



# How to add Claim Attachments in MMIS

# Claim Attachments- No

? Does this claim have Attachments?  
 Yes  No

Claim e-Attachments [Add e-Attachment](#)

Date Added	Added By	File Name	Description
No Data			

## Claim Attachments

- Defaults to "No"
- Click on "Yes" there are claim e-attachments.

# Claim Attachments- Yes

Yes  No

**Claim Attachments** Add Attachment

Type Attachment	Delivery Method	Attachment Control #
No Data		

**Claim e-Attachments** Add e-Attachment

Date Added	Added By	File Name	Description
No Data			

## Does this claim have Attachments "Yes"

- You will get a screen like the one above.
- Notice** that there is *Add Attachment* and *Add e-Attachment*. Make sure you are choosing the **"Add Attachment"**.

**NOTE:** Add Attachment is telling DHHS what type of attachment and how it will be delivered to DHHS.

# Claim Attachment- Yes (cont...)

Does this claim have Attachments?  
 Yes  No

Claim Attachments

Add Attachmen

Type Attachment	Delivery Method	Attachment Control #
No Data		

New Attachment

Save Reset | Cancel

\*Type Attachment

\*Delivery Method

Attachment Control #

## Claim Attachments-"Yes"

### ▪ Add Attachment

- Choose Type Attachment (Choose what best describes type of attachment. See next slide for list of type of attachments)
- Choose Delivery Method. (Choose either *electronic Only* (attachment uploaded from computer) or *Facsimile* (Faxing in attachment with filled out SFN 177 MMIS Attachment or a claim submitted confirmation page in place of SFN 177 )
- Continue to [slide 6](#)
- See [slide 7](#) for SFN 177 MMIS Attachment Cover Sheet Requirements and examples

# Types of Attachments

Admission Summary  
Allergies/Sensitive Document  
Ambulance Certification  
Autopsy Report  
Baseline  
Benchmark Testing Results  
Blanket test Results  
Certification  
Certified Test Report  
Chemical Analysis  
Chiropractic Justificaiton  
Consent Form  
Continued Treatment  
Death Notificaiton  
Dental Models  
Diagnostic Report  
Discharge Mont Report  
Discharge Summary  
DME Prescription

Drug Administered  
Drug Profile Document  
Explanation Of Benefits  
Funtional Goals  
Health Certificate  
Health Clinic Record  
Immunization Record  
Initial Assessment  
Justification for Admission  
Laboratory Results  
Medical Record Attachment  
Models  
Nursing Notes  
Objective Physical Exam  
Operative Note  
Order and Treatment Document  
Oxygen Content Average report  
Oxygen Therapy Certification  
Paramedical Results

Parental or Enteral Cert  
Pathology Report  
Patient Med History Doc  
Photographs  
Physical Therapy Certification  
Physical Therapy Notes  
Physician Order  
Physician Report  
Plan of Treatment  
Prescription  
Progress Report  
Prosthetics/Orthotic Certifica  
Radiology Films  
Radiology Reports  
Recovery Plan  
Referral Form  
Renewable Oxy Content Avg Rpt  
Report of Tests and Analysis  
Report Treatment Beyond Util

State School Immunization Record  
Support Data for Claim  
Symptoms Document  
Treatment Diagnosis

# Delivery Method

Available on Request
By Mail
E-mail
<b>Electronic Only</b>
Facsimilie
File Transfer

## Delivery Method

Two options to send in attachments.

- **Electronic Only** - attachment uploaded file/document(s) from computer
- **Facsimilie** - Faxing in file/document(s)
  - Faxed file/document(s) must have a SFN 177 cover form (see example on [slide 7](#)) **or** claim submitted confirmation (see example on [slide 8](#)).

**NOTE:** Claims are suspended for 14 days awaiting a claims attachment to be received.

# SFN 177 MMIS Attachment Cover Sheet Requirements

 **MMIS ATTACHMENT COVER SHEET**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 177 (1-2025) Clear Fields

Complete this form and include it as the cover sheet for all attachments or additional documentation being submitted to the North Dakota Department of Health and Human Services Medicaid.

Type of Attachment (select only one)

Claim

Service Authorization (SA)

Referral

Other

Mail to:  
North Dakota Department of Health and Human Services  
MMIS Attachments  
600 East Blvd Ave.  
Bismarck, ND 58505  
Telephone Number: 1-877-328-7098

## SFN 177 MMIS Attachment Cover Sheet

### Required Fields

- Provider NPI or Medicaid Number
- Member Medicaid Number
- Choose **only one** Type of Attachment and fill in TCN, SA, referral number or description.

# Claim Submission Confirmation Page

**Claim Submitted** Print | Help

**TCN:** 25345378901234500

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

**Claim Information**

**TCN:** 25345378901234500  
**Date of Service:** 01/01/2099- 01/01/2099  
**Provider #:**  
**Member ID:** 1234567  
**Claim Status:** 0 - To Be Paid  
**Total Charge:** \$72.50  
**\*To Be Paid Amount:** \$72.50  
**\*Co-Payment:** \$0.00  
**\*Total Recipient Liability:** \$0.00  
**Submission Date/Time:** Fri Jan 05 08:00: 45  
CST 2099

**Adjustment Reason Codes**

Line #	Adjustment Reason Code	Description
No Data		

**Remark Codes**

Line #	Remark Code	Description
No Data		

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

**Mailing Address**

Please send additional documentation to the following address.

**ND Department of Human Services**  
600 E Boulevard Avenue  
Department 325  
Bismarck, ND 58505-0250

[Void or Replace this Claim](#) [Create Claim from Processed Claim](#) [Print Submission Page](#) [Submit Another Claim](#) [Claim Main Page](#)

## Claim Submission Confirmation Page

- Print Submission page
- This claim submission page can be used in lieu of the SFN 177 MMIS Attachment Cover Sheet Requirements.
- This will be the coversheet to any attachments being submitted to DHHS.

# Claim Attachments saved

? Does this claim have Attachments?  
 Yes  No

**Claim Attachments**

System successfully saved the Information. [Add Attachment](#)

Type Attachment	Delivery Method	Attachment Control #
Medical Record Attachment	Electronic Only	5144

1 - 1 of 1

**Claim e-Attachments**

[Add e-Attachment](#)

Date Added	Added By	File Name	Description
No Data			

System successfully save the information pops up once you click **save**

**NOTE:** If you don't see Type Attachments with Delivery Method and a random Attachment Control # you will need to repeat the steps.

Next step is to add the Claim e-Attachments AKA file/document(s)

# Claim e-Attachments- Upload Claim e-Attachments

? Does this claim have Attachments?  
 Yes  No

**Claim Attachments**

System successfully saved the Information. [Add Attachment](#)

Type Attachment	Delivery Method	Attachment Control #
<a href="#">Medical Record Attachment</a>	Electronic Only	5144

1 - 1 of 1

**Claim e-Attachments** [Add e-Attachment](#)

Date Added	Added By	File Name	Description
No Data			

## Claim e-Attachments

- Need to upload the file/document(s) for claim
  - Claim e-Attachments
  - Add e-Attachment

# Add e-Attachment

**Add e-Attachment** Save | Reset | Delete | Cancel

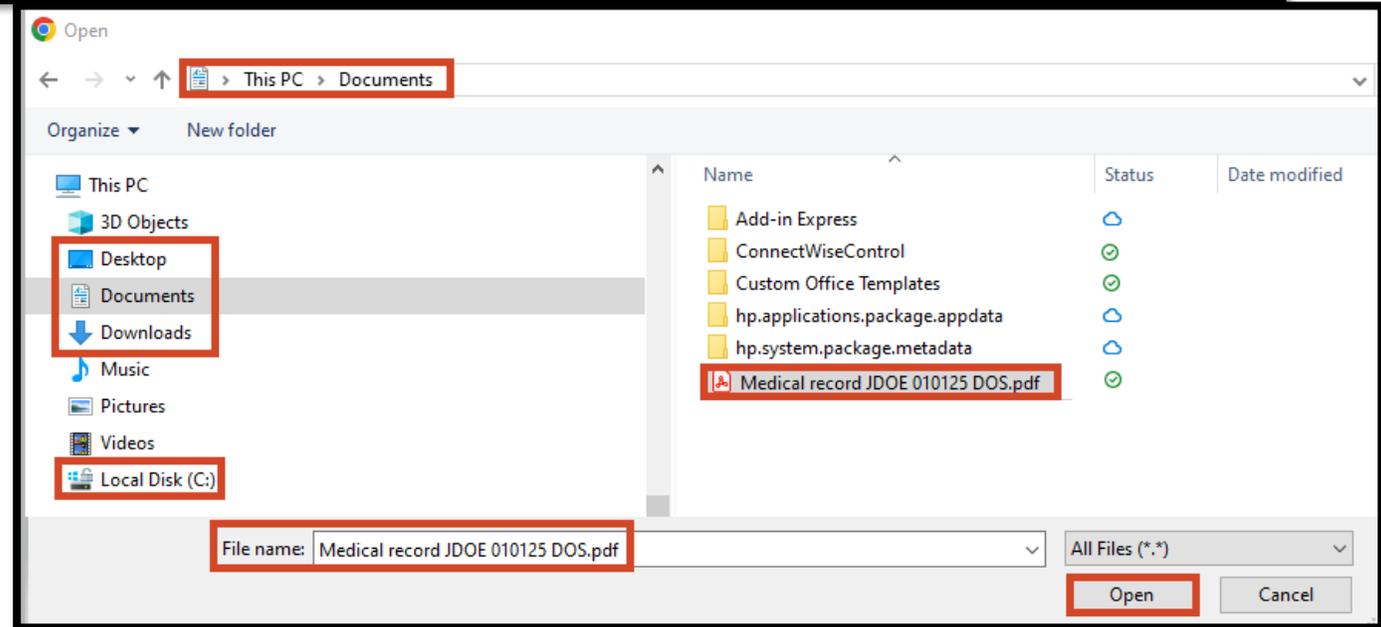
\* File Name  
**Choose File** No file chosen

\* Description

Please upload your file, enter a Description, and click the Save link; repeat this for as many attachments as needed. Once all e-Attachments have been Saved, ensure you click the Submit button.

## Add e-Attachment

- Click on Choose file
  - You will get a pop up of the possible locations of where the file/document is located.
- Go to location file/document was saved (Desktop, Documents, Downloads or local disk drive).
  - In this example file/document located under documents.
- Click Open on file/document to upload.



# Claim e-Attachments-file name description

**Add e-Attachment** Save Reset Delete Cancel

\* File Name  
Choose File Medical rec...1xx DOS.pdf

\* Description  
Medical record JDOE 0101XX

Please upload your file, enter a Description, and click the Save link; repeat this for as many attachments as needed. Once all e-Attachments have been Saved, ensure you click the Submit button.

## File Name

- **Cannot** be more than 55 characters
- **Cannot** have special characters. Example: !@#\$%^&\*
- Recommend naming file what file/document attaching, patient first/last name initial and date Example: Medical record JDoe 0101XX

## Description

- Content of attachment. Example: Medicare Record
- Recommend using the same as file name

## Save

- **Must** save after uploading each file name and description
- Cannot upload more than 1 file name and description at a time

Repeat this process for each attachment.

Will get "system successfully saved the Information"

**Claim e-Attachments** Add e-Attachment

System successfully saved the Information.

Date Added	Added By	File Name	Description
04/07/20XX	Providers Name here	Medical record JDOE 0101xx DOS.pdf	Medical record JDOE 0101xx

# Update/Edit Type Attachment or Description

**Claim Attachments** Add Attachment

Type Attachment	Delivery Method	Attachment Control #
Medical Record Attachment	Electronic Only	5144

1 - 1 of 1

**Claim e-Attachments** Add e-Attachment

System successfully saved the Information.

Date Added	Added By	File Name	Description
04/04/xx		Medical record JDOE 0101XX DOS.pdf	Medical record JDOE 0101xx DOS

1 - 1 of 1

## Update/edit Type Attachment or Description

- Click on the [blue text](#) under "Claim Attachments"
- or
- Click the [blue date](#) under "Claim e-Attachments"

**NOTE:** Cannot view or change File Name under Claim e-Attachments. Must delete the line and Add e-Attachment.

If any change(s) are made to Type Attachment under Claim Attachments or Description under Claim e-Attachments must save the changes. See [next slide](#).

# Update/Edit Type Attachment or Description

Claim Attachments Add Attachment

Type Attachment	Delivery Method	Attachment Control #
Medical Record Attachment	Electronic Only	5417

1 - 1 of 1

Edit Attachment Save | Reset | Delete | Cancel

\*Type Attachment: Medical Record Attachment  
\*Delivery Method: Electronic Only  
Attachment Control #: 5417

To modify the Type Attachment, click on the **blue text** under Type Attachment (screen shot above)

To modify the Description, click on the **blue date** added under File Name for Claim e-Attachments (screen shot below).

**NOTE:** If resubmitting/adjusting a claim, all documents need to be attached again.

Claim e-Attachments Add e-Attachment

Date Added	Added By	File Name	Description
04/04/XX	Providers name here	Medical record JDOE 0101xx DOS.pdf	Medical record JDOE 0101xx DOS

1 - 1 of 1

Edit e-Attachment Save | Close | Delete | Reset

Date Added: 04/04/20xx  
Added By: Provider name  
File Name: Medical record JDOE 0101xx DOS.pdf  
Description: Medical record JDOE 0101xx DOS