  
when you see a  
person for

- 23 minutes to 37 minutes
- 30 minutes (2X15) plus 7 minutes

You bill for 3 Units  
when you see a  
person for

- 38 minutes to 52 minutes
- 45 minutes (3X15) Plus 7



# Service Limits Example: Housing Support

- Daily maximum of 8 hours (32- 15 minute increments)
- Pre-Tenancy Support
  - Authorized 3 months at a time
  - Maximum of 78 hours per 3-month period
  - Can be re-authorized for an additional 78 hours/3-month period
  - Cannot exceed 156 hours per calendar year
- Tenancy Support
  - Authorized 6 months at a time
  - Maximum of 78 hours per 6-month period
  - Can be re-authorized for additional 78 hours/6-month periods
  - Cannot exceed 156 hours per calendar year

Care Coordinator may request additional hours to prevent institutionalization, hospitalization, or out of home/out of community placement



# Two Ways to Submit 1915(i) Claims: Based on Individual's Health Plan

MMIS Web Portal  
for Individuals with  
Traditional  
Medicaid

[MMIS Web Portal](#)

Availity Web Portal  
for Individuals with  
Medicaid  
Expansion

[Availity Web Portal](#)

# Clearing Houses

- The Role of a Clearinghouse is to aggregate electronic claim information via an electronic hub.
- This hub also works to ensure that claims information is submitted securely and accurately
- Availity is the ONLY Clearinghouse BC/BS generally uses



# Billing Basics

When billing for 1915(i) services you are working to get all the info on this CMS 1500 professional claims forms into an online portal

[CMS-1500](#) | [CMS](#)



## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA		PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare#)		MEDICAID <input type="checkbox"/> (Medicaid#)	
TRICARE <input type="checkbox"/> (ID#/DoD#)		CHAMPVA <input type="checkbox"/> (Member ID#)	
GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		FECA BLK LUNG <input type="checkbox"/> (ID#)	
OTHER <input type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY STATE		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE TELEPHONE (Include Area Code) ( )		CITY STATE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		8. RESERVED FOR NUCC USE	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		10. IS PATIENT'S CONDITION RELATED TO:	
b. RESERVED FOR NUCC USE		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>	
c. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State)	
d. INSURANCE PLAN NAME OR PROGRAM NAME		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		11. INSURED'S POLICY GROUP OR FECA NUMBER	
SIGNED _____ DATE _____		a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)		b. OTHER CLAIM ID (Designated by NUCC)	
15. OTHER DATE		c. INSURANCE PLAN NAME OR PROGRAM NAME	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		SIGNED _____	

CARRIER

PATIENT AND INSURED INFORMATION



# MMIS 1915(i) Claims Submission

- [1915\(i\) Policy](#)
- [1915\(i\) Billing and Claims Training: Policy and Procedures](#)
- [1915\(i\) Billing and Claims Training: MMIS Claims Submission](#)

# ND MMIS Web Portal

- System where enrollment is completed
- When your provider enrollment was completed, your account was created

North Dakota MMIS Web Portal Aug 28, 2022  
[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#)

**Home** | Program ▶ | Member ▶ | **Provider** ▶ | Documentation ▶ | Directories ▶

**Quick Links**

- ▶ Enrollment
- ▶ ProviderManuals
- ▶ FAQ
- ▶ Billing Manuals
- ▶ Messages & Announcements

**News**

Governor's Task Force on Access to Affordable Health Insurance.

Providers: The Provider e-newsletter is available at <https://express.adobe.com/page/3PBxoIIVaJzYh/>. Learn about efforts to increase access to preventive health care services for children, training opportunity for Medicaid 1915(i) providers and more! We welcome your feedback by email to [dhsmed@nd.gov](mailto:dhsmed@nd.gov).

**Provider**

The Health Enterprise Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.

**ProviderLogin**

To access secure areas of the portal, please log in by entering your User ID and Password.

\* User ID:

\* Password:

[Forgot User Name or Password ?](#)

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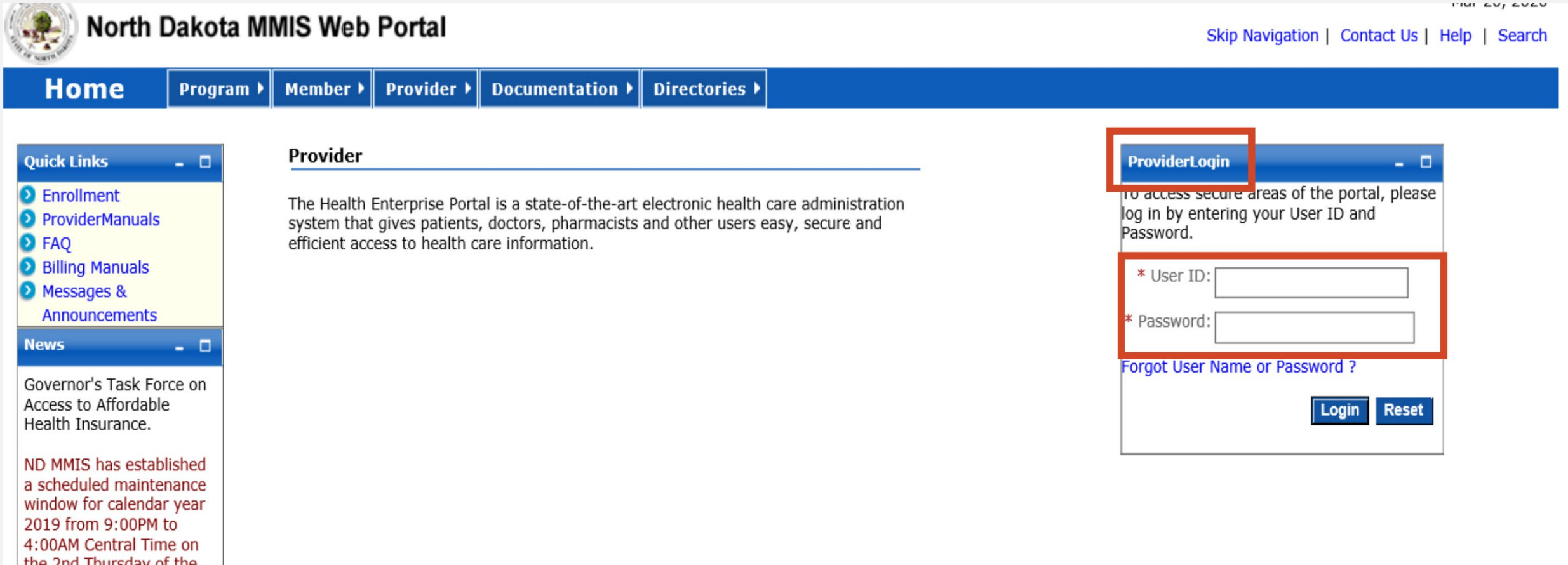
[Privacy Policy](#) | [Site Map](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)



# Billing Steps

1. Enter **Service Authorization**: provider must be pre-approved to provide services
  - a) The Care Coordinator submits a Service Authorization for Care Coordination to allow them to work with the individual on the development of their Person-Centered Plan of Care, which identifies the other 1915(i) services the individuals needs
  - b) The Care Coordinator sends a Request for Service Provider, the draft Person-Centered Plan of Care, and a signed Release of Information to the provider(s) of choice on behalf of the individual
  - c) The service provider will accept or decline the request; if they accept, they will submit their own Service Authorization
2. Check **individual eligibility**: individual must be pre-approved to receive services
  - a) Eligibility should be verified each day prior to providing service
  - b) Traditional Medicaid: Call AVRS line at (877) 328-7098
  - c) [AVRS Info Sheet](#)
  - d) Medicaid Expansion: Call BCBSND at (701) 282-1003 or check in [Availity](#)
3. Ensure the required **documentation** has been completed
4. Submit a **professional claim** in the MMIS Portal
5. If the claim is denied, **appeal**

# Submitting a Claim Step 1: Sign In



The screenshot displays the North Dakota MMIS Web Portal interface. At the top left is the state seal and the text "North Dakota MMIS Web Portal". On the top right, there are links for "Skip Navigation", "Contact Us", "Help", and "Search". A blue navigation bar contains "Home", "Program", "Member", "Provider", "Documentation", and "Directories".

On the left side, there are two panels: "Quick Links" with items like Enrollment, ProviderManuals, FAQ, Billing Manuals, and Messages & Announcements; and "News" with a headline about the Governor's Task Force on Access to Affordable Health Insurance and a notice about a scheduled maintenance window for calendar year 2019.

The main content area is titled "Provider" and contains a paragraph: "The Health Enterprise Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information."

On the right side, a "ProviderLogin" window is open. It contains the text: "To access secure areas of the portal, please log in by entering your User ID and Password." Below this are two input fields: "\* User ID:" and "\* Password:". At the bottom of the window are two buttons: "Login" and "Reset". A link "Forgot User Name or Password ?" is also present.

<https://mmis.nd.gov/portals/wps/portal/ProviderLogin>



# Step 2: Create Professional Claim

North Dakota MMIS Web Portal Mar 23, 2020

[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#) | [Log out](#)

**Home** | **Member** | **Provider** | **Claims** | **EDI** | **Authorizations** | **My Account** | **FES**

**Quick Links** | **Print** | **Help**

- Add Service Location
- Trading Partner Enrollment
- Provider Manuals
- Provider Inquiry/Update Request
- Provider Training Registration
- Provider FAQ
- Provider Resources
- Messages & Announcements

**Provider Message** | **Status** | **Subject** | **Delete**

Status	Message	System	Date	Subject	Action
				<b>New Document for Online Viewing:</b>	
	<input type="checkbox"/>	YSTEM, SYSTEM	<a href="#">03/04</a>	<b>New Document for Online Viewing:</b>	
	<input type="checkbox"/>	YSTEM, SYSTEM	<a href="#">02/12</a>	<b>New Document for Online Viewing:</b>	

1-3 of 3

If you are unable to view PDFs, please [download Adobe Reader](#).

# Step 3: New Professional Claim

New Professional Claim Print | Help

**\*Required Field**

Basic Claim Info Other Claim Info

Provider Member Basic Claim Service Line Items

**?** Is this a void/replacement?  
 Yes  No

Submitter Information

Submitter ID

## ➤ New Professional Claim

- Is this a void/replacement?
  - ✓ Defaults to "No."
  - ✓ Select "Yes" **only** if you are replacing or voiding a previously processed claim.

# Step 3a: If Void/Replacement

The screenshot shows a web form titled "New Professional Claim" with a "Print | Help" link in the top right. Below the title is a red asterisk and the text "\*Required Field". The form has two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Under the "Basic Claim Info" tab, there are four sub-sections: "Provider", "Member", "Basic Claim", and "Service Line Items". The "Basic Claim" sub-section contains a question "Is this a void/replacement?" with a help icon and two radio buttons: "Yes" (selected) and "No". Below this is the "Claim Resubmission Information" section, which contains two required fields: "\*Resubmission Type Code" and "\*TCN to Void/Replace". The "\*Resubmission Type Code" field has a dropdown menu with "Replacement" and "Void" options. A note on the right side of the form states: "Note: For Void/Replacement of a Paid Claim, prior claim data (if available) will populate once the user has either a) tabbed out of the TCN field, or b) selected another field on this page."

## ➤ New Professional Claim

- Is this a void/replacement?
  - ✓ Select "Yes" **only** if you are replacing or voiding a previously processed claim.
  - ✓ Resubmission Type Code – Replacement or Void
  - ✓ TCN to Void/Replace

# Step 3 cont.: New Professional Claim

New Professional Claim Print | Help - □

**\*Required Field**

**Basic Claim Info** Other Claim Info

[Provider](#) [Member](#) [Basic Claim](#) [Service Line Items](#)

? Is this a void/replacement?  
 Yes  No

**Submitter Information**

Submitter ID

**Provider Information**

Go to [Other Claim Info](#) to enter information for other providers.

**Billing Provider**

**Note:** Healthcare Providers are required to submit National Provider ID.

Medicaid Provider ID	National Provider ID	Taxonomy Code	Tax ID	SSN	Location Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

➤ **Enter** - Billing Provider Taxonomy Code

➤ **Enter** - Billing Provider Tax ID or SSN Number

# Group Taxonomy Codes

049-1915i State Plan Amendment Services	641-Care Coordination	251B00000X
049-1915i State Plan Amendment Services	642-Supported Employment	251S00000X
049-1915i State Plan Amendment Services	643-Pre-Vocational	251S00000X
049-1915i State Plan Amendment Services	644-Education	251S00000X
049-1915i State Plan Amendment Services	086-Respite	251S00000X
049-1915i State Plan Amendment Services	645-Training & Support for Unpaid Caregivers	251S00000X
049-1915i State Plan Amendment Services	646-Peer Support	251S00000X
049-1915i State Plan Amendment Services	387-Private Vehicle	251S00000X
049-1915i State Plan Amendment Services	647-Family Peer Support	251S00000X
049-1915i State Plan Amendment Services	648-Benefits Planning	251S00000X
049-1915i State Plan Amendment Services	649-Community Transition Service	251S00000X
049-1915i State Plan Amendment Services	650-Housing Supports	251S00000X

Source: <http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

# Step 3 cont.: New Professional Claim

*Use agency info (non-person), not individual provider's info*

**Additional Billing Provider Information**

\*Entity Qualifier  Currency Code

\*Org/Last Name  First Name  MI  Suffix

\*Address 1  \*City  State  Zip and  Extension  Country  Subdivision Code

Address 2

## ➤ **Additional Billing Provider Information**

- **REQUIRED**
- **Select** - Entity Qualifier – non-person or person
- **Enter** – Org/Last Name, Address, City, State and Zip Code

Source: <https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/Billing%20and%20Claims%20Part%202.pdf>

# Step 3 cont.: New Professional Claim

? Is the Billing Provider Address also the Pay-To Address?

Yes  No

**Pay-To Address**

*Address 1	*City	State	Zip and	Extension	Country	Subdivision Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 2

## ➤ Is the Billing Provider also the Pay-To Address?

- **Required** - Defaults to "Yes"
- Pay-To Address is **different**, select "**No**"
  - ✓ Complete the Pay-To Address section with the Billing Provider Name, Address, City, State and Zip Code

# Step 3 cont.: New Professional Claim

? Is the Billing Provider also the Rendering Provider?

Yes  No

## Rendering (Performing) Provider

Medicaid Provider ID

National Provider ID

Taxonomy Code

Location Number

## ➤ Is the Billing Provider also the Rendering Provider?

- **Required** – Select “No”

- ✓ **Enter** – Rendering Provider Medicaid Provider ID

- **Must be the Rendering Provider Medicaid ID for the program being billed**

- ✓ **Enter** – Rendering Provider NPI Number


- ✓ **Enter** – Rendering Provider Taxonomy Code



# Individual Taxonomy Codes

049-1915i State Plan Amendment Services	641-Care Coordination	171M00000X
049-1915i State Plan Amendment Services	642-Supported Employment	171M00000X
049-1915i State Plan Amendment Services	643-Pre-Vocational	171M00000X
049-1915i State Plan Amendment Services	644-Education	171M00000X
049-1915i State Plan Amendment Services	086-Respite	171M00000X
049-1915i State Plan Amendment Services	645-Training & Support for Unpaid Caregivers	171M00000X
049-1915i State Plan Amendment Services	646-Peer Support	175T00000X
049-1915i State Plan Amendment Services	387-Private Vehicle	172A00000X
049-1915i State Plan Amendment Services	647-Family Peer Support	175T00000X
049-1915i State Plan Amendment Services	648-Benefits Planning	171M00000X
049-1915i State Plan Amendment Services	649-Community Transition Service	171M00000X
049-1915i State Plan Amendment Services	650-Housing Supports	171M00000X

# Step 3 cont.: New Professional Claim

 Is this service the result of a referral?

Yes  No

- **Is this service the result of a referral?**
  - **Defaults to "No"**

# Submitting a Claim: Step 4: Member Information

**Member Information**

\*Member ID  \*Last Name  First Name  MI  Suffix  \*Date of Birth  \*Gender  SSN

Property Casualty Number

## ➤ Member Information

- **REQUIRED**
- **Enter** - Member's Medicaid 9-digit ID number
- **Enter** - Member's Last Name
- **Enter** - Member's First Name
- **Enter** - Member's Date of Birth
  - ✓ Use format: MM/DD/YYYY
- **Enter** - Member's Gender
  - ✓ F = Female
  - ✓ M = Male

# Step 5: Claim Information

**Claim Information**

Go to [Other Claim Info](#) to include the following claim level information:  
Specialized Line Information, Line Providers , Other Payer Service Line information, Test Result and Form Identification Information.

? \*Is this claim accident related?  
 Yes  No

Service Authorization #

Referral #

## ➤ Claim Information

- Is this claim accident related?
  - No
- **Service Authorization # - Must** be entered on the claim
- **Submit only 1 Service Authorization Number per claim**

# Step 5: Claim Information

**Claim Note**

\*Type Code

\*Note

80 Characters Remaining

\*Type Code

- Additional Information
- Certification Narrative
- Diagnosis Description
- Goals, Rehab Potential, or Dsch Plans
- Third Party Organization Notes

## ➤ Claim Note

- Add any pertinent information
  - ✓ Example Note: Proving the One-Year Timely Filing Limit Policy Remittance Advice (RA) Date and TCN Number

# Step 5: Claim Information

Claim Data

*Patient Account # <input type="text"/>	*Place of Service <input type="text" value="v"/>	*Assignment Code <input type="text" value="v"/>
--	---	--

## ➤ Claim Data

- Patient Account #
- Place of Service – Common Place of Service
  - ✓ 02 – Telehealth
  - ✓ 03 – School
  - ✓ 04 – Homeless Shelter
  - ✓ 11 – Office
  - ✓ 12 – Home
  - ✓ 18 – Place of Employment Worksite

*list of places of service:* [https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set)

# Step 5: Claim Information

## Claim Data

\*Patient Account #

\*Place of Service

\*Assignment Code

\*Benefits Assignment Certification

\*Release of Information Code

Under claim data, what does assignment code mean?

The Assignment Code will always be "Not Assigned".

What does benefits assignment certification mean?

The provider will choose "Not Applicable" as no insurance pertains to these services.

What should be checked under Release of Information?

Always check "Yes, Provider has a signed statement". The existence of a member's signature on the POC meets the requirements of a "signed statement".

# Step 5: Claim Information

**Diagnosis Codes**

Version #  ICD-09  ICD-10

\*1.  2.  3.  4.

5.  6.  7.  8.

9.  10.  11.  12.

## ➤ **Diagnosis Codes**

- **REQUIRED**
- Version # - Defaults to ICD-10
- Principal Diagnosis Code
  - ✓ Enter the Diagnosis Code for the Member's primary, secondary condition ect.



# Step 6: New Line Item

## ➤ New Line Item

- Service Date Begin and Service Date End - Use format: MM/DD/YYYY
- Place of Service
- Procedure Code
- Modifiers – if applicable
- Line-Item Charge Amount
- Diagnosis Pointers – Primary, Secondary ect.
- Unit Code and Units

Total \$ charge:  
per-unit rate x  
number of units



# Billing in 15 Minute Increments

You bill for 1 Unit  
when you see a  
person for

- 1 minute to 22 minutes
- 15 minutes (1X15) plus 7 minutes

You bill for 2 Units  
when you see a  
person for

- 23 minutes to 37 minutes
- 30 minutes (2X15) plus 7 minutes

You bill for 3 Units  
when you see a  
person for

- 38 minutes to 52 minutes
- 45 minutes (3X15) Plus 7

# Procedure Codes and Modifiers



## ND Medicaid 1915i Services Fee Schedule as of 7/1/2022

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

Code	Modifier	Description	Medicaid Fee
H2015		Care Coordination (per 15 minutes)	\$20.86
H0039	UK	Training and Supports for Unpaid Caregivers (per 15 minutes) <sup>1</sup>	\$7.55
T2025		Training and Supports for Unpaid Caregivers (per service)	\$511.28
H0038		Peer Support (per 15 minutes)	\$7.55
H0038	UK	Family Peer Support (per 15 minutes)	\$7.55
T2027		Respite (per 15 minutes)	\$7.48
T2003		Non-medical transportation; encounter/trip	\$13.38
T5999		Community Transition Services (per service)	\$3,067.65
H2021	U3	Benefits Planning (per 15 minutes)	\$10.73
H2025	U3	Supported Education (per 15 minutes)	\$10.73
H2023		Prevocational Training (per 15 minutes) <sup>1</sup>	\$10.73
H2025	U4	Supported Employment (per 15 minutes)	\$10.73
H2021	U4	Housing Support Services (per 15 minutes)	\$10.73

<sup>1</sup> This service can be billed for individual or group setting. If group setting is provided, modifier UA must be appended to the line and reimbursement will be 25% of the allowed amount.

# Step 6: New Line Item

**New Line Item** Save | Save & Add Other Svc Info/TPL | Reset | Cancel

*Service Date Begin <input type="text"/>	Service Date End <input type="text"/>	Place of Service <input type="text"/>
*Procedure Code <input type="text"/>	Procedure Description <input type="text"/>	Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
*Line Item Charge Amount \$ <input type="text"/>	Diagnosis Pointers *1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>	
*Unit Code <input type="text"/>	*Units <input type="text"/>	

**Service Authorization**

Service Authorization # <input type="text"/>	Referral # <input type="text"/>
---	------------------------------------

## Service Authorization#

Must be entered on the claim

Service Authorization Number starts with a "W" and is 10-digits

Submit only one Service Authorization Number per claim

# Step 7: Claim Submitted!

Claim Submitted Print Help -

TCN: [REDACTED]

Your claim has been successfully submitted. Please print and attach this sheet to the front of any additional documentation required.

**Claim Information**

TCN: [REDACTED]  
 Date of Service: 03/20/2020 - 03/20/2020  
 Provider #: [REDACTED]  
 Member ID: [REDACTED]

Claim Status: C - To Be Dnd  
 Total Charge: \$200.00  
 \*To Be Paid Amount: \$0.00  
 \*Co-Payment: \$0.00  
 \*Total Recipient Liability: \$0.00  
 Submission Date/Time: Tue Mar 24 11:28:05 CDT 2020

\*This may not be the actual amount. Please refer to your remittance advice for detailed payment information.

**Adjustment Reason Codes**

Line #	Adjustment Reason Code	Description
0	204	This service/equipment/drug is not covered under the patient's current benefit plan
1	A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
1	26	Expenses incurred prior to coverage.
1	27	Expenses incurred after coverage terminated.

1 - 4 of 4

**Remark Codes**

Line #	Remark Code	Description
No Data		

➤ **Print and Save for your records**



# Check Claims Status

- Call the AVRS line: (toll free) 877-328-7098; (local) 701-328-7098
- MMIS Web Portal may also show claims status

# Appealing Denied Claims for Traditional Medicaid Members

# What Can Be Appealed?

- Denial of payment
- A reduction in the level of service payment
- Member must have been eligible for Traditional Medicaid at the time of service



# When Must an Appeal Be Filed?

- Within 30 days of the date of DHS's notice of denial or reduction in level of service (remittance advice)



# How to File an Appeal

- Use [SFN 168: North Dakota Medicaid Provider Appeal](#) to file a written notice of appeal with DHS that includes a statement of each disputed item and the reason or basis for the dispute.
  - The remittance advice may note errors that need to be corrected.
- Mail to:
  - ND Department of Human Services  
Appeals Supervisor  
State Capitol – Judicial Wing  
600 E. Boulevard Ave.  
Bismarck, ND 58505



Clear Fields

Provider Name		Provider Number	
Entity Handling the Appeal (if different than Provider)			
Appeal Contact Person		Telephone Number	
Mailing Address for Appeal Correspondence	City	State	ZIP Code
Medicaid Recipient Name		Medicaid Recipient Number	
Date(s) of Service	Date of Remittance Advice / Date of Notice (enclose a copy)		
Reason for appealing denial or reduction in level of service payment from the North Dakota Medicaid program (additional pages may be submitted as necessary)			
Statement of remedy sought, including a computation and the dollar amount of your claim for each disputed item (additional pages may be submitted as necessary)			

In order to appeal a denial or reduction of payment, this completed form must be submitted within 30 days of the date of the Department's remittance advice or notice.

Submit to:

North Dakota Department of Human Services  
 Appeals Supervisor  
 600 E Boulevard Ave - Dept 325  
 Bismarck ND 58505-0250

All documents, written statements, exhibits, and other written information that support the appeal must be submitted to the Department within 30 days of your request for appeal. A copy of this completed form must be attached to any additional information you submit to the Department.

# SFN 168: North Dakota Medicaid Provider Appeal



# FAQs



## → When Must DHS Issue a Decision?

- Within 75 days of receipt of the appeal

• Source:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/provider-appeals-info.pdf>

## → Can a Provider Appeal DHS's Decision Regarding the Appeal?

- Yes, DHS's decision can be appealed by the provider in district court


• Source:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/provider-appeals-info.pdf>



# Break Out Room Question:

Reviewing your agency's Billing Processes, and/or Policies & Procedures...



15 minutes in  
your agency  
groups

What needs to be added?  
Revised?



# Up Next:

- **Thursday,  
December 1<sup>st</sup>**
- **10-11 am CT**

**Q&A on  
Documentation  
and Billing**

**Session 6: Ensuring  
Quality Services**

- **Tuesday,  
December 6<sup>th</sup>**
- **2-4 pm CT**

**Need your  
Program and  
Quality leads!**



# THANK YOU

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