
Service Authorization (SA) Fundamentals For ND Health Enterprise MMIS

Prior Authorization is now known as Service Authorization (SA) in the new ND Health Enterprise MMIS. Enterprise also introduces the use of Benefit Plans to identify the program(s) for which a member is eligible. Each benefit plan has unique service authorization and referral requirements, service limits, and healthcare coverage.

Service authorization is required before ND Medicaid agrees to cover certain equipment, dental or medical procedures. There are many reasons why a claim may require service authorization, including but not limited to, benefit eligibility, age, or medical necessity.

Submission Tips

- Online service authorization forms need to be completed in their entirety in order to be reviewed. Accompanying SFN forms (if required) must also be completed in their entirety.
- The majority of service authorizations can be submitted through the provider web portal or electronically through an X12 transaction (278). Most service authorizations can be submitted on paper. However, providers are strongly encouraged to use electronic submission methods to expedite the review process and response. *Refer to the Submission Guidelines table on page 2 for specific service authorization submission requirements.*
- Service authorizations submitted electronically via the web portal or 278 transactions may still require attachments. Electronic attachments are not available at this time. All attachments and supplemental documentation for Dental, DME, Home Health, Partial Hospitalization, Vision and General Medical SA requests must be submitted to the dedicated FAX number at 701-328-1544 or mailed with the SA confirmation page. The SA confirmation page is available for printing immediately after completing a new SA request in the Enterprise provider web portal. Alternatively, SFN Form 177 can be used as a cover sheet and is available for printing at <http://www.nd.gov/eforms/>.
- The confirmation page on the Enterprise web portal is only displayed once and is the only time that it will be available for printing. When attachments are sent to the department without the confirmation page, the service authorization number must be written on the cover sheet of the submitted documentation.

ICD-10 Diagnosis Codes

All diagnosis code dependent service authorizations will be end dated September 30, 2015 to comply with the CMS mandated ICD-10 implementation effective October 01, 2015. A new authorization will need to be submitted with a valid ICD-10 diagnosis code and a start date of October 01, 2015. Providers should refer to

the ND Medicaid ICD-10 Implementation website for details regarding ICD-10 testing and further information at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/icd10.html>.

Submission Guidelines and Requirements

	Web Portal Submission	X12 - 278 Submission	Paper SA Submission	Member ID Required?	NPI Required?	*Service Code Required?*	Submission Type	SFN Form Number
Dental	Y	Y	Y	Y	Y	Y	Dental	ADA Claim Form
Ad Hoc (chiropractic, therapies, psychiatric services)	Y	Y	Y	Y	Y	Y	Inst or Prof	481
DME	Y	Y	Y**	Y	Y	Y	Prof	1115
Home Health	Y	Y	Y	Y	Y	Y	Inst	15
Medical	Y	Y	Y	Y	Y	Y	Prof	511
Out of State	N	N	Y	Y	Y	N	Inst or Prof	769
Partial Hospitalization	Y	Y	Y	Y	Y	Y	Inst	73
Quality Health Associates	N	N	Y	Y	Y	Y	Inst or Prof	n/a
Vision	N	Y	Y	Y	Y	Y	Prof.	292

*Service codes; HCPC, ICD, CPT, CDT (Dental), Revenue Code

**Paper SA for DME will only be accepted for 60 days post Go-Live and thereafter all submissions will be electronic or web based

Dental

Historically, the Department has created and maintained an annual service authorization period for members on the Dental Frequency List or DD (Developmentally Disabled) List. These member lists will no longer be maintained by the Department of Human Services. Providers are now required to submit a yearly service authorization request for these services. SA requests for dental necessity services must be submitted to the Department for review.

Quality Health Associates (NDHCR)

The current ND Medicaid process for QHA service authorization submissions will remain in place for ND Health Enterprise. Providers should continue to fax documentation to Quality Health Associates at:

- QHA fax: 701-838-6009
- QHA telephone: 701-852-4231

Out of State Services

- The current ND Medicaid process for Out of State service authorization submissions will remain in place for ND Health Enterprise.
- Form SFN 769 *Request for Prior Authorization for Out of State Services* and medical documentation to support the request must be submitted to the Department for review.
- Out-of-State requests can only be made by a ND Medicaid enrolled provider.