



# ND Health Enterprise Provider Training – Phase II

**Service Authorization:**

**Chiropractic**

**August 20, 2015**

## ND Health Enterprise MMIS Key Points

- The new ND Health Enterprise MMIS platform is scheduled to go live October 5th, 2015.
- New system is now referred to as ND Health Enterprise MMIS.
- Current system will be referred to as ND Legacy MMIS.
- Prior Authorizations will now be referred to as Service Authorizations.

## SA– Chiropractic Submission Methods

- Chiropractic Service Authorizations can be submitted via:
  - Web portal
  - Electronic 278
  - SFN 481
    - available at <http://www.nd.gov/eforms/>
- All applicable documentation will be required regardless of the submission method to the Department.

# Creating a Service Authorization Request

## Step 1:

Providers will log in to the ND Health Enterprise MMIS secure Provider Portal with their User ID and password as shown below:



The screenshot shows a web browser window titled "ProviderLogin". The main text reads: "To access secure areas of the portal, please log in by entering your User ID and Password." Below this, there are two input fields: "\* User ID:" followed by a text box, and "\* Password:" followed by a text box. At the bottom left, there is a blue link that says "Forgot User Name or Password ?". At the bottom right, there are two blue buttons: "Login" and "Reset".

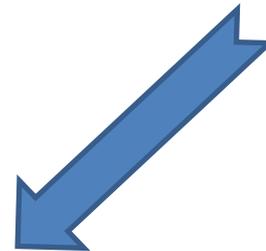
# Creating a Service Authorization Request

## Step 2:

To create a service authorization, providers will click on “*Authorizations*”



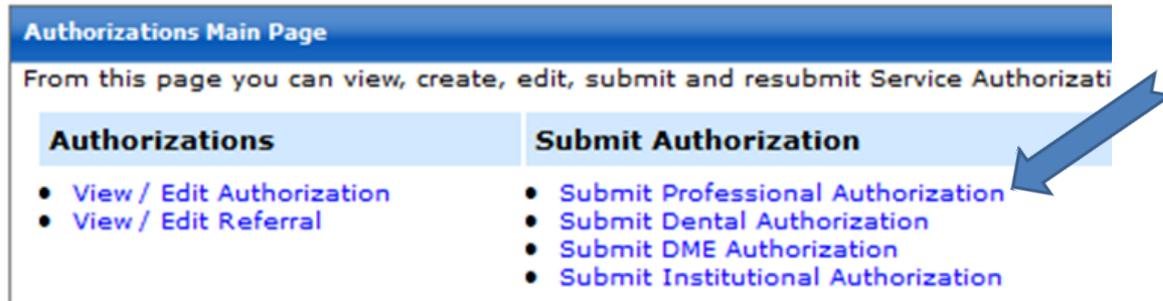
North Dakota MMIS Web Portal



# Creating a Service Authorization Request

## Step 3:

Providers will then select “*Submit Professional Authorization*”



The screenshot displays the 'Authorizations Main Page' interface. At the top, a blue header bar contains the text 'Authorizations Main Page'. Below this, a descriptive line reads: 'From this page you can view, create, edit, submit and resubmit Service Authorizati'. The main content area is divided into two columns. The left column is titled 'Authorizations' and contains two bullet points: 'View / Edit Authorization' and 'View / Edit Referral'. The right column is titled 'Submit Authorization' and contains four bullet points: 'Submit Professional Authorization', 'Submit Dental Authorization', 'Submit DME Authorization', and 'Submit Institutional Authorization'. A blue arrow points from the right side of the image towards the 'Submit Professional Authorization' option in the right column.

| Authorizations   | Submit Authorization  |
|--|---|
| <ul style="list-style-type: none"><li>View / Edit Authorization</li><li>View / Edit Referral</li></ul> | <ul style="list-style-type: none"><li>Submit Professional Authorization</li><li>Submit Dental Authorization</li><li>Submit DME Authorization</li><li>Submit Institutional Authorization</li></ul> |

# Creating a Service Authorization Request

## Step 4:

Providers will see that their *Submitter ID* is pre-filled on the screen and that the *Service Authorization ID* field is blank. This will be generated when the authorization is submitted to the Department. Providers will see the *Service Level* is “Professional Service” and that the *Transaction Purpose* is a “Request”.

**Submit Professional Authorization Request**

\* Required Field

| Member                   | Requesting Provider | Event Provider | Health Care Services Review                           | Diagnosis | Service Line Items                            | Reject Reasons |
|--------------------------|---------------------|----------------|---|-----------|---|----------------|
| Service Authorization ID |                     |                | Service Level<br>SV1 (Professional Service)           |           | Entered Date / Time<br>08/08/2015 11:56:37 AM |                |
| Submitter ID<br>TCHRIPT  |                     |                | Transaction Type<br>RU (Medical Services Reservation) |           | Transaction Purpose<br>Request                |                |

Member Information

# Creating a Service Authorization Request

## Step 5:

Providers will then enter *Member/Recipient Information*. All fields marked with an asterisk are required fields (indicated by arrows below)

The screenshot shows a form titled "Member Information" with the following fields:

- \*Member ID (text input, required)
- \*Last Name (text input, required)
- Prefix (dropdown menu)
- \*First Name (text input, required)
- MI (text input)
- Suffix (dropdown menu)
- \*Date of Birth (text input with calendar icon, required)
- Gender (dropdown menu)

Blue arrows point to the asterisks on Member ID, Last Name, First Name, and Date of Birth, indicating they are required fields.

# Creating a Service Authorization Request

## Step 6:

The *Requesting Provider* data fields on this screen will be pre-filled with the ND Medicaid provider enrollment information.

**Requesting Provider**

|                        |                                |  |                          |                        |
|------------------------|--------------------------------|--|--------------------------|------------------------|
| Medicaid ID<br>2542950 | Other Provider ID<br>456256985 | Other Provider ID Type<br>Employee Identification Number | *Entity Code<br>Provider | *Entity Type<br>Person |
| Provider Code          | Taxonomy Code                  | Provider Name  |                          |                        |

[Additional Requesting Provider Information](#)

[Contact Information](#)

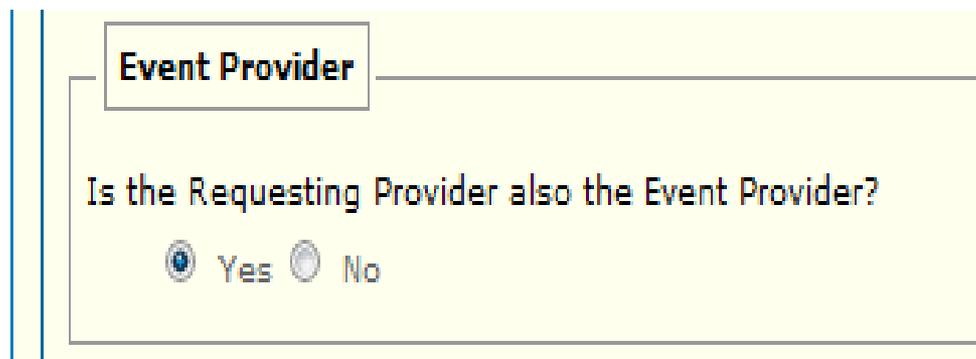
[Additional Requesting Supplemental Provider ID](#)

## Creating a Service Authorization Request

### Step 6:

The *Event Provider* defaults to Yes. If the *Event Provider* differs from the *Requesting Provider*, manually change the selection to “No”.

**\*\*This only needs to be changed if the Requesting Chiropractic Office will not be the Billing Chiropractic Office.\*\***



The screenshot shows a form with a yellow background. At the top, there is a box labeled "Event Provider". Below this, the question "Is the Requesting Provider also the Event Provider?" is displayed. Underneath the question are two radio button options: "Yes" and "No". The "Yes" radio button is currently selected, indicated by a blue dot inside the circle.

## Creating a Service Authorization Request

### Step 7:

Complete the specific *Health Care Services Review* Information:

- *Request Category* (what type of review?)
- *Certification Type* (initial, extension)
- *Service Type* (chiropractic)
- *Level of Service* (emergency, elective, or urgent)

The provider must select a valid value for each of these fields, based upon the type of authorization requested.

## Creating a Service Authorization Request

### Step 8:

Providers must complete the *Dates of Service* fields. ND Medicaid requires an entry for both the *Requested Begin* and *Requested End* dates.

The screenshot shows a form section titled "Dates of Service". It contains five input fields arranged in two rows. The top row includes "Requested Begin Date", "Requested End Date", and "Certification Issue Date". The bottom row includes "Approved Begin Date" and "Approved End Date". The "Requested Begin Date" and "Requested End Date" fields are highlighted with a blue border and each has a calendar icon to its right, indicating they are required for completion. The other fields are currently empty and have a light gray border.

| Dates of Service     |                    |                          |
|----------------------|--------------------|--------------------------|
| Requested Begin Date | Requested End Date | Certification Issue Date |
| Approved Begin Date  | Approved End Date  |                          |

## Creating a Service Authorization Request

### Step 9:

Providers may include any additional information in the *Notes* field for the Department to consider when reviewing the service authorization request.



The screenshot shows a web form with a section titled "Notes". The "Notes" label is in blue and has a small square icon to its left. Below the label is a large, empty text area with a vertical scrollbar on the right side. At the bottom left of the text area, the text "264 Characters Remaining" is displayed.

# Creating a Service Authorization Request

## Step 10:

Providers may submit up to 12 diagnosis codes on the SA request. The diagnosis code(s) must match the claims when the claim is billed.

[Diagnosis](#)

**Diagnosis**

| Seq# | Diagnosis Code       | Diagnosis Date       | Diagnosis Type       |
|------|----------------------|----------------------|----------------------|
| 1    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12   | <input type="text"/> | <input type="text"/> | <input type="text"/> |

# Creating a Service Authorization Request

## **Step 11:**

At least one line item with *Service Detail* must be completed for the service authorization to be considered. Each additional service requires an additional *Service Detail* line item.

**Add Services Detail** [Save](#) | [Additional Line Info](#) | [Reset](#) | [Cancel](#)

|   |  |  |  |   |
|---|--|--|--|---|
| Service Level<br>SV1 (Professional Service)                 | Certification Issue Date                   | Certification Action                       | Review Decision Reason   |   |
| *Service Qualifier<br>HC Fin Admin Common Proc Coding Sys ▼ |  | *Service Code From<br><input type="text"/> | Modifiers<br>1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> |   |
| Service From Description                                    | Service Code To<br><input type="text"/>    | Service To Description                     |  |   |
| Requested Begin Date<br><input type="text"/>                | Requested End Date<br><input type="text"/> | Requested Amount<br><input type="text"/>   | Requested Unit(s)<br><input type="text"/>  | Unit of Measure<br><input type="text"/> |
| Approved Begin Date   | Approved End Date                          | Approved Amount                            | Approved Unit(s)   |   |
| Service Description<br><input type="text"/>                 |  |  |  |   |
| <a href="#">Line Item Diagnosis</a>                         |  |  |  |   |

# Creating a Service Authorization Request

Refer to the Completed *Service Detail* example below:

**Add Services Detail** [Save](#) | [Additional Line Info](#) | [Reset](#) | [Cancel](#)

|   |   |  |  |                         |
|---|---|--|--|-------------------------|
| Service Level<br>SV1 (Professional Service)                   | Certification Issue Date                | Certification Action                     | Review Decision Reason   |                         |
| *Service Qualifier<br>HC Fin Admin Common Proc Coding Sys     |   | *Service Code From<br>98940              | Modifiers<br>1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> |                         |
| Service From Description                                      | Service Code To<br><input type="text"/> | Service To Description                   |  |                         |
| Requested Begin Date<br>02012015                              | Requested End Date<br>03012015          | Requested Amount<br><input type="text"/> | Requested Unit(s)<br>5   | Unit of Measure<br>Unit |
| Approved Begin Date   | Approved End Date                       | Approved Amount                          | Approved Unit(s)   |                         |
| Service Description<br><input type="text"/>                   |   |  |  |                         |
| <a href="#">+ Line Item Diagnosis</a><br><input type="text"/> |   |  |  |                         |

## Creating a Service Authorization Request

All service authorization line items must contain:

- *A CPT code*
- *From and Through dates of service*
- *Either Requested Units or Requested Amount*

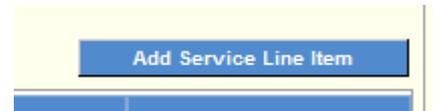
**\*\*If Units are requested, then a *Unit of Measure* must be selected\*\***

## Creating a Service Authorization Request

- After entering all line item information, the line item **MUST BE SAVED** by clicking on “*Save*.”



- To add an additional line – click the *Add Service Line Item* button and enter in additional services:



**Important: If each line item is not saved, the data will be lost.**

## Creating a Service Authorization Request

### Step 12a:

At the top of the service authorization page there is a second tab for entry of additional information – click on *Patient Event Detail* tab.



Submit Institutional Authorization Request

\* Required Field

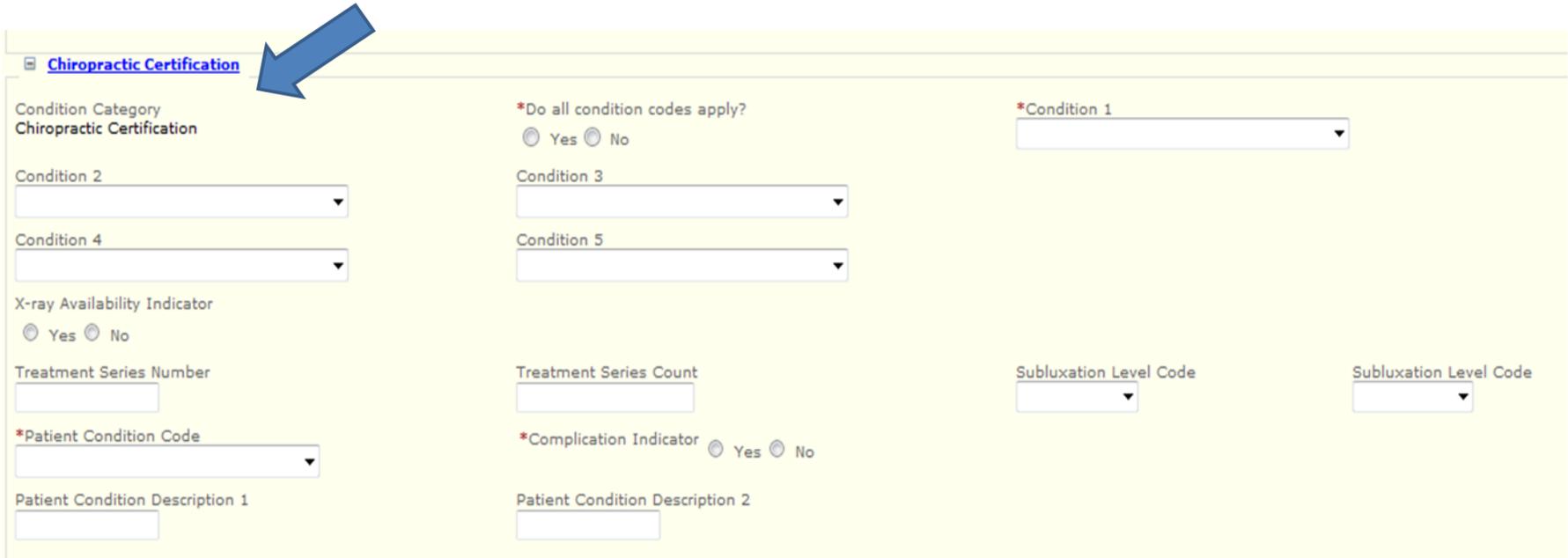
Basic Service Authorization Info      Patient Event Detail

The screenshot shows a web form titled "Submit Institutional Authorization Request". Below the title is a red asterisk followed by the text "\* Required Field". At the bottom of the form, there are two tabs: "Basic Service Authorization Info" and "Patient Event Detail". A blue arrow points to the "Patient Event Detail" tab, indicating it should be selected.

# Creating a Service Authorization Request

## Step 12b:

Under the *Patient Event Detail* tab, there is room for additional information to be sent to the Department. The *Chiropractic Certification* section of this screen is used to enter additional information for consideration of the service authorization.



**Chiropractic Certification**

Condition Category  
Chiropractic Certification

Condition 2  
Condition 4

X-ray Availability Indicator  
 Yes  No

Treatment Series Number

\*Patient Condition Code

Patient Condition Description 1

\*Do all condition codes apply?  
 Yes  No

Condition 3  
Condition 5

\*Condition 1

Treatment Series Count

\*Complication Indicator  Yes  No

Patient Condition Description 2

Subluxation Level Code

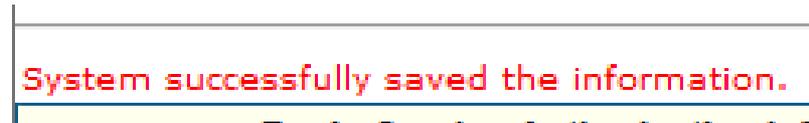
Subluxation Level Code

## Creating a Service Authorization Request

- To submit your service authorization to the Department:

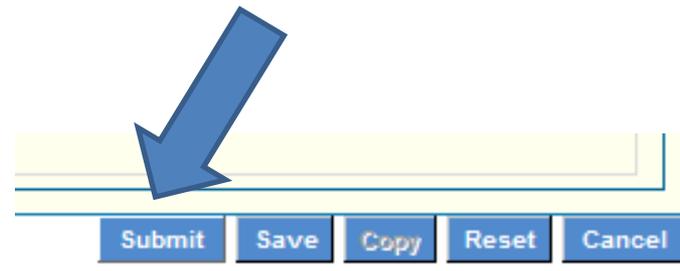
1. Click *Save*

This will display confirmation message at the top of the screen.



If there are any issues with completing the SA request, the message will provide details to resolve before clicking "Save" again.

2. Click *Submit*



## Creating a Service Authorization Request

A Confirmation Page will display immediately after the SA request is successfully submitted. This confirmation page has very important information including:

- Service Authorization ID Number
- Member ID Number
- Provider ID Number
- Service Authorization Status
- Submission Date and Time

It is very important to print your confirmation page and keep a copy for your records.

**\*\*Important:** This is the only opportunity to print and save. The Confirmation Page cannot be re-generated after exiting the system.

# Creating a Service Authorization Request

The Service Authorization Confirmation Page displays the SA ID Number:

Home | Member | Provider | Claims | EDI | Authorizations | My Account

Submit Authorization Request Print | Help - □

Service Authorization ID: W152200003

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

**Service Authorization Information**

| Submitter ID : TCHRIPT<br>Date Of Service: Feb 1, 2015 Mar 1, 2015<br>Service Authorization ID: W152200003<br>Member ID: ND3851992<br>Provider ID: 568963256<br>Status: Pended<br>Submission Date/Time: 08/08/2015 12:08:30 PM | <b>Line item Detail</b> <table border="1"><thead><tr><th>Svc Cd</th><th>Description</th><th>Requested Cost/Units</th><th>SA Line Item Status</th></tr></thead><tbody><tr><td>98940</td><td>Chiropract manj 1-2 regions</td><td>5.0</td><td>Pended</td></tr></tbody></table> <p>1 - 1 of 1</p> | Svc Cd               | Description         | Requested Cost/Units | SA Line Item Status | 98940 | Chiropract manj 1-2 regions | 5.0 | Pended |
|--|---|----------------------|---------------------|----------------------|---------------------|-------|-----------------------------|-----|--------|
| Svc Cd   | Description   | Requested Cost/Units | SA Line Item Status |                      |                     |       |                             |     |        |
| 98940  | Chiropract manj 1-2 regions   | 5.0                  | Pended              |                      |                     |       |                             |     |        |

**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

[Print Submission Page](#) | [Submit Another SA](#) | [SA Main Page](#)

You can print the submission page, choose to submit another service authorization, or choose to go back to the service authorization Main Page.

## Submitting Additional Documentation

- The Confirmation Page is required as the cover sheet for any supporting paper documentation needed to complete the service authorization request.
- As an alternative, the Department also utilizes SFN 177 for a confirmation page. This attachment form will be available on October 5<sup>th</sup>, 2015 at [www.nd.gov/eforms](http://www.nd.gov/eforms). The Service Authorization ID number must be entered on the form to match attachments with the original SA request.
- The Department is unable to accept electronic attachments at this time.

# Edit/ View Service Authorization Requests

Providers can also edit and view both saved and pended service authorizations

- Select *Authorizations*
- Select *View/Edit Authorizations*
- Enter the search criteria to display and edit the pended authorization as necessary

View/Edit Authorization Request Print | Help - □

**\* Required Field**

To conduct a search for one or more saved or previously submitted service authorization(s), refine the search criteria by entering information in any or all of the remaining fields, and then click "Search". A search by only the Provider ID will return all of the authorizations for that provider.

**Provider ID**

\*Provider ID  \*Provider ID Type   Submitted Authorizations  Saved Authorizations

**Additional Information**

Member ID

Service Authorization ID  Certification Action  Service Code  Modifier1  Modifier2  Modifier3  Modifier4

Begin Date   End Date

## ICD-10 Requirements

### Important Reminders:

- ICD-10-CM/PCS will be going into effect on 10/1/2015.
- The Department will be accepting test claims through 9/30/15.
- Please see the website below for test claim preparation and submission instructions:  
<http://www.nd.gov/dhs/services/medicalserv/medicaid/icd10.html>
- Please follow this link to the DHS website for our ICD-10 Fact Sheets, located at <http://www.nd.gov/dhs/info/mmis/factsheets.html>

# Taxonomy Requirements

## Important Reminders:

- ND Health Enterprise requires that all claims must be submitted with the appropriate provider taxonomy code(s).
  
- Refer to the Department websites for additional information, including a searchable (by NPI) list of your taxonomy codes:
  - <http://www.nd.gov/dhs/info/mmis/docs/mmis-taxonomy-codes-update.pdf>
  - <http://www.nd.gov/dhs/info/mmis/taxonomy.html>

## Service Authorization – Chiropractic Additional Resources

Paper claim instructions for completion of the Professional CMS-1500 claim form can be found on the ND Medicaid website at:

<http://www.nd.gov/dhs/info/mmis/docs/mmis-paper-claim-instructions-professional.pdf>

A computer based training module on submitting paper claims is available for ND Medicaid providers

at: <http://ndmmis.learnercommunity.com/paper-claims-instruction-training>