



ND MMIS Professional Claim Web Portal Instructions



Health & Human Services

Provider Sign in. Go to North Dakota MMIS Web Portal

The screenshot shows the North Dakota MMIS Web Portal. At the top left is the North Dakota state seal. The title "North Dakota MMIS Web Portal" is in the top left. In the top right, there are links: "Skip Navigation | Contact Us | Help | Search". Below the title is a blue navigation bar with tabs: "Home", "Program", "Member", "Provider", "Documentation", and "Directories". Below the navigation bar is a row of five images: a newborn baby's feet, a doctor examining an elderly patient, two hands clasped, a doctor's stethoscope, and a doctor examining a patient's mouth. Below the images are four panels. The first panel is titled "Welcome" and says "Welcome to the North Dakota MMIS Web Portal." with a "Print" button. The second panel is titled "Provider Registration" and says "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." with a "Register" link. The third panel is titled "Quick Links" and has three links: "Find a Healthcare Provider", "Benefits Overview", and "Provider Enrollment". The fourth panel is titled "Sign In" and says "Log into the system based upon your role:" with two links: "Providers" and "Internal Users". At the bottom, there is a copyright notice: "©2025 Conduent, Inc. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent, Inc. and/or its subsidiaries in the United States and/or other countries." and a row of links: "Privacy Policy | Site Map | Terms of Use | Browser Requirements | Accessibility Compliance".

North Dakota MMIS Web Portal

Skip Navigation | Contact Us | Help | Search

Home Program Member Provider Documentation Directories

Welcome

Welcome to the North Dakota MMIS Web Portal.

Print

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

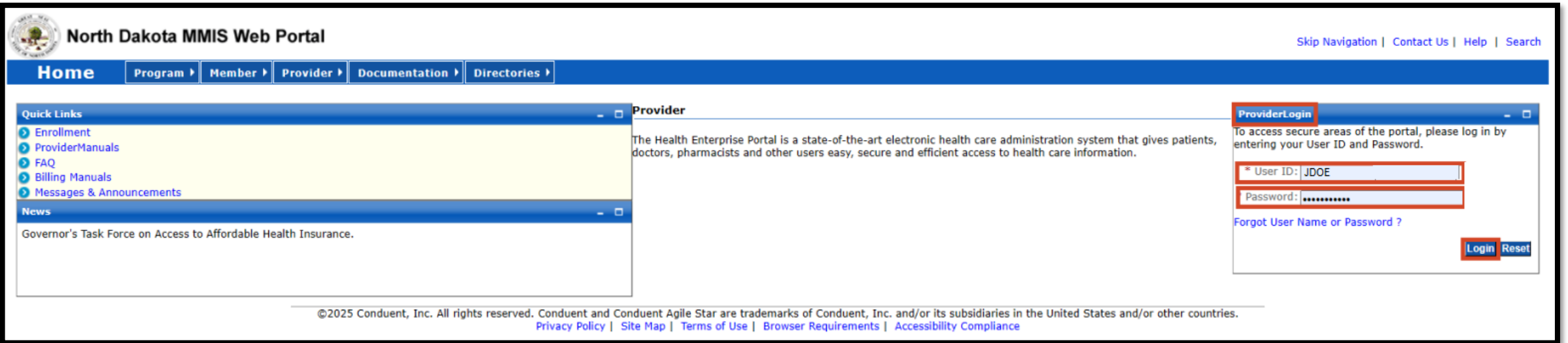
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Privacy Policy | Site Map | Terms of Use | Browser Requirements | Accessibility Compliance

Provider Sign in

- Click on link North Dakota MMIS Web Portal
- Sign In
- Providers

Provider Login Page



The screenshot shows the North Dakota MMIS Web Portal. The header includes the state seal and the text "North Dakota MMIS Web Portal". Navigation links include "Skip Navigation", "Contact Us", "Help", and "Search". A blue navigation bar contains "Home", "Program", "Member", "Provider", "Documentation", and "Directories". The "Provider" section is active. On the left, there are "Quick Links" (Enrollment, ProviderManuals, FAQ, Billing Manuals, Messages & Announcements) and a "News" section with a link to "Governor's Task Force on Access to Affordable Health Insurance." The main content area is titled "Provider" and contains a description of the Health Enterprise Portal. On the right, a "ProviderLogin" box contains a login form with fields for "User ID" (containing "JDOE") and "Password" (containing "*****"). Below the password field is a link for "Forgot User Name or Password?". At the bottom of the login box are "Login" and "Reset" buttons. The footer contains copyright information for Conduent, Inc. and links to "Privacy Policy", "Site Map", "Terms of Use", "Browser Requirements", and "Accessibility Compliance".

North Dakota MMIS Web Portal

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.

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 Medicare Provider Enrollment

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

How to Create a Claim

The screenshot shows the North Dakota MMIS Web Portal interface. The top navigation bar includes links for 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, highlighting 'Create Professional Claim'. Other options in this sub-menu include Create Institutional Claim, Create Dental Claim, Create Claim from Template, Create Claim from Processed Claim, Travel/Lodging Claim, and HCBS/DD Claim. The main content area displays a table with columns for Date and Subject, showing 'No Data'. A footer message states: 'If you are unable to view PDFs, please download Adobe Reader.' with a link to the Adobe Reader download page.

Create a claim

- Claims
- Create Claims
- Create Professional Claim

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

JDOE

New Professional Claim

- **Is this a void/replacement?**
 - Defaults to **"No"**
 - If **"Yes"** void/replacement claim, please see "ND MMIS Professional 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". Under "Basic Claim Info", there are sub-tabs: "Provider", "Member", "Basic Claim", and "Service Line Items". The "Provider" sub-tab is active. It contains a question "Is this a void/replacement?" with radio buttons for "Yes" and "No" (selected). Below this is a "Submitter Information" section with a "Submitter ID" field containing "JDOE". The "Provider Information" section is highlighted with a red box and contains a link "Go to Other Claim Info to enter information for other providers." Below this is the "Billing Provider" section, also highlighted with a red box. It includes a note: "Note: Healthcare Providers are required to submit National Provider ID." and several input fields: "Medicaid Provider ID" (1234567), "National Provider ID" (1234567890), "Taxonomy Code" (478S00000X), "Tax ID" (123456789), "SSN" (empty), and "Location Number" (empty). Red boxes are drawn around the "Taxonomy Code", "Tax ID", and "SSN" fields. Red arrows point down from the "Taxonomy Code" field to the word "AND" and from the "Tax ID" field to the word "OR", indicating that either the Taxonomy Code or the Tax ID/SSN is required.

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
- Billing Provider Tax ID **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 Information

- Select Entity Qualifier (non-person or person)
- Org/Last name
- Address
- City
- State
- Zip

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 address also the Pay-To Address?

- Defaults to "Yes"
- If "Yes" is correct scroll to slide 11
- Select "No" go to next slide

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

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

Pay-To Address

*Entity Qualifier

*Address 1 *City State Zip and Extension

Country Subdivision Code

Address 2

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

If "**No**" fill out the below required fields.

- Select Entity Qualifier (non-person or person)
- Address 1
- City
- State
- Zip
- Extension-If applicable- **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 also the Rendering Provider?

- Defaults to "Yes"
- If "Yes" scroll to slide 13.
- If "No" go to next page.

NOTE: Rendering provider is the healthcare professional who provides the actual care to the patient.



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

? Is the Billing Provider also the Rendering Provider?
☐ 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
▼

2. Is the Billing Provider also th...

Rendering (Performing) Provider

If “**No**” fill out these required fields.

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

Continue to next slide for Additional Rendering (Performing) Provider Information

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

? Is the Billing Provider also the Rendering Provider?
☐ 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
▼

2. Is the Billing Provider also th...

Additional Rendering (Performing) Provider Information

- Select Entity Qualifier (non-person or person)
- Org/Last name
NOTE: Org means organization or agency name as it is listed under the NPI with ND Medicaid.
- First Name (Enter first name **ONLY** if rendering (performing) provider is an individual provider)
- MI (middle initial)-**OPTIONAL**
- Suffix -if applicable (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"

- If "No" go to slide 17
- If "Yes" go to next slide



3. Is this service the result of a referral? Yes

A screenshot of a web form with a light blue background. At the top left, a question "Is this service the result of a referral?" is followed by "Yes" (selected with a blue dot) and "No" (unselected). Below this, a section titled "Referring Provider" contains two input fields: "Medicaid Provider ID" and "National Provider ID". Further down, a section titled "Additional Referring Provider Information" is expanded, showing four input fields: "*Org/Last Name", "First Name", "MI", and "Suffix" (which is a dropdown menu). Red rectangular boxes highlight the question section, the "Referring Provider" fields, and the "Additional Referring Provider Information" section.

Is this service the result of a referral

If "Yes" fill out the below required fields

Referring Provider

- Medicaid Provider ID
- National Provider ID (NPI)

3. Is this service the result of a referral? Yes (Cont...)

The screenshot shows a web form with a light blue background. At the top, a question "Is this service the result of a referral?" is followed by "Yes" (selected) and "No" radio buttons. Below this is a section titled "Referring Provider" containing two input fields: "Medicaid Provider ID" and "National Provider ID". Further down is a section titled "Additional Referring Provider Information" which contains four input fields: "*Org/Last Name", "First Name", "MI", and "Suffix" (a dropdown menu). Red rectangular boxes highlight the question section, the "Referring Provider" section, and the "Additional Referring Provider Information" section.

Additional Referring Provider Information required fields

- Org/Last name
NOTE: Org means organization or agency name as it is listed under the NPI with ND Medicaid.
- First Name (Enter first name ONLY if rendering (performing) provider is an individual provider)
- MI (middle initial)-**OPTIONAL**
- Suffix if applicable (Doctor of Philosophy, Fifth, First, Fourth, Junior, Medical Doctor, Second Senior, Third)

Member Information

Member Information							
Member							
*Member ID	*Last Name	First Name	MI	Suffix	*Date of Birth	*Gender	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weight lbs	Date Of Death	Property Casualty Number					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
<input type="checkbox"/> ? Is the patient (Member) pregnant?							
<input type="radio"/> Yes <input checked="" type="radio"/> No							

Member Information

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

Member Address

The screenshot shows a web form titled "Member Address" in a blue box. Below the title is a row of input fields: "*Address 1", "*City", "State" (a dropdown menu), "Zip and" (a text input), "Extension" (a text input), "Country", and "Subdivision Code". A red rectangle highlights the first row of fields from "*Address 1" to "Subdivision Code". Below this row is a field for "Address 2".

Member Address

- Address 1
- City
- State
- Zip
- Extension- Not a mandatory field- **OPTIONAL**

Other Insurance Information

Other Insurance Information

? *Does the member have other insurance?

☐ Yes ☒ No

Other Insurance Information

? *Does the member have other insurance?

☒ Yes ☐ No

Note: Please go to the **Other Claim Info** tab in the Coordination of Benefits section

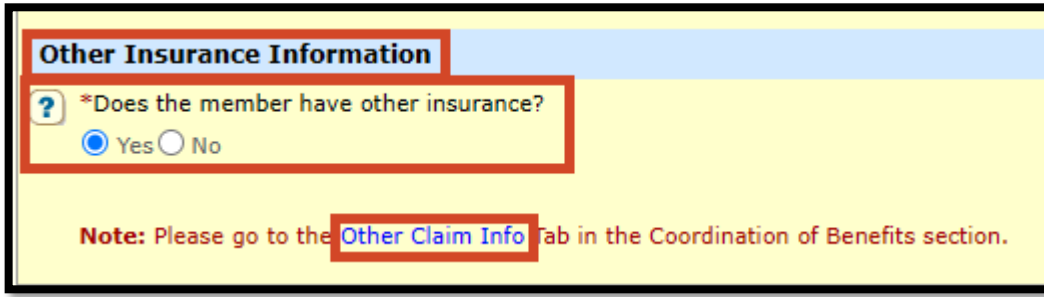
Other Insurance Information- No

- Does the member have other medical/dental/health insurance that would cover these services/procedures?
 - No**-Proceed to slide 29

Other Insurance Information- Yes

- Does the member have other medical/dental/health insurance that would cover these services/procedures?
 - Yes**- Proceed to next slide

Other Insurance Information -Yes



The screenshot shows a web form with a yellow background and a blue header bar. The header bar contains the text "Other Insurance Information" in a red-bordered box. Below the header, there is a question: "*Does the member have other insurance?" with a question mark icon. Underneath the question are two radio buttons: "Yes" (selected) and "No". At the bottom of the form, there is a note: "Note: Please go to the Other Claim Info tab in the Coordination of Benefits section." The text "Other Claim Info" is highlighted in a red-bordered box.

Other Insurance Information

? *Does the member have other insurance?

☒ Yes ☐ No

Note: Please go to the **Other Claim Info** tab in the Coordination of Benefits section.

Other Insurance Information

- Does the member have other medical/dental/vision insurance that will cover this service/procedure?
- If 'Yes'
- Click on the blue hyperlink "Other Claim Info"
- It will take you to Coordination of Benefits Section



Coordination of Benefits (COB)

Coordination of Benefits

Go to [Basic Claim Info](#) to enter basic claim information.

Other Insurance

Other Insurance

Add Other Insurance

Sequence Number	Subscriber ID	Payer/Carrier ID	Payer/Insurance Org Name	Payer Paid Amount
No Data				

Submit ClaimSave ClaimResetCancel

Coordination of Benefits

- Other Insurance
 - Add Other Insurance

COB(cont...) Add Other Insurance/New Other Insurance

Coordination of Benefits
[Go to Basic Claim Info](#) to enter basic claim information.

Other Insurance

Add Other Insurance

Sequence Number	Subscriber ID	Payer/Carrier ID	Payer/Insurance Org Name	Payer Paid Amount
No Data				

New Other Insurance

Save | Reset | Cancel

Other Subscriber

*Entity Qualifier

*Subscriber ID

*Last Name

First Name

MI

Suffix

SSN

COB(cont...) Add Other Insuran...

New Other Insurance

- Other Subscriber
 - Entity Qualifier- Non-person Entity or Person
 - Subscriber ID- Member's primary insurance ID number
 - Last Name- Members last name

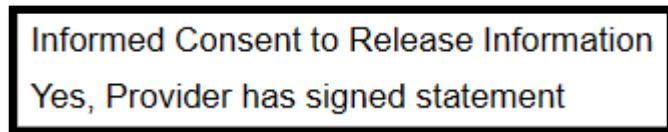
COB (cont...) Other Insurance Coverage

A screenshot of a web form. At the top, there is a tab labeled 'Other Insurance Coverage' with a minus sign icon to its left. Below the tab is a dropdown menu with the text '*Release of Information Code' and a downward arrow icon. The entire form section is highlighted with a red border.

Other Insurance Coverage

☐ Required

- Release of Information Code
- Select appropriate value from drop down

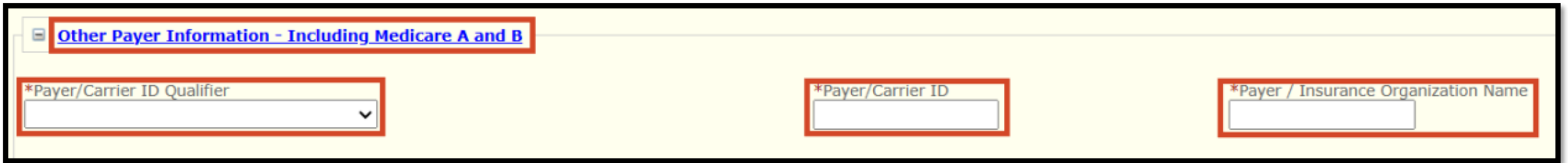
A screenshot of a web form. It shows a section titled 'Informed Consent to Release Information' with the text 'Yes, Provider has signed statement' below it. The entire section is highlighted with a black border.

NOTE: Recommend Yes, Provider has signed statement

Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes.

Yes, Provider has Signed Statement Permitting Release of Medical Billing Data Related to a claim.

COB (cont...) Other Payer Information- Including Medicare A and B tab



Other Payer Information-Including Medicare A and B

☐ Required

- **Payer/Carrier ID Qualifier**

- Select appropriate value from drop down

Health Care Fin Admin National PlanID
Payor Identification

- **Payer/Carrier ID**

NOTE: Medicare and Medicare Advantage plans need to use.
Payer/Carrier ID 0000003302

- **Payer/Insurance Organization name**

COB (cont...) Additional Other Payer Information

Additional Other Payer Information						
*Address 1 <input type="text"/>	*City <input type="text"/>	State <input type="text" value="v"/>	Zip and <input type="text"/>	Extension <input type="text"/>	Country <input type="text"/>	Subdivision Code <input type="text"/>
Address 2 <input type="text"/>						
Adjudication Date <input type="text"/>	Authorization # <input type="text"/>	Referral # <input type="text"/>	Claim Control Number <input type="text"/>			
Payer Claim Adjustment: <input type="checkbox"/>						

Additional Other Payer Information

☐ OPTIONAL

- Adjudication Date-This is the date the primary insurance processed (adjudicated) claim

Payer Claim Adjustment

☐ OPTIONAL

- If the primary payor adjusted the claim and you are adjusting the claim with new primary insurance COB in MMIS then you will need to check this box.

COB (cont...) COB Monetary Amounts

<div>COB Monetary Amounts</div>		
<div>Payer Paid Amount</div> <div>\$ <input type="text"/> (TPL Amount)</div>	<div>Remaining Patient Liability Amount</div> <div>\$ <input type="text"/></div>	<div>Total Non-Covered Amount</div> <div>\$ <input type="text"/></div>

COB Monetary Amounts

- Payer Paid Amount
- Remaining Patient Liability Amount
- Total Non-Covered Amount

COB (cont...) Save information entered

Coordination of Benefits

Go to [Basic Claim Info](#) to enter basic claim information.

Other Insurance Add Other Insurance

Sequence Number	Subscriber ID	Payer/Carrier ID	Payer/Insurance Org Name	Payer Paid Amount
No Data				

New Other Insurance Save Reset Cancel


[+ Other Subscriber](#)

[+ Other Payer Information - Including Medicare A and B](#)

[+ COB Monetary Amounts](#)

[+ Claim Level Adjustments](#)

Scroll up to New Other Insurance tab, then click Save. This is required for system to save the information that was entered.



New Other Insurance

☐ Required

- Scroll to the top of New Other Insurance tab
- Click on Save

NOTE: This is required for the system to save the information that has been entered.

COB (cont...) System successfully save the information

Coordination of Benefits

Go to [Basic Claim Info](#) to enter basic claim information.

Other Insurance

System successfully saved the Information.

[Add Other Insurance](#)

Sequence Number	Subscriber ID	Payer/Carrier ID	Payer/Insurance Org Name	Payer Paid Amount
1	1234567890	12115	VA	\$225.00

1 - 1 of 1

[Submit Claim](#) [Save Claim](#) [Reset](#) [Cancel](#)

System successfully saved the information

☐ Verify that the below fields are correct.

- Subscriber ID
- Payer/Carrier ID
- Payer/Insurance Org Name
- Payer Paid Amount

Save-Only if all Other Insurance information has been entered and correct

If Other Insurance was entered wrong or needs to be edited. Follow these steps

- Click on the [blue Sequence Number](#) that needs to be edited/corrected.
- It will open the Sequence Number line

*You can Reset, Delete or cancel.

If edit/update any information, click Save

Basic Claim Info/Claim Information

Coordination of Benefits

Go to **Basic Claim Info** to enter basic claim information.

Other Insurance

System successfully saved the Information.

Other Insurance

Add Other Insurance

Sequence Number	Subscriber ID	Payer/Carrier ID	Payer/Insurance Org Name	Payer Paid Amount
1	1234567890	12115	VA	\$225.00

1 - 1 of 1

Submit Claim

Save Claim

Reset

Cancel

This will take you to the screen below.

Other Insurance Information

? *Does the member have other insurance?
☒ Yes ☐ No

Note: Please go to the [Other Claim Info](#) Tab in the Coordination of Benefits section.

You were here and entered primary insurance COB (coordination of benefits)/EOB (explanation of benefits) information. Go to next step Claim Information below.

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 Note

EPSDT

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 input field.

Claim Information

- Is this claim accident related?
 - Defaults to "**No**"
 - If "**No**" go to slide 34
 - *If "**Yes**" go to next slide
- Service Authorization#-Enter service authorization number- *If applicable*
- Referral#-Enter referral number- *If applicable*

Claim Information-Claim Accident- Yes

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

Accident Related Information

*Related Cause 1
▼

Related Cause 2
▼

Auto Accident State
▼

Auto Accident Country
▼

Accident Date
▼

Service Authorization #
▼

Referral #
▼

Claim Information

- Accident-Related Information
 - Related cause 1
 - Choose type of accident from drop down
 - Auto Accident
 - Employment
 - Other Accident
- Related Cause 2-Choose type accident- *If applicable*
- Auto Accident State
 - Fill out ONLY if auto accident
- Accident Date
 - Enter date of accident
- Service Authorization#-Enter service authorization number- *If applicable*
- Referral#-Enter referral number- *If applicable*

Claim Note- Optional

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

- 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

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"**
- If there are **"No"** claim e-attachments. Go to slide 46.
- If **"Yes"** there are claim e-attachments. Go to next slide.

Claim Attachments- Yes

?

 Does this claim have Attachments?
☒ 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 Attachment

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 37
- See slide 38 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
Electronic Only
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 38) **or** claim submitted confirmation (see example on slide 39).

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.

Provider NPI or Medicaid Number

Member Medicaid Number

Corresponding Record Number

Type of Attachment (select only one)

☐ Claim

Transaction Control Number (TCN) Fax To 701-328-0374

☐ Service Authorization (SA)

Service Authorization (SA) Number Fax To 701-328-1544

☐ Referral

Referral Number Fax To 701-328-1544

☐ Other

Description Fax To 701-328-1544

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 SubmittedPrint | 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: O - 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-Attachment. 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 # ▾
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			

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

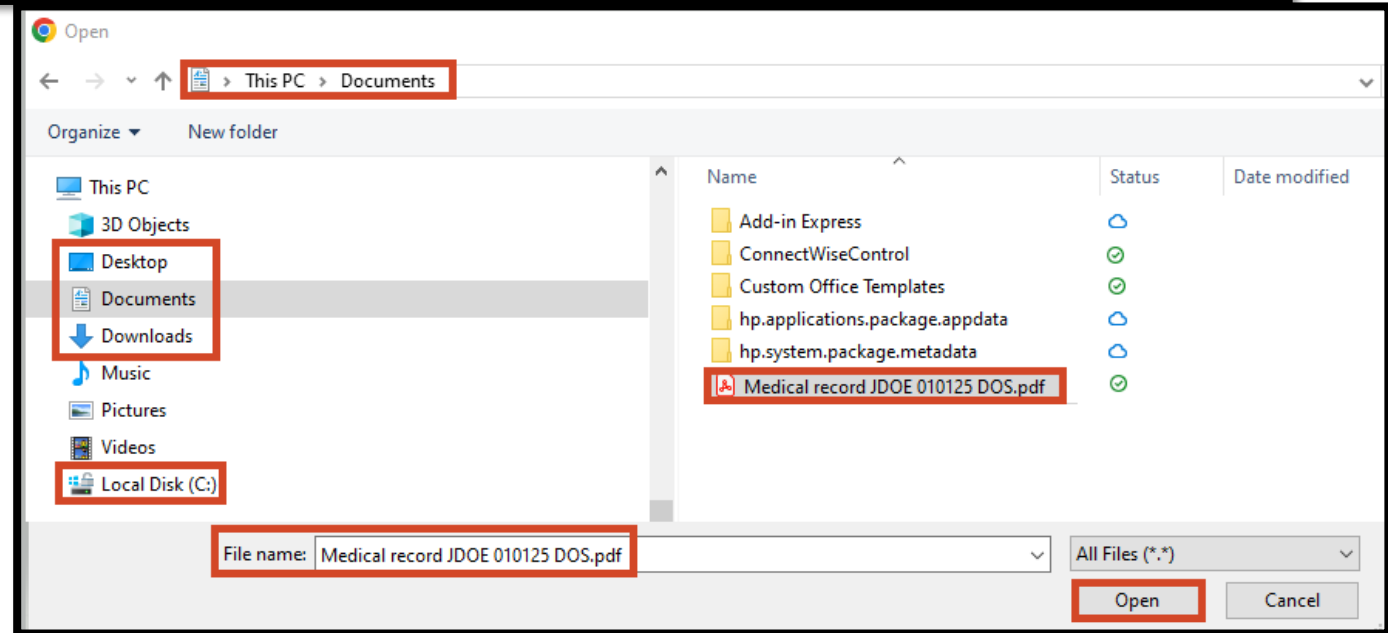
* File Name
Choose File No file chosen

* 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](#) (dropdown menu shows: Chiropractic Justification, Consent Form)

*Delivery Method: [Electronic Only](#) (dropdown menu)

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](#)

Claim Data

Claim Data		
*Patient Account # <input type="text"/>	*Place of Service <input type="text"/>	*Assignment Code <input type="text"/>
*Benefits Assignment Certification <input type="text"/>	*Release of Information Code <input type="text"/>	

Claim Data

- Patient Account #
This is the providers patient account #
- Place of Service (POS)
Where is the service taking place? See next page for place of service options.
- Assignment Code
When a provider accepts assignment, Medicare will send the payment directly to them, not to the patient.
- Benefits Assignment Certification
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.
- Release of Information Code
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.

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 Sbstance 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	

Claim Data (cont...)

Assignment Code

- Assignment accepted in 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

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". At the top right, there are buttons: "Save" (highlighted with a red box), "Save & Add Other Svc Info/TPL", "Reset", and "Cancel". The form contains several input fields, with the following ones highlighted by red boxes to indicate they are required:

- *Service Date Begin (with a calendar icon)
- *Procedure Code
- *Line Item Charge Amount (with a dollar sign prefix)
- *Unit Code (with a dropdown arrow)
- Service Date End (with a calendar icon)
- Place of Service (with a dropdown arrow)
- Procedure Description
- Modifiers (with four sub-inputs labeled 1., 2., 3., and 4.)
- Diagnosis Pointers (with four sub-inputs labeled *1., 2., 3., and 4., each with a dropdown arrow)
- *Units (with a dropdown arrow)

New Line Item

☐ Required Fields

- Service Date begin and service date end-Recommend using calendar icon-Use format: MM/DD/YYYY
- Place of Service
- Procedure Code
- Line-Item Charge Amount
- Diagnosis Pointers-Primary, Secondary, tertiary, etc.
- Unit Code
- Units

Optional field

- Modifiers-if applicable

New Line Item (cont...)

Service Authorization/referral-OPTIONAL



The screenshot shows a form with a title bar that says 'Service Authorization'. Below the title bar, there are two input fields. The first field is labeled 'Service Authorization #' and the second field is labeled 'Referral #'. Both fields are empty.

Service Authorization

(This is also known as the Prior Authorization Field)

- Enter the 12-digit authorization number
 - (If you obtained authorization for an item on this claim you will be given a authorization number to put in this field.)

ATTENTION QSP/HCBS provider(s): DO NOT enter a Service Authorization/Prior Authorization number. System will pull correct service authorization/Prior authorization.

NOTE: Enter only **one** service authorization number per claim.

- Service Authorization #- *If applicable*
- Referral #- *If applicable*

New Line Item (cont...)

Additional Service Line Information-specific information/TPL to be entered-
No

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

*Service Date Begin: 01/01/2099

Service Date End: 01/01/2099

Place of Service: Office

*Procedure Code: 99213

Procedure Description:

Modifiers: 1. 2. 3. 4.

*Line Item Charge Amount: \$ 120.00

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

*Unit Code: Units

*Units: 1.00000

[Service Authorization](#)

[Additional Service Line Information](#)

Is there additional line-specific information/TPL to be entered?
☒ Yes ☐ No

Note: Click the Save & Add Other Svc Info/TPL link to enter line-level TPL amounts, and to include the following line-level information: Service Line Information, Service Line Provider Information, Specialized Line Information, and Other Payer Service Line Information

Additional Service Line Information

- Is there Additional Service Line Information-specific information/TPL to be entered?
- System defaults to "No"
- If "Yes" go to next slide

New Line Item (cont...)

Additional line-specific information/TPL to be entered-Yes

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

*Service Date Begin: 01/01/2099
Service Date End: 01/01/2099
Place of Service: Office

*Procedure Code: 99213
Procedure Description:
Modifiers: 1. 2. 3. 4.

*Line Item Charge Amount: \$ 120.00
Diagnosis Pointers: *1. First Diagnosis 2. 3. 4.

*Unit Code: Units
*Units: 1.00000

[Service Authorization](#)

[Additional Service Line Information](#)

? Is there additional line-specific information/TPL to be entered?
☒ Yes ☐ No

Note: Click the Save & Add Other Svc Info/TPL link to enter line-level TPL amounts, and to include the following line-level information: Service Line Information, Service Line Provider Information, Specialized Line Information, and Other Payer Service Line Information

If "Yes"-Enter **Ordering Provider** under Service Line Provider Information-repeat on each line entered.

- Enter Medicaid Provider ID
- Enter National Provider ID
- Click on + and enter the below.
 - Org/Last Name, First name
 - MI and Suffix-If applicable
 - Address, City, State and Zip code
- Does the member have Other Insurance
 - IF **No** scroll up to top and click on Save & Return to Basic Service Line Item.
 - IF **Yes** his save and repeat process.

Ordering Provider Information Submit Claim Save & Return to Basic Service Line Item Save Claim Reset Cancel

Medicaid Provider ID: National Provider ID:

[Additional Ordering Provider Information](#)

* Org/Last Name First Name MI Suffix

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

New Professional Claim Other Service Information-Service Line Information

New Professional Claim Other Service Information Print | Help

***Required Field**

System successfully saved the Information

Service Line Info Service Line Provider Specialized Line Info Other Payer Service Line Provider

Ln#:1

Submit Claim Save & Return to Basic Service Line Item Save Claim Reset Cancel

Service Line Information

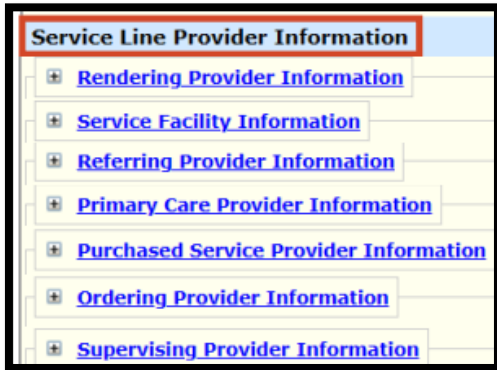
- + Relevant Dates
- + Drug Identification
- + Miscellaneous Line Information
- + File Information
- + Contract Information
- + Claims Pricing/Repricing

Service Line Information

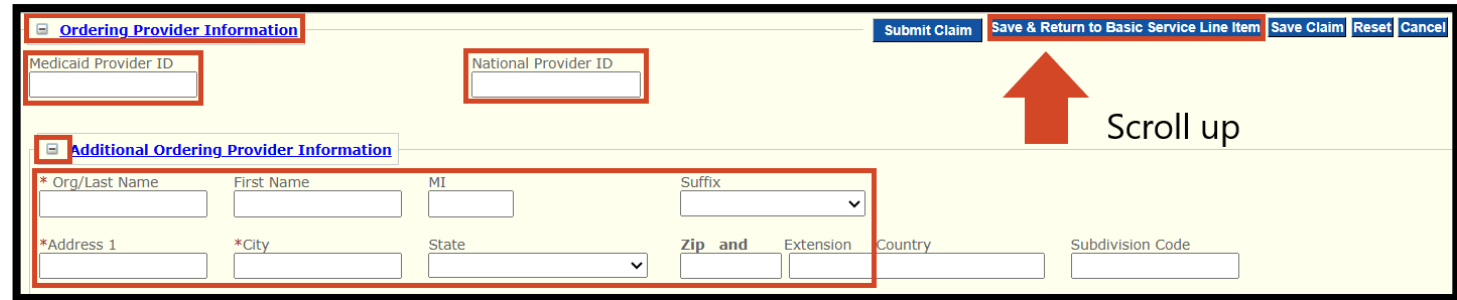
- ❑ Top left side of page shows what line of claim on. If have multiple line items, make sure adding under correct line#.
 - If any data added under Service Line Information tab
 - Relevant Dates, Drug Identification, Miscellaneous Line Information, File Information, Contract Information or Claims Pricing/Repricing
 - Need to Save & Return to Basic Service Line Item

NOTE: System will show, "System successfully saved the Information"

New Professional Other Service Information-Service Line Provider Information



A screenshot of a web application menu titled "Service Line Provider Information". The menu is a vertical list of items, each preceded by a plus sign icon. The items are: "Rendering Provider Information", "Service Facility Information", "Referring Provider Information", "Primary Care Provider Information", "Purchased Service Provider Information", "Ordering Provider Information", and "Supervising Provider Information". The "Ordering Provider Information" item is highlighted with a blue background.



A screenshot of the "Ordering Provider Information" form. The form has a yellow background and a black border. At the top, there is a tab labeled "Ordering Provider Information" and a set of buttons: "Submit Claim", "Save & Return to Basic Service Line Item", "Save Claim", "Reset", and "Cancel". Below the tab, there are two input fields: "Medicaid Provider ID" and "National Provider ID". Below these, there is a section titled "Additional Ordering Provider Information" which contains several input fields: "* Org/Last Name", "First Name", "MI", "Suffix" (a dropdown menu), "*Address 1", "*City", "State" (a dropdown menu), "Zip and" (a dropdown menu), "Extension", "Country", and "Subdivision Code". A red arrow points upwards from the "Save & Return to Basic Service Line Item" button with the text "Scroll up".

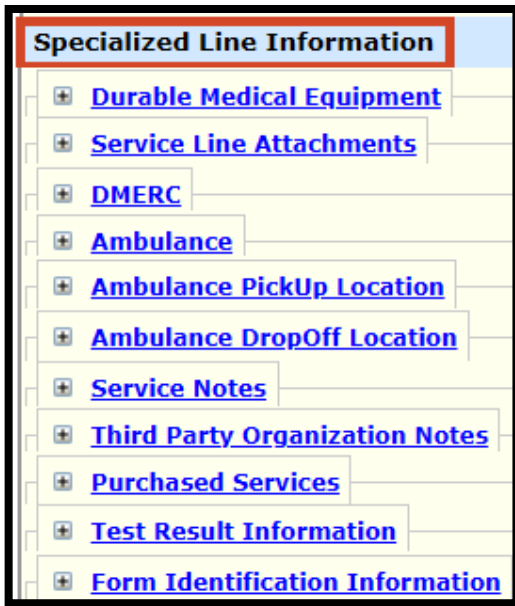
Service Line Provider Information

Can enter in different rendering, referring, ordering and/or supervising provider information on different claim lines.

- Ordering Provider Information is entered here. Click the + by [Ordering Provider Information](#) in blue
 - Enter Medicaid Provider ID
 - Enter National Provider ID
 - Click on + and enter the below.
 - Org/Last Name, First name
 - MI and Suffix-If applicable
 - Address, City, State and Zip code
 - Does the member have Other Insurance
 - If "**No**" scroll up to top and click on Save & Return to Basic Service Line Item.
 - If "**Yes**" save and repeat process.
- ❑ If any data is added under Service Line Provider Information tab or Specialized Line Information tab., Make sure to click on save.
- ❑ Need to Save & Return to Basic Service Line Item

NOTE: System will show, "System successfully saved the Information"

New Professional Other Service -Specialized Line Information- Optional



Specialized Line Information	
+	Durable Medical Equipment
+	Service Line Attachments
+	DMERC
+	Ambulance
+	Ambulance PickUp Location
+	Ambulance DropOff Location
+	Service Notes
+	Third Party Organization Notes
+	Purchased Services
+	Test Result Information
+	Form Identification Information

Specialized Line Information- Optional

- If any data added under Specialized Line Information tab (any one of the tabs listed on image above in [blue](#))
 - Need to scroll to top and Save & Return to Basic Service Line Item.

System will show, "System successfully saved the Information"

System Successfully Saved-submit claim

Basic Line Item Information

System successfully saved the Information

Total Claim Charge Amount: \$72.50

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			
1	01/01/20XX	01/01/20XX	00001					First Diagnosis				\$72.50	Units	1.00000

1 - 1 of 1

Submit ClaimSave ClaimResetCancel

Basic Line-Item Information

- System successfully saved the information.
- Save Claim
- Submit Claim

NOTE: You must save claim then submit claim.

Claim Submitted

Claim SubmittedPrint | 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.