NORTH Dakota | Health & Human Services
Be Legendary.

Instructions for Claims Correction, Void & Replacements on the HCBS and DD Billing Form: SFN 1730

Follow these instructions **exactly** to make sure the correction, void or replacement claim is filled in correctly.

Do not cross over lines when filling in the boxes, only one number or letter in each box.

1. **Provider Number** - Enter the seven-digit provider (QSP) number you were given when you enrolled.

2. **Provider Name** Enter your full name: **LAST NAME**, First name, middle initial (if used).

3. **Billing Period**
   - Enter the dates for the billing period from the original claim you are voiding or replacing. If you bill for one month at a time, two forms will be needed.
   - In the top boxes, enter the first day of the month for the original claim.
   - In the bottom boxes, enter the last day of the month for the original claim.
   - Use two digits for the month, two digits for the day and two digits for the year.
     Example: June 2024 is entered as: **06/01/24** through **06/30/24**

4. **Recipient ID Number**
   - Add the Medicaid ID number for your Recipient (also known as Client, Member or the Individual you are providing care to), that was on the original claim you are voiding or replacing.

5. **Recipient Name**
   - Add the **LAST NAME**, First name, middle initial (if used) of the Recipient that was on the original claim you are voiding or replacing.

6. **Follow these steps to VOID a claim**
   - Voiding a claim means you want to cancel the claim because no payment should have been received.
     - Skip to the bottom of the form to the "Original Claim Number and Void Replacement" boxes
     - Enter the original claim number you want to void. You can find this number on the Remittance Advice (RA).
     - Check the "VOID" box to cancel the claim because no payment should have been received.

7. **Follow these steps to REPLACE a claim**
   - Replacing a claim means you were paid wrong and you want to correct the mistake. Update the billing information for each of the fields below the way you want to be paid; your original claim will be replaced.
     - Procedure Code
       - Enter the Procedure Code you want to replace the original claim with, using all 5 boxes *(Example: 00001).*
     - From Day
       - Enter the two-digit number for the day of the month you want to replace the original claim with; *Example: June 2 is entered as "02".*
     - Through Day
       - Enter the two-digit number for the day of the month you want to replace the original claim with; *Example: June 2 would be entered as "02"*.

- Enter the first day of service in the “From Day” column and the last day of service in the “Through Day” column. Remember, **do not bill for days you did not provide services**.
- Units
  - Enter the number of units you are billing for each day or group of days and want to replace the original claim with. The number of units will always be a whole number. Never use a decimal point on the billing form. *Example: 3 units are entered as 3*.

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- Billed Amount
  - Enter the billed amount you want to replace the original claim with.
  - Multiply one day times the authorized rate and enter that amount in the billed amount. *Example ONLY: If your authorized rate is $15.00 per day*:

Procedure Code	*From Day*	*Through Day*	*Units*	*Billed Amount* *(Example ONLY)*
00001	01	01	1	$15.00

- Next, skip to the bottom of the form to the “Original Claim Number and Void Replacement” boxes
- Enter the original claim number you want to replace. You can find this number on the Remittance Advice (RA).
- Check the “REPLACEMENT” box to replace the claim because you were paid incorrectly or made a mistake on the original claim.

8. **Provider Signature**
   - **Make sure to sign and date** the form. Forms received without a signature or date will not be processed.

9. Make a copy of the form to keep for your records.

10. Mail completed forms – This form **CANNOT** be faxed or emailed! The completed forms must be mailed to the following address:

    ATTN: HCBS BILLING FORM
    N.D. Department of Health and Human Services
    600 E Boulevard Ave Dept 325
    Bismarck, ND 58505-0250

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

Important Information:

- **Service Authorizations (SA’s)**
  - You may only bill for services that you actually provided to your client and that you are authorized to provide to your client. “Authorized” means you have received a Service Authorization from your clients Case Manager (CM).
  - You can not bill when you client is in the hospital or has passed away.

- **Mailing Billing Forms**
  - The US Mail runs slow, to check if your claim has been received, call the **Automated Payment Line at 1-866-768-2435.** Use your QSP number to check the status of your claim.

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

- **Remittance Advice (RA)**
  - When a claim is done processing, you will receive a Remittance Advice (RA). If payment is made, a check will be sent to you or deposited directly into your bank account. If the claim is denied or you don't get the full amount of what you were expecting, the RA tells you why.

  - If a claim or a part of a claim was denied/not paid and you believe the action was wrong, contact the MMIS Call Center for assistance email MMISinfo@nd.gov or Call 1-877-328-7098, when asked for a PIN, select "0".

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