

## CORRECTION OR INFORMATION CLAIM FORM LETTER

DEPARTMENT OF HEALTH AND HUMAN SERVICES MEDICAL SERVICES SFN 631 (Rev. 9-2022)

Date Provider ID Number Provider Name

## ATTENTION PROVIDERS

The attached claim form is returned to you for correction, additional information, or resubmission instructions. Please refer to the specific instructions indicated below:

Invalid claim form submitted. Refer to Enterprise paper claim instructions

at http://www.nd.gov/dhs/info/mmis/claims-instructions.html

Faxed and Photocopies are not accepted

Old version of forms no longer accepted

Claim data is too shifted to be read correctly

Missing required information. (See comments for details)

Other (see comments below)

C	OMMENTS				

As of April 15, 2020, North Dakota Medicaid will no longer be accepting any paper medical claims. Paper medical claims received on paper will be returned to the provider unless an exemption has been approved.

As of May 1, 2022, North Dakota Medicaid will no longer be accepting Medicaid primary dental paper claims. Primary dental claims received on paper will be returned to the provider unless an exemption has been approved. Dental providers will be allowed to bill secondary dental claims on paper without an exemption.

All claims must be electronically submitted using the provider web portal at MMIS.ND.GOV or through a clearinghouse. Instructions can be located on our webpage at <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html">http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html</a>

Please note FAXED and EMAILED claims are not accepted.

If you have questions or concerns, contact information is below:

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Department of Health and Human Services
600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505-0250
Tolophono: (701) 328-7068

Telephone: (701) 328-7068 Toll-free: (800) 755-2604 Relay ND TTY: (800) 366-6888

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