

North Dakota Department of Human Services
Tribal 638/IHS “received through”
Guidance on Claim Submission Requirements

- There must be a written care coordination agreement between the Tribal 638/IHS facility and the non-Tribal 638/IHS provider.
- There must be a tribal health care coordination fund agreement between DHS and a tribal government as required by North Dakota Century Code (NDCC) Section 50-24.1-40.
- There must be an established relationship between the American Indian Medicaid beneficiary and the Tribal 638/IHS facility practitioner.
- Primary Care Case Management (PCCM) Program referral requirements apply. Service authorization requirements apply.
- Non-Emergency Medical Transportation (NEMT) and Targeted Case Management (TCM) services do not qualify.
- Non-Tribal 638/IHS providers will bill the State Medicaid Agency their usual and customary charge for the service provided.

Tribal 638/IHS Care Coordination Referral Number

For “received through” services billed by non-Tribal 638/IHS providers eligible for 100% Federal Medical Assistance Percentage (FMAP), the appropriate care coordination referral number will need to be included on claims submitted by the non-Tribal 638/IHS provider to ND Medicaid. The claim submitted by the non-Tribal 638/IHS provider must use the following billing guidelines to document the service was “received through” a Tribal 638/IHS facility under a written care coordination agreement.

The care coordination referral number consists of **10 digits**. The first 5 digits must be the State-assigned Tribal 638 /IHS unit identifier number. This number will consist of a 3- digit numeric number which designates the tribe the referral is coming from followed by an alpha ‘CC’ (example: “**100CC**”). The last 5 digits of the referral number are reserved for a unique numeric identifier for each referral.

The State prefers a unique numeric identifier for each referral is utilized. This will help support the non-Tribal 638/IHS provider and Tribal 638/IHS provider coordination efforts by distinguishing the services each referral was made for, as well as assist in any auditing/tracking efforts. There are two ways the unique numeric identifier can be assigned:

- You can use the last 5 digits of the referral number generated from the Tribal 638/IHS Resource and Patient Management System (RPMS). Within the 13-digit RPMS referral number itself, the remaining 5 digits represent a unique code associated with the specific request for services. You could append the unique 5-digit code to the end of the State-assigned Tribal 638/IHS identifier number. An example of the 10-digit Tribal 638/IHS care coordination referral number would look like this: **100CC00001**
- If it is not possible to use the remaining 5 digits of the RPMS, the last 5 digits of the referral number could be a unique number assigned to each referral.

Claims Submissions to Identify Care Coordination Referral Received from Tribal 638/IHS

Institutional Claims

Bill using HIPAA-compliant 837I (Institutional) version

- Loop 2300
- Segment ID “**REF**” (Referral Number)
- Reference Identification Qualifier “**P4**” (Project Code) in the REF01 data element
- Enter the 10-digit Tribal 638/IHS **referral number** in the REF02 data element. The first 5 digits must be the State-assigned Tribal 638/IHS identifier number. The last 5 digits can be the RPMS unique 5-digit code, or a unique number designated by the Tribal 638/IHS unit to be used for internal tracking purposes.

Professional Claims

Bill using HIPAA-compliant 837P (Professional) version

- Loop 2300
- Segment ID “**REF**” (Referral Number)
- Reference Identification Qualifier “**P4**” (Project Code) in the REF01 data element
- Enter the 10-digit Tribal 638/IHS **referral number** in the REF02 data element. The first 5 digits must be the State-assigned Tribal 638/IHS identifier number. The last 5 digits can be the RPMS unique 5-digit code, or a unique number designated by the Tribal 638/IHS unit to be used for internal tracking purposes.