



INDIAN HEALTH SERVICES AND TRIBALLY-OPERATED 638 PROGRAMS

This document is subject to change. Please check our web site for updates.

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

Indian Health Service (IHS) facilities and 638 providers meeting the state requirements for Medicaid participation must be accepted as a Medicaid provider on the same basis as any other qualified provider. However, when State licensure is normally required, the facility need not obtain a license but must meet all applicable standards for licensure. In determining whether a facility meets these standards, a Medicaid agency or State licensing authority may not take into account an absence of licensure of any staff member of the facility.

COVERED SERVICES

ND Medicaid covers the same services for members who are enrolled in Medicaid and IHS as those members who are enrolled in Medicaid only. Coverage and reimbursement of services provided through telemedicine is on the same basis as those provided through face-to-face contact.

Reimbursement to IHS facilities will be on a daily encounter basis and based on the approved all-inclusive rates published each year in the Federal Register by the Department of Health and Human Services.

Each encounter includes covered services by a health professional and related services and supplies.

One encounter per day is covered unless another separate and distinct encounter is medically necessary.

Encounters with more than one health professional and/or multiple encounters with the same health professionals on the same day and at a single location constitute a single visit except when one of the following conditions exist:

- Multiple visits for different services on the same day with different diagnosis. After the first encounter, the patient suffers illness or injury requiring additional diagnosis or treatment.
- Multiple visits for different services on the same day with the same diagnosis. The diagnosis code may be the same on the claims, but the services provided must be distinctly different and occur within different units of the facility.
- Multiple visits for the same type of service on the same day with different diagnosis.

BILLING GUIDELINES

IHS and tribally-operated 638 programs must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.

Claims must be submitted to ND Medicaid using a *Bill Type 111* for inpatient services or **131** for outpatient services.

IHS claims must be submitted to ND Medicaid using the following *Revenue Codes* when billing for:

Revenue Code 100	In-House Medicaid Days
Revenue Code 250	Pharmacy
Revenue Code 490	Ambulatory Surgical Center
Revenue Code 500	Outpatient
Revenue Code 510	Vision
Revenue Code 512	Dental
Revenue Code 513	Mental Health (Psychiatrist/Psychologist)
Revenue Code 519	EPSDT Screening
Revenue Code 509	Telemedicine (clinic/physician)
Revenue Code 961	Telemedicine (mental health)
Revenue Code 987	Physician Inpatient Services

A procedure code must be billed with revenue codes that require a CPT/HCPC code according to NUBC guidelines.