ND MMIS Professional Claim Replacement-Void Web Portal Instructions

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Provider Sign in. Go to North Dakota MMIS Web Portal

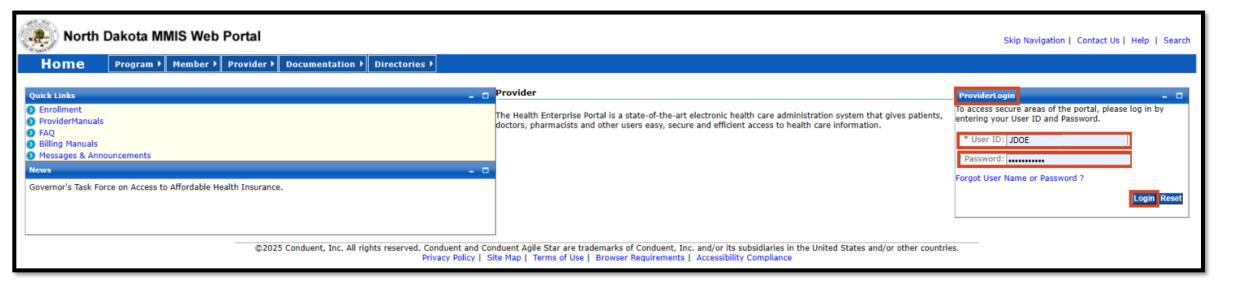**Provider Sign in**

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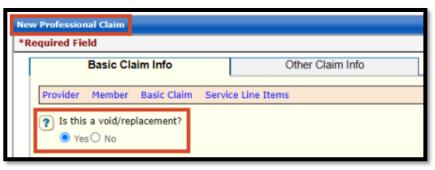 **Note:** Manage Provider User Security Information: Managing Provider User Security

How to Create a Claim

Create a claim
- Claims
- Create Claims
- Create Professional Claim

Void/Replacement a New Professional Claim

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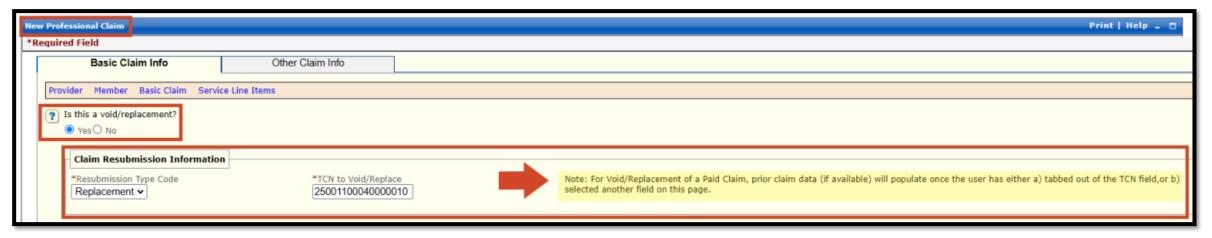
    NOTE: If any payment was made by ND Medicaid on a claim that is being voided, ND Medicaid will recoup full payment.

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.

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Replacement of a Professional Claim
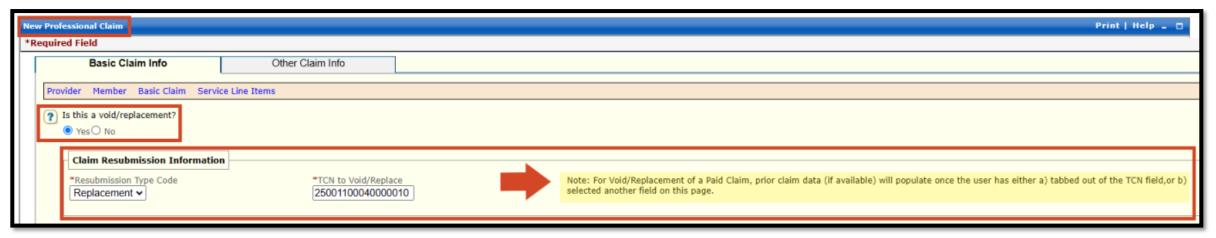

Claim Resubmission Information

- 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: 2509430004011106**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

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**.
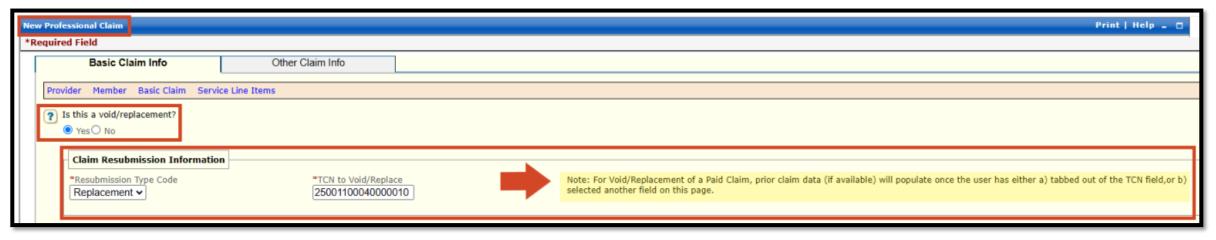 Example: 250941000400111060 or 250871002700004**93**

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

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 <mark>0</mark> or <mark>3</mark>. <u>Do NOT</u> replace a TCN Number ending in **2**.
  <u>Example:</u> 250947000400111060 or 25087700270000493

- 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

Billing Provider

- Provider Organization Name

    or

- Last and First Name

Diagnosis Code(s)

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

Member

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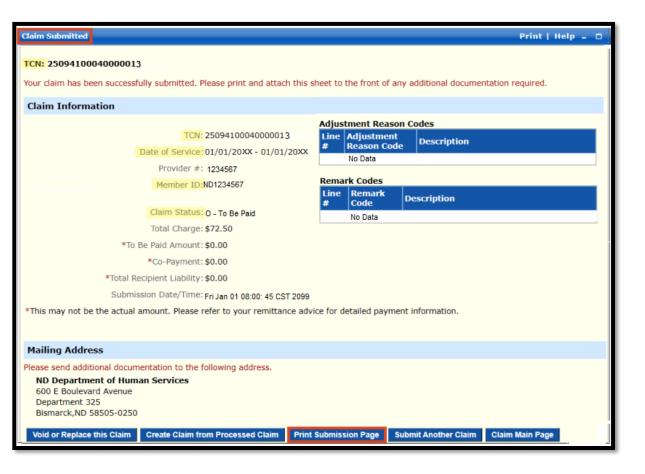- Gender-Female, Male, Unknown

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.

Claim Submitted-Replacement Claim

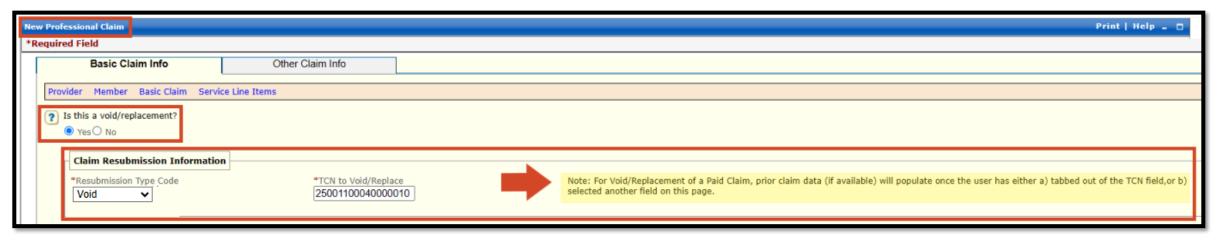**Claim Submitted**
- TCN # is your claim number
- Show under Claim Information right below member ID# that claim is in a to be paid status.

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
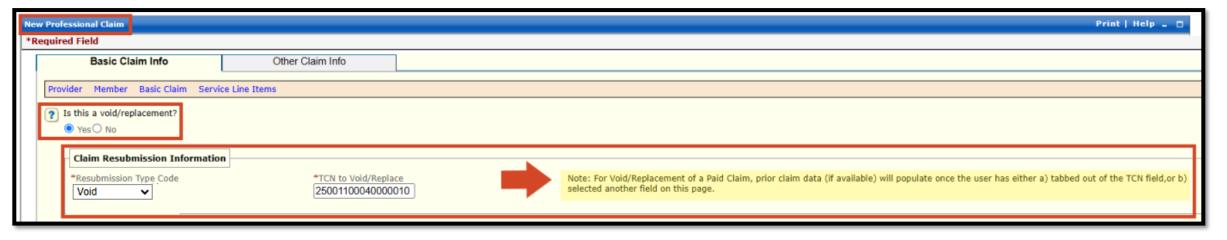- Remittance Advice Remark Codes

Voiding a Professional Claim

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: 25094300040011060 or 25087300270000493

- 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

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.

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Voiding a Professional Claim- Paper Submission

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
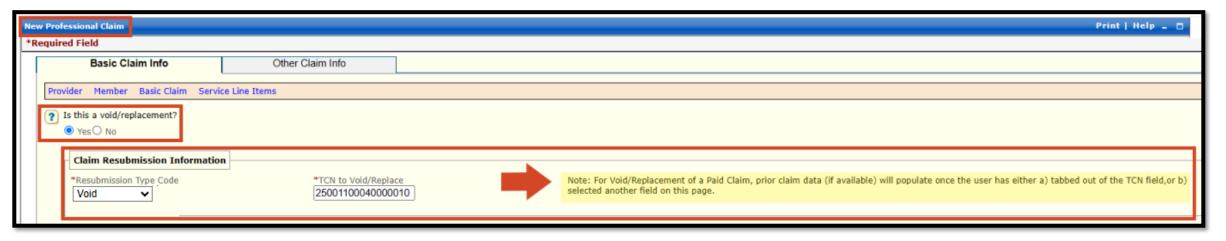
Claim Submitted- Voided Claim

Claim Submitted
- 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 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- 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

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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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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 <u>Denied</u> status
  - Refile a new claim with the correct Provider ID Number
- If the claim is in a <u>Paid</u> 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 <u>Denied</u> status
  - Refile a new claim with the correct Member ID Number
- If the claim is in a <u>Paid</u> 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 <u>Denied</u> status
  - Refile claim with correct insurance information (primary and secondary)
- If the claim status is in a <u>Paid</u> 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 <u>Paid</u> status
  - Void the claim

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

Ambulance 2nd trip on same day
- If the claim status is in a <u>Denied</u> status
- Denied as a duplicate
    - Adjust claim and add a 76 modifier to the 2nd trip with both trip notes attached.

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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 <u>Denied</u> 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 <u>Paid</u> 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.