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.
Chiropractic Service Authorizations can be submitted via:

- Web portal
- Electronic 278
- SFN 481
  - available at [http://www.nd.gov/eforms/](http://www.nd.gov/eforms/)

All applicable documentation will be required regardless of the submission method to the Department.
Step 1:
Providers will log in to the ND Health Enterprise MMIS secure Provider Portal with their User ID and password as shown below:
Step 2:
To create a service authorization, providers will click on “Authorizations”
Creating a Service Authorization Request

Step 3:
Providers will then select “Submit Professional Authorization”
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”.

![Image of Service Authorization Request Form]

*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)
Step 6:
The *Requesting Provider* data fields on this screen will be pre-filled with the ND Medicaid provider enrollment information.
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.**

[Image of a screen showing a radio button for "Yes" and "No"]
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.
Step 8:
Providers must complete the *Dates of Service* fields. ND Medicaid requires an entry for both the *Requested Begin* and *Requested End* dates.
Step 9:
Providers may include any additional information in the Notes field for the Department to consider when reviewing the 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 Table](image-url)
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.
Creating a Service Authorization Request

Refer to the Completed *Service Detail* example below:

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Certification Issue Date</th>
<th>Certification Action</th>
<th>Review Decision Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>SV1 (Professional Service)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Service Qualifier*  
HC Fin Admin Common Proc Coding Sys

<table>
<thead>
<tr>
<th><em>Service Code From</em></th>
<th>98940</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Service From Description</th>
<th>Service Code To</th>
<th>Service To Description</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Requested Begin Date</th>
<th>Requested End Date</th>
<th>Requested Amount</th>
<th>Requested Unit(s)</th>
<th>Unit of Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>02012015</td>
<td>03012015</td>
<td></td>
<td>5</td>
<td>Unit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approved Begin Date</th>
<th>Approved End Date</th>
<th>Approved Amount</th>
<th>Approved Unit(s)</th>
</tr>
</thead>
</table>

*Line Item Diagnosis*
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**
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.
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.
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.
To submit your service authorization to the Department:

1. Click **Save**
   
   This will display confirmation message at the top of the screen.

   ![System successfully saved the information.]

   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:

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

![Edit/View Service Authorization Requests](image)
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
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/taxonomy.html](http://www.nd.gov/dhs/info/mmis/taxonomy.html)
Paper claim instructions for completion of the Professional CMS-1500 claim form can be found on the ND Medicaid website at:


A computer based training module on submitting paper claims is available for ND Medicaid providers at: http://ndmmis.learnercommunity.com/paper-claims-instruction-training