
REPLACEMENT CLAIMS

ND Health Enterprise MMIS will require changes to the process of adjusting claims. The SFN 639 "Provider Request for an Adjustment" form will be replaced in the new ND Health Enterprise MMIS system with the "Void/Replacement" process. Voids and Replacements submission methods include paper, through an EDI X12-837 transaction or through ND Health Enterprise MMIS, our internet-based web portal.

Providers submitting paper claim replacements will use the same type of claim form as the original claim.

- For professional claims, the void or replacement code and the TCN/ICN to be adjusted is entered into a CMS 1500 claim form in Field 22.
- For institutional claims, the last digit of the bill type must identify a void or replacement and the TCN/ICN to be adjusted is entered into a UB-04 claim form in Field 64.
- For dental claims, the void or replacement code and the TCN/ICN to be adjusted is entered into an ADA 2012 Dental claim form in Field 35. Enter the void or replacement code, followed by a hyphen, and then the TCN/ICN.

Providers submitting voids or replacements via the provider web portal for Professional, Dental, Institutional, HCBS/DD, and Travel/Lodging, must indicate if this is a void/replacement claim. If the provider answers "Yes", they select the appropriate resubmission type code (void or replacement) and the TCN to void/replace. If the claim being replaced was originally submitted via the web, the original claim data will auto populate on the screen. If not, the provider will need to enter all of the claim data into the online form.

The following are some very important references when submitting a replacement claim:

- If replacing or voiding a claim processed in the ND Health Enterprise MMIS, enter the 17-digit TCN for the previously processed claim
- If replacing or voiding a claim that was originally processed in the ND Legacy MMIS insert the century code in the 3rd and 4th positions of the ICN. Enter the 15-digit ICN for the previously processed claim.

Example: Legacy ICN: 1015015320010

Replaced Legacy ICN: 102015015320010

If you have any questions, please email ND Medicaid at MMISinfo@nd.gov or call the ND Health Enterprise MMIS Call Center at 1-877-328-7098.