ND MMIS Professional Claim
Web Portal Instructions

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Provider Sign in. Go to North Dakota MMIS Web Portal

Provider Sign in

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

Provider Login Page

Provider Login Page

- User ID
- Password

Initial login credentials provided by ND Medicare Provider Enrollment

- Login
  Note: Manage Provider User Security Information: Managing Provider User Security

How to Create a Claim

Create a claim

- Claims
- Create Claims
- Create Professional Claim

New Professional Claim

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

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

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

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

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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.

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

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

2. Is the Billing Provider also th...

*Org/Last Name   First Name   MI   Suffix

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)

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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

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

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)

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

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)

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Member Information

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

Member Address

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

Other Insurance Information
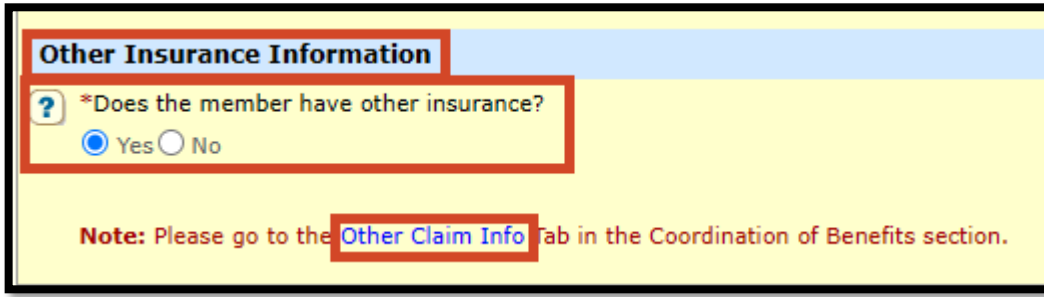
Other Insurance Information- No

- 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

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Other Insurance Information -Yes

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

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Coordination of Benefits (COB)

Coordination of Benefits
- **Other Insurance**
  - Add Other Insurance

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

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
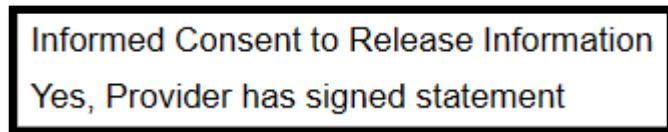
COB (cont...) Other Insurance Coverage

Other Insurance Coverage

❑ Required

- Release of Information Code
- Select appropriate value from drop down
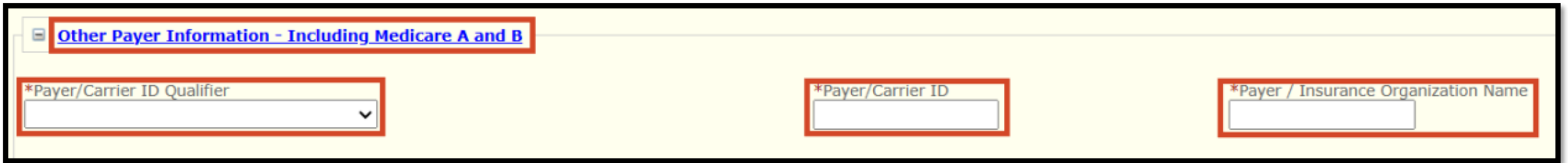
Informed Consent to Release Information

Yes, Provider has signed statement

NOTE: Recommend Yes, Provider has signed statement

<u>Informed Consent to Release Medical Information</u> for Conditions or Diagnoses Regulated by Federal Statutes.

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

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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
❑ 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

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

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**

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

⊞ **COB Monetary Amounts**

⊞ **Claim Level Adjustments**

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.

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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.

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

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-<u>Only</u> 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

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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

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

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

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**

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Claim Information-Claim Accident- No

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*

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Claim Information-Claim Accident- Yes

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 <u>ONLY</u> 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
  - 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

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Claim Attachments- No

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"
- 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...)

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	Drug Administered	Parental or Enteral Cert	State School Immunization Record
Allergies/Sensitive Document	Drug Profile Document	Pathology Report	Support Data for Claim
Ambulance Certification	Explanation Of Benefits	Patient Med History Doc	Symptoms Document
Autopsy Report	Funtional Goals	Photographs	Treatment Diagnosis
Baseline	Health Certificate	Physical Therapy Certification	
Benchmark Testing Results	Health Clinic Record	Physical Therapy Notes	
Blanket test Results	Immunization Record	Physician Order	
Certification	Initial Assessment	Physician Report	
Certified Test Report	Justification for Admission	Plan of Treatment	
Chemical Analysis	Laboratory Results	Prescription	
Chiropratic Justificaiton	Medical Record Attachment	Progess Report	
Consent Form	Models	Prosthetics/Orthotic Certifica	
Continued Treatment	Nursing Notes	Radiology Films	
Death Notificaiton	Objective Physical Exam	Radiology Reports	
Dental Models	Operative Note	Recovery Plan	
Diagnostic Report	Order and Treatment Document	Referral Form	
Discharge Mont Report	Oxygen Content Average report	Renewable Oxy Content Avg Rpt	
Discharge Summary	Oxygen Therapy Certification	Report of Tests and Analysis	
DME Prescription	Paramedical Results	Report Treatment Beyond Util	

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 <u>SFN 177</u> 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.

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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.

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Claim Submission Confirmation Page

Claim Submission Confirmation Page

- Print Submission page

- This claim submission page can be used in lien 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

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

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Add e-Attachment

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.
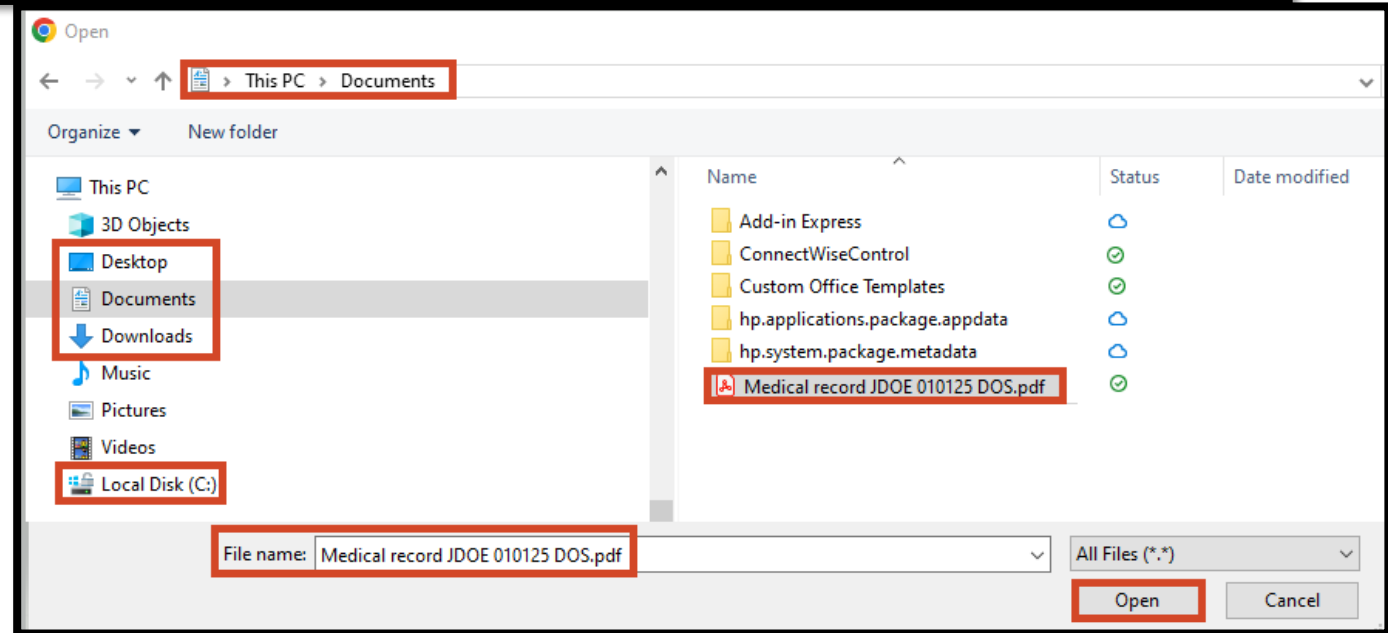
Claim e-Attachments-file name description

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

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Update/Edit Type Attachment or Description

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 <u>File Name</u> 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

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 Data

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 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	

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

❑ 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
- 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.

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

New Line Item

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

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

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

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.

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New Professional Claim Other Service Information-Service Line Information

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
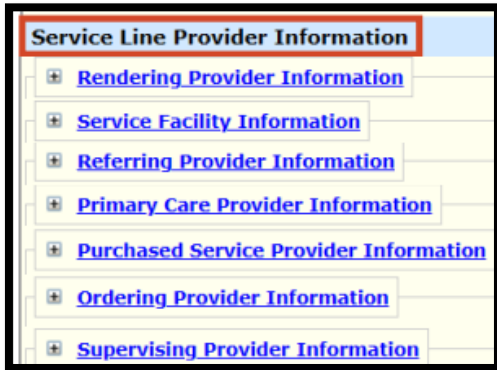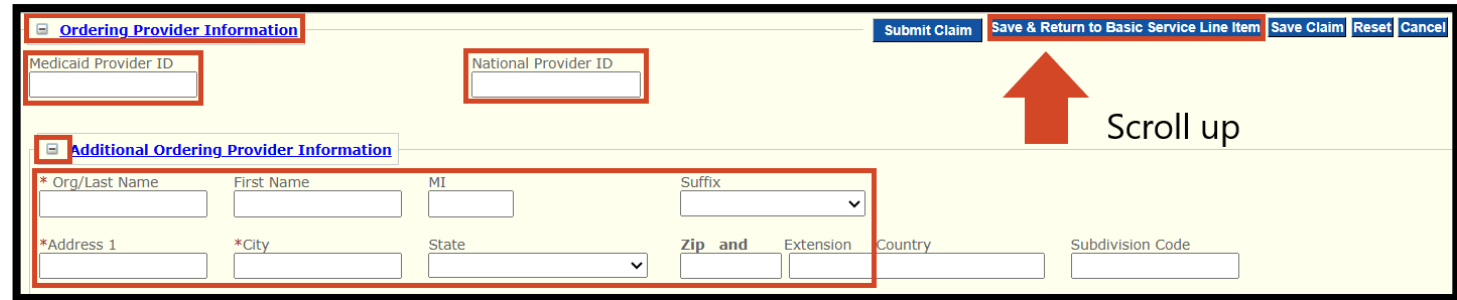 - ▪ Relevant Dates, Drug Identification, Miscellaneous Line Information, File Information, Contract Information or Claims Pricing/Repricing
  - ▪ Need to Save & Return to Basic Service Line Item

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

New Professional Other Service Information-Service Line Provider Information

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- 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.
- Save Claim
- Submit Claim

NOTE: You must save claim then submit claim.

Claim Submitted

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

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

Web link: <u>Claim Adjustment Reason Codes</u>

Please click on hyperlink above for list of claim adjustment reason codes. Is approximately 15 pages long. Can also be found on the <u>DHHS ND Medicaid website</u>.

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

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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.

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