

ND HEALTH ENTERPRISE MMIS PHASE III TRAINING

SUBMITTING DENTAL CLAIMS ONLINE JANUARY 2016

Submitting Dental Claims Online

Today we will learn how to create, save and submit Dental claims using ND Health Enterprise MMIS.

Learning Objectives:

- Create and submit new dental claims
- Create a claim using a:
 - Saved claim
 - Claim template
 - Previously processed claim (that is not in a suspended status)

Each claim has 3 levels of claim information

- Basic claim information
- Additional claim information – entered on the Other Claim Info tab
- Service line information – entered in the Other Service Info section

Submitting Dental Claims Online

The screenshot displays the North Dakota MMIS Web Portal interface. At the top, the browser address bar shows the URL <https://uat.mmis.nd.gov/portal/wps/mypor>. The page header includes the North Dakota MMIS logo and the text "North Dakota MMIS Web Portal" with a date of "Jan 11, 2016". Navigation links for "Skip Navigation", "Contact Us", "Help", "Search", and "Log out" are present.

The main navigation bar contains tabs for "Home", "Member", "Provider", "Claims", "EDI", "Authorizations", and "My Account". The "Claims" dropdown menu is open, showing options such as "Create Claims", "Manage Claims", "Create Templates", "Claim Status Inquiry", "Payment Inquiry", "1099 Inquiry", "Create Professional Claim", "Create Institutional Claim", "Create Dental Claim", "Create Claim from Template", "Create Claim from Processed Claim", "Travel/Lodging Claim", and "HCBS/DD Claim". The "Create Dental Claim" option is highlighted.

On the left side, there is a "Quick Links" section with items like "Add Service Location", "Trading Partner Enrollment", "Provider Manuals", "Provider Inquiry/Update Request", "Provider Training Registration", "Provider FAQ", "Provider Resources", and "Messages & Announcements". Below this is a "News" section titled "Governor's Task Force on Access to Affordable Health Insurance".

The main content area shows a "Provider Message" section and a table with columns for "Status", "Date", and "Subject". The table is currently empty, displaying "0-0 of 0" and "No Data". A "Delete" button is visible in the top right corner of the table area. A message at the bottom of the table area reads: "If you are unable to view PDFs, please [download Adobe Reader](#)." with an Adobe Reader logo.

At the bottom of the page, there is a copyright notice: "©2016 Affiliated Computer Services, Inc. All Rights Reserved." and links for "Privacy Policy", "Site Map", "Terms of Use", "Browser Requirements", and "Accessibility Compliance".

Submitting Dental Claims Online



Home

Member

Provider

Claims

EDI

Authorizations

My Account

New Dental Claim

Print | Help

* Required Field

Basic Claim Info

Other Claim Info

Provider Member Claim Basic Line Items

Is this a Service Authorization?

Yes No

Is this a void/replacement?

Yes No

Submitter Information

Submitter ID

ASMITH

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

NOTE: Healthcare Providers are required to submit National Provider ID

Medicaid Provider ID

2543586

National Provider ID

Taxonomy Code

Tax ID

SSN

Location Number

Additional Billing Provider Information

*Entity Qualifier

Currency Code

*Org / Last Name

First Name

MI

Suffix

*Address 1

*City

State

Zip and

Extension

Country

Subdivision Code

The new dental claims view replicates the standard format established to meet HIPAA requirements for the electronic submission of healthcare claim information.

Submitting Dental Claims Online



New Dental Claim Print | Help -

*** Required Field**

Basic Claim Info | Other Claim Info

[Provider](#) | [Member](#) | [Claim](#) | [Basic Line Items](#)

? Is this a Service Authorization?
 Yes No

? Is this a void/replacement?
 Yes No

Submitter Information

Submitter ID
[ASMITH]

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

NOTE: Healthcare Providers are required to submit National Provider ID

Medicaid Provider ID [2543586] National Provider ID [] Taxonomy Code [] Tax ID [] SSN [] Location Number []

Additional Billing Provider Information

*Entity Qualifier [] Currency Code []

*Org / Last Name [] First Name [] MI [] Suffix []

*Address 1 [] *City [] State [] Zip and [] Extension [] Country [] Subdivision Code []

Question marks indicate required questions that must be answered.

Submitting Dental Claims Online



New Dental Claim Print | Help - □

*** Required Field**

Basic Claim Info | Other Claim Info

[Provider](#) | [Member](#) | [Claim](#) | [Basic Line Items](#)

? Is this a Service Authorization?
 Yes No

? Is this a void/replacement?
 Yes No

Claim Resubmission Information

*Resubmission Type Code
*TCN to Void/Replace

Note: For Void/Replacement of a Claim, prior claim data (if available) will populate once the user has either a) tabbed out of the TCN field, or b) selected another field on this page.

Submitter Information

Submitter ID

- If you answer yes to this question. Additional fields open for completion.
- After you complete these fields and move to another field, the claim fields are auto-populated with the original claim data, if the original claim was submitted using the web portal.
- If the claim is submitted by another method such as electronic transmission, you will need to enter the original fields.

Submitting Dental Claims Online

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

NOTE: Healthcare Providers are required to submit National Provider ID

Medicaid Provider ID National Provider ID

Taxonomy Code Tax ID SSN Location Number

Additional Billing Provider Information

*Entity Qualifier Currency Code

*Org / Last Name First Name MI Suffix

*Address 1 *City State Zip and Extension Country Subdivision Code

Address 2

Secondary IDs

Contact Information

The first section you see is titled Provider information this includes entry for Billing and Additional Billing Provider Information. Enter the Taxonomy code and Tax ID and/or Social Security Number, which are required fields.

Submitting Dental Claims Online

Additional Billing Provider Information

*Entity Qualifier <input type="text"/>	Currency Code <input type="text"/>						
*Org / Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Suffix <input type="text"/>				
*Address 1 <input type="text"/>	*City <input type="text"/>	State <input type="text"/>	Zip and <input type="text"/>	Extension <input type="text"/>	Country <input type="text"/>	Subdivision Code <input type="text"/>	
Address 2 <input type="text"/>							

Secondary IDs

Contact Information

For the additional billing provider information, enter the required fields.

Submitting Dental Claims Online

? Is the Billing Provider Address also the Pay-To Address?

Yes No

? Is the Billing Provider also the Rendering/Performing Provider?

Yes No

Rendering (Performing) Provider

Medicaid Provider ID

National Provider ID

Taxonomy Code

Location Number

Additional Rendering (Performing) Provider Information

*Entity Qualifier



*Org / Last Name

First Name

MI

Suffix

Secondary IDs

State License Number

UPIN Number

If the billing provider is not the rendering/performing provider, these fields are required.

Submitting Dental Claims Online

Member

*Member ID *Last Name First Name MI Suffix *Date of Birth  *Gender SSN

Property Casualty Number

 **Member Address**

*Address 1 *City State Zip and Extension Country Subdivision Code

Address 2

 **Subscriber Information**

Complete the required fields: Member Id, Last Name, First Name, Date of Birth, Gender, Member Address 1, City, State and Zip code.

Submitting Dental Claims Online

Member

*Member ID *Last Name First Name MI Suffix *Date of Birth *Gender SSN

Property Casualty Number

Member Address

*Address 1 *City State Zip and Extension Country Subdivision Code

Address 2

Subscriber Information

Other Insurance Information

? *Does the member have other insurance?

Yes No

NOTE: Please go to the **Other Claim Info** tab in the Coordination of Benefits Section.

Claim Information

Go to Other Claim Info to include the following claim level information:
Orthodontics, Tooth Status, Service Facility, Claim Adjustment and Other Insurance Information.

? *Is this claim accident related?

If the answer is Yes, a note displays. To enter other insurance, click the Other Claim Info

Submitting Dental Claims Online

Coordination of Benefits

Go to [Basic Claim Info](#) to enter basic claim information.

Other Insurance

[Add Other Insurance](#)

Sequence Number ▾	Subscriber ID ▾	Payer / Carrier ID ▾	Payer/Insurance Org Name ▾	Payer Paid Amount ▾
No Data Available				

New Other Insurance

[Save](#) [Reset](#) | [Cancel](#)

Other Subscriber

*Entity Qualifier ▾ *Subscriber ID *Last Name First Name MI Suffix ▾

SSN

Other Subscriber Address Information

Other Subscriber Information

Other Insurance Coverage

*Release of Information Code ▾

The New Other Insurance section opens.

When completing the entry of other insurance, click Save. The other insurance details will then display in the Other Insurance table. [Basic Claim Info](#) link will take you back to the Basic Claim Info page.

Submitting Dental Claims Online

Claim Information

Go to [Other Claim Info](#) to include the following claim level information: Orthodontics, Tooth Status, Service Facility, Claim Adjustment and Other Insurance Information.

? *Is this claim accident related?
 Yes No

Claim Data

*Patient Account #

*Service Date

*Place of Service

*Benefits Assignment Certification

*Assignment Code

*Release of Information Code

[Additional Claim Data](#)

[Service Authorization](#)

[Claim Note](#)

? Does the claim have Attachments?
 Yes No

Expand on [Additional Claim Data](#), [Service Authorization](#) and [Claim Note](#) when applicable. Service Authorization number is required to be on the claim.

Submitting Dental Claims Online

Claim Information

Go to **Other Claim Info** to include the following claim level information:
Orthodontics, Tooth Status, Service Facility, Claim Adjustment and Other Insurance Information.

? *Is this claim accident related?

Yes No

Claim Data

*Patient Account #

*Service Date

*Place of Service

*Benefits Assignment Certification

*Assignment Code

*Release of Information Code

+ [Additional Claim Data](#)

+ [Service Authorization](#)

+ [Claim Note](#)

? Does the claim have Attachments?

Yes No

If this claim has attachments, click the Yes button under the question 'Does this claim have attachments?'

Submitting Dental Claims Online

? Does the claim have Attachments?
 Yes No

Claim Attachments

[Add Attachment](#)

Type Attachment	Delivery Method	Attachment Control #
No Data Available		

New Attachment [Save](#) | [Reset](#) | [Cancel](#)

*Type Attachment *Delivery Method Attachment Control #

Basic Line Item Information

Total Claim Charge Amount: \$0.00 [Add Service Line Item](#)

Line #	Procedure Code	Modifiers				Line Item Charge Amount	Oral Cavity Designation					Units	Service Date	Orthodontic Banding Date	Tooth/Surface
		1	2	3	4		1	2	3	4	5				
No Data Available															

New Line Item [Save](#) | [Save & Add Other Svc Info/TPL](#) | [Reset](#) | [Cancel](#)

*Procedure Code Procedure Description *Line Item Charge Amount \$ Place of Service

Modifiers Oral Cavity Designation

Select Type Attachment and Delivery Method from the drop-down lists. The Delivery Method describes how the Attachment is being sent by a separate delivery.

Submitting Dental Claims Online

? Does the claim have Attachments?

Yes No

Claim Attachments

System successfully saved the Information.

Add Attachment

Type Attachment	Delivery Method	Attachment Control #
Radiology Films	By Mail	1234

1 - 1 of 1

Basic Line Item Information

Total Claim Charge Amount: \$0.00

Add Service Line Item

Line #	Procedure Code	Modifiers				Line Item Charge Amount	Oral Cavity Designation					Units	Service Date	Orthodontic Banding Date	Tooth/Surface
		1	2	3	4		1	2	3	4	5				
No Data Available															

New Line Item

Save | Save & Add Other Svc Info/TPL | Reset | Cancel

*Procedure Code	Procedure Description	*Line Item Charge Amount	Place of Service
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Modifiers	Oral Cavity Designation		
1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>		
Procedure Count			
<input type="text"/>			

The attachment details appear in the table with a system-generated attachment control number for identification

Submitting Dental Claims Online

Claim Provider Information

[Service Facility](#)

[Referring Provider Information](#)

[Primary Care Provider](#)

[Assistant Surgeon Information](#)

[Supervising Provider](#)

Coordination of Benefits

Go to [Basic Claim Info](#) to enter basic claim information.

[Other Insurance](#)

[Add Other Insurance](#)

Sequence Number ▾	Subscriber ID ▲ ▾	Payer / Carrier ID ▲ ▾	Payer/Insurance Org Name ▲ ▾	Payer Paid Amount ▲ ▾
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No Data Available

- Other Claim Info
- Claim Provider Information has sections for information relating to Service Facility, Referring Provider Information, Primary Care Provider Assistant Surgeon Information and Supervising Provider.

Submitting Dental Claims Online

Basic Line Item Information

Add Service Line Item

Total Claim Charge Amount: \$0.00

Line #	Procedure Code	Modifiers				Line Item Charge Amount	Oral Cavity Designation					Units	Service Date	Orthodontic Banding Date	Tooth/Surface
		1	2	3	4		1	2	3	4	5				
No Data Available															

[Save](#) | [Save & Add Other Svc Info/TPL](#) | [Reset](#) | [Cancel](#)

New Line Item

*Procedure Code	Procedure Description	*Line Item Charge Amount	Place of Service
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text" value="v"/>
Modifiers		Oral Cavity Designation	
1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>		1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>	
Procedure Count		Orthodontic Banding Date	
<input type="text"/>		<input type="text"/>	
Service Date			
<input type="text"/>			

Tooth Information

Service Authorization

Additional Service Line Information

? Is there additional line-specific information/TPL to be entered?

Yes No

Enter required fields: Procedure Code, Line Item Charge Amount, Place of Service and Service Date. Tooth Information, Service Authorization and Additional Service Line Information is required if applicable. Modifiers and Oral Cavity Designation Are required with the applicable Procedure Code. Example: Perio Scaling D4341 for the upper right quadrant.

Oral Cavity Designation
 1. 2. 3. 4. 5.

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Submitting Dental Claims Online

Basic Line Item Information

Total Claim Charge Amount: \$75.00 [Add Service Line Item](#)

Line #	Procedure Code	Modifiers				Line Item Charge Amount	Oral Cavity Designation					Units	Service Date	Orthodontic Banding Date	Tooth/Surface
		1	2	3	4		1	2	3	4	5				
1	D0120					\$75.00							01/08/2016		

1 - 1 of 1

New Line Item [Save](#) | [Save & Add Other Svc Info/TPL](#) | [Reset](#) | [Cancel](#)

*Procedure Code: Procedure Description:
 *Line Item Charge Amount: Place of Service:
 Modifiers: 1. 2. 3. 4.
 Oral Cavity Designation: 1. 2. 3. 4. 5.
 Procedure Count:
 Service Date: Orthodontic Banding Date:

Tooth Information [Add Tooth Information](#)

Tooth Number	Tooth Surface				
	1	2	3	4	5

No Data Available

New Tooth Information [Save](#) | [Reset](#) | [Cancel](#)

*Tooth Number: Tooth Surface: 1. 2. 3. 4. 5.

Add a new service line item: If a tooth number is required for the procedure code billed, expand the Tooth Information, add Tooth Information and click Save. Tooth numbers 1 through 9 need to be entered as a single digit value.

Submitting Dental Claims Online

Basic Line Item Information

Total Claim Charge Amount: \$225.00

Add Service Line Item

Line #	Procedure Code	Modifiers				Line Item Charge Amount	Oral Cavity Designation					Units	Service Date	Orthodontic Banding Date	Tooth/Surface
		1	2	3	4		1	2	3	4	5				
1	D0120					\$75.00							01/08/2016		
2	D7111					\$150.00							01/08/2016		6/

1 - 2 of 2

Submit Claim

Save Claim

Reset

Cancel

Save Claim or Submit Claim. At the end of the claim process when you successfully submit the claim, a Submit Claim page displays. Print the Submit Claim page and use it as a cover sheet when mailing, faxing or otherwise sending the attachments related to this Claim. Attachment form number SFN 177 must be completed and included with the Submit Claim page.

Submitting Dental Claims Online

Claim Submitted

Print | Help - □

TCN: 16012100010000030

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

Claim Information

TCN: 16012100010000030

Date of Service: 01/08/2016 - 01/08/2016

Provider #: 2543586

Member ID: ND3857937

Claim Status: O - To Be Paid

Total Charge: \$225.00

*To Be Paid Amount: \$59.90

*Co-Payment: \$0.00

*Total Recipient Liability: \$0.00

Submission Date/Time: Tue Jan 12 04:36:27 CST 2016

*This may not be the actual amount. Please refer to your remittance advice for detailed payment information.

Adjustment Reason Codes

Line #	Adjustment Reason Code	Description
1	B5	Coverage/program guidelines were not met or were exceeded.
1	119	Benefit maximum for this time period or occurrence has been reached.

1 - 2 of 2

Remark Codes

Line #	Remark Code	Description
1	N362	The number of Days or Units of Service exceeds our acceptable maximum.

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

[Void or Replace this Claim](#)

[Create Claim from Processed Claim](#)

[Print Submission Page](#)

[Submit Another Claim](#)

[Claim Main Page](#)

When a claim is successfully submitted, the Claim Submitted page appears and lists the TCN or Transaction Control Number, the Claim Status, and much more. At the end of the claim process when you successfully submit the claim, a Submit Claim paid displays. Print the Submit Claim page and use it as a cover sheet when mailing, faxing or otherwise sending the attachments related to this claim. Attachment form SFN 177

Submitting Dental Claims Online

Creating a New Claim from a Saved Claim

Submitting Dental Claims Online



The screenshot shows the North Dakota MMIS Web Portal interface. At the top, there is a navigation bar with the following tabs: Home, Member, Provider, Claims, EDI, Authorizations, My Account, and FES. The 'Claims' tab is selected, and a dropdown menu is open, showing the following options: Create Claims, Manage Claims, Create Templates, Manage Templates, Claim Status Inquiry, Payment Inquiry, 1099 Inquiry, and Pharmacy Claims. The 'Manage Claims' option is highlighted, and a sub-menu is open, showing the following options: Edit / Delete Saved Claim and View Submitted Claims. The 'Edit / Delete Saved Claim' option is highlighted with an orange box. Below the navigation bar, there is a 'Quick Links' section with a list of links: Add Service Location, Trading Partner, Enrollment, Provider Manuals, Provider Inquiry/Update Request, Provider Training, Registration, Provider FAQ, Provider Resources, Messages & Announcements. Below the 'Quick Links' section, there is a 'News' section with a link: Governor's Task Force on Access to Affordable Health Insurance. In the center of the page, there is a 'Provider Message' section with a table. The table has columns for Status, From, Date, and Subject. The table is currently empty, showing '0-0 of 0' and 'No Data'. Below the table, there is a message: 'If you are unable to view PDFs, please download Adobe Reader.' with a button that says 'Get ADOBE READER'. At the bottom of the page, there is a footer with the following text: '©2014 Affiliated Computer Services, Inc. All Rights Reserved. Privacy Policy | Site Map | Terms of Use | Browser Requirements | Accessibility Compliance'.

The Claims menu opens, then click Edit/Delete Saved Claim to start the process.

Submitting Dental Claims Online

Edit/Delete Saved Claim - Search

Print | Help - □

* Required Field

To conduct a search for previously saved claims, enter information in any or all of the additional information fields, and click "Search". If only the Billing Provider ID is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results. If there are likely more than 100 results, please refine your search criteria by entering more specific information in the additional information fields below.

Billing Provider ID

*Billing Provider ID

Additional Information

Member ID

If only the Begin Date (and no End Date) is entered, the End Date will be the same as the Begin Date. Note: Saved claims are only kept on record for 30 business days after the date of the last save.

Claim Service Period Begin Date

Claim Service Period End Date

Search

Reset

Submitting Dental Claims Online

Edit/Delete Saved Claim - Search Print | Help - □

*** Required Field**

To conduct a search for previously saved claims, enter information in any or all of the additional information fields, and click "Search". If only the Billing Provider ID is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results. If there are likely more than 100 results, please refine your search criteria by entering more specific information in the additional information fields below.

Billing Provider ID

*Billing Provider ID

Additional Information

Member ID

If only the Begin Date (and no End Date) is entered, the End Date will be the same as the Begin Date. Note: Saved claims are only kept on record for 30 business days after the date of the last save.

Claim Service Period Begin Date

Claim Service Period End Date

SEARCH RESULTS

Below is a list of claims that met your search criteria for the selected Provider ID. Click on a row to view details associated with that claim.

Provider ID: 2543586

Member Name ▾	Member ID ▾	Claim Service Period Begin Date ▾	Total Charges ▾	Form Type ▾	Form Sub Type ▾	Last Updated By ▾
SANDERSON, SAM	ND3857937	01/02/2016	\$125.00	Dental		ASMITH
SANDERSON, SAM	ND3857937	01/05/2016	\$100.00	Dental		ASMITH

1 - 2 of 2

This search uses the Billing Provider ID and the results return and display in a table that shows the Member Name and ID, Claim Service Period, Charges, Claim Type and ID of the person who created the claim.
 Note: Click on the row listing the claim we just saved in order to open it.

Submitting Dental Claims Online



Edit / Delete Saved Dental Claim Print | Help - □

*** Required Field**

Basic Claim Info | Other Claim Info

[Provider](#) | [Member](#) | [Claim](#) | [Basic Line Items](#)

? Is this a Service Authorization?
 Yes No

? Is this a void/replacement?
 Yes No

Submitter Information

Submitter ID
JSMITH

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

NOTE: Healthcare Providers are required to submit National Provider ID

Medicaid Provider ID 2543586	National Provider ID []	Taxonomy Code 261QD0000X	Tax ID 000991111	SSN []	Location Number []
---------------------------------	-----------------------------	-----------------------------	---------------------	------------	------------------------

Additional Billing Provider Information

*Entity Qualifier Non-Person Entity ▼	Currency Code []					
*Org / Last Name NORTH DAKOTA DE	First Name []	MI []	Suffix [] ▼			
*Address 1 1004 W MAIN ST	*City MANDAN	State North Dakota ▼	Zip and 58554	Extension []	Country []	Subdivision Code []

Now you can edit and complete the claim. Remember to complete all the required fields. Let's scroll down to the bottom of the claim to take the next steps.

Submitting Dental Claims Online

Basic Line Item Information

Total Claim Charge Amount: \$100.00 Add Service Line Item

Line #	Procedure Code	Modifiers				Line Item Charge Amount	Oral Cavity Designation					Units	Service Date	Orthodontic Banding Date	Tooth/Surface
		1	2	3	4		1	2	3	4	5				
1	D2140					\$100.00							01/05/2016		9/F

1 - 1 of 1

New Line Item Save | Save & Add Other Svc Info/TPL | Reset | Cancel

*Procedure Code: D2150 Procedure Description: *Line Item Charge Amount: \$150.00 Place of Service: Office

Modifiers: 1. 2. 3. 4. Oral Cavity Designation: 1. 2. 3. 4. 5.

Procedure Count: Service Date: 01052016 Orthodontic Banding Date:

Tooth Information Add Tooth Information

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

New Tooth Information Save | Reset | Cancel

*Tooth Number: 4 Tooth Surface: 1. Mesial 2. Occlusal 3. 4. 5.

Service Authorization

Additional Service Line Information

Is there additional line-specific information/TPL to be entered?
 Yes No

Submit Claim Save Claim Reset Cancel Delete

With these buttons you can save the claim again, cancel to close this saved claim, reset to undo changes made since the last save, delete or submit the claim.

Submitting Dental Claims Online

Basic Line Item Information

Total Claim Charge Amount:\$100.00

Add Service Line Item

Line #	Procedure Code	Modifiers				Line Item Charge Amount	Oral Cavity Designation					Units	Service Date	Orthodontic Banding Date	Tooth/Surface
		1	2	3	4		1	2	3	4	5				
1	D2140					\$100.00							01/05/2016		9/F

1 - 1 of 1

New Line Item

Save | Save & Add Other Svc Info/TPL | Reset | Cancel

*Procedure Code: Procedure Description:

*Line Item Charge Amount: Place of Service:

Modifiers: 1. 2. 3. 4.

Oral Cavity Designation: 1. 2. 3. 4. 5.

Procedure Count:

Service Date:

Orthodontic Banding Date:

Tooth Information

Add Tooth Information

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

New Tooth Information

Save | Reset | Cancel

*Tooth Number: Tooth Surface: 1. 2. 3. 4. 5.

Service Authorization

Additional Service Line Information

Is there additional line-specific information/TPL to be entered?
 Yes No

Submit Claim | Save Class | Reset | Cancel | Delete

Submitting Dental Claims Online

Creating a New Claim from a Claim Template

Submitting Dental Claims Online

The screenshot shows the North Dakota MMIS Web Portal interface. At the top, there is a navigation bar with the following items: Home, Member, Provider, Claims, EDI, Authorizations, and My Account. The 'Claims' menu is open, displaying a list of options: Create Claims, Manage Claims, Create Templates, Manage Templates, Claim Status Inquiry, Payment Inquiry, 1099 Inquiry, Create Professional Claim, Create Institutional Claim, Create Dental Claim, Create Claim from Template (highlighted), Create Claim from Processed Claim, Travel/Lodging Claim, and HCBS/DD Claim. Below the menu, there is a table with columns for Status, Date, and Subject. A single row is visible with a status of 'YES', a date of '01/13', and a subject of 'New Document for Online Viewing:'. A 'Delete' button is located to the right of the row. Below the table, there is a message: 'If you are unable to view PDFs, please download Adobe Reader.' with a 'Get Adobe Reader' button. The footer contains copyright information: '©2016 Affiliated Computer Services, Inc. All Rights Reserved.' and links for Privacy Policy, Site Map, Terms of Use, Browser Requirements, and Accessibility Compliance.

The Claims menu opens, then click on Create Claim from Template to start the process.

Submitting Dental Claims Online



Create Claim From Template - Search

[Print](#) | [Help](#)

* Required Field

To conduct a search for a previously saved template, enter the name of the template or leave the template name field blank, optionally select a Template Type if it is known, and then click "Search". A search by Template Name will return that template if it exists, while a search without a Template Name will produce a list of existing saved templates. Selecting "Starts With" will produce a list of existing saved templates with the first two characters matching that search criteria. Selecting "Contains" will produce a list of templates with a word or phrase in the template name that matches the search criteria.

Template Name

Starts With Contains

Template Type

- Dental
- Institutional
- Professional
- HCBS/DD
- Travel/Lodging

[Search](#) [Reset](#)

SEARCH RESULTS

Below is a list of templates that met your search criteria. To create a new claim from click on the row associated with the you wish to display. You will be taken to the web form where you may enter your claim information.

Template Name	Form Type	Form Sub Type	Last Update	Last Updated By
DENTAL ROUTINE	Dental		01/08/2016	ASMITH

1 - 1 of 1

And once again, you're on a Search page. This time it's the Create Claim from Template Search page and you can search by Template Name or Template Type.

Submitting Dental Claims Online



Create Claim From Dental Template Print | Help -

*** Required Field**

Basic Claim Info | Other Claim Info

[Provider](#) | [Member](#) | [Claim](#) | [Basic Line Items](#)

? Is this a Service Authorization?
 Yes No

? Is this a void/replacement?
 Yes No

Submitter Information

Submitter ID
ASMITH

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

NOTE: Healthcare Providers are required to submit National Provider ID

Medicaid Provider ID 2543586	National Provider ID 	Taxonomy Code 261QD0000X	Tax ID 000991111	SSN 	Location Number
---------------------------------	--------------------------	-----------------------------	---------------------	---------	---------------------

Additional Billing Provider Information

*Entity Qualifier Non-Person Entity	Currency Code 				
*Org / Last Name NORTH DAKOTA DE	First Name 	MI 	Suffix 		
*Address 1 1004 W MAIN ST	*City MANDAN	State North Dakota	Zip and 	Extension 	Country
					Subdivision Code

You can create a Claim Template to use for a specific patient, procedure or service.

Submitting Dental Claims Online

Creating a New Claim from a Processed Claim

Submitting Dental Claims Online

The screenshot displays the North Dakota MMIS Web Portal. At the top right, the date is Jan 13, 2016, and there are links for Skip Navigation, Contact Us, Help, Search, and Log out. The main navigation bar includes Home, Member, Provider, Claims, EDI, Authorizations, and My Account. The 'Claims' dropdown menu is open, showing options: Create Claims, Manage Claims, Create Templates, Manage Templates, Claim Status Inquiry, Payment Inquiry, 1099 Inquiry, Create Professional Claim, Create Institutional Claim, Create Dental Claim, Create Claim from Template, Create Claim from Processed Claim, Travel/Lodging Claim, and HCBS/DD Claim. The 'Create Claim from Processed Claim' option is highlighted. On the left, there are Quick Links and News sections. The main content area shows a table with columns for Status, Date, and Subject. A row is visible with the date 01/13 and the subject 'New Document for Online Viewing:'. Below the table, there is a message: 'If you are unable to view PDFs, please download Adobe Reader.' with an Adobe Reader icon.

http://uat.mmis.nd.gov/portal/wps/myportal/!ut/p/c5/04_SB8K8xLLM9MSSzPy8xBz9CP0os_hAb-cwF3cfQwMDA0NjAyNjYye...

Then navigate to Create Claim from a Processed Claim and click the link.

Submitting Dental Claims Online

Home

Member

Provider

Claims

EDI

Authorizations

My Account

Create Claim From Processed Claim

Print | Help

* Required Field

To conduct a search for previously processed claims, enter information in any or all of the remaining fields. At a minimum either the TCN or the claim service period date(s) must be entered. Entering a TCN will return the exact matching claim. Entering date and/or member information will return a list of all claims matching the search criteria. A maximum of 100 results will be returned; if necessary, refine your search by entering additional search criteria. **Note: Claims in a suspended status will not be returned.**

Billing Provider Number

*Billing Provider #

2543586

Please enter either a TCN or a Claim Service Period Begin Date range. Claim Service Period Begin Date applies to the earliest date of service on the claim. If no End Date is entered, the End Date will be either today's date or one year forward from the Begin Date entered (whichever is less). To refine your search, you may also select a claim status.

Claim Information

TCN

Claim Service Period Begin Date

Claim Service Period End Date

Claim Status

You may also enter a member ID to further refine your search.

Member Information

Member ID

Search

Reset

Either the TCN or at least one claim service period date is required to search. You can, of course, add another date, select a Claim Status or enter Member ID to narrow your search.

Submitting Dental Claims Online

Create Claim From Processed Claim Print | Help - □

*** Required Field**

To conduct a search for previously processed claims, enter information in any or all of the remaining fields. At a minimum either the TCN or the claim service period date(s) must be entered. Entering a TCN will return the exact matching claim. Entering date and/or member information will return a list of all claims matching the search criteria. A maximum of 100 results will be returned; if necessary, refine your search by entering additional search criteria. **Note: Claims in a suspended status will not be returned.**

Billing Provider Number

*Billing Provider #

Please enter either a TCN or a Claim Service Period Begin Date range. Claim Service Period Begin Date applies to the earliest date of service on the claim. If no End Date is entered, the End Date will be either today's date or one year forward from the Begin Date entered (whichever is less). To refine your search, you may also select a claim status.

Claim Information

TCN
 Claim Service Period Begin Date
 Claim Service Period End Date
 Claim Status

You may also enter a member ID to further refine your search.

Member Information

Member ID

SEARCH RESULTS

Below is a list of claims that met your search criteria for the selected Provider ID. To create a claim from an already submitted claim, click the Member ID associated with the latter and then make whatever changes necessary before submitting the new claim.

Provider ID: 2543586

TCN ▼	Service Period ▲	Claim Status ▲	Form Type ▲	Form Sub Type ▲	Claim Payment Amount ▲	Member Name ▲	Member ID ▲
16008100010000020	01/02/2016-01/02/2016	D - Denied	Dental		\$0.00	SANDERSON, SAM	ND3857937
16012100010000030	01/08/2016-01/08/2016	P - Paid	Dental		\$59.90	SANDERSON, SAM	ND3857937
16012100010000040	01/08/2016-01/08/2016	P - Paid	Dental		\$103.84	SANDERSON, SAM	ND3857937
16012100110000011	01/08/2016-01/08/2016	P - Paid	Dental		-\$103.84	SANDERSON, SAM	ND3857937
16012100110000033	01/08/2016-01/08/2016	P - Paid	Dental		\$103.84	SANDERSON, SAM	ND3857937

1 - 5 of 5

And, that you can sort the results by clicking the up or down arrows at the top of each column.

Submitting Dental Claims Online

Home Member Provider Claims EDI Authorizations My Account

Create Claim From Processed Dental Claim Print | Help

*** Required Field**

Basic Claim Info Other Claim Info

Provider Member Claim Basic Line Items

? Is this a Service Authorization?
 Yes No

? Is this a void/replacement?
 Yes No

Submitter Information

Submitter ID
JSMITH

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

NOTE: Healthcare Providers are required to submit National Provider ID

Medicaid Provider ID 2543586	National Provider ID 	Taxonomy Code 261QD0000X	Tax ID 000991111	SSN 	Location Number
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Additional Billing Provider Information

*Entity Qualifier Non-Person Entity	Currency Code 					
*Org / Last Name NORTH DAKOTA DE	First Name 	MI 	Suffix 			
*Address 1 1004 W MAIN ST	*City MANDAN	State North Dakota	Zip and 58554	Extension 	Country 	Subdivision Code

Using it as a base, edit fields and make different selections as necessary to create your new claim.

Submitting Dental Claims Online

Claim Data

*Patient Account # *Service Date *Place of Service

*Benefits Assignment Certification *Assignment Code *Release of Information Code

[Additional Claim Data](#)

[Service Authorization](#)

Service Authorization # Referral #

[Claim Note](#)

? Does the claim have Attachments?
 Yes No

Basic Line Item Information

Total Claim Charge Amount: \$125.00 [Add Service Line Item](#)

Line #	Procedure Code	Modifiers				Line Item Charge Amount	Oral Cavity Designation					Units	Service Date	Orthodontic Banding Date	Tooth/Surface
		1	2	3	4		1	2	3	4	5				
1	D0120					\$50.00							01/02/2016		
2	D7111					\$75.00							01/02/2016		5/

1 - 2 of 2

Service Authorization # must be entered in the Claim Data and in Basic Line Item Information. Select the Line # to edit the Service Authorization #.

Submitting Dental Claims Online

Basic Line Item Information

Total Claim Charge Amount: \$125.00 [Add Service Line Item](#)

Line #	Procedure Code	Modifiers				Line Item Charge Amount	Oral Cavity Designation					Units	Service Date	Orthodontic Banding Date	Tooth/Surface
		1	2	3	4		1	2	3	4	5				
1	D0120					\$50.00							01/02/2016		
2	D7111					\$75.00							01/02/2016		5/

1 - 2 of 2

Edit Service Line Item [Save](#) | [Save & Add Other Svc Info/TPL](#) | [Reset](#) | [Delete](#) | [Cancel](#)

*Procedure Code: Procedure Description:

*Line Item Charge Amount: \$ Place of Service:

Modifiers: 1. 2. 3. 4.

Oral Cavity Designation: 1. 2. 3. 4. 5.

Procedure Count:

Service Date: Orthodontic Banding Date:

[Tooth Information](#)

[Service Authorization](#)

Service Authorization #: Referral #:

[Additional Service Line Information](#)

Is there additional line-specific information/TPL to be entered?
 Yes No

[Submit Claim](#) [Save Claim](#) [Reset](#) [Cancel](#)

Edit Service Line Item, Save and Save Claim or Submit Claim.

QUESTION & ANSWER OPEN LINE SESSION

Open Line Question & Answer

We are opening the phone line in order to field any questions you may have. In order to get your question in queue, please perform the following;

- **Press star***, then **pound#** to move into the call queue.
- The operator will advise you when you have the floor.
- Additionally, you are not limited to the number of questions you can ask. However, you will again need to please **press star***, then **pound#** to have the floor.

