
DME SERVICE AUTHORIZATIONS ND HEALTH ENTERPRISE ICD-9 & ICD-10 GUIDANCE

This document contains important information and effective dates for changes impacting all DME service authorization (SA) requests.

1. **Effective September 17, 2015**, all DME service authorizations/adjustments not entered into the Legacy MMIS system as of that date were returned to the requesting provider.
2. **Effective September 30, 2015**, all existing DME service authorizations for rentals and continuous items (briefs, enteral supplies, etc.) will require an adjustment to be submitted, requesting the end date to be changed to September 30, 2015.
 - This adjustment is necessary due to the federal mandate effective October 1, 2015 implementing the new ICD-10 standardized code set for disease and injury diagnoses and classification. The current ICD-9 codes are only valid for dates of service on and before September 30, 2015.
 - The SFN 1115 form adjustment process is only valid for the purpose of end dating existing service authorizations due to ICD-9 (as described above). The physician signature and supporting documentation are not required. SFN 1115 is located at <http://www.nd.gov/eforms/Doc/sfn01115.pdf>

Important: Adjustments requests for purposes other than above instruction will be returned to the provider as unable to process in the ND Health Enterprise MMIS system.

3. **Effective October 5, 2015**, all DME providers must submit a new, complete service authorization request for the remaining rental months/quantities using the appropriate ICD-10 codes for Dates of Service on or after October 1, 2015. Since the items have been previously reviewed and approved, no additional documentation (i.e. RX, CMN, Dr. signature, or Dr. visit notes) will need to be re-sent.

Follow the current SA submittal process when requesting the remaining rental months or quantities. The Department is encouraging providers to take extra care when submitting a new Service Authorization to request the remaining rental months or quantities only, as post-pay audit reviews will be conducted to ensure correct payment.

A sample completed request is shown below.

In **Section 1: TO BE COMPLETED BY PHYSICIAN:** Add statement that “*this request is related to ICD-10 - Service Authorization # _____*” Insert the SA number that was end-dated effective 9-30-15).

I. TO BE COMPLETED BY PHYSICIAN				
Item Prescribed:		Diagnosis & Prognosis(ICD Diagnosis Code):		
Explanation of Medical Necessity, Duration of Need and Date of Visit: THIS REQUEST IS RELATED TO ICD-10. SA # 43257				
I certify that the above-prescribed durable medical equipment/supplies/medication is medically necessary for this patient's well being. In my opinion, this is reasonable and necessary in conformance with accepted standards of medical practice for the treatment of this condition. This has not been prescribed as a convenience to the patient.				
Physician's Name: (Please Print)	NPI:	Provider Number:	Physician's Signature:	Date:

II. TO BE COMPLETED BY PROVIDER (SUPPLIER)

The SFN 1115 form can be submitted by one of the following methods:

- SA FAX Line: (701)-328-0370
- Web through ND Health Enterprise MMIS at <https://mmis.nd.gov/>
 - Web submissions still require the provider to complete and send the Service Authorization Confirmation Sheet (printed after submission is completed) and the required Attachment SFN 177 located at <http://www.nd.gov/eforms/Doc/sfn00177.pdf>
 - Be sure to include the DME provider FAX number on either the SFN 1115 or the SFN 177 to assist the Department with communication with the provider, as needed.
 - Incomplete SA requests will result in the Department faxing a letter to the provider with instructions on how make corrections for the SA.
 - When a letter is sent to the DME provider requesting corrections or information, the SA request status in ND Health Enterprise will change from “submitted” status to “pending” status. Once the SA request has been changed to “pending” status, the provider has 30 calendar days to submit the required items or make the specified changes
 - Failure to respond as requested within 30 calendar days will result in auto-denial of the pending request. The Department will generate a denial letter to notify the provider of the denied service authorization status.