

ADJUSTMENT OR VOID CLAIM TRAINING Laura Holzworth, Medical Services Division



Human Services

Be Legendary.[™]

ND Health Enterprise Web Portal Adjustment or Void Claim Form Submission Instructions



Go to <u>https://mmis.nd.gov/portals/wps/portal/EnterpriseHome</u>

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Home Program Member Provider Documentation Directories



Welcome Print - 🗆	Provider Registration –	Quick Links – C	Sign In	- 0
Welcome Print [-] Provider Registration Welcome to the North Dakota To obtain a user id and password, Providers and Trading Partners must have an appendix and have received their Provider or Trading Partner I ND MMIS has established a scheduled maintenance window for calendar year 2019 from 9:00PM to 4:00AM Central Time on the 2nd Thursday of the month with the following exceptions: Jan 17, Apr 17, May 16, Nov 7, and Dec 19. During Registration		 FAQ Find a Healthcare Provider Benefits Overview Provider Enrollment Report Fraud & Abuse 	Log into t Upon You Provid Interr	the system based r role: ders hal Users

> Sign In - Provider



North Dakota MMIS Web Portal

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Quick Links – 🗆	Provider
 Enrollment ProviderManuals FAQ Billing Manuals Messages & Announcements 	The Health Enterprise Portal is a state-of-the-art electronic health care administra system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.
News _ 🗆	
Governor's Task Force on Access to Affordable Health Insurance.	
D MMIS has established scheduled maintenance indow for calendar year 019 from 9:00PM to :00AM Central Time on the 2nd Thursday of the nonth with the following xceptions: Jan 17, Apr 7, May 16, Nov 7, and lec 19. During the maintenance window, the ystem may not be coessible	

rider Health Enterprise Portal is a state-of-the-art electronic health care administration m that gives patients, doctors, pharmacists and other users easy, secure and ent access to health care information. To access secure areas of the portal, please log in by entering your User ID and Password. * User ID: ______ * User ID: ______ Forgot User Name or Password ? Login Reset

Provider Login

USER ID and Password



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Mar 23, 2020



Submit a Claim

- Claims
- Create Claims
- Create Select the appropriate claim type: Professional, Institutional, Dental, Travel/Lodging or HCBS/DD Claim 5



New Claim

- Is this a void/replacement?
 - ✓ Defaults to "No"
 - ✓ Select "Yes" when replacing/adjusting or voiding a previously processed claim.
 - Resubmission Type Code Replacement or Void
 - \checkmark TCN to Void/Replace last TCN number in the chain ending in 0 or 3
 - ✓ Example: 20094300040011060 or 20087300270000493

*Adjust/Void using the last TCN Number in the chain

*Do Not Adjust/Void a TCN Number ending in a 2

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
 - \checkmark Void the claim
 - ✓ Refile a new claim with the correct **Member ID Number**

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
 - \checkmark Void the claim
 - ✓ Refile a new claim with the correct Provider ID Number

*Adjust/Void using the last TCN Number in the chain *<mark>Do Not Adjust/Void a TCN Number ending in a 2</mark>

Invalid/Missing Procedure, Revenue, ADA, DME or NDC Code ect

- If the claim status is in a **Denied** status
 - ✓ Refile claim with the correct code
- If the claim status is in a **Paid** status
 - ✓ Adjust claim with the correct code

Missing/Invalid Modifier(s)

- If the claim status is in a **Denied** status
 - ✓ Refile claim with the correct Modifier(s)
- If the claim status is in a **Paid** status
 - ✓ Adjust claim with the correct Modifier(s)

*Adjust/Void using the last TCN Number in the chain *Do Not Adjust/Void a TCN Number ending in a 2

Member with **two** applicable **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
 - \checkmark Void the claim

*Adjust/Void using the last TCN Number in the chain *Do Not Adjust/Void a 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
 - \checkmark Adjust claim with both trip notes attached

*Adjust/Void using the last TCN Number in the chain *Do Not Adjust/Void a 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
 - ✓ Fax in documentation with SFN177 cover sheet
- If the claim status is in a **Paid** status
 - \checkmark Adjust the claim
 - ✓ Indicate an attachment is being submitted for the claim
 - ✓ Fax in documentation with SFN177 cover sheet

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

Claim Submitted Confirmation Page on the Web Portal maybe substituted for the SFN177 cover sheet