
ATTACHMENTS

Attachments may be required for several reasons; most commonly for validation of medical necessity and proof of insurance. Attachments may be required for claims, referrals, service authorizations, or other. To expedite the adjudication process, it is recommended to mail or fax attachments in advance of a service.

This Form is **not** to be used for submitting Claims Adjustments. All Adjustments must be submitted using the appropriate billing form for that specific claim type and following the proper billing instructions located at: <http://www.nd.gov/dhs/info/mmis/claims-instructions.html>.

There are two forms that can be used for submission of attachments. They are:

State Form Number (SFN) 177 (MMIS Attachments Cover Sheet): Attachments need to be accompanied by state form number (SFN) 177. SFN 177, if obtained on the State of North Dakota Forms site, can be completed electronically. SFN 177 is located at: <http://www.nd.gov/eforms/>

Or:

Confirmation Page: For ND Health Enterprise MMIS web entered claims - print the confirmation page and use as a cover sheet for attachments that you mail or fax to the ND Department of Human Services Medical Services. If this confirmation page is not available, please use SFN 177.

All correspondence sent to ND Department of Human Services Medical Services needs to have the following identifiers, if applicable:

- Provider NPI or Medicaid Number
- Member Medicaid Number
- Transaction Control Number (TCN)
- Service Authorization Number (SA)
- Referral Number

Correspondence that does not contain one or more of the above identifiers may cause delays and/or the inability to process your submission.

Each submission category has a dedicated fax number, each of which is noted on the SFN177. They are:

- Claim fax: 701. 328-0374
- Service Authorization fax: 701-328-1544
- Referral fax: 701-328-1544
- Other fax: 701-328-1544



MMIS ATTACHMENT COVER SHEET
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 177 (6-2015)

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 Human Services Medicaid.

Provider NPI or Medicaid Number
Member Medicaid Number
Corresponding Record Number

Type of Attachment (select only one)

<input type="checkbox"/> Claim	Transaction Control Number (TCN)	Fax To: 701-328-0374
<input type="checkbox"/> Service Authorization (SA)	Service Authorization (SA) Number	Fax To: 701-328-1544
<input type="checkbox"/> Referral	Referral Number	Fax To: 701-328-1544
<input type="checkbox"/> Other	Description	Fax To: 701-328-1544

Mail to:

North Dakota Department of Human Services
MMIS Attachments
600 East Blvd Ave.
Bismarck, ND 58505

Telephone Number: 1-877-328-7098