

# Online Claims Entry Dental Billing

# Purpose

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The purpose of this workshop is to provide an overview of the ADA Dental direct data entry claims submission process. Having an understanding of ADA Dental direct data entry via the New Mexico Medicaid Web Portal will improve billing practices by reducing claim denials and ensuring all rendered services are billed properly.

# Objectives

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Review the following processes regarding ADA Dental claim submissions:

- Claim Form Instructions
- Timely Filing
- Add/Manage Templates
- Medicaid Primary Claims
- Medicaid (TPL) Third Party Liability

# Getting Access to Bill on the Web Portal

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- If you are currently not registered on to the New Mexico Medicaid Web Portal you can create an account using either your New Mexico Medicaid Provider ID or your NPI using the following link:  
<https://nmmedicaid.portal.conduent.com/webportal/webRegistration/webRegStart>
- If your New Mexico Provider ID or NPI is currently registered on the New Mexico Medicaid Web Portal but you do not have access to log in to the Web Portal please contact your Master Administrator.
- If you do not know if your Provider ID or NPI is registered on the New Mexico Medicaid Web Portal or if you do not know who your Master Administrator is, you can contact the HIPAA Helpdesk for further assistance at 1-800-299-7304 option 6, followed by option 4 or by email at [HIPAA.Desk.NM@Conduent.com](mailto:HIPAA.Desk.NM@Conduent.com).

# Claim Form Instructions

# Where Do I Get a Copy of Claim Form Instructions?



The screenshot shows the 'New Mexico Medicaid Portal' with a navigation menu. The 'Providers' tab is highlighted with a red circle. Below it, a 'Most Requested' dropdown menu is visible, containing 'NM Provider Login' and 'Web Registration'. In the 'Provider Information' section, the link 'Forms, Publications, and Instructions' is also highlighted with a red circle. The page includes sections for 'Provider Information', 'Links', and 'FAQ'.

On the WEB PORTAL: Click Providers then Forms, Publications, and Instructions under Provider Information

# Where Do I Get a Copy of Claim Form Instructions?

## Forms, Publications, and Instructions

For more information on HSD program policies, refer to: [New Mexico Medical Assistance Division Program Policy Manual](#) and [Provider Packet Appendix](#) for specific policy manual sections which apply to your specific provider type and specialty.

## Adjustments, Voids, and Inquiries

The following publications contain detailed instructions for filling out the Adjustment/Void Request Form (AVR) and the claim inquiry form.

### Downloading Tips

Topic	PowerPoint	Adobe
Reconsideration Request	Word Format	PDF Format
Adjustment Request	Word Format	PDF Format
Void Request	Word Format	PDF Format
Request Form Instructions	Word Format	PDF Format

## Instructions for Filling Out the New Paper Claim Forms

Topic	Word	Adobe
CMS-1500 Professional Claim Form	Not Available	PDF Format
UB-04 Institutional Claim Form	Not Available	PDF Format
ADA 2006 Dental Claim Form	Not Available	PDF Format

[Back to Top](#)

Scroll  
down



Open file

# What is a Transaction Control Number (TCN)?

**91704900085000001**

The first digit indicates what the claim "media" is:

2 = electronic crossover

3 = other electronic claim

4 = system generated claim or adjustment

8 = paper claim

9 = Web portal claim entry

The twelfth digit in an adjustment/void TCN will either be:

1= Debit  
2= Credit

Batch number

The last two digits of the year the claim was received

The numeric day of the year.

The claim number within the batch.

This is the Julian Date - this represents the date the claim was received by Conduent: this claim was received the 49<sup>th</sup> day of 2017, or February 18, 2017



# Timely Filing

# Timely Filing

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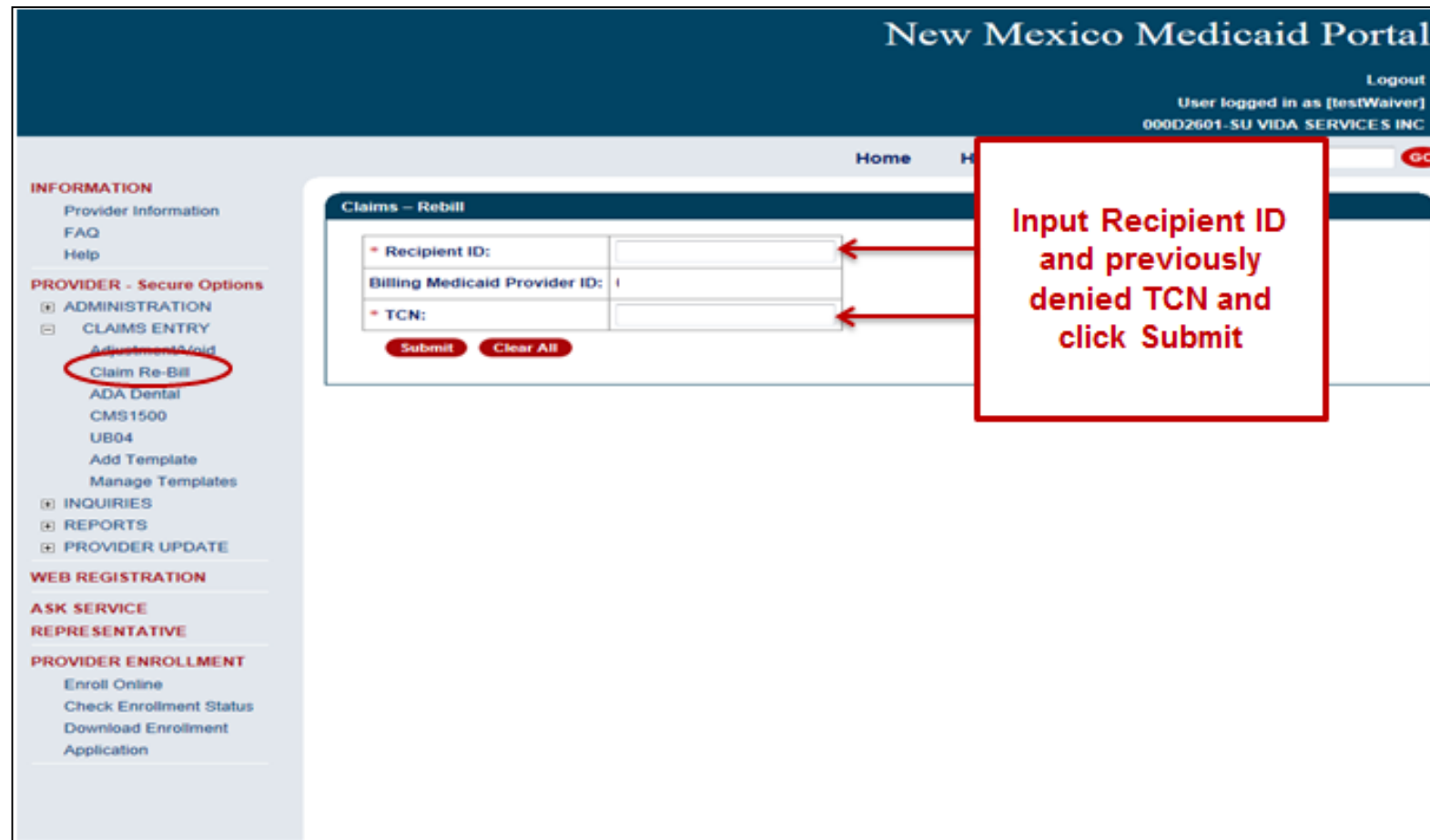
- The information for Timely Filing is found on page 4 under the 8.302.2.11 portion section A. (3):

[http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NMAC%20Program%20Rules/Chapter%20302/8\\_302\\_2\(3\).pdf](http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NMAC%20Program%20Rules/Chapter%20302/8_302_2(3).pdf)

- The rule can also be accessed via: <http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>

# Timely Filing

- Re-billing Claims can be done via the NM Web Portal only with claims that were originally submitted via the Portal.
- To re-bill a denied claim, click **Claim Re-bill** under “Claims Entry” when you are logged in to your account.
- Re-billing allows you to submit a corrected claim for a denied claim as long as the re-billed claim is submitted within 90 days from the denial of the original claim, not to exceed 210 calendar days from the date of service. When re-billing, you will need to use the TCN from your original claim as your proof of timely filing.



The screenshot shows the 'New Mexico Medicaid Portal' interface. The user is logged in as '[tes/Waiver]' with the ID '000D2601-SU VIDA SERVICES INC'. The 'CLAIMS ENTRY' menu is expanded, and 'Claim Re-Bill' is selected. The 'Claims - Rebill' form contains the following fields:

* Recipient ID:	<input type="text"/>
Billing Medicaid Provider ID:	<input type="text" value="I"/>
* TCN:	<input type="text"/>

Buttons for 'Submit' and 'Clear All' are located below the form. A red box highlights the 'Recipient ID' and 'TCN' fields, with arrows pointing to them from a text box that reads: 'Input Recipient ID and previously denied TCN and click Submit'.

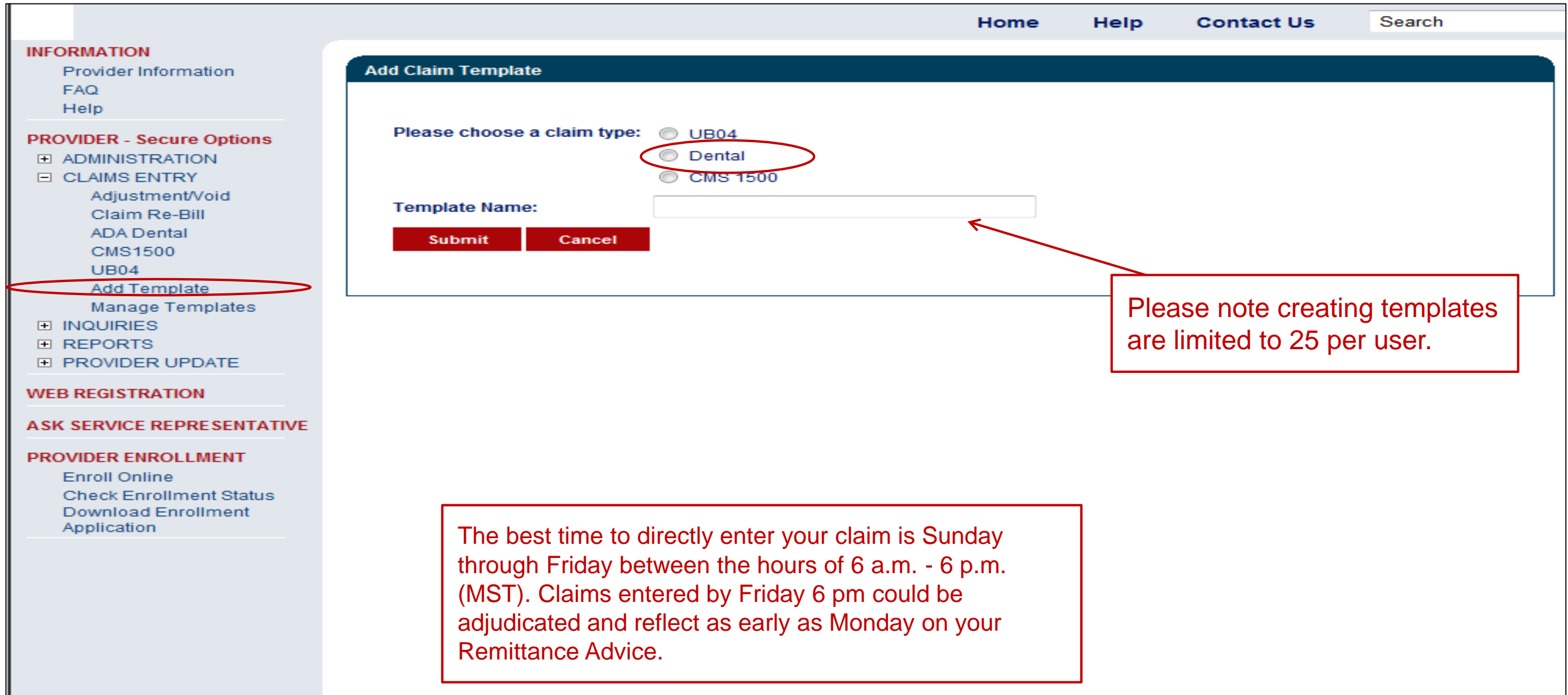
# Creating and Managing Templates

# Timely Filing *Continued*

Indicate the TCN in the “Timely Filing Justification – Prior TCN Number” field.

Claim Information	
Prior Authorization	<input type="text"/>
Timely Filing Justification - Prior TCN Number	<input type="text"/>
Claim Data	
Patient Account#	<input type="text"/>
Medical Record #	<input type="text"/>
Ancillary Claim Data	
Place Of Treatment	<input type="text" value="Select"/>
Date of Accident:	<input type="text" value="mm/dd/ccyy"/>
Auto Accident State:	<input type="text" value="Select One"/>
Is Treatment for Orthodontics:	<input type="radio"/> Yes <input type="radio"/> No
Date of Appliance Placed:	<input type="text" value="mm/dd/ccyy"/>
Months of Treatment Remaining:	<input type="text"/>
Replacement of Prosthesis:	<input type="radio"/> Yes <input type="radio"/> No
Date Prior Placement:	<input type="text" value="mm/dd/ccyy"/>
Treatment Resulting From:	<input checked="" type="radio"/> None <input type="radio"/> Employment <input type="radio"/> Auto Accident <input type="radio"/> Other Accident
Missing Tooth Information	
<input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/> 11. <input type="checkbox"/> 12. <input type="checkbox"/> 13. <input type="checkbox"/> 14. <input type="checkbox"/> 15. <input type="checkbox"/> 16. <input type="checkbox"/> 32. <input type="checkbox"/> 31. <input type="checkbox"/> 30. <input type="checkbox"/> 29. <input type="checkbox"/> 28. <input type="checkbox"/> 27. <input type="checkbox"/> 26. <input type="checkbox"/> 25. <input type="checkbox"/> 24. <input type="checkbox"/> 23. <input type="checkbox"/> 22. <input type="checkbox"/> 21. <input type="checkbox"/> 20. <input type="checkbox"/> 19. <input type="checkbox"/> 18. <input type="checkbox"/> 17.	
Diagnosis Codes	
A.	<input type="text"/>
B.	<input type="text"/>
C.	<input type="text"/>
D.	<input type="text"/>

# ADA Dental– Create a Claim Template



**INFORMATION**  
Provider Information  
FAQ  
Help

**PROVIDER - Secure Options**

- ADMINISTRATION
- CLAIMS ENTRY
  - Adjustment/Void
  - Claim Re-Bill
  - ADA Dental
  - CMS1500
  - UB04
  - Add Template**
  - Manage Templates
- INQUIRIES
- REPORTS
- PROVIDER UPDATE

**WEB REGISTRATION**

**ASK SERVICE REPRESENTATIVE**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

Home Help Contact Us Search

**Add Claim Template**

Please choose a claim type:  UB04  Dental  CMS 1500

Template Name:

Submit Cancel

Please note creating templates are limited to 25 per user.

The best time to directly enter your claim is Sunday through Friday between the hours of 6 a.m. - 6 p.m. (MST). Claims entered by Friday 6 pm could be adjudicated and reflect as early as Monday on your Remittance Advice.

# ADA Dental - Add Claim Template

## Other Insurance Info

\* Please identify if there is another health benefit plan whether services were paid or denied:

- Medicare
- Medicare Advantage
- Medicare but benefits have been exhausted or claim is for medical equipment, supplies, or oxygen, or other service that Medicare does not cover
- PPO/HMO (Other than a Medicaid Managed Care Organization)
- Other insurance
- Workers' Compensation
- None

\* Other payer payment or denial date:  

Fill out any information you would like included in your template.

The following are not considered other health plans or insurance for New Mexico Medicaid recipients. You do not need to report coverage of a Medicaid contracted Managed Care Organization, I.H.S., or a Medicaid/Medicaid Fiscal Agent.

## Claim Information

Prior Authorization

Timely Filing Justification - Prior TCN Number

## Claim Data

Patient Account#

Medical Record #

# ADA Dental - Add Claim Template

### Basic Line Item Information

Note: Please ensure you have entered any necessary claim information (found in the other sections of this or another page) before adding this service line.

If appropriate NPI or provider info is not listed, click here for Provider Enrollment contact information.

#	Procedure Date	Area of Oral Cavity	Tooth System	Tooth Numbers or Letters	Tooth Surface	Proc Code	Fee	Diagnosis Pointers	Treating		Edit	Delete
									Provider ID	NPI		

### Summary

* Total Charge	<input type="text" value="50.00"/>
Prior Payment Amount	<input type="text"/>
* Amount Due	<input type="text" value="50.00"/>

Fill out any information you would like included in your template.

11/09/2017



# ADA Dental Manage Templates

Select 'Claims Entry' then 'Manage Templates' in the drop down to begin creating the claim.

## New Mexico Medicaid Portal

[Home](#)

[Contact Us](#)

Search

GO

### Manage Claim Templates

#	Name	Type	User	Organization	Created	Modified	Edit	Delete
1	test	Dental	testnm	000D4016	11/07/2017 03:33	11/07/2017 03:33	<input type="checkbox"/>	<input type="checkbox"/>

Here is where you Edit and/or Delete any information on your claim template.

#### INFORMATION

[Provider Information](#)  
[FAQ](#)

#### PROVIDER - Secure Options

[ADMINISTRATION](#)

**[CLAIMS ENTRY](#)**

[Adjustment/Void](#)

[Claim Re-Bill](#)

[ADA Dental](#)

[CMS1500](#)

[UB04](#)

[Add Template](#)

**[Manage Templates](#)**

[INQUIRIES](#)

[REPORTS](#)

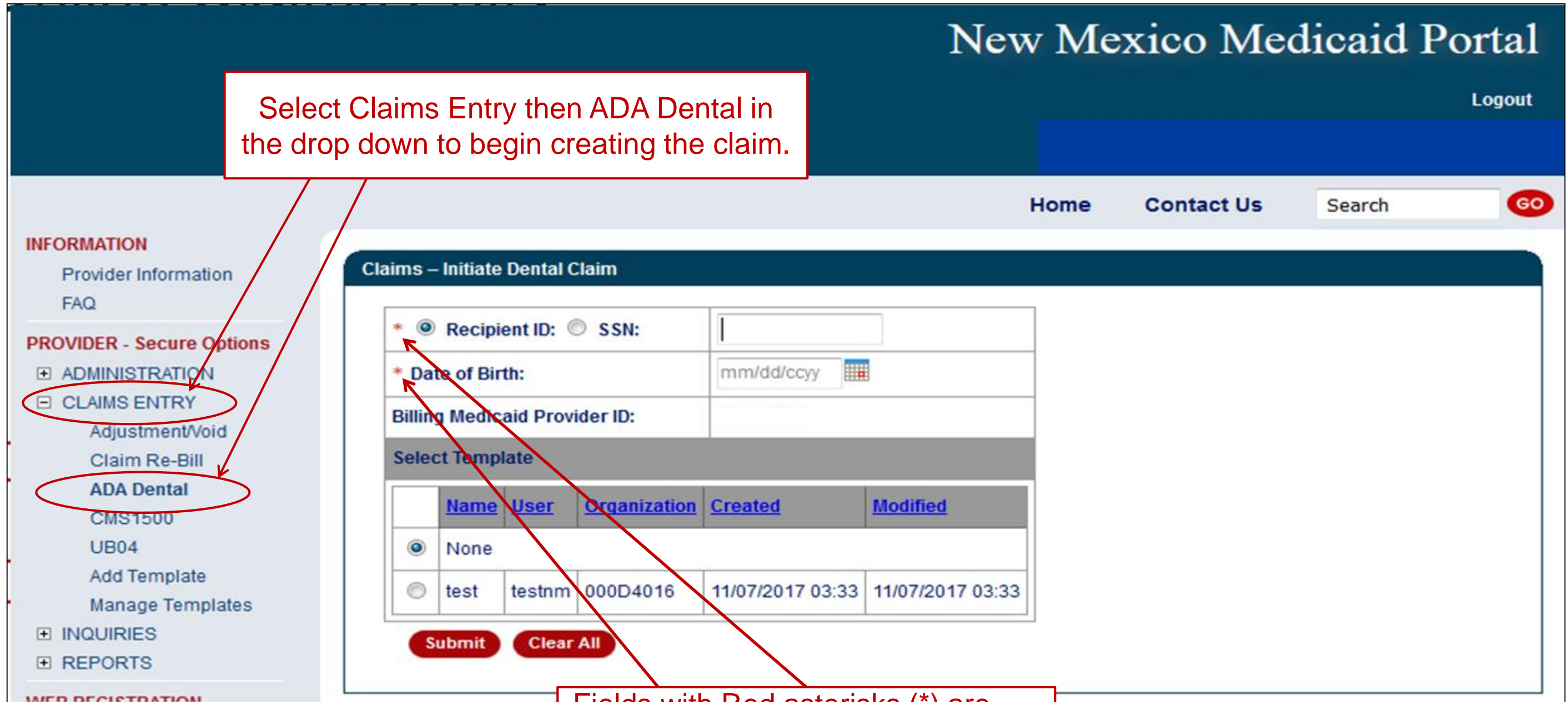
#### WEB REGISTRATION

#### ASK SERVICE REPRESENTATIVE

#### PROVIDER ENROLLMENT

# Medicaid Primary Web Portal Claim Submission

# Online Claims Entry



New Mexico Medicaid Portal

Logout

Home Contact Us Search GO

**INFORMATION**  
Provider Information  
FAQ


**PROVIDER - Secure Options**

- ADMINISTRATION
- CLAIMS ENTRY**
  - Adjustment/Void
  - Claim Re-Bill
  - ADA Dental**
  - CMS1500
  - UB04
  - Add Template
  - Manage Templates
- INQUIRIES
- REPORTS

**WEB REGISTRATION**

### Claims – Initiate Dental Claim

\*  Recipient ID:  SSN:

\* Date of Birth:  

Billing Medicaid Provider ID:

Select Template

	Name	User	Organization	Created	Modified
<input checked="" type="radio"/>	None				
<input type="radio"/>	test	testnm	000D4016	11/07/2017 03:33	11/07/2017 03:33

Select Claims Entry then ADA Dental in the drop down to begin creating the claim.

Fields with Red asterisks (\*) are required information.

# Online Claims Entry Primary Claim *Continued*

**ADA Dental Claim Form**

[Click here for ADA Dental Claim Form instructions](#)

*\* denotes required field(s)*

**If appropriate NPI or provider info is not listed, click here for Provider Enrollment contact information.**

**Billing Provider Information**

Provider ID:		Current NPI:	
Address:			

*\* Is Billing Provider also the Treating Provider?* Yes  No

**Supervising Provider**

Medicaid Provider ID		Current NPI	
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*\* Is this service the result of a referral?* Yes  No

**Recipient Information**

Recipient ID:		Name:	
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**Additional Recipient Information**

Click on the RED text for the ADA Dental Claim form instructions.

# Additional Recipient Information Option

Recipient Information			
Recipient ID:		Name:	
<input checked="" type="checkbox"/> Additional Recipient Information	← Sections can be expanded by selecting all sections with Red Text		
Recipient's Birth Date		Gender	
Address			
Telephone			


Select "Additional Recipient information" if Patient Condition information is needed to process claim.

# Medicaid Primary Claim Forms

**Other Insurance Info**

\* Please identify if there is another health benefit plan whether services were paid or denied.




- Medicare
- Medicare Advantage
- Medicare but benefits have been exhausted or claim is for medical equipment, supplies, or oxygen, or other service that Medicare does not cover
- PPO/HMO (Other than a Medicaid Managed Care Organization)
- Other insurance
- Workers' Compensation
- None

Other payer payment or denial date:  

The following are not considered other health plans or insurance for New Mexico Medicaid recipients. You do not need to report coverage of a Medicaid Contracted Managed Care Organization, I.H.S., or a Medicaid/Medicaid Fiscal Agent.

Identify if another health benefits plan paid or denied, click the corresponding radio button.

# Claim Information

Claim Information			
Prior Authorization	<input type="text"/>		
Timely Filing Justification - Prior TCN Number	<input type="text"/>		
<b>Claim Data</b>			
Patient Account#	<input type="text"/>	Medical Record #	<input type="text"/>
<b>Ancillary Claim Data</b>			
Place Of Treatment	<input type="text" value="Select"/>		
Date of Accident:	<input type="text" value="mm/dd/ccyy"/> 		
Auto Accident State:	<input type="text" value="Select One"/>		
Is Treatment for Orthodontics:	<input type="radio"/> Yes <input type="radio"/> No		
Date of Appliance Placed:	<input type="text" value="mm/dd/ccyy"/> 		
Months of Treatment Remaining:	<input type="text"/>		
Replacement of Prosthesis:	<input type="radio"/> Yes <input type="radio"/> No		
Date Prior Placement:	<input type="text" value="mm/dd/ccyy"/> 		
Treatment Resulting From:	<input checked="" type="radio"/> None <input type="radio"/> Employment <input type="radio"/> Auto Accident <input type="radio"/> Other Accident		
<b>Missing Tooth Information</b>			
<input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/> 11. <input type="checkbox"/> 12. <input type="checkbox"/> 13. <input type="checkbox"/> 14. <input type="checkbox"/> 15. <input type="checkbox"/> 16. <input type="checkbox"/> 32. <input type="checkbox"/> 31. <input type="checkbox"/> 30. <input type="checkbox"/> 29. <input type="checkbox"/> 28. <input type="checkbox"/> 27. <input type="checkbox"/> 26. <input type="checkbox"/> 25. <input type="checkbox"/> 24. <input type="checkbox"/> 23. <input type="checkbox"/> 22. <input type="checkbox"/> 21. <input type="checkbox"/> 20. <input type="checkbox"/> 19. <input type="checkbox"/> 18. <input type="checkbox"/> 17.			
<b>Diagnosis Codes</b>			
A.	<input type="text"/>	B.	<input type="text"/>
C.	<input type="text"/>	D.	<input type="text"/>

# Claims Information – Attachments

From the 'Select' drop down, pick the correct attachment type you are adding to the claim.

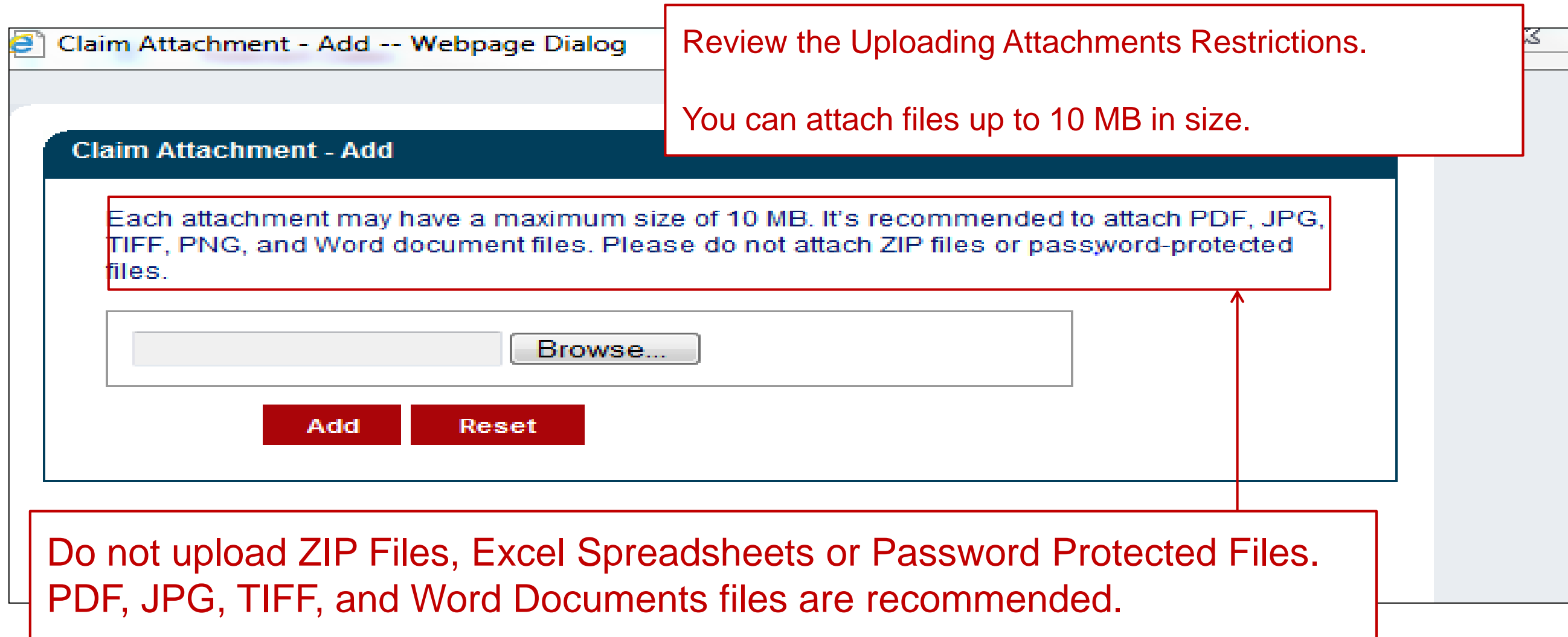
\* Does the Claim have Attachments?  Yes  No

Each attachment may have a maximum size of 10 MB. It's recommended to attach PDF, JPG, TIFF, PNG, and Word document files. Please do not attach ZIP files or password-protected files.

*Type	Select ▼	* Attachment 1
Type	Select ▼	Attachment 2
Type	Select ▼	Attachment 3
Type	Select ▼	Attachment 4
Type	Select ▼	Attachment 5



# Claims Information – Attachment Upload



The screenshot shows a web browser window titled "Claim Attachment - Add -- Webpage Dialog". The main content area is titled "Claim Attachment - Add" and contains the following text: "Each attachment may have a maximum size of 10 MB. It's recommended to attach PDF, JPG, TIFF, PNG, and Word document files. Please do not attach ZIP files or password-protected files." Below this text is a file input field with a "Browse..." button. At the bottom of the dialog are two buttons: "Add" and "Reset".

**Review the Uploading Attachments Restrictions.**  
You can attach files up to 10 MB in size.

Each attachment may have a maximum size of 10 MB. It's recommended to attach PDF, JPG, TIFF, PNG, and Word document files. Please do not attach ZIP files or password-protected files.

**Do not upload ZIP Files, Excel Spreadsheets or Password Protected Files.**  
PDF, JPG, TIFF, and Word Documents files are recommended.

# Line Item Information

## Basic Line Item Information

Note: Please ensure you have entered any necessary claim information (found in the other sections of this or another page) before adding this service line.

If appropriate NPI or provider info is not listed, click here for Provider Enrollment contact information.

#	Procedure Date	Area of Oral Cavity	Tooth System	Tooth Numbers or Letters	Tooth Surface	Proc Code	Fee	Diagnosis Pointers	Treating		Edit	Delete
									Provider ID	NPI		

Add Service Line Item

Click to add Line Items.



# Adding Additional Line Item Information

**Add Service Line Item** ✕

\* denotes required field(s)

* Procedure Date:	<input type="text" value="mm/dd/ccyy"/>	Area of Oral Cavity:	<input type="text" value="Select"/>
Tooth System (Use Universal Numbering System):	<input type="text"/>	Tooth Numbers or Letters:	<input type="text" value="Select"/>
Tooth Surface:	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
* Procedure Code	<input type="text"/>		
* Charges	<input type="text"/>	Diagnosis Pointers:	<input type="text" value="Select"/>
<b>Treating Provider</b>			
Provider ID:	<input type="text"/>	Current NPI:	<input type="text"/>
Provider Taxonomy:	<input type="text"/>		

**The fields with Red Asterisks (\*) are REQUIRED.**

# Claims Summary

Summary	
* Total Charge	<input type="text"/> ← Indicate the Total Charge.
Prior Payment Amount	<input type="text"/>
Amount Due	<input type="text"/> ← Indicate the Amount Due.
<input checked="" type="checkbox"/> <b>REQUIRED:</b> I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction, and that the fees submitted are the actual fees I have charged and intend to collect for the payments.	
<input type="button" value="Submit"/> <input type="button" value="Clear"/>	

Box must be populated in order for claim to be submitted.

# TPL Web Portal Claim Submission

# Other Primary Insurance Tips

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- If Medicaid requires a Prior Authorization (PA) for the service, then a PA issued by the Medicaid Third-Party Assessor (TPA) is always required when Third Party Liability (TPL) is involved, no matter if TPL paid or denied the service.
- Attach the TPL EOB showing the payment/denial with the claim.
- Always include the explanation page of the EOB along with the page of the EOB that shows payment/denial.


# TPL Web Portal Claim Submission

**Other Insurance Info**

\* Please identify if there is another health benefit plan whether services were paid or denied:

- Medicare
- Medicare Advantage
- Medicare but benefits have been exhausted or claim is for medical equipment, supplies, or oxygen, or other service that Medicare does not cover
- PPO/HMO (Other than a Medicaid Managed Care Organization)
- Other insurance
- Workers' Compensation
- None

Medicare Claim Number:

\* Other payer payment or denial date:  

The following are not considered other health plans or insurance for New Mexico Medicaid recipients. You do not need to report coverage of a Medicaid contracted Managed Care Organization, I.H.S., or a Medicaid/Medicaid Fiscal Agent.

When filling out a Medicaid claim indicate whether the Primary Insurance us a PPO/HMO or other insurance by selecting the appropriate option

When filling out a Medicaid claim where TPL is primary payer, be sure to fill in all required primary and secondary payer information

# Claims Information – Attachments

\* Does the Claim have Attachments?  Yes  No

Each attachment may have a maximum size of 5 MB. It's recommended to attach PDF, JPG, TIF, PNG, and Word document files. Please do not attach ZIP files, PowerPoint, Excel or password-protected files.

*Type	Select	* Attachment 1
Type	Select	Attachment 2
Type	Select	Attachment 3
Type	Select	Attachment 4
Type	Select	Attachment 5

Attach a copy of the EOB along with the explanation of denials page



# Primary Payer Insurance Summary

Summary	
* Total Charge	<input type="text"/>
Prior Payment Amount	<input type="text"/> ← TPL Payment.
* Amount Due	<input type="text"/> ← Total Charge minus TPL Payment
<input checked="" type="checkbox"/> REQUIRED: I hereby certify that the procedures as indicated by date are in progress(for procedures that require multiple visits) or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for the procedures.	
<input type="button" value="Submit"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/>	

← Box must be populated in order for claim to be submitted.

# ADA Dental Tips

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- Utilize a TCN for proof of Timely Filing
- Attach EOBs if other insurance is primary
- Attach any required documentation

# Summary

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Provided general billing guidelines for direct data entry submission of the ADA Dental Online claim form for the below coverage scenarios.

- Add/Manage Templates
- Medicaid Primary Claims
- Medicaid Third Party Liability (TPL) Claims

# New Mexico Medicaid Resources

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- New Mexico Medicaid Online
  - Provider Information
  - Provider Login Screen Notices
  - Provider E-News Newsletters
- Medicaid Provider Relations Call Center
- Provider Communication Updates
- Provider Field Representative
- Provider Webinars
- Open Forums and Live Training Sessions

# New Mexico Medicaid Resources *Continued*

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**New Mexico Medicaid Portal** – <https://nmmedicaid.portal.conduent.com/static/index.htm>

Claim Inquiries, Eligibility Verification, Electronic Claim Submission, Provider Manuals, E-News

**NM Human Services Department** – <http://www.hsd.state.nm.us/mad/>

Supplements, Memos, Provider Billing Packets and Policy

**Conduent Provider Relations Call Center** – (800) 299 - 7304 option 6 or (505) 246 - 0710 option 6.

Claim Status, Eligibility, Prior Authorization, Medicaid Updates

**Conduent Provider Relations Helpdesk** – [NMProviderSUPPORT@conduent.com](mailto:NMProviderSUPPORT@conduent.com)

Claim research assistance and general Medicaid inquiries

**Conduent HIPAA Helpdesk** – [HIPAA.Desk.NM@conduent.com](mailto:HIPAA.Desk.NM@conduent.com)

Assistance on NM Web Portal, EDI inquiries, and Online Claim Submission with DDE (Direct Data Entry)

**Conduent Provider Enrollment Helpdesk** - [NMProviderSUPPORT@conduent.com](mailto:NMProviderSUPPORT@conduent.com)

Provider Enrollment Applications, Forms & Instructions

**NM Medicaid Recipient Helpdesk** – (888) 997 – 2583 or (505) 247 – 1042

Eligibility inquiries, Fee-for-Service Replacement Medicaid Identification Card, Enroll or change a Managed Care Organization and Eligibility application status

**Medical Assistance Division, Program Rules** – <http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>

NMAC for Programs administered by the Medical Assistance Division

**Yes New Mexico** - <https://www.yes.state.nm.us/yesnm/home/index>

Apply, check, update, or renew Medical Assistance (Medicaid) benefits

**CONDUENT**

