



ND Health Enterprise Provider Training – Phase II

Service Authorization:

Dental

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– Dental Submission Methods

- Dental Service Authorizations can be submitted via:
 - Web portal
 - Electronic 278
 - ADA Dental Claim form (version 2006 or version 2012 only)
- All applicable documentation will be required regardless of the submission method to the Department:
 - Radiographs
 - Periodontal Charts
 - Health Tracks Comprehensive Orthodontics Screening form SFN 61 available at <http://www.nd.gov/eforms/>

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:

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

ProviderLogin

To access secure areas of the portal, please log in by entering your User ID and Password.

* User ID:

* Password:

[Forgot User Name or Password ?](#)

Login Reset

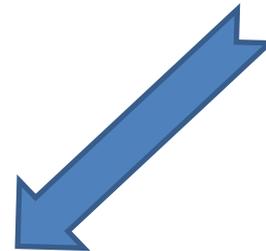
Creating a Service Authorization Request

Step 2:

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



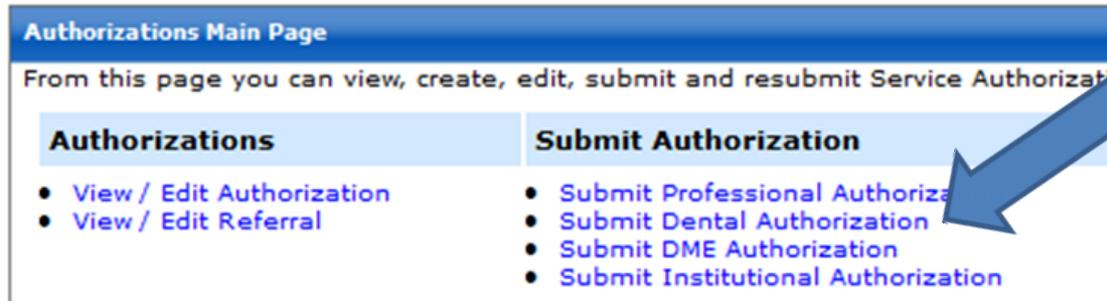
North Dakota MMIS Web Portal



Creating a Service Authorization Request

Step 3:

Providers will then select “*Submit Dental Authorization*”



Authorizations Main Page

From this page you can view, create, edit, submit and resubmit Service Authorizations

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

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 “Dental” and that the *Transaction Purpose* is a “Request”.

Submit Dental Authorization Request

* Required Field

Member	Requesting Provider	Event Provider	Health Care Services Review	Diagnosis	Service Line Items	Reject Reasons
Service Authorization ID			Service Level SV3 (Dental Service)			Entered Date / Time 08/08/2015 10:17:57 AM
Submitter ID			Transaction Type RU (Medical Services Reservation)			Transaction Purpose 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)
- *Last Name (text input)
- Prefix (dropdown menu)
- *First Name (text input)
- MI (text input)
- Suffix (dropdown menu)
- *Date of Birth (text input with a calendar icon)
- Gender (dropdown menu)

Blue arrows point from the asterisks to the respective input fields, indicating they are required.

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.

The screenshot displays a form titled "Requesting Provider" with the following fields and values:

Medicaid ID	2542950	Other Provider ID	456256985	Other Provider ID Type	Employee Identification Number	*Entity Code	Provider	*Entity Type	Person
Provider Code		Taxonomy Code		Provider Name					

Below the main form, there are three expandable sections:

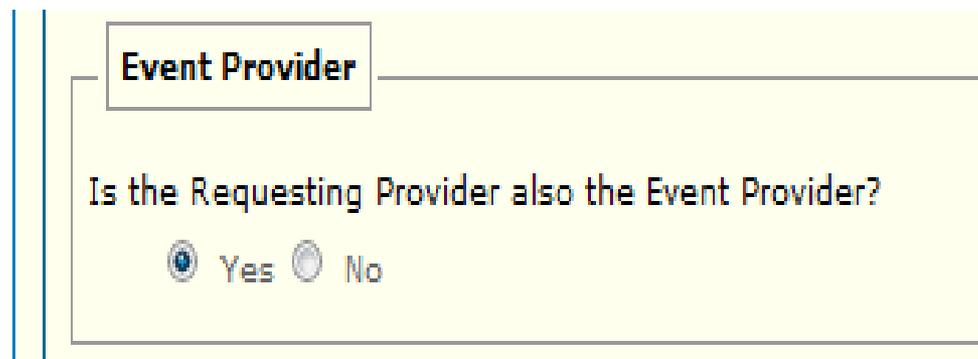
- [Additional Requesting Provider Information](#)
- [Contact Information](#)
- [Additional Requesting Supplemental Provider ID](#)

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 Dental Office will not be the Billing Dental 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, there are two radio buttons: "Yes" (which is selected) and "No".

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* (dental care)
- *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 image shows a screenshot of a form section titled "Dates of Service". The section is enclosed in a light yellow box. It contains several input fields and labels:

- Requested Begin Date:** A text input field with a calendar icon to its right.
- Requested End Date:** A text input field with a calendar icon to its right.
- Certification Issue Date:** A text input field.
- Approved Begin Date:** A text input field.
- Approved End Date:** A text input field.

The labels "Requested Begin Date", "Requested End Date", and "Approved End Date" are in a lighter gray font, while "Requested Begin Date" and "Approved Begin Date" are in a darker gray font. The "Certification Issue Date" label is also in a lighter gray font.

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 SV3 (Dental Service)	Certification Issue Date	Certification Action	Review Decision Reason
*Service Qualifier ADA		*Service Code From	Modifiers 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>
Service From Description	Service Code To	Service To Description	
Requested Begin Date	Requested End Date	Requested Amount	Requested Unit(s)
Approved Begin Date	Approved End Date	Approved Amount	Approved Unit(s)
Service Description			
Dental			

Creating a Service Authorization Request

Refer to the Completed *Service Detail* example below:

No Data			
Add Services Detail Save Additional Line Info Reset Cancel			
Service Level SV3 (Dental Service)	Certification Issue Date	Certification Action	Review Decision Reason
*Service Qualifier ADA		*Service Code From D5110	Modifiers 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>
Service From Description	Service Code To <input type="text"/>	Service To Description	
Requested Begin Date 02012015	Requested End Date 03012015	Requested Amount 1,000.00	Requested Unit(s) <input type="text"/>
Approved Begin Date	Approved End Date	Approved Amount	Approved Unit(s)
Service Description <input type="text"/>			
Dental			
<input type="text"/>			

Creating a Service Authorization Request

All service authorization line items must contain:

- *A CDT procedure 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 each line item of 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:

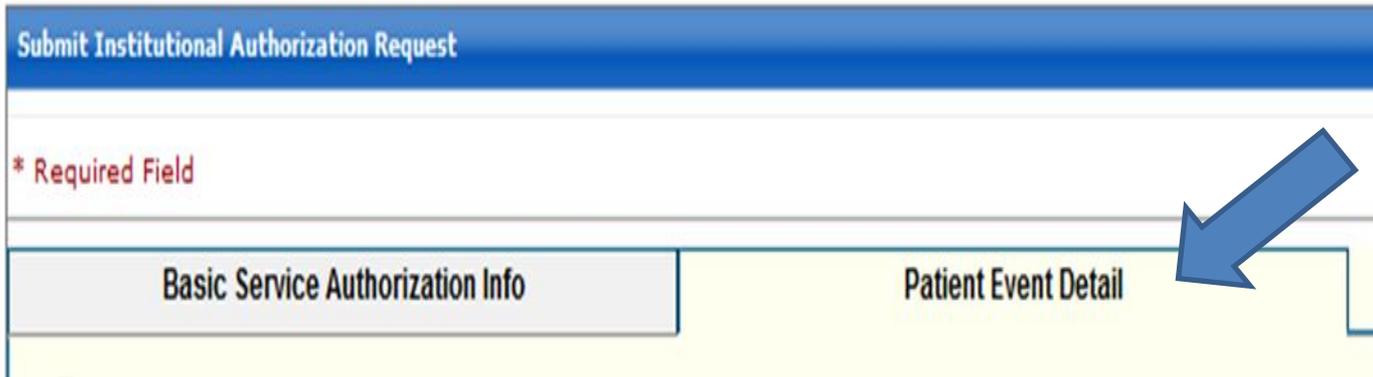


Important: If each line item is not saved, the data will be lost.

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

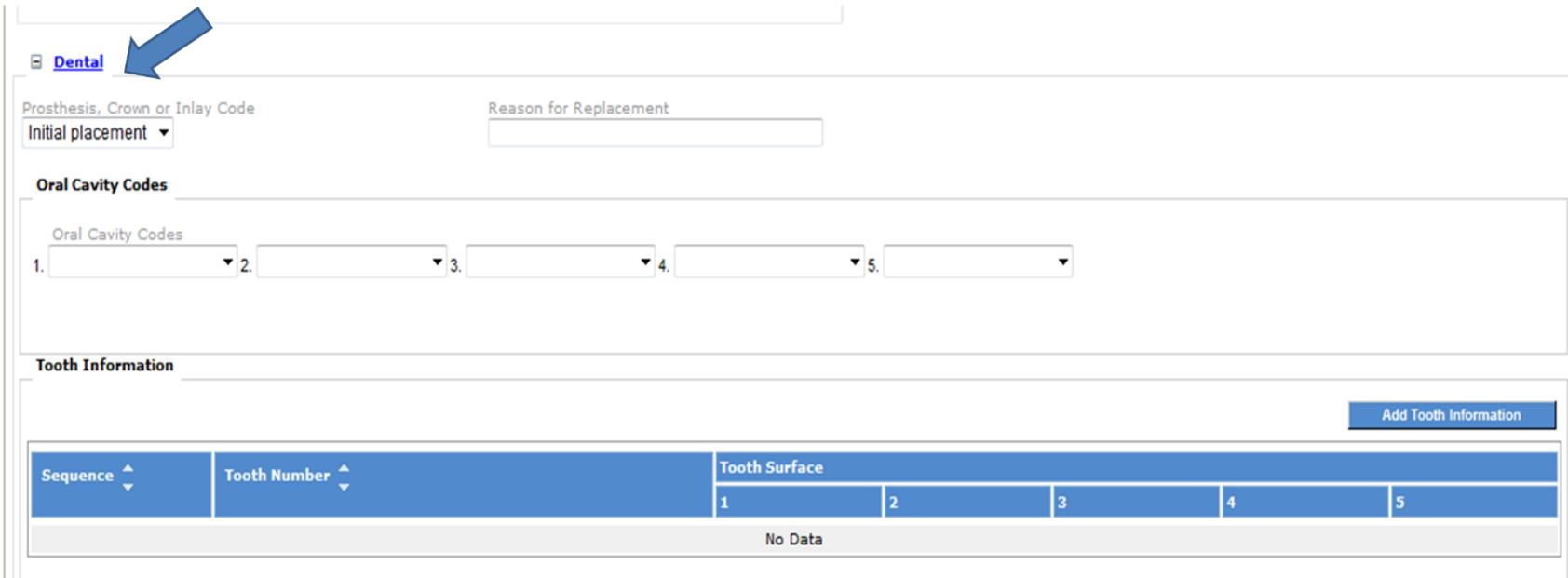
Basic Service Authorization Info Patient Event Detail

The image shows a screenshot of a web form titled "Submit Institutional Authorization Request". Below the title bar, there 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, additional information may be sent to the Department. For each detail line that is submitted, opening the dental expandable field allows additional information to be submitted (prosthesis information, oral cavity codes, and tooth number/surface information). This may be required on the service authorization depending on what is being requested.



The screenshot shows a web form for creating a service authorization request. A blue arrow points to the 'Dental' tab, which is currently selected. The form contains several sections:

- Prosthesis, Crown or Inlay Code:** A dropdown menu with 'Initial placement' selected.
- Reason for Replacement:** A text input field.
- Oral Cavity Codes:** A section with a label 'Oral Cavity Codes' and five numbered dropdown menus (1-5).
- Tooth Information:** A section with a label 'Tooth Information' and a table below it. A button 'Add Tooth Information' is located to the right of the table.

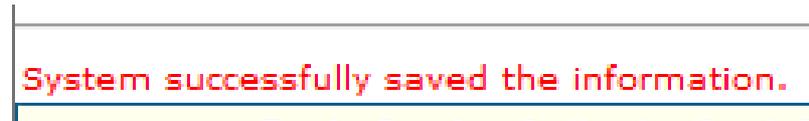
Sequence	Tooth Number	Tooth Surface				
		1	2	3	4	5
No Data						

Creating a Service Authorization Request

- To submit your service authorization to the Department:

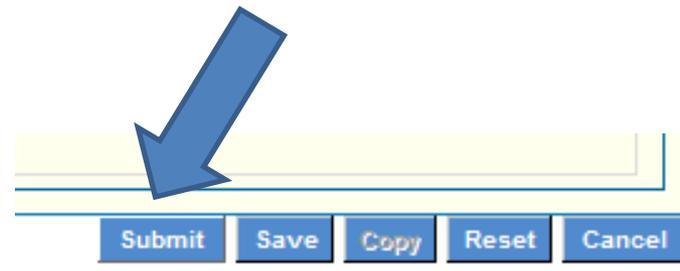
1. Click *Save*

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:

North Dakota MMIS Web Portal Aug 07, 2015
[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#) | [Log out](#)

Home | [Member](#) | [Provider](#) | [Claims](#) | [EDI](#) | [Authorizations](#) | [My Account](#)

Submit Authorization Request Print | Help - □

Service Authorization ID: W152200001

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: [REDACTED]
Date Of Service: Feb 1, 2015 Mar 1, 2015
Service Authorization ID: W152200001
Member ID: ND3851992
Provider ID: 897656231
Status: Pended
Submission Date/Time: 08/08/2015 10:41:38 AM

Line item Detail

Svc Cd	Description	Requested Cost/Units	SA Line Item Status
D5110	Dentures complete maxillary	1000.0	Pended

1 - 1 of 1

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 5th, 2015 at 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 the taxonomy code associated with each enrolled provider:
 - <http://www.nd.gov/dhs/info/mmis/docs/mmis-taxonomy-codes-update.pdf>
 - <http://www.nd.gov/dhs/info/mmis/taxonomy.html>

Service Authorization – Dental Additional Resources

- Paper claim instructions for completion of the ADA Dental claim form can be found on the ND Medicaid website at:

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

- ND Medicaid eligible members who have been approved for the Frequency List or DD List in the Legacy MMIS system will no longer be maintained by the Department. The provider is responsible for submitting the annual service authorization request for Department review and approval.