

## REPLACEMENT CLAIMS

MMIS Web Portal will require the process of adjusting claims. The “Void/Replacement” process. Voids and Replacements submission methods include paper, through an EDI X12-837 transaction or through the MMIS Web Portal.

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

- **Replacement** – the code is 7
- **Void** – the code is 8
- **Professional** claims, the void or replacement code and the TCN number to be adjusted is entered into a CMS 1500 claim form in Field 22.
- **Institutional** claims, the last digit of the bill type must identify a void or replacement and the TCN number to be adjusted is entered into a UB-04 claim form in Field 64.
- **Dental** claims, the void or replacement code and the TCN number 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 number.

Providers submitting voids or replacements via the MMIS 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 number 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 the claim data into the online form.

**Original Date: June 22, 2015**

**Revised Date: September 30, 2024**

### MEDICAL SERVICES

600 East Boulevard Ave. Dept. 325 | Bismarck, ND 58505-0250 | [hhs.nd.gov](http://hhs.nd.gov)  
701.328-7068 | Fax 701.328-1544 | 800.755.2604 | 711 (TTY)

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

- If replacing or voiding an original claim processed in the MMIS Web Portal, enter the 17-digit TCN number for the previously processed claim.
- If replacing or voiding a claim that has already been replaced in the MMIS Web Portal, enter the 17-digit replacement TCN number for the previously processed claim. The last TCN number in the chain of TCN numbers.

If you have any questions, please email ND Medicaid at [MMISinfo@nd.gov](mailto:MMISinfo@nd.gov) or call the ND Claims Call Center at 1-877-328-7098.

---