



ND MMIS Professional Claim Replacement-Void Web Portal Instructions

NORTH
Dakota
Be Legendary.

| Health & Human Services

Provider Sign in. Go to North Dakota MMIS Web Portal

North Dakota MMIS Web Portal

Skip Navigation | Contact Us | Help | Search

Home Program Member Provider Documentation Directories

Welcome Print | - □

Welcome to the North Dakota MMIS Web Portal.

Provider Registration - □

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

Register

Quick Links - □

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

Sign In - □

Log into the system based upon your role:

- Providers
- Internal Users

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Provider Sign in

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

Provider Login Page

The screenshot shows the North Dakota MMIS Web Portal. The header includes the state seal and the text "North Dakota MMIS Web Portal" on the left, and "Skip Navigation | Contact Us | Help | Search" on the right. A blue navigation bar contains "Home" and dropdown menus for "Program", "Member", "Provider", "Documentation", and "Directories".

On the left side, there are two panels: "Quick Links" with links for Enrollment, ProviderManuals, FAQ, Billing Manuals, and Messages & Announcements; and "News" with a link for Governor's Task Force on Access to Affordable Health Insurance.

The main content area is titled "Provider" and contains the text: "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."

On the right side, there is a "ProviderLogin" box. It contains the text: "To access secure areas of the portal, please log in by entering your User ID and Password." Below this are two input fields: "* User ID: JDOE" and "Password: *****". There is a link "Forgot User Name or Password?" and two buttons: "Login" and "Reset".

At the bottom, there is a footer with the text: "©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." followed by links for "Privacy Policy", "Site Map", "Terms of Use", "Browser Requirements", and "Accessibility Compliance".

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](#)

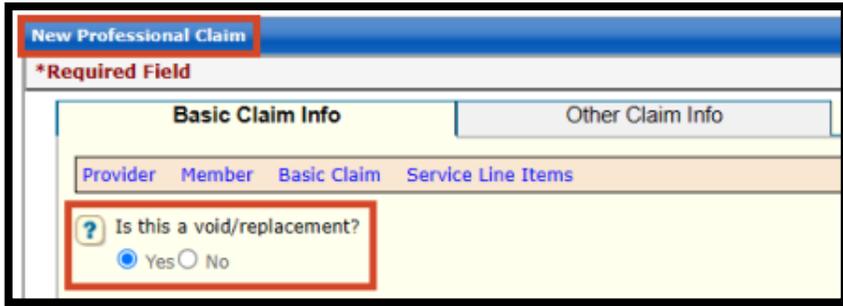
How to Create a Claim

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

Create a claim

- Claims
- Create Claims
- Create Professional Claim

Void/Replacement a New Professional Claim



The screenshot shows a web form titled "New Professional Claim". At the top, there is a blue header bar with the title. Below it, a red asterisk indicates a required field. The form is divided into two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Under the "Basic Claim Info" tab, there are four sub-sections: "Provider", "Member", "Basic Claim", and "Service Line Items". The "Basic Claim" sub-section contains a question "Is this a void/replacement?" with a question mark icon. Below the question are two radio buttons: "Yes" (which is selected) and "No".

New Professional Claim

- **Void/Replacement?**
 - Defaults to "No"
 - Select "Yes" to void/replacement a previously processed claim

Void means you want to cancel/delete a claim because no payment should have been received or billed in error.

NOTE: If any payment was made by ND Medicaid on a claim that is being voided, ND Medicaid will recoup full payment.

Replacement means you incorrectly billed and/or were paid incorrectly, and you want to correct the error.

NOTE: If a claim is adjusted and the original claim paid more than the adjusted claim. The difference will be recouped by ND Medicaid.

Replacement of a Professional Claim

The screenshot shows a web form titled "New Professional Claim" with a "Print | Help" link in the top right. Below the title is a "Required Field" section. The form is divided into two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Under "Basic Claim Info", there are sub-tabs for "Provider", "Member", "Basic Claim", and "Service Line Items". A question "Is this a void/replacement?" is followed by "Yes" (selected) and "No" radio buttons. The "Claim Resubmission Information" section contains a dropdown for "Resubmission Type Code" set to "Replacement" and a text field for "*TCN to Void/Replace" containing "2500110004000010". A red arrow points from the TCN field to a yellow note box that reads: "Note: For Void/Replacement of a Paid Claim, prior claim data (if available) will populate once the user has either a) tabbed out of the TCN field, or b) selected another field on this page."

Claim Resubmission Information

- Resubmission Type Code- "**Replacement**"
- Enter TCN# (Transaction Control Number)/Claim Number to replace
NOTE: TCN to replace – last TCN number in the chain ending in **0** or **3**. **Do NOT** replace a TCN Number ending in **2**.
Example: 2509430004001106**0** or 2508730027000049**3**
- Then click the tab key or click in a different field out of the TCN to void/replace field
NOTE: If the claim being replaced was originally submitted via the web portal, the original claim data will auto populate on the screen. Original claims submitted via paper require the user to enter all the original claim data into the online form.

Replacement of a Professional Claim- Web Submission

The screenshot shows a web form titled "New Professional Claim" with a "Print | Help" link in the top right. Below the title is a red-bordered box containing a question: "Is this a void/replacement?" with radio buttons for "Yes" (selected) and "No". Below this is the "Claim Resubmission Information" section, which includes a dropdown menu for "Resubmission Type Code" set to "Replacement" and a text input field for "TCN to Void/Replace" containing the number "2500110004000010". A red arrow points from the TCN field to a yellow note box that reads: "Note: For Void/Replacement of a Paid Claim, prior claim data (if available) will populate once the user has either a) tabbed out of the TCN field, or b) selected another field on this page."

Claim Resubmission Information

- Resubmission Type Code- "**Replacement**"
- Enter TCN# (Transaction Control Number)/Claim Number to replace
NOTE: TCN to replace – last TCN number in the chain ending in **0** or **3**. **Do NOT** replace a TCN Number ending in **2**.
Example: 2509410004001106**0** or 2508710027000049**3**

Claims submitted through the web portal will auto populate once you tab or click a different field from the TCN to Void/Replace when a valid claim/TCN number is entered. If the claim information doesn't populate then the required claim information needs to be entered manually.

See [slide 9](#) for required claim information.

Replacement of a Professional Claim-Paper Submission

The screenshot shows a web form titled "New Professional Claim". It has a blue header bar with "Print | Help" and a "Required Field" indicator. Below the header are two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Under "Basic Claim Info", there are sub-tabs: "Provider", "Member", "Basic Claim" (selected), and "Service Line Items". A question "Is this a void/replacement?" is followed by radio buttons for "Yes" (selected) and "No". Below this is the "Claim Resubmission Information" section, which contains a dropdown menu for "Resubmission Type Code" set to "Replacement" and a text input field for "*TCN to Void/Replace" containing "25001100040000010". A red arrow points from the TCN field to a yellow note box that reads: "Note: For Void/Replacement of a Paid Claim, prior claim data (if available) will populate once the user has either a) tabbed out of the TCN field, or b) selected another field on this page."

Claim Resubmission Information

- Resubmission Type Code-**"Replacement"**
- Enter TCN# (Transaction Control Number)/Claim Number to replace
NOTE: TCN to Replace – last TCN number in the chain ending in **0** or **3**. Do NOT replace a TCN Number ending in **2**.
Example: 2509470004001106**0** or 2508770027000049**3**
- Then click the tab key to scroll to enter required claim information from original claim.
NOTE: See slide 10 for required claim information and fields. You will need to make changes in the field(s) that you want to replace from original claim submission. *Example:* add or change date of service, procedure code, units, amount(s) billed, rendering/servicing provider and/or primary insurance (COB) payment information.

Once all fields are replaced. Click Save Claim and then Submit claim.

Required Claim Information

Billing Provider

- Taxonomy Code
- Tax ID or SSN

Diagnosis Code(s)

- Version# ICD-09 or ICD-10
- Principal Diagnosis Code

Line Items

NOTE: Can only bill for one month at a time. Cannot bill multiple months or years on one claim.

- Service Begin and End Date Use MM/DD/YYYY Format
- Procedure Code
- Units
- Billed Amount
- Action-Click  to add another service line item.

Important

- If edit a line item. Make sure to save each line.
- Once all adjustments are completed, Save claim and then Submit Claim.

Billing Provider

- Provider Organization Name
or
- Last and First Name

Member

- Member ID Number (9-digits)
- Member's Last, First Name
- MI (if applicable)
- Date of Birth- Use format: MM/DD/YYYY
- Gender-Female, Male, Unknown

Claim Submitted-Replacement Claim

Claim Submitted Print | Help

TCN: 25094100040000013

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

Claim Information

TCN: 25094100040000013
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 right below member ID# that claim is in a to be paid status.

NOTE: Claim ends in a 3 which indicates it is an adjusted claim

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

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

Voiding a Professional Claim

The screenshot shows a web form titled "New Professional Claim" with a "Print | Help" link in the top right. Below the title is a "*Required Field" label. 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". A question "Is this a void/replacement?" is followed by radio buttons for "Yes" (selected) and "No". Below this is the "Claim Resubmission Information" section, which contains a dropdown menu for "Resubmission Type Code" set to "Void" and a text input field for "TCN to Void/Replace" containing "25001100040000010". A red arrow points from the TCN field to a yellow note box that reads: "Note: For Void/Replacement of a Paid Claim, prior claim data (if available) will populate once the user has either a) tabbed out of the TCN field, or b) selected another field on this page."

Claim Resubmission Information

- Resubmission Type Code-**"Void"**
- Enter TCN# (Transaction Control Number)/Claim Number to void
NOTE: TCN to void- last TCN number in the chain ending in **0** or **3**. **Do NOT** void a TCN Number ending in **2**.
Example: 2509430004001106**0** or 2508730027000049**3**
- Then click the tab key or click in a different field out of the TCN to void/replace field
NOTE: If the claim being voided was originally submitted via the web portal, the original claim data will auto populate on the screen. Original claims submitted via paper require the user to enter all the original claim data into the online form.

Voiding a Professional Claim- Web Submission

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 for "Provider", "Member", "Basic Claim", and "Service Line Items". A question "Is this a void/replacement?" is followed by radio buttons for "Yes" (selected) and "No". Below this is the "Claim Resubmission Information" section, which includes a dropdown menu for "*Resubmission Type Code" set to "Void" and a text input field for "*TCN to Void/Replace" containing "25001100040000010". A red arrow points from the TCN field to a yellow note box that reads: "Note: For Void/Replacement of a Paid Claim, prior claim data (if available) will populate once the user has either a) tabbed out of the TCN field, or b) selected another field on this page."

Voiding a Professional Claim- Web Submission

- Claims submitted through the web portal will auto populate once you tab or click a different field from the TCN to Void/Replace once a valid claim/TCN number is entered.
- If the claim information doesn't auto populate then the required claim information needs to be entered manually.

See [slide 9](#) for required claim information.

Voiding a Professional Claim- Paper Submission

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". A question "Is this a void/replacement?" is asked with "Yes" selected. The "Claim Resubmission Information" section contains a dropdown for "Resubmission Type Code" set to "Void" and a text field for "*TCN to Void/Replace" containing "25001100040000010". A red arrow points from the TCN field to a yellow note box that reads: "Note: For Void/Replacement of a Paid Claim, prior claim data (if available) will populate once the user has either a) tabbed out of the TCN field, or b) selected another field on this page."

Claim Resubmission Information

- Resubmission Type Code-**"VOID"**
- Enter TCN# (Transaction Control Number)/Claim Number to Void
NOTE: TCN to Void- last TCN number in the chain ending in **0** or **3**. **Do NOT** void a TCN Number ending in **2**.
Example: 2509470004001106**0** or 2508770027000049**3**
- Then click the tab key or click in a different field out of the TCN to void/replace field
NOTE: If the claim being voided was originally submitted via the web portal, the original claim data will auto populate on the screen. Original claims submitted via paper require the user to enter all the original claim data into the online form

Claim Submitted- Voided Claim

Claim Submitted Print | Help - □

TCN: 25094100040000011

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

Claim Information

TCN: 25094100040000011
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.

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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 right below member ID# that claim is in a to be paid status.

NOTE: Claim ends in a 1 which indicates it is a voided claim

If there are Adjustment Reason Codes or Remark Codes on claim submission page, please see next 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 AmtCOPAY,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- Claim 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.

Examples of Void/Replacement claim reasons

Void/Adjust using the last claim TCN number in the claim sequence?

DO NOT void/adjust a claim TCN number ending in a **2**.

Incorrect/Invalid Provider ID Number

- If the claim status is in a Denied status
 - Refile a new claim with the correct Provider ID Number
- If the claim is in a Paid status
 - Void the claim
 - Refile a new claim with the correct Provider ID Number

Incorrect/Missing Member ID Number

- If the claim status is in a Denied status
 - Refile a new claim with the correct Member ID Number
- If the claim is in a Paid status
 - Void the claim
 - Refile a new claim with the correct Member ID Number

Examples of Void/Replacement claim reasons

Void/Adjust using the last claim TCN number in the claim sequence?

DO NOT void/adjust a claim TCN number ending in a **2**.

Member has two valid Insurance Policies

- If the claim status is in a Denied status
 - Refile claim with correct insurance information (primary and secondary)
- If the claim status is in a Paid status
 - Adjust claim to add the correct insurance information (primary and secondary)

Member eligible on Sanford Expansion Plan

- If the claim status is in a Paid status
 - Void the claim

Examples of Void/Replacement claim reasons

Void/Adjust using the last claim TCN number in the claim sequence?

DO NOT void/adjust a claim TCN number ending in a **2**.

Incorrect/Missing Insurance Payment

- If the claim status is in a Denied status
 - Refile a new claim with the correct **insurance information**
- If the claim is in a Paid status
 - Adjust the claim with the correct **insurance information**

Ambulance 2nd trip on same day

- If the claim status is in a Denied status
- Denied as a duplicate
 - Adjust claim and add a 76 modifier to the 2nd trip with both trip notes attached.

Examples of Void/Replacement claim reasons

Void/Adjust using the last claim TCN number in the claim sequence?

DO NOT void/adjust a claim TCN number ending in a **2**.

Attaching documentation to a claim

If the claim status is in a Denied status

- Refile the claim
- Indicate an attachment is being submitted for the claim. You can attach electronically, fax in documentation with SFN 177 cover sheet or can use claim submitted confirmation page from web portal.

SFN177 link: <https://www.nd.gov/eforms/Doc/sfn00177.pdf>

NOTE: See ND MMIS 1915(i) Web Portal Training for instructions on how to attach documentation to a claim.

Attaching documentation to a claim

If the claim status is in a Paid status

- Adjust the claim
- Indicate an attachment is being submitted for the claim. You can attach electronically, fax in documentation with SFN 177 cover sheet or can use claim submitted confirmation page from web portal.

SFN177 link: <https://www.nd.gov/eforms/Doc/sfn00177.pdf>

NOTE: See ND MMIS 1915(i) Web Portal Training for instructions on how to attach documentation to a claim.