



ND MMIS 1915(i) Web Portal Instructions

Provider Sign in. Go to North Dakota MMIS Web Portal

North Dakota MMIS Web Portal

Skip Navigation | Contact Us | Help | Search

Home Program Member Provider Documentation Directories

Welcome Print | - □
Welcome to the North Dakota MMIS Web Portal.

Provider Registration - □
To obtain a user id and password, Providers and Trading Partners must have an approved enrollment with North Dakota and have received their Provider or Trading Partner ID.
Register

Quick Links - □
Find a Healthcare Provider
Benefits Overview
Provider Enrollment
Report Fraud & Abuse

Sign In - □
Log into the system based upon your role:
Providers
Internal Users

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Provider Sign in

- Click on link North Dakota MMIS Web Portal
- Sign In
- [Providers](#)

Provider Login Page

North Dakota MMIS Web Portal

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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.

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: JDOE

Password: *****

Forgot User Name or Password ?

Login Reset

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Provider Login Page

- User ID
 - Password
 - Login
- } Initial login credentials provided by ND Medicaid Provider Enrollment

Note: Manage Provider User Security Information: [Managing Provider User Security](#)

How to Create a Claim

The screenshot displays the North Dakota MMIS Web Portal interface. At the top, the portal title is 'North Dakota MMIS Web Portal' with navigation links for 'Skip Navigation', 'Contact Us', 'Help', 'Search', and 'Log out'. The main navigation bar includes 'Home', 'Member', 'Provider', 'Claims', 'EDI', 'Authorizations', and 'My Account'. The 'Claims' menu is expanded, showing options like 'Create Claims', 'Manage Claims', 'Create Templates', 'Manage Templates', 'Claim Status Inquiry', 'Payment Inquiry', 'Submit e-Attachment', and '1099 Inquiry'. The 'Create Claims' sub-menu is further expanded to show 'Create Professional Claim', 'Create Institutional Claim', 'Create Dental Claim', 'Create Claim from Template', 'Create Claim from Processed Claim', 'Travel/Lodging Claim', and 'HCBS/DD Claim'. The 'Create Professional Claim' option is highlighted. Below the menu, there is a table with columns for 'Date' and 'Subject', and a 'Delete' button. The table currently shows 'No Data'. A footer message states: 'If you are unable to view PDFs, please [download Adobe Reader](#).' with an Adobe Reader logo.

Create a claim

- Claims
- Create Claims
- Create Professional Claim

New 1915(i) 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
JDOE

New 1915(i) Claim

- **Is this a void/replacement?**
 - Defaults to **"No"**
 - If **"Yes"** void/replacement claim, please see [MMIS Claim Replacement/Void Instructions](#)

Provider Information

NOTE: Utilize Tab key to move to next field

The screenshot shows a web form titled "New Professional Claim" with a "Print | Help" link in the top right. The form has two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Below the tabs are navigation links: "Provider", "Member", "Basic Claim", and "Service Line Items". A question "Is this a void/replacement?" is followed by radio buttons for "Yes" and "No", with "No" selected. A "Submitter Information" section contains a "Submitter ID" field with the value "JDOE". A "Provider Information" section contains a link to "Other Claim Info". A "Billing Provider" section includes a note: "Note: Healthcare Providers are required to submit National Provider ID." Below this are fields for "Medicaid Provider ID" (1234567), "National Provider ID" (1234567890), "Taxonomy Code" (478S00000X), "Tax ID" (123456789), "SSN", and "Location Number". Red boxes and arrows highlight the Taxonomy Code, Tax ID, and SSN fields, with "AND" and "OR" labels between them.

Provider Information

▪ Billing Provider

- Medicaid Provider ID and National Provider ID NPI are prefilled

NOTE: Healthcare providers are required to submit NPI

- Billing Provider Taxonomy code

NOTE: Group and individual taxonomy can be found under [service information- limits, codes, taxonomies, requirements](#)

- Billing Provider Tax ID aka EIN# (Federal Tax ID number) **OR** SSN

Additional Billing Provider Information

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 (Agency Submitting Billing) Information

- Select Entity Qualifier (non-person (agency submitting billing) or person (staff providing services))
NOTE: The billing provider is the entity to which all payments are sent.
- Org/Last name
NOTE: Org means organization or agency name as it is listed under the NPI with ND Medicaid.
- Address
- City
- State
- Zip
- Extension- **OPTIONAL**

Answer these three questions

1. ? Is the Billing Provider Address also the Pay-To Address?
 Yes No
2. ? Is the Billing Provider also the Rendering Provider?
 Yes No
3. ? Is this service the result of a referral?
 Yes No



1. Is the Billing Provider Address also the Pay-to Address? Yes

Is the Billing Provider Address also the Pay-To Address?
 Yes No

Is the Billing Provider also the Rendering Provider?
 Yes No

Is this service the result of a referral?
 Yes No



Is the Billing Provider (Agency Submitting Billing) Address also the Pay-To Address?

- Defaults to "Yes"
- If "Yes" scroll to [slide 11](#)
- Select "No" go to next [slide](#)

1. Is the Billing Provider Address also the Pay-To Address? No

The screenshot shows a web form titled "Pay-To Address". At the top, there is a question: "Is the Billing Provider Address also the Pay-To Address?" with radio buttons for "Yes" and "No". The "No" option is selected. Below this, the form has several input fields: "*Entity Qualifier" (a dropdown menu), "*Address 1" (a text box), "*City" (a text box), "State" (a dropdown menu), "Zip and Extension" (two text boxes), "Country" (a text box), and "Subdivision Code" (a text box). There is also an "Address 2" text box. Red boxes are drawn around the question and the "Yes/No" options, the "*Entity Qualifier" dropdown, and the "*Address 1", "*City", "State", "Zip and", and "Extension" text boxes.

Is the Billing Provider Address (Agency Submitting Billing) also the Pay-To Address?

If "No" fill out the below required fields.

- Select Entity Qualifier ((non-person (agency) or person (staff providing services))
- Address 1
- City
- State
- Zip
- Extension-**OPTIONAL**

2. Is the Billing Provider also the Rendering Provider? Yes

Is the Billing Provider Address also the Pay-To Address?
 Yes No

Is the Billing Provider also the Rendering Provider?
 Yes No

Is this service the result of a referral?
 Yes No



Is the Billing Provider (Agency Submitting Billing) also the Rendering Provider (Staff Providing Services)?

- Defaults to "Yes"
- If "Yes" scroll to **slide 14**
- If "No" go to next page

NOTE: Rendering provider (staff providing the services) is the healthcare professional who provides the actual care/service to the patient

2. Is the Billing Provider also the Rendering Provider? No

Yes No

Rendering (Performing) Provider

Medicaid Provider ID National Provider ID Taxonomy Code Location Number

Additional Rendering (Performing) Provider Information

*Entity Qualifier

*Org/Last Name First Name MI Suffix

Rendering (Staff Providing Services) Provider

If "No" fill out these required fields.

- Medicaid Provider ID
- National Provider ID (NPI#)- **OPTIONAL**
- Taxonomy Code

2. Is the Billing Provider also the Rendering Provider? No (cont...)

Yes No

Rendering (Performing) Provider

Medicaid Provider ID National Provider ID Taxonomy Code Location Number

Additional Rendering (Performing) Provider Information

*Entity Qualifier

*Org/Last Name First Name MI Suffix

Additional Rendering (Staff Providing Services) Provider Information

- Select Entity Qualifier (non-person (agency) or person (staff providing services))
- Org/Last name
- First Name (Enter first name **ONLY** if rendering (staff providing services) provider is an individual provider)
- MI (middle initial)-**OPTIONAL**
- Suffix –**OPTIONAL** (Doctor of Philosophy, Fifth, First, Fourth, Junior, Medical Doctor, Second Senior, Third)

3. Is this service the result of a referral? No

? Is the Billing Provider Address also the Pay-To Address?
 Yes No

? Is the Billing Provider also the Rendering Provider?
 Yes No

? Is this service the result of a referral?
 Yes No

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

NOTE: It will always be "No" for 1915(i)



Member Information

Member Information

Member

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

Weight lbs Date Of Death Property Casualty Number

? Is the patient (Member) pregnant?
 Yes No

Member Information

- Member ID- 9-digit alpha/numeric Medicaid ID number starting with ND
- Last Name
- First Name
- Date of Birth- Use format: MM/DD/YYYY
- Gender-Female, Male, Unknown

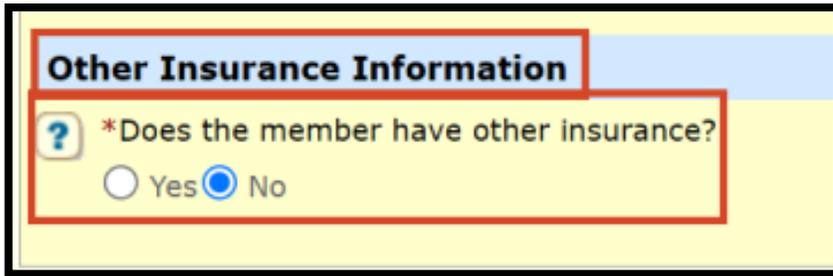
Member Address

The screenshot shows a form titled "Member Address" with a yellow background. The form contains several input fields: "Address 1", "City", "State" (a dropdown menu), "Zip and Extension", "Country", and "Subdivision Code". Below these is an "Address 2" field. Red boxes highlight the "Member Address" title and the "Address 1", "City", "State", and "Zip and Extension" fields.

Member Address

- Address 1
- City
- State
- Zip
- Extension- **OPTIONAL**

Other Insurance Information



Other Insurance Information

? *Does the member have other insurance?

Yes No

Other Insurance Information- No

- Does the member have other medical/dental/health insurance that would cover these services/procedures?
 - Always choose “**No**”

NOTE: 1915(i) providers do not need to bill other insurances for 1915(i) services prior to billing ND Medicaid.

Claim Information-Claim Accident- No

The screenshot shows a web form titled "Claim Information". Below the title, there is a red-bordered box containing the text: "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." Below this, another red-bordered box contains the question "*Is this claim accident related?" with radio buttons for "Yes" and "No", where "No" is selected. At the bottom, there are two more red-bordered boxes: "Service Authorization #" on the left and "Referral #" on the right, each with an empty input field.

Claim Information

- Is this claim accident related?
 - Defaults to "**No**"- 1915(i) will always be "**No**"
 - Service Authorization/Referral- Skip these are they do not apply.

Claim Note- Optional

The screenshot shows a form titled "Claim Note". It has two main input fields: a dropdown menu labeled "*Type Code" and a text area labeled "*Note". A red arrow points from the dropdown menu to a list of options: "Additional Information", "Certification Narrative", "Diagnosis Description", "Goals, Rehab Potential, or Dsch Plans", and "Third Party Organization Notes". At the bottom left, there is a character count: "80 Characters Remaining".

Claim Note

- **Type Code**
 - Choose what type code that will apply to note field
- **Note**
 - Enter information you want ND Medicaid to know or be aware of while reviewing/processing claim.
 - *Example:* Remittance Advice (RA) Date and claim TCN number. * Would enter this to prove [ND Medicaid Timely Filing Policy](#)

Claim Attachments- No

Yes No

Does this claim have Attachments?

Claim e-Attachments

Add e-Attachment

Date Added	Added By	File Name	Description
No Data			

Claim Attachments

- Defaults to **"No"**
- If there are **"No"** claim e-attachments. Go to next slide.
- If **"Yes"** go to [MMIS How to add Claim Attachments](#)

Claim Data

Claim Data		
*Patient Account # <input type="text"/>	*Place of Service <input type="text"/>	*Assignment Code <input type="text"/>
*Benefits Assignment Certification No Not Applicable Yes	*Release of Information Code Informed Consent to Release Information Yes, Provider has signed statement	Assgnmnt accepted on Clncl lab svc only Assigned Not Assigned

Claim Data

- **Patient Account #**
This is the providers patient account #
NOTE: If 1915(i) can utilize the Medicaid ID number in this field if no patient account listed for provider.
- **Place of Service (POS)**
Where is the service taking place? See [slide 25](#) for place of service options.
NOTE: Office, patient's home, or other unlisted facility etc.

Claim Data (cont...) Assignment Code

The screenshot shows a form titled "Claim Data" with several fields highlighted by red boxes:

- Patient Account #**: A text input field.
- Benefits Assignment Certification**: A dropdown menu with options: No, Not Applicable, Yes.
- Place of Service**: A dropdown menu.
- Release of Information Code**: A dropdown menu with options: Informed Consent to Release Information, Yes, Provider has signed statement.
- Assignment Code**: A dropdown menu with options: Assgnmnt accepted on Clncl lab svc only, Assigned, Not Assigned.

Claim Data

- **Assignment Code**
 - Assignment accepted in Clncl lab svc only
 - Assigned- Utilize this
 - **Not Assigned**

Definition: When a provider accepts assignment, Medicare will send the payment directly to them, not to the patient.

NOTE: 1915(i) will always choose "**Not Assigned**" because Medicare doesn't apply to 1915(i) services.

Claim Data (cont...) Benefits Assignment Certification

Claim Data		
*Patient Account # <input type="text"/>	*Place of Service <input type="text"/>	*Assignment Code Assgnmnt accepted on Clncl lab svc only Assigned Not Assigned
*Benefits Assignment Certification No Not Applicable Yes	*Release of Information Code Informed Consent to Release Information Yes, Provider has signed statement	

Claim Data

- **Benefits Assignment Certification**
 - No
 - **Not Applicable**
 - Yes

Definition: Indicates whether a patient has authorized their healthcare provider to receive payment directly from their insurance company on their behalf, essentially meaning the provider is allowed to bill the insurance company directly for the services rendered.

NOTE: 1915(i) will choose “**Not Applicable**”. Any payment will go to the 1915(i) billing provider. No insurance pertains to 1915(i) services.

Claim Data (cont...) Release of Information Code

The screenshot shows a 'Claim Data' form with several fields highlighted by red boxes:

- *Patient Account #**: A text input field.
- *Benefits Assignment Certification**: A dropdown menu with options: No, Not Applicable, Yes.
- *Place of Service**: A dropdown menu.
- *Release of Information Code**: A dropdown menu with options: Informed Consent to Release Information, Yes, Provider has signed statement.
- *Assignment Code**: A dropdown menu with options: Assgnmnt accepted on Clncl lab svc only, Assigned, Not Assigned.

Claim Data

- **Release of Information Code**
 - Informed Consent to Release Information
 - **Yes, Provider has signed statement-Choose this option**

Definition: Indicates the patient's authorization to release their medical information necessary to process their insurance claim, essentially giving permission to the healthcare provider to share relevant medical details with the insurance company to facilitate billing.

NOTE: Always choose **"Yes, Provider has signed statement"**. This has been verified with the ND Medicaid Plan Administrator. This statement is part of the care coordinator paperwork.

Claim Data (cont...)

Place of Service

Ambulance - Air or Water	Independent Laboratory	Prison - Correctional Facility
Ambulance - Land	Indian Freestand Health Service	Psychiatric Facility Partial Hosp
Ambulatory Surgical Center	Indian Provider Health Service	Psychiatric Resident Trmt Cntr
Assisted Living Facility	Inpatient Hospital	Public Health Clinic
Birthing Center	Inpatient Psychiatric Facility	Resdntl Sbstnce Abse Trmt Cntr
Community Mental Health	Intermediate Care Facility/MR	Rural Health Clinic
Comprehensive IP Rehab Facility	Mass Immunization Center	School
Comprehensive OP Rehab Facility	Military Treatment Facility	Skilled Nursing Facility
Custodial Care	Mobile Unit	Telehealth Provided in Patient Home
Emergency Room Hospital	Non-Res Substance Abuse	Telehealth Provided Other than Home
End Stage Renal Dis Trmt Facility	Nursing Facility	Temporary Lodging
Fed Qualified Health Center	Off Campus - Outpatient Hospital	Tribal 638 Freestand Facility
Group Home	Office	Tribal 638 Provider Facility
Home	Other Unlisted Facility	Urgent Care Facility
Homeless Shelter	Outpatient Hospital	Walk-in Retail Health Clinic
Hospice	Pharmacy	
Independent Clinic	Place of Employment – Worksite	

Diagnosis Codes

Diagnosis Codes			
Version #	<input type="radio"/> ICD-09 <input checked="" type="radio"/> ICD-10		
*1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>
5. <input type="text"/>	6. <input type="text"/>	7. <input type="text"/>	8. <input type="text"/>
9. <input type="text"/>	10. <input type="text"/>	11. <input type="text"/>	12. <input type="text"/>

Diagnosis Codes

Required

- Version# ICD-09 or ICD-10 **Defaults to ICD-10

NOTE: Date of Service is 10/01/2015 or older select ICD-09. All claims after date of service 10/01/2015 use ICD-10

*1. Principal Diagnosis Code

- Enter the primary diagnosis code of the patient/member
- Enter all diagnosis codes for any secondary, tertiary , etc. codes.

Basic Line-Item Information

Basic Line Item Information

Total Claim Charge Amount: \$0.00

[Add Service Line Item](#)

Ln #	Service Dates		Procedure Code	Modifiers				Diag Pointers				Line Item Charge Amount	Unit Code	Unit
	Begin	End		1	2	3	4	1	2	3	4			
No Data														

New Line Item [Save](#) | [Save & Add Other Svc Info/TPL](#) | [Reset](#) | [Cancel](#)

*Service Date Begin:

Service Date End:

Place of Service:

*Procedure Code:

Procedure Description:

Modifiers: 1. 2. 3. 4.

*Line Item Charge Amount: \$

Diagnosis Pointers: *1. 2. 3. 4.

*Unit Code:

*Units:

TIP: There are some service codes that can be billed for multiple days on one line. Limited to one month at a time.

Basic Line-Item Information

- Add Service Line Item is used to add another new line item.

Example: Multiple services performed on the same day. Each service needs to be billed on each line.

NOTE: Cannot bill more than one month per claim. Each month must be billed on a separate claim form.

New Line Item

The screenshot shows a web form titled "New Line Item" with a header bar containing "Save", "Save & Add Other Svc Info/TPL", "Reset", and "Cancel" buttons. The form contains several input fields, some of which are highlighted with red boxes to indicate they are required. These fields include: "*Service Date Begin" (with a calendar icon), "Service Date End" (with a calendar icon), "Place of Service" (a dropdown menu), "*Procedure Code", "Procedure Description", "Modifiers" (four numbered input boxes), "*Line Item Charge Amount" (with a dollar sign), "Diagnosis Pointers" (four numbered dropdown menus), "*Unit Code" (a dropdown menu), and "*Units" (an input box).

New Line Item

❑ Required Fields

- Service Date begin and service date end-Recommend using calendar icon- Use format: MM/DD/YYYY
NOTE: Dates must fall within the approved service authorization dates
- Place of Service- Location where service was rendered/performed
- Procedure Code- Code that identifies the service being provided *[Service Information-limits, codes, taxonomies, requirements Updated November 2024](#)
- Procedure Description- **OPTIONAL**
- Modifiers- **OPTIONAL**
- Line-Item Charge Amount- Dollar amount being billed.
- Diagnosis Pointers- Primary, Secondary, tertiary, etc.
- Unit Code- Select "**Units**"
- Units- How many units are being billed

NOTE: If billing for multiple days, select "Save" after completing the **required fields** above. Select "**Add Service Line Item**"

New Line Item (cont...)

Service Authorization/referral



The screenshot shows a form with a title bar that says "Service Authorization". Below the title bar, there are two input fields: "Service Authorization #" on the left and "Referral #" on the right. Both fields are currently empty.

Service Authorization # (SA)

- [Service Authorizations Policy](#)
- As of 11/01/24, Service Authorizations (SA) for Traditional Medicaid members are no longer required to be entered in MMIS.
 - **EXCEPTIONS:** Training & Support and Community Transition Services which will still require a SA entry in MMIS.
 - NOTE:** Respite SA is entered in Therap.
- Referral #
 - Not applicable- No referral number required.

New Line Item (cont...)

Additional line-specific information/TPL to be entered-No

The screenshot shows the 'New Line Item' form with the following fields and controls:

- *Service Date Begin: [Text Field]
- Service Date End: [Text Field]
- Place of Service: [Dropdown]
- *Procedure Code: [Text Field]
- Procedure Description: [Text Field]
- Modifiers: 1. [Text Field] 2. [Text Field] 3. [Text Field] 4. [Text Field]
- *Line Item Charge Amount: [Text Field]
- Diagnosis Pointers: *1. [Dropdown] 2. [Dropdown] 3. [Dropdown] 4. [Dropdown]
- *Unit Code: [Dropdown]
- *Units: [Text Field]
- Service Authorization: [Text Field]
- Additional Service Line Information: [Text Field]
- Is there additional line-specific information/TPL to be entered?
 Yes No
- Buttons: Save, Save & Add Other Svc Info/TPL, Reset, Cancel (top right); Submit Claim, Save Claim, Reset, Cancel (bottom right)

Red arrows indicate the sequence: from the question box to 'Save', then to 'Save Claim', and finally to 'Submit Claim'.

Is there additional line-specific information/TPL to be entered?

- System defaults to **"No"**
- Select **"No"** Always

NOTE: 1915(i) providers do not need to bill other insurances for 1915(i) services prior to billing ND Medicaid.

- Select **"Save"**
- Select **"Save Claim"**
- Select **"Submit Claim"**

Ensure these steps are followed in this specified order after the claim is entered.

Claim Submitted

Claim Submitted Print | Help

TCN: 25094100040000010

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

Claim Information

TCN: 25094100040000010
Date of Service: 01/01/20XX - 01/01/20XX
Provider #: 1234567
Member ID: ND1234567
Claim Status: O - To Be Paid
Total Charge: \$72.50
*To Be Paid Amount: \$0.00
*Co-Payment: \$0.00
*Total Recipient Liability: \$0.00
Submission Date/Time: Fri Jan 01 08:00: 45 CST 2099
*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
No Data		

Remark Codes

Line #	Remark Code	Description
No Data		

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 Submitted

- TCN # is your claim number
- Show under Claim Information that claim is in a to be paid status.

If there are Adjustment Reason Codes or Remark Codes on claim submission page, please see next few slides

- Adjustment Group Codes
- Claim Adjustment Reason Codes
- Remittance Advice Remark Codes

Reason/Remark Codes used by ND Medicaid- Adjustment Group Codes

Adjustment Group Code		
CODES	DESCRIPTION	REMARKS
PR	Patient Responsibility	This indicates Patient Paid Amt ...COPAY,DED,COINSURANCE
CO	Contractual Obligations	This indicates Differences between Submitted Charge and Allowed Charges and final Paid Amt, After Considering PR and other Adjustments
CR	Correction and Reversals	Submitted by Provider
OA	Other Adjustments	OA indicates , Member has TPL or Medicare Policy and Amount is Cut back from Submitted Charge
PI	Payor Initiated Reductions	Submitted by Provider

Web link: [Adjustment Group Codes](#)

Claim adjustment group codes

- Assign responsibility for claim adjustment
- Are two alpha characters long
- Include a numeric or alpha-numeric claim adjustment reason code
- Are used in conjunction with claim adjustment reason codes

Reason/Remark Codes used by ND Medicaid- Clam Adjustment Reason Codes

Web link: [Claim Adjustment Reason Codes](#)

Please click on hyperlink above for list of claim adjustment reason codes. Is approximately 15 pages long. Can also be found on the [DHHS ND Medicaid website](#).

Claim adjustment reason codes (CARCs)

- Explain why a claim was paid differently than billed
- Are typically three-character alphanumeric strings
- Are used to communicate with payers, such as insurance companies or government programs
- Are used to explain denials, partial payments, and adjustments for contractual agreements

Reason/Remark Codes used by ND Medicaid- Remittance Advice Remark Codes

Web link: [Remittance Advice Remark Codes](#)

Please click on hyperlink above for list of remittance advice remark codes. Is approximately 57 pages long. Can also be found on the [DHHS ND Medicaid website](#).

Remittance Advice Remark Codes (RARCs)

- Used to explain adjustments to a health care claim or to convey information about remittance processing
- Used by the health care industry to communicate non-financial information about claims
- Provide additional explanation for an adjustment already described by a Claim Adjustment Reason Code (CARC)
- Also known as alerts that convey information about remittance processing but are not related to a specific adjustment or CARC.

Questions and Answers

Q. Do the Place of Service (POS) on **Claim Data** (Slide 25) and the **New Line Item** (Slide 28) Place of Service (POS) need to match?

A. No. Different Place of Service's (POS) can be billed on the same claim on separate "New Line Items". Provider would select the appropriate POS on the "New Line Item" where the service was rendered.

- **Claim Data** section only allows the provider to select one POS.
- Each day of service must be billed separately on a **New Line Item**. See Slide 28 to bill for multiple days of service.

The screenshot displays a software interface for medical billing. It is divided into two main sections: 'Claim Data' and 'New Line Item'. In the 'Claim Data' section, there are several dropdown menus: '*Patient Account #', '*Benefits Assignment Certification', '*Place of Service' (highlighted with a red box), '*Release of Information Code', and '*Assignment Code'. The 'New Line Item' section contains a grid of input fields: '*Service Date Begin', 'Service Date End', '*Procedure Code', 'Procedure Description', '*Line Item Charge Amount', '*Unit Code', 'Diagnosis Pointers', and '*Units'. A 'Place of Service' dropdown menu is also present in this section, highlighted with a red box. At the bottom right of the 'New Line Item' section, there are links for 'Save', 'Save & Add Other Svc Info/TPL', 'Reset', and 'Cancel'.

Questions and Answers

Additional Billing Provider Information

*Entity Qualifier
Non-Person Entity
Person

Currency Code

First Name MI Suffix

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

Address 2

Q. What is the difference between Non-Person Entity and Person under **Entity Qualifier** on [slide 7](#)?

- A.** 1915(i) billing providers (agency submitting claim) will select **Non-Person** which is the agency (agency submitting claim).
- 1915(i) requires individual providers (staff providing services) be affiliated with an agency (agency submitting claim).

Questions and Answers

The screenshot shows a web form with two main sections. The first section, titled "Rendering (Performing) Provider", contains four input fields: "Medicaid Provider ID", "National Provider ID", "Taxonomy Code", and "Location Number". The second section, titled "Additional Rendering (Performing) Provider Information", contains a dropdown menu for "*Entity Qualifier", and four input fields: "*Org/Last Name", "First Name", "MI", and "Suffix".

Q. Who is the **Rendering Provider** (slide 12)?

A. The individual provider performing the service for the member (staff member providing services).

NOTE: This information must be entered on every claim

Questions and Answers

Q. Do I have to select a Diagnosis Pointers on each “New Line Item”?

A. Yes, if there are multiple diagnosis codes pertaining to the service performed, select primary, second, third, etc. to correspond with ICD-10 code(s) entered [slide 27](#).

The screenshot shows a web form titled "New Line Item" with a header bar containing "Save | Save & Add Other Svc Info/TPL | Reset | Cancel". The form is organized into several sections:

- *Service Date Begin**: A date input field with a calendar icon.
- Service Date End**: A date input field with a calendar icon.
- Place of Service**: A dropdown menu.
- *Procedure Code**: A text input field.
- Procedure Description**: A text input field.
- Modifiers**: Four numbered input fields (1, 2, 3, 4).
- *Line Item Charge Amount**: A text input field with a dollar sign prefix.
- *Diagnosis Pointers**: A section with a red border containing four numbered input fields (1, 2, 3, 4). The fields for 1, 2, 3, and 4 are highlighted in yellow.
- *Unit Code**: A dropdown menu.
- *Units**: A text input field.

Primary diagnosis code: The primary condition/reason for the patient visit/encounter.

Secondary/Third etc. diagnosis code: Additional condition/reason that coexist to primary diagnosis.

Helpful Links

[1915i Provider Information](#)

[1915i Provider Guidance and Policies](#)

[2024 1915i Fee Schedule \(Updated 7/1/2024\)](#)

[BCBSND MCO Link](#)

[CheckWrite Dates](#)

[Client Share \(Recipient Liability\)](#)

[Enrolling as a Provider and Providing Services](#)

[How to Enroll](#)

[Provider Newsletter](#)

[Service Authorizations](#)

[Service Information- limits, codes, taxonomies, requirements](#)

Helpful Links

Adding physician to a billing group known as affiliation.

Process

1. Submit Affiliation Form: SFN 1330
 - a. Individual Provider's Information goes in the top section
 - b. Billing Provider's (Group) Information goes in the middle section (the "Affiliate To" section)
 - c. Name, Email, and Phone Number of the person submitting the affiliation form goes in the bottom section. This information is used to send a confirmation email after the affiliation is processed.
2. Submit license/s that cover the requested effective date on your SFN 1330 to present
3. Submit DEAs (if provider has a DEA) that cover the requested effective date on your SFN 1330 to present
4. Submit list of all service locations where the practitioner will be the providing services for the billing provider listed on the form

Submit To:

1. Regular Email: NDMedicaidEnrollment@noridian.com
2. Fax: (701) 433-5956. ATT: NDM Provider Enrollment

Link to Sample Affiliation Form: <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/sample-sfn1330-affiliation-form.pdf>

Link to Affiliation Form (SFN 1330): <https://www.nd.gov/eforms/Doc/sfn01330.pdf>