Understanding Reimbursement Issues in North Dakota

A Guide for Health Care Providers and Practice Administration

North Dakota

Example EYLEA HD® (aflibercept) Injection Claim Issues and Applicable State Provisions

Prior Authorization	Prompt Payment	Request for Additional Information	Filing Deadlines	Provider Appeals
Issue: Plan delays prior authorization. **Example scenario:** Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Provider submits a request for prior authorization. Plan has not made a decision.	**Issue:** Plan delays timely payment pending medical necessity determination. **Example scenario:** Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Provider submits a claim for EYLEA HD reimbursement, but 31 days later, claim is still pending medical necessity determination.	**Issue:** Subsequent request for additional information. **Example scenario:** Provider submits a claim for EYLEA HD reimbursement, but 31 days later, Plan indicates payment of claim is pending receipt of additional information.	**Issue:** Claim is past the filing deadline. **Example scenario:** Provider timely submits an EYLEA HD claim. Plan denies the claim for being past the filing deadline.	**Issue:** Provider appeals. **Example scenario:** Provider wants to challenge Plan's denial or reduction of an EYLEA HD claim.
North Dakota Code Section 26.1-26.4-04 states...	**North Dakota Code Section 26.1-36-37.1 states...**	**North Dakota Code Section 26.1-36-37.1 states...**	**North Dakota Code Section 26.1-36-04 states...**	**North Dakota Code Section 26.1-36-47 states...**
For a preservice claim, Plan will notify the claimant of Plan's benefit determination (whether adverse or not) **no later than 15 days** after receiving the claim. This time period may be extended 1 time for **up to 15 days** provided that Plan: • Determines that an extension is necessary because of matters beyond Plan's control • Notifies the patient, prior to the expiration of the initial 15-day period, of the circumstances requiring the extension and the date when Plan expects to make a decision • If the patient fails to submit necessary information to decide the case, specifically describes in the notice of extension the required information and gives the patient at least **45 calendar days** from receipt of notice to respond to Plan's request for more information	After receiving a health insurance proof of loss form, Plan will do any of the following **within 15 business days:** • Pay the claim or portion of the claim that is not contested • Deny the claim • Make an initial request for additional information	After receiving a health insurance proof of loss form, Plan will make an initial request for additional information **within 15 business days**. If a claim or a portion of a claim is contested, Plan must notify the insured or the insured's assignee in writing that the claim is contested and the reasons for the contest. Nothing in this notification will preclude Plan from denying the claim, in whole or in part, for other reasons at a later date. Plan will pay or deny the claim **within 15 business days** of receiving the information initially requested.	Written proof of loss must be furnished to the insurer **within 90 days** after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, **later than 1 year** from the time proof is otherwise required. **NOTE:** This provision sets forth minimum standards. Provider should check contract for specific requirements.	**Internal appeal:** A preservice internal appeal will be decided **within 30 days**; a postservice internal appeal **within 60 days**. Failure of Plan to follow appeal procedures will result in the claimant exhausting internal appeals and allow the claimant to seek additional remedies. **North Dakota Code Section 26.1-36-46 states...** An **external review** must be requested **within 120 days** and will be decided **within 45 days**. The claimant may be required to pay a fee of up to $25 (waived for financial hardship) that will be refunded if an adverse determination is reversed.
	North Dakota Code Section 26.1-04-03 states... Failure to pay a health insurance claim as required by North Dakota Code Section 26.1-36-37.1 is an unfair claim settlement practice.			

Complaints regarding these and other payer issues can be made to the North Dakota Department of Insurance website.

Visit NavigatingPayerChallenges.com for state-specific and federal legislation or contact your Reimbursement Business Manager (RBM) for more information

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04/2025 US.EHD.25.04.0005

This material is provided for informational purposes only, is subject to change, and should not be construed as legal or medical advice. Use of this information to challenge or appeal a coverage or reimbursement delay and/or denial by a payer is the responsibility of the provider.

Reference: Data on file. Regeneron Pharmaceuticals, Inc.

This information is provided to you by Regeneron, the maker of

EYLEA HD® (aflibercept) Injection 8 mg