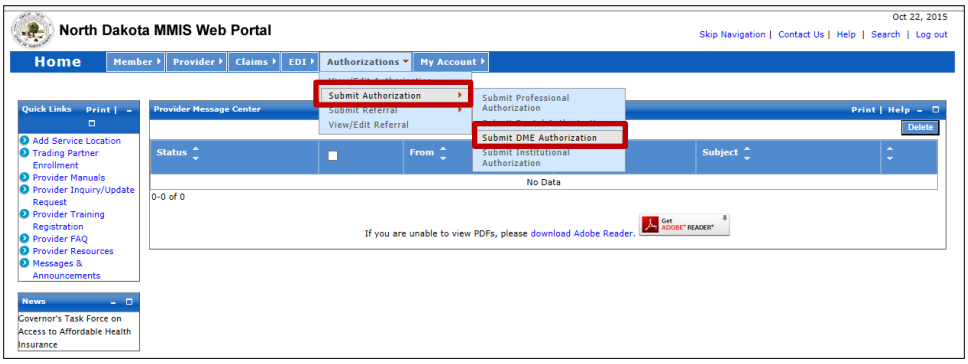
June 2024

NORTH Dakota | Health & Human Services
Be Legendary.

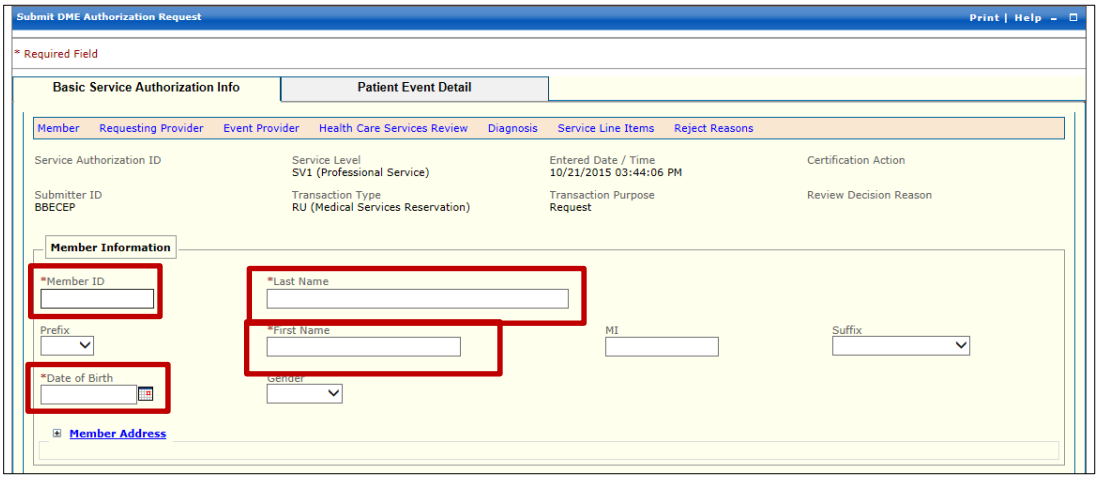
DME Service Authorization Instructions – MMIS Web Portal

MMIS is most compatible with Microsoft Edge. If experiencing MMIS entry issues or unable to attach documents, please send an email with screenshots with the error to dhsserviceauth@nd.gov . ND Medicaid will not accept attachments to authorizations via this mailbox or via any other format. Attachments must be attached to the authorization electronically.

1. Log in to MMIS, under the **Authorizations** tab, go to **Submit Authorization** and then click **Submit DME Authorization**.

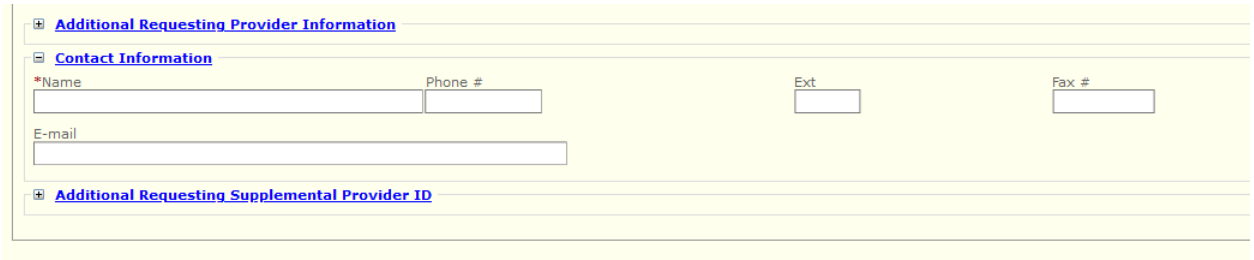


2. The **Submit DME Authorization Request** screen opens.
3. Verify the information at the top of the page. It is automatically populated based on the User ID assigned to the person submitting the authorization request and includes:
   - Submitter ID
   - Service Level
   - Transaction Type
   - Transaction Purpose
   - Entered date/time (date/time the authorization is created)
4. Complete the Required member information and enter all information marked with a red asterisk* including:
   - Member ID
   - Last Name
   - First Name
   - Date of Birth

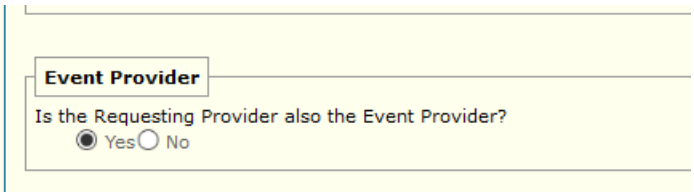


5. The requesting provider section is automatically populated based on the submitter ID. It is recommended to verify this section is populated correctly based on how claims will be billed. No information needs to be added in this section. This section contains:
    - DME Provider Medicaid ID number
    - NPI/Other Provider ID number
    - Taxonomy code (auto populates upon SA submission)

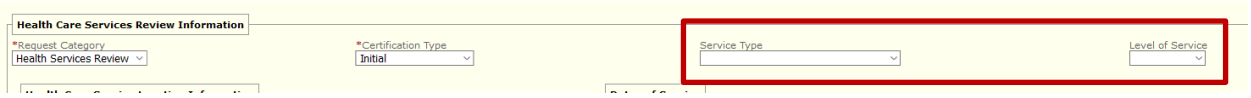
6. It is recommended to complete the Contact Information section with the contact's name, phone number, and/or email address in the event state staff need to reach your organization regarding the authorization submission. To open the contact information section, click on the **+** sign before Contact Information.



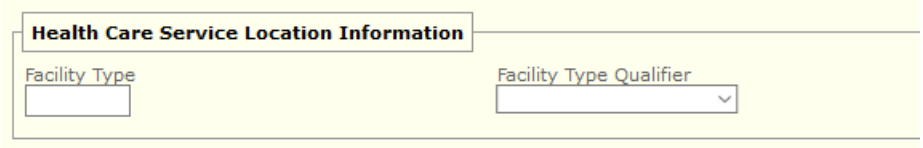
7. It is recommended to leave the event provider defaulted to YES. (This is Box 24J on the CMS-1500 claim form.)



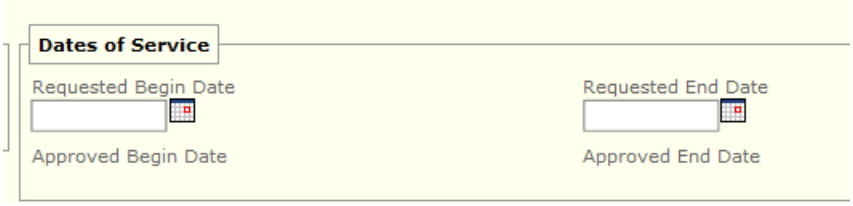
8. The request category and certification type are defaulted. The Service Type and Level of Service must have valid value selected from the drop-down menu. Select the most appropriate valid value from the drop-down menu.



9. Healthcare Service Location Information: the facility type and facility type qualifier are the place of service information. The facility type is the place of service code, and the qualifier is the place of service code value from the drop-down menu. The place of service code set can be viewed here: Place of Service Code Set | CMS



10. The requested begin date and requested end date are required fields. Please enter those dates here. They will carry down to each line item of the authorization upon submission of the request:



11. Complete the notes section and provide any required information relevant to the authorization such as:
    - Equipment date of purchase
    - Equipment purchased prior to entering the nursing home
    - All other insurance information for the patient; if Medicaid is the primary payer – please indicate “no additional insurance” in this section **(other insurance information is required)**
    - Reasons for requesting early equipment replacement
    - Any additional information for special consideration for the reviewer to consider

Notes

Notes

264 Characters Remaining

12. At least one valid diagnosis code is <u>required</u> on the service authorization. The diagnosis code submitted must be reported on the claim.

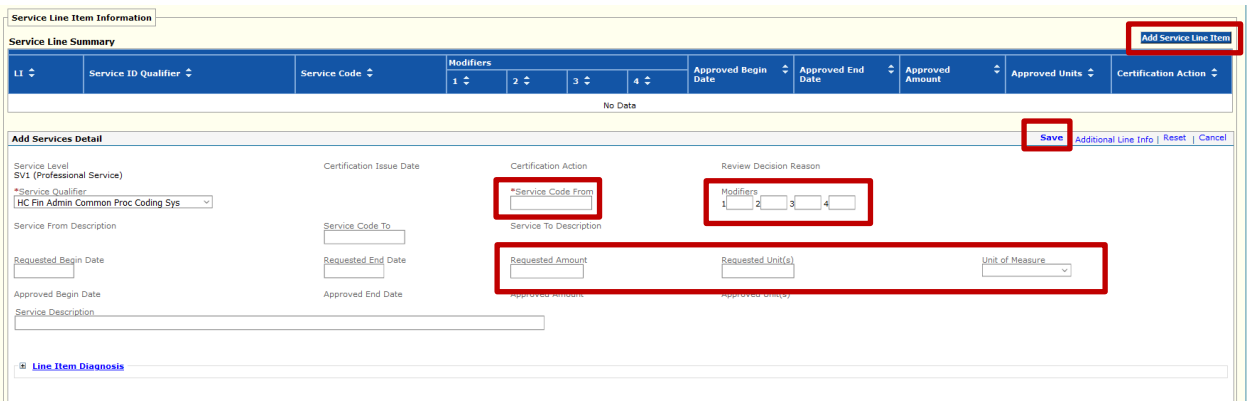
Diagnosis

Diagnosis

Seq#	Diagnosis Code	Diagnosis Date	Diagnosis Type
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

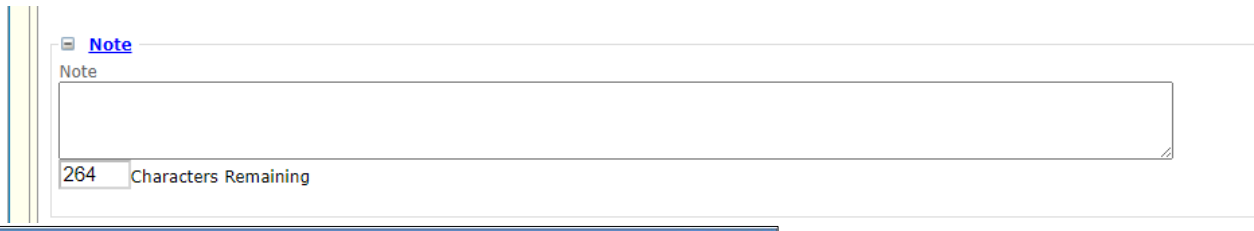
13. The service Line Item Information section is already open, and the following fields are required:
    - Service qualifier (leave defaulted)
    - Service Code From - **REQUIRED**
    - Modifiers – **REQUIRED**
    - Requested Amount - **REQUIRED**
    - Requested Units - **REQUIRED**
    - Unit of Measure - **REQUIRED**, (recommend UNIT for selection)

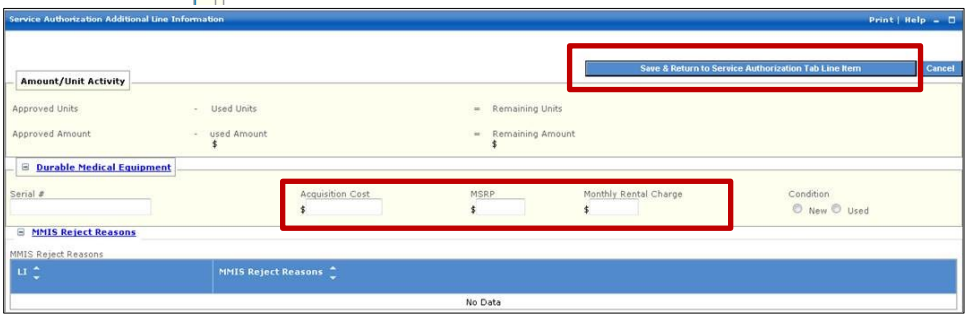
Each service line must be saved after entry. When adding additional lines – click on the add service line item button.



When submitting for a miscellaneous service or a rental, click the additional line info button and open the Durable Medical Equipment Field set and enter:

- Acquisition Cost
- MSRP
- Monthly Rental Charge
    - It is to be noted that miscellaneous services require notes to be entered on the line.





14. When the authorization is complete, at the bottom of the page – click on SAVE. This will take you to the top of the page and tell you that the system has successfully saved. If any errors are on the authorization, it will indicate those errors under the reject reasons at the bottom of the page. Once any errors have been resolved, go to the bottom of the page and click on submit.

15. After the authorization has been successfully submitted, MMIS will take you the confirmation page. It is recommended to print the confirmation page for your records. The confirmation contains important information for your records including:
    - Service Authorization ID Number
    - Member ID number
    - Provider ID number
    - Service Authorization Status
    - Submission Date and Time
    - Line Item Details
16. From the confirmation page – choose Upload Attachment:

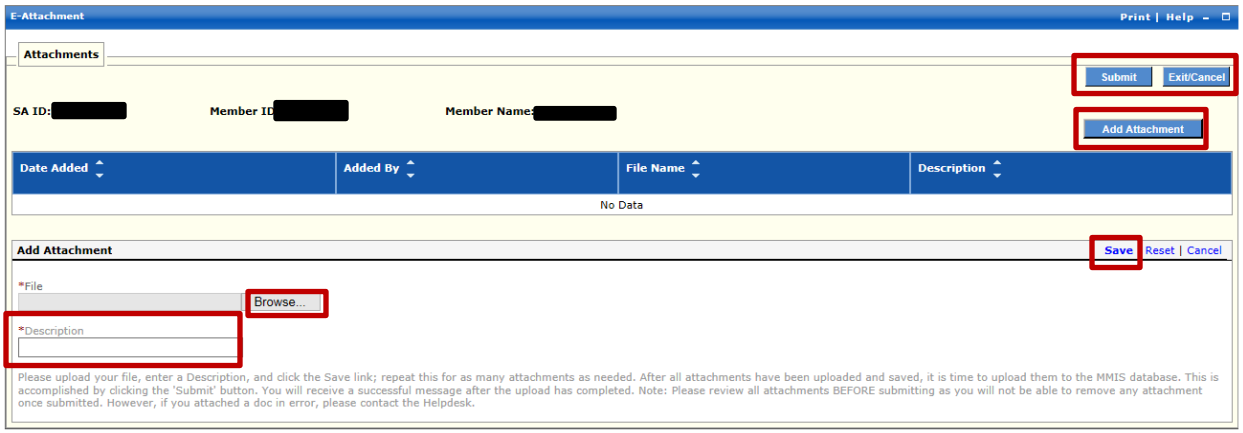
Line item Detail

Svc Cd	Description	Requested Cost/Units	SA Line Item Status
99213	Office/outpatient visit est	0.00/1.0	Pended

1 - 1 of 1

Print Submission Page | Upload Attachemnt | Submit Another SA | SA Main Page

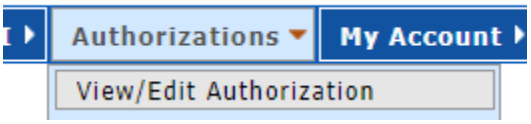
17. Most file types may be uploaded (.jpg, .docx, .xlsx, .pdf) – i.e., documentation, treatment plan, order, script, etc.
    - Click on Add Attachment
    - Then click on Browse/Upload File to fine the file to add from your computer
    - In the description box, add a file name of your choosing (no more than 40 characters without special symbols)
    - Click on Save (**VERY IMPORTANT!!!)**
    - Repeat this process to add any additional attachments
    - When all attachments have been added, click on Submit (**VERY IMPORTANT!!!)**
    - Click on Exit/Cancel to leave this page



****ND Medicaid will only accept electronic attachments. Attachments received via fax or mail for DME service authorizations will not be accepted. Attachments will be returned to the DME provider.**

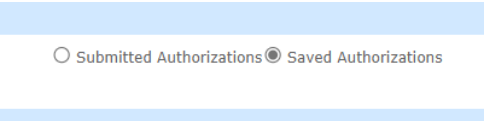
To check status or view a previously submitted or saved request:

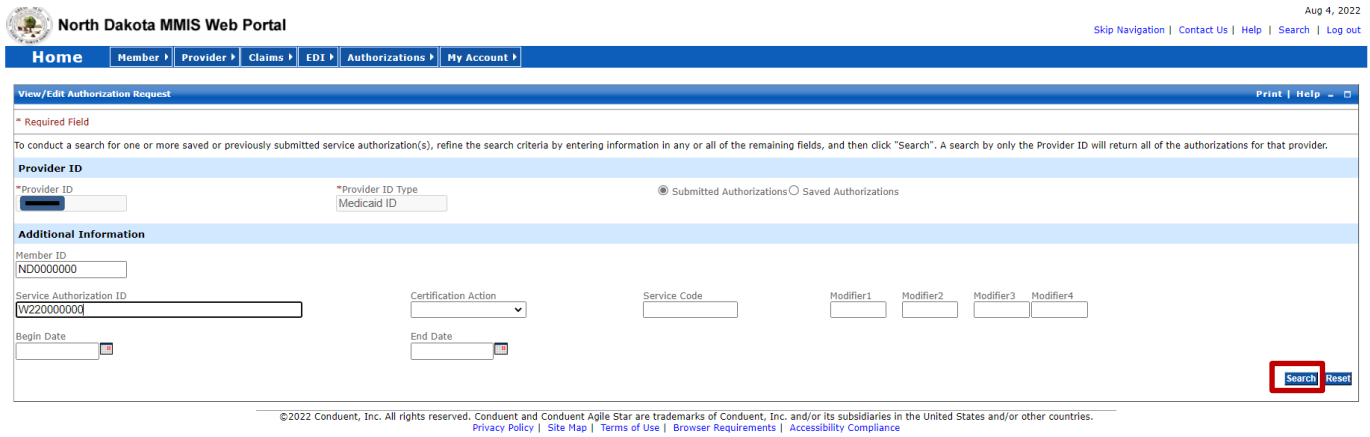
- Under the Authorizations tab, Click on View/Edit Authorization



This will open the View/Edit Authorization Request Window

- Enter in the Member ID or the Authorization number (if known)
  - If the authorization is saved only, change the radio button from submitted to save authorizations as it defaults to submitted authorizations
- Once the information has been entered – click search and the authorization results will display. If only one authorization exists for the member – the authorization will open automatically.





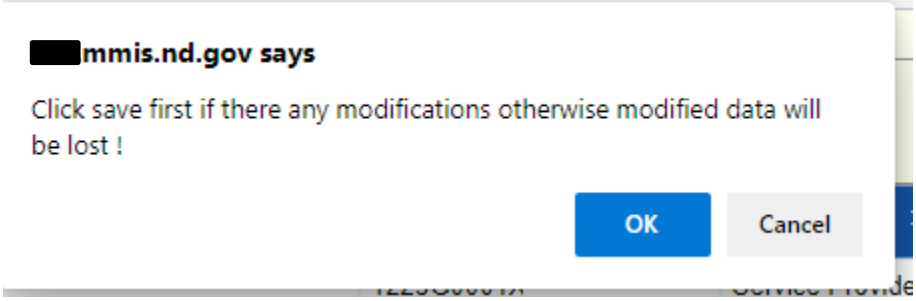
Copy Functionality

The copy functionality may be used for any authorization however is most used for the following:

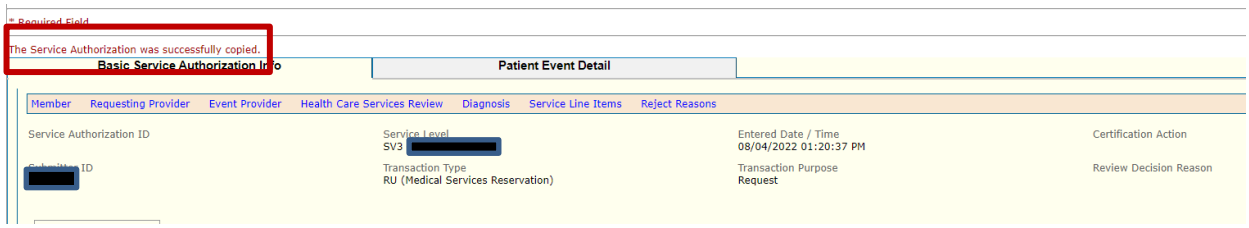
- Denied authorizations that need correction and resubmission
- Resubmission of authorizations for the same member, same or similar service
- Submission of multiple similar service authorizations for different members

When utilizing the copy functionality – open a previously submitted authorization and at the bottom of the authorization page – click on COPY. It is not recommended to use the copy function for authorizations that received a fatal error as the error may still be present if it was not resolved.

The following message will appear – you will need to approve/click ok



Once the message is approved, the authorization will be copied, and you will see at the top of the page that the service authorization was successfully copied.



The authorization may now be completed as appropriate:

- Verify/update member information
- Requested begin date/end date are REQUIRED to be entered on the copied service authorization
- Notes are required to be updated
- Verify/update diagnosis code(s) - **DIAGNOSIS IS REQUIRED**
- Service line code(s) may be updated or changed as appropriate including required modifiers. Each line will need to be opened individually to update/change/revise. The requested amount, unit, and unit of measure is required
- Additional line information will need to be updated/revised including line notes if entered.

Once completed, the authorization may be saved and submitted. All required attachments will need to be attached electronically.

Thank you.

SA Team
dhsserviceauth@nd.gov