

## Timely Claim Filing Override Request

\*\*This form must be complete and received within 365 days from the date of service, or it will not be reviewed for consideration.

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TCN: \_\_\_\_\_

Provider NPI Number: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Member's ID Number: \_\_\_\_\_ Member's Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### Please select the reason for your request from the following options:

- The claim was listed on a ND Medicaid accepted claim report and showed no errors but was not processed or returned.**
  - Include the page of your report showing your clearinghouse **and** that ND Medicaid accepted the claim without errors (not only the clearinghouse)

Cover sheets attached to returned paper claims cannot be used as proof of timely filing of a clean claim.

- Member identification card was not obtained, or insurance information was not disclosed.**
  - Providers must include documentation of at least three (3) attempts to obtain identification from the member.
  - Providers must provide documentation that the Medicaid portal was accessed within the timely filing limits and did not return Medicaid eligibility information.
  - Include signed documentation by the member stating they had no insurance.
- Other reason not listed**  
\_\_\_\_\_
  - Include all pertinent documentation to support the request.

Use this form to request a special consideration override of a claim denied for the below reasons that fall outside of the current [ND Medicaid Timely Filing Policy](#).

**This form does not replace the current appeals, reconsiderations, or resubmission process.**

Requests submitted for the following reasons will not be considered and the claim will be denied.

- A claim submitted with an incorrect ID/patient name. Claims submitted and processed under an incorrect patient and/or member ID must be voided and a new claim will need to be submitted before the timely filing deadline.
- Rejected or returned claims that do not meet the standard for processing a claim.
- Provider system issues and/or human errors which caused the claim or late charges to be filed outside timely filing limits.

**Directions**

- Select the reason for review from the options listed on the following page.
- Include **legible** supporting documentation
  - Circle applicable sections and dates within the provided documentation. Avoid submitting entire account histories; only include pages with applicable sections and dates necessary to complete the review.
  - If you have multiple claims for the same member, please use one form per claim.

**Submission Instructions**

Attach this completed form to the [SFN 177](#).

- Type of Attachment must be Claim with corresponding Transaction Control Number (TCN) populated.
- SFN 177 **and** this completed form must be attached to the claim in which the override is being requested for.

Forms can be directly uploaded to the claim submission in the ND MMIS Web Portal or faxed (see fax information on the SFN 177 form).

- For electronic claim submissions, Attachment Indicator must be included on the claim submission. Claims will suspend for up to 14 days waiting for the documentation to be received. If the documentation is not received, the claim will be denied.
- Claims submitted through the web portal can have these forms and the supporting documentation uploaded directly to the claim.