

CMS-1500 Online Claims Entry

Purpose

The purpose of this workshop is to provide an overview of the CMS-1500 direct data entry claims submission process via the New Mexico Medicaid Web Portal. Having an understanding of CMS-1500 direct data entry will improve billing practices by reducing claim denials and ensuring all rendered services are billed properly.

Objectives

Review the following processes regarding CMS-1500 claim submissions:

- Claim Form Instructions
- Timely Filing
- Add/Manage Templates
- Medicaid Primary Claims
- Medicaid (TPL) Third Party Liability and PPO/HMO Claims
- Medicare Replacement Plan Claims
- Medicare Primary Claims

Getting Access to Bill on the Web Portal

- If you are currently not registered on to the New Mexico Medicaid Web Portal you can create an account using either your active 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.

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', 'FAQ', and 'Most Requested'.

Provider Information	Links	FAQ	Most Requested
Electronic Data Exchange (EDI)	New Mexico State web sites	General Web Portal	NM Provider Login
ICD-10 Testing and Provider Information	New Mexico Centennial Care	Glossary of Terms	Web Registration
Important State Announcements	E mail can be submitted to	How Do I Contact...?	
E-News and Notices	CCInfo@state.nm.us	National Provider Identifier (NPI)	
New Mexico Medicaid Third Party Assessor/Utilization Review for Fee-For-Service	Other Sites of Interest	Online Claims Entry (DDE)	
Emergency Medical Services for Aliens (EMSA) Claims Process	National web sites	Policy & Billing	
Provider Enrollment	Conduent web sites	Web Registration	
HSD/Medical Assistance Division	Medical Inquiry Vendor web sites		
Fee Schedules			
HSD/Supplements to Program			
Rules			
Training Presentations			
Forms, Publications, and Instructions			
PE Determiner Forms			
Self-Direction FMA Forms (Mi Via & Self-Directed Community Benefit)			

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

Continued on next screen...

Where Do I Get a Copy of Claim Form Instructions?

Scroll
down



Open file

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

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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 last two digits of the year the claim was received

The numeric day of the year.

Batch number

The claim number within the batch.

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

1= Debit
2= Credit

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

Timely Filing

Timely Filing

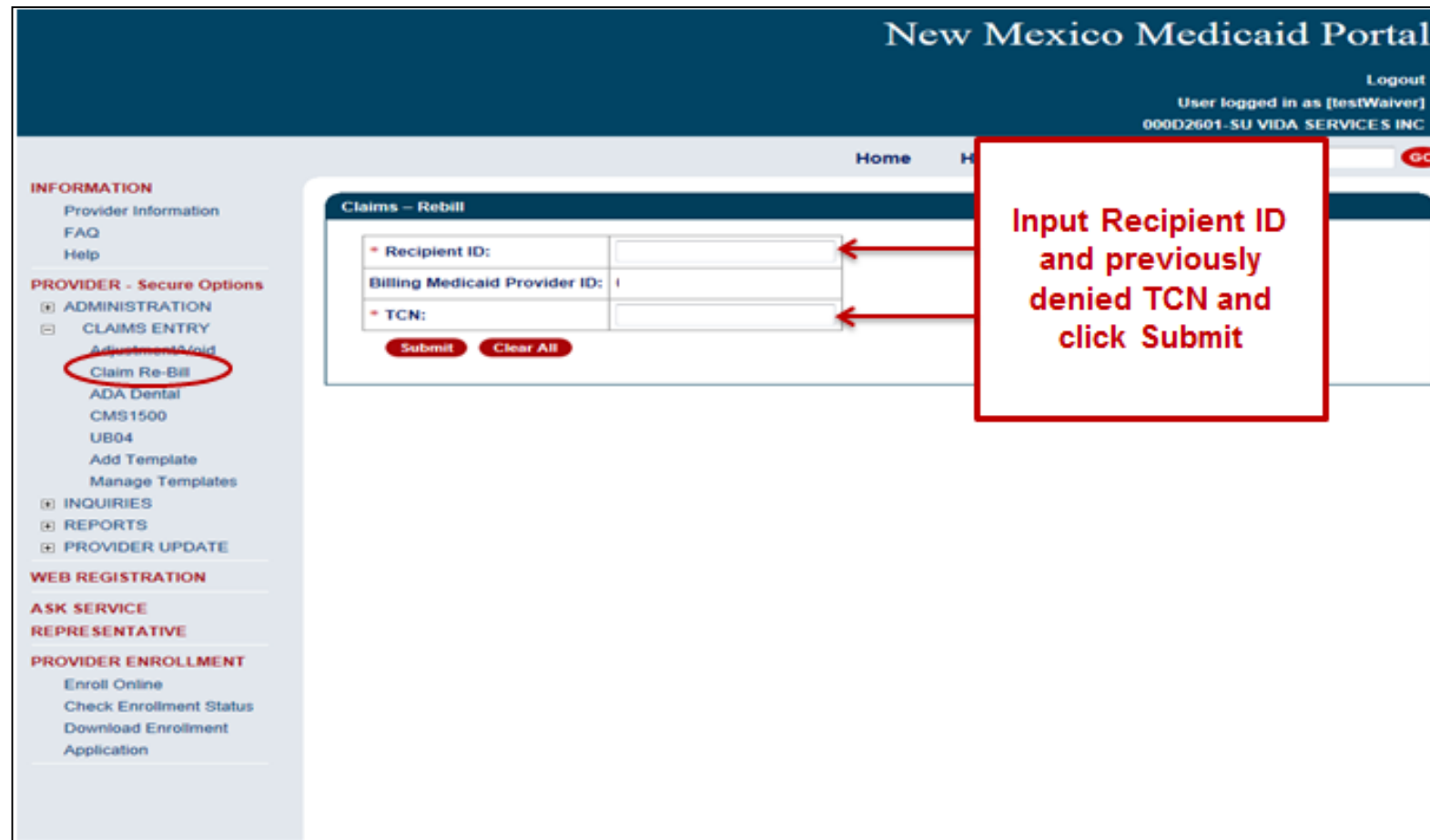
- The information for Timely Filing is found on page 4 under the 8.302.2.11 portion section A. (3):

[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.



New Mexico Medicaid Portal

Logout
User logged in as [tes/Waiver]
000D2601-SU VIDA SERVICES INC

Home H

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PROVIDER - Secure Options

ADMINISTRATION

CLAIMS ENTRY

Adjustments/oid

Claim Re-Bill

ADA Dental
CMS1500
UB04
Add Template
Manage Templates

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WEB REGISTRATION

ASK SERVICE
REPRESENTATIVE

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment
Application

Claims - Rebill

* Recipient ID:

Billing Medicaid Provider ID:

* TCN:

Submit Clear All

Input Recipient ID and previously denied TCN and click Submit

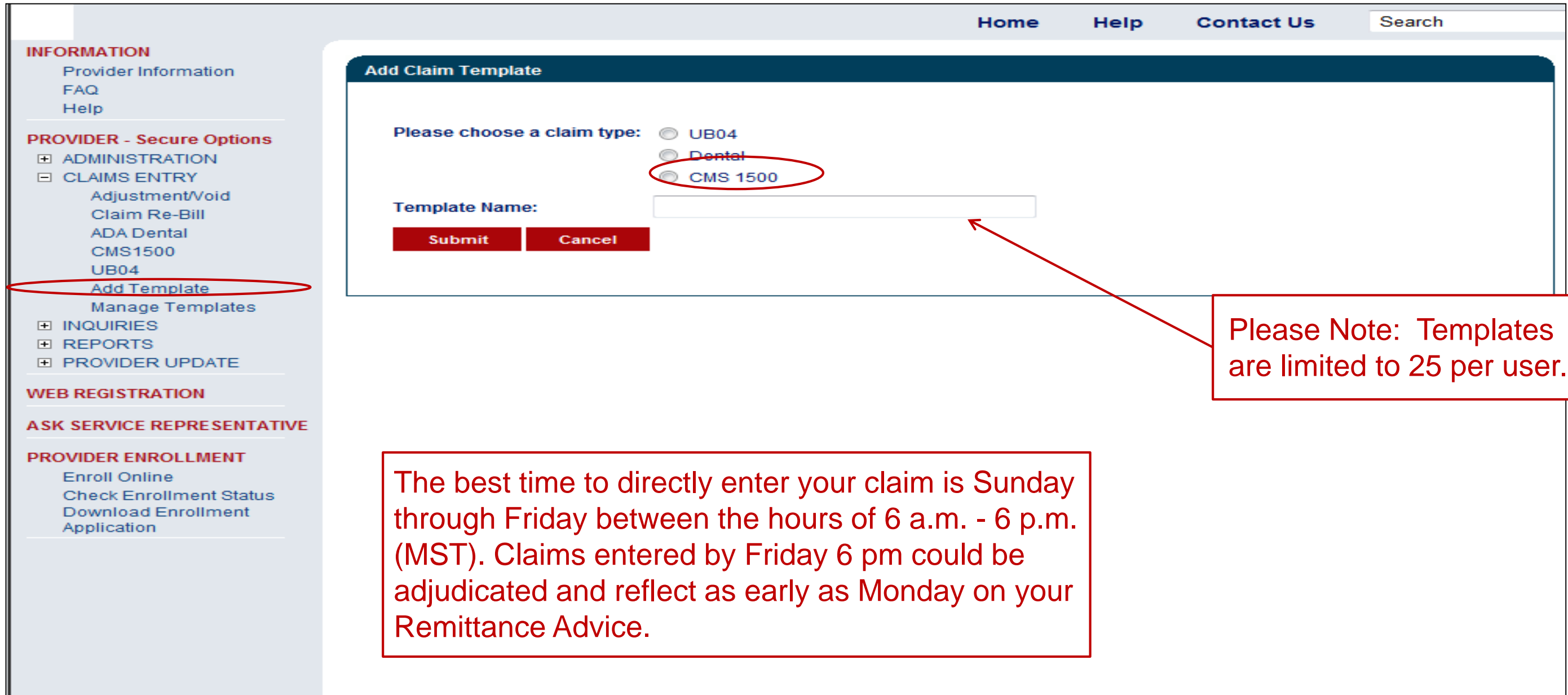
Timely Filing *Continued*

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

Claim Information																			
Prior Authorization Number:										<input type="text"/>									
Timely Filing Justification – Prior TCN Number:										<input type="text"/>									
Patient Account#										<input type="text"/>									
<input type="checkbox"/> Relevant Dates for Illness, Injury, Pregnancy, or Hospitalization																			
Additional Claim data																			
Diagnosis Codes (At least one entry required)																			
* A. <input type="text"/>			B. <input type="text"/>			C. <input type="text"/>			D. <input type="text"/>										
E. <input type="text"/>			F. <input type="text"/>			G. <input type="text"/>			H. <input type="text"/>										
I. <input type="text"/>			J. <input type="text"/>			K. <input type="text"/>			L. <input type="text"/>										
* Does the Claim have Attachments? <input type="radio"/> Yes <input type="radio"/> No																			
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.																			
#	Service Dates		Proc Codes	Rendering Provider		Modifiers				Diag Points				Submitted		Place of Svc	NDC Code	Edit	Delete
	Begin	End		Id	NPI	1	2	3	4	1	2	3	4	Charges	Units				

Add/ Manage Templates

CMS 1500 – Create a Claim Template



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 - Add Template**
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WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

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Add Claim Template

Please choose a claim type: UB04 Dental CMS 1500


Template Name:

Submit Cancel

Please Note: 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.

CMS 1500 - Add Claim Template

Other Insurance Info			
<p>* Please identify if there is another health benefit plan whether services were paid or denied:</p>			
<p><input type="radio"/> Medicare</p>			
<p><input type="radio"/> Medicare Advantage</p>			
<p><input type="radio"/> Medicare but benefits have been exhausted or claim is for medical equipment, supplies, or oxygen, or other service that Medicare does not cover</p>			
<p><input type="radio"/> PPO/HMO (Other than a Medicaid Managed Care Organization)</p>			
<p><input type="radio"/> Other insurance</p>			
<p><input type="radio"/> Workers' Compensation</p>			
<p><input type="radio"/> None</p>			
<p>*Other payer payment or denial date: <input type="text" value="mm/dd/ccyy"/> </p>			
<p>The following are not considered other health plans or insurance for New Jersey Medicaid coverage of a Medicaid contracted Managed Care Organization, I.H.S., or other entity to report</p>			
Claim Information			
Prior Authorization Number:	<input type="text"/>		
Timely Filing Justification – Prior TCN Number:	<input type="text"/>		
Patient Account#	<input type="text"/>		
<input type="checkbox"/> Relevant Dates for Illness, Injury, Pregnancy, or Hospitalization			
Additional Claim data			
Diagnosis Codes (At least one entry required)			
* A.	<input type="text"/>	B.	<input type="text"/>
C.	<input type="text"/>	D.	<input type="text"/>
E.	<input type="text"/>	F.	<input type="text"/>
G.	<input type="text"/>	H.	<input type="text"/>
I.	<input type="text"/>	J.	<input type="text"/>
K.	<input type="text"/>	L.	<input type="text"/>

Fill out any information you would like included in your template

CMS 1500 - 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 the appropriate NPI is not listed, please contact Provider Enrollment.

#	Service Dates		Procedure Codes	Rendering Provider		Modifiers				Diag Points				Submitted		Place of Service	NDC Code	Edit	Delete
	Begin	End		Id	NPI	1	2	3	4	1	2	3	4	Charges	Units				

Add Service Line Item

Summary

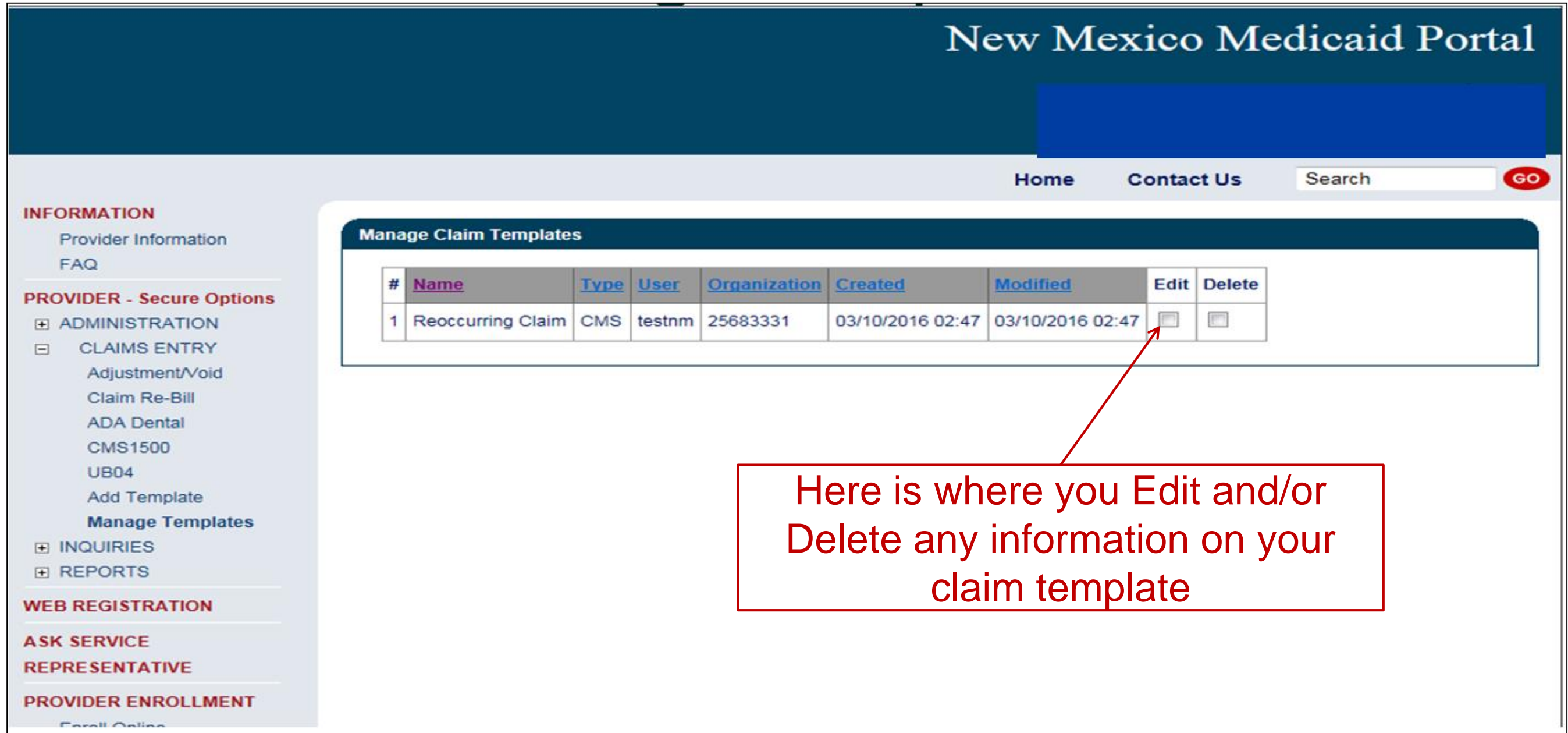
* Total Charge	<input type="text"/>
Prior Payment Amount	<input type="text"/>
Amount Due	<input type="text"/>

Save

Clear

Fill out any information you would like included in your template

CMS 1500 Manage Templates



New Mexico Medicaid Portal

Home Contact Us Search **GO**

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PROVIDER - Secure Options

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 - Claim Re-Bill
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 - UB04
 - Add Template
 - Manage Templates**
- INQUIRIES
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WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT
Enroll Online

Manage Claim Templates

#	Name	Type	User	Organization	Created	Modified	Edit	Delete
1	Reoccurring Claim	CMS	testnm	25683331	03/10/2016 02:47	03/10/2016 02:47	<input type="checkbox"/>	<input type="checkbox"/>

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

Medicaid Primary Web Portal Claim Submission

Online Claims Entry

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PROVIDER - Secure Options

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[Add Template](#)

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Claims – Initiate CMS1500 Claim

* <input checked="" type="radio"/> Recipient ID: <input type="radio"/> SSN:	<input type="text"/>
* Date of Birth:	<input type="text" value="mm/dd/ccyy"/> 
Billing Medicaid Provider ID:	61589870
Select Template	No Templates Available

Submit

Clear All

Fields with Red asterisks (*) are required information

Online Claims Entry Primary Claim *Continued*

Click on the RED text for the CMS 1500 Claim form instructions

CMS-1500 Claim Form

[Click here for CMS-1500 Professional 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 this service the result of a referral? Yes No

Recipient Information

Recipient ID:		Name:	
<input type="checkbox"/> Additional Recipient Information			
Is Patient's Condition Related To	Select <input type="button" value="v"/>		
Accident Date	mm/dd/ccyy <input type="button" value="calendar"/>	Auto Accident State:	Select One <input type="button" value="v"/>

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			
Is Patient's Condition Related To	Select ▼		
Accident Date	mm/dd/ccyy 	Auto Accident State:	Select One ▼

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

Medicaid Primary Claim Forms


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

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.








Claims Information

Claim Information																			
Prior Authorization Number:										<input type="text"/>									
Timely Filing Justification – Prior TCN Number:										<input type="text"/>									
Patient Account#										<input type="text"/>									
<input type="checkbox"/> Relevant Dates for Illness, Injury, Pregnancy, or Hospitalization																			
Additional Claim data																			
Diagnosis Codes (At least one entry required)																			
* A. <input type="text"/>		B. <input type="text"/>		C. <input type="text"/>		D. <input type="text"/>													
E. <input type="text"/>		F. <input type="text"/>		G. <input type="text"/>		H. <input type="text"/>													
I. <input type="text"/>		J. <input type="text"/>		K. <input type="text"/>		L. <input type="text"/>													
* Does the Claim have Attachments? <input type="radio"/> Yes <input type="radio"/> No																			
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.																			
#	Service Dates		Proc Codes	Rendering Provider		Modifiers				Diag Points				Submitted		Place of Svc	NDC Code	Edit	Delete
	Begin	End		Id	NPI	1	2	3	4	1	2	3	4	Charges	Units				

Sections can be expanded by selecting all sections with red text.

Claims Information – Relevant Dates

Expanded 'Relevant Dates' Section

<input checked="" type="checkbox"/> Relevant Dates for Illness, Injury, Pregnancy, or Hospitalization	
Date of Current Illness, Injury, or Pregnancy	<input type="text" value="mm/dd/ccyy"/> 
Other Date:	<input type="text" value="mm/dd/ccyy"/>  <input type="text" value="Select"/> 
Dates Unable to Work	From: <input type="text" value="mm/dd/ccyy"/>  To: <input type="text" value="mm/dd/ccyy"/> 
Hospitalization Dates	From: <input type="text" value="mm/dd/ccyy"/>  To: <input type="text" value="mm/dd/ccyy"/> 

Claims Information – Attachments

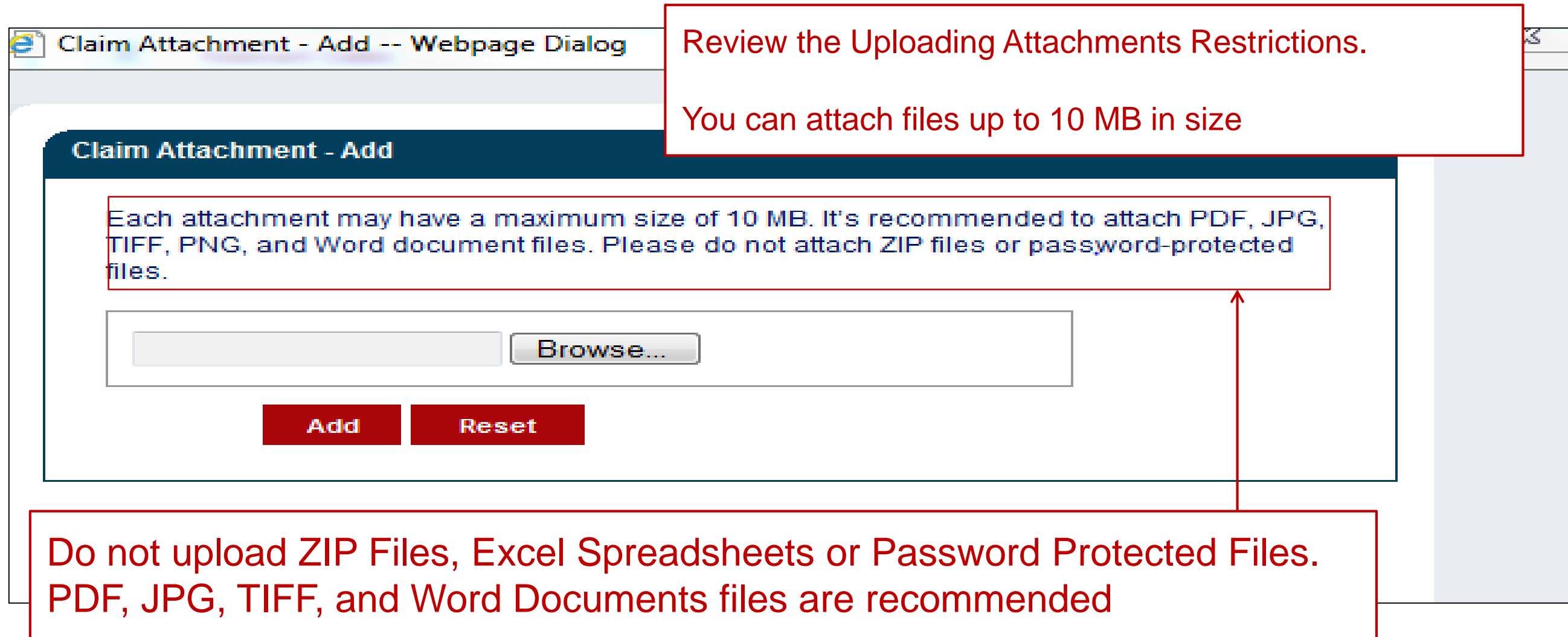
From the 'Select' drop down, pick the correct attachment type you are adding to the claim

* 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 page content includes a header "Claim Attachment - Add", a text box with instructions: "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.", a file input field with a "Browse..." button, and two red buttons labeled "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 the appropriate NPI is not listed, please contact Provider Enrollment.

#	Service Dates		Procedure Codes	Rendering Provider		Modifiers				Diag Points				Submitted		Place of Service	NDC Code	Edit	Delete
	Begin	End		Id	NPI	1	2	3	4	1	2	3	4	Charges	Units				

Add Service Line Item



Click to add Line Items



Adding Additional Line Item Information

Add Service Line Item ✕

** denotes required field(s)*

<i>* Service Begin Date</i>	mm/dd/ccyy 	<i>Service End Date</i>	mm/dd/ccyy 
<i>* Procedure Code</i>	<input type="text"/>	<i>Modifiers</i>	<input type="text"/> <input type="text"/> <input type="text"/>
<i>* Place Of Service</i>	Select ▼		
<i>* Units</i>	<input type="text"/>		
<i>* Is the service the result of an EPSDT screen or referral?</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No
<i>* Is this a Family Planning service?</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No
<i>* Charges</i>	<input type="text"/>	<i>Diagnosis Pointers</i>	<i>* Select</i> ▼ Select ▼ Select ▼ Select ▼
<i>NDC</i>	<input type="text"/>	<i>NDC Quantity</i>	<input type="text"/>
<i>NDC Unit of Measure</i>	Select ▼		
<i>Anesthesia Start Time</i>	<input type="text"/>	<i>Anesthesia Stop Time</i>	<input type="text"/>
Referring, Ordering, or Supervising Provider			
<i>ID Qualifier:</i>	Select ▼		
<i>Provider ID:</i>	<input type="text"/>	<i>Current NPI:</i>	<input type="text"/>
<i>Provider Taxonomy:</i>	<input type="text"/>		
Rendering Provider			
<i>Provider ID:</i>	<input type="text"/>	<i>Current NPI:</i>	<input type="text"/>
<i>Provider Taxonomy (required if NPI matches multiple Medicaid provider numbers.):</i>			<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"/> REQUIRED: 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"/>	



Indicate the Total Charge

Indicate the Amount Due

Box must be populated in order for claim to be submitted

TPL, HMO, and PPO Web Portal Claim Submission

Other Primary Insurance Tips

- 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.
- PPO/HMO claims are billed identically to “other insurance” (TPL) claims.


TPL, HMO, and PPO 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 Information

Summary	
* Total Charge	<input type="text"/>
Prior Payment Amount	<input type="text"/>
* Amount Due	<input type="text"/>
<input checked="" type="checkbox"/> REQUIRED: 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"/> <input type="button" value="Cancel"/>	

Other Primary Insurance Payment

Co-pay/Co-insurance/
Deductible/Patient Responsibility

Box must be populated in order for claim to be submitted

Medicare Primary Web Portal Claim Submission

Medicare Primary Claims

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

Indicate "Medicare" on Medicare Crossover claim OR "Medicare Advantage" for Medicare Replacement Plan claims

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.

Medicare Primary– 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	Medicare Explanation of Benefits 	* Attachment 1	Upload
Type	Select 	Attachment 2	
Type	Select 	Attachment 3	
Type	Select 	Attachment 4	
Type	Select 	Attachment 5	

Medicare Primary Claims

Summary	
* Total Charge	<input type="text"/>
Prior Payment Amount	<input type="text"/>
Amount Due	<input type="text"/>
<input checked="" type="checkbox"/> REQUIRED: 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"/>	

Only Indicate Total charge on Medicare Crossover claim
Leave the Prior Payment Amount Blank

Indicate the Amount Due

Box must be populated in order for claim to be submitted

CMS 1500 Tips

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

Summary

Provided general billing guidelines for direct data entry submission of the CMS 1500 claim form for the below coverage scenarios.

- Add/Manage Templates
- Medicaid Primary Claims
- Medicaid Third Party Liability (TPL) Claims
- PPO/HMO Claims
- Medicare Primary (Crossovers) Medicare Replacement Plan Claims

New Mexico Medicaid Resources

- 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*

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

Claim research assistance and general Medicaid inquiries

Conduent HIPAA Helpdesk – 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

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

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