

DD Waiver Online Claim Entry CMS-1500

Resources

When online use: **Ask Service Representative**

HIPAA.Desk.NM@Conduent.com

NMProviderSupport@Conduent.com

Call Center 505-246-0710 or 800-299-7304

New Mexico Web Portal

- Provider Information section
- Links and FAQ section
- Provider Login section

Topics of this Workshop - Webinar

When online use: **Ask Service Representative**

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New Mexico Web Portal

- Provider Information section
- Links and FAQ section
- Provider Login section

Important State Websites

STATE WEBSITE:

PROGRAM POLICY MANUAL

- <http://www.hsd.state.nm.us/mad/policymanual.html>

BILLING INSTRUCTIONS

- <http://www.hsd.state.nm.us/mad/billinginstructions.html>

REGISTERS AND SUPPLEMENTS:

- <http://www.hsd.state.nm.us/mad/registers/2012.html>

Claim Form Instructions

Where Do I Get a Copy of Claim Form Instructions?



New Mexico Medicaid Portal

Recipient/Recipiente **Providers**

Provider Information

- Electronic Data Exchange (EDI)
- ICD-10 Testing and Provider Information
- Important State Announcements
- E-News and Notices
- New Mexico Medicaid Third Party Assessor/Utilization Review for Fee-For-Service
- Emergency Medical Services for Aliens (EMSA) Claims Process
- Provider Enrollment
- HSD/Medical Assistance Division
- 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)

Links

- New Mexico State web sites
- New Mexico Centennial Care
- E mail can be submitted to CCInfo@state.nm.us
- Other Sites of Interest
- National web sites
- Conduent web sites
- Medical Inquiry Vendor web sites

FAQ

- General Web Portal
- Glossary of Terms
- How Do I Contact...?
- National Provider Identifier (NPI)
- Online Claims Entry (DDE)
- Policy & Billing
- Web Registration

Most Requested

- NM Provider Login
- Web Registration

1095-B Informacion

- Solicitar una tarjeta de identificación para el programa de pago por servicio de Medicaid (tarjeta azul/no con un plan de cuidado administrativo).
- Hacer una pregunta sobre su cobertura.

- ICD-10 2016 Update
- Training Presentations and Webinars
- Fee Schedules
- New Mexico Medicaid E-News
- Provider Information
- 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

[Back to Top](#)

Timely Filing

What is a Transaction Control Number (TCN)?

91604900085000001

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 2016, or February 18, 2016

Timely Filing Denials

- Re-filing Claims and Submitting Adjustments
- **Important Note: Remittance Advices are not considered proof of timely filing.**

Claim Information	
Prior Authorization Number:	<input type="text"/>
Timely Filing Justification – Prior TCN Number:	<input type="text"/>
Patient Account#	<input type="text"/>

National Corrective Coding Initiative (NCCI)

NCCI

A CMS program that consists of coding policies and edits. Medicaid NCCI Edits consist of two types:

- (1) NCCI procedure-to-procedure edits that define pairs of Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons
- (2) Medically Unlikely Edits (MUE), units-of-service edits, that define for each HCPCS/CPT code the number of units of service beyond which the reported number of units of service is unlikely to be correct (e.g., claims for excision of more than one gallbladder or more than one pancreas).

NCCI

Remittance Advice (RA)/Explanation of Benefits (EOB) Codes:

6501 or 6502 - Per the National Correct Coding Initiative, payment is denied because the service is not payable with another service on the same date of service.

6503 through 6505 - Per the National Correct Coding Initiative, payment is denied because provider billed units of service exceeding limit.

Please visit the [Medicaid.gov](https://www.Medicaid.gov) webpage for the NCCI in Medicaid:

[The National Correct Coding Initiative in Medicaid](#)

Add/Manage Templates

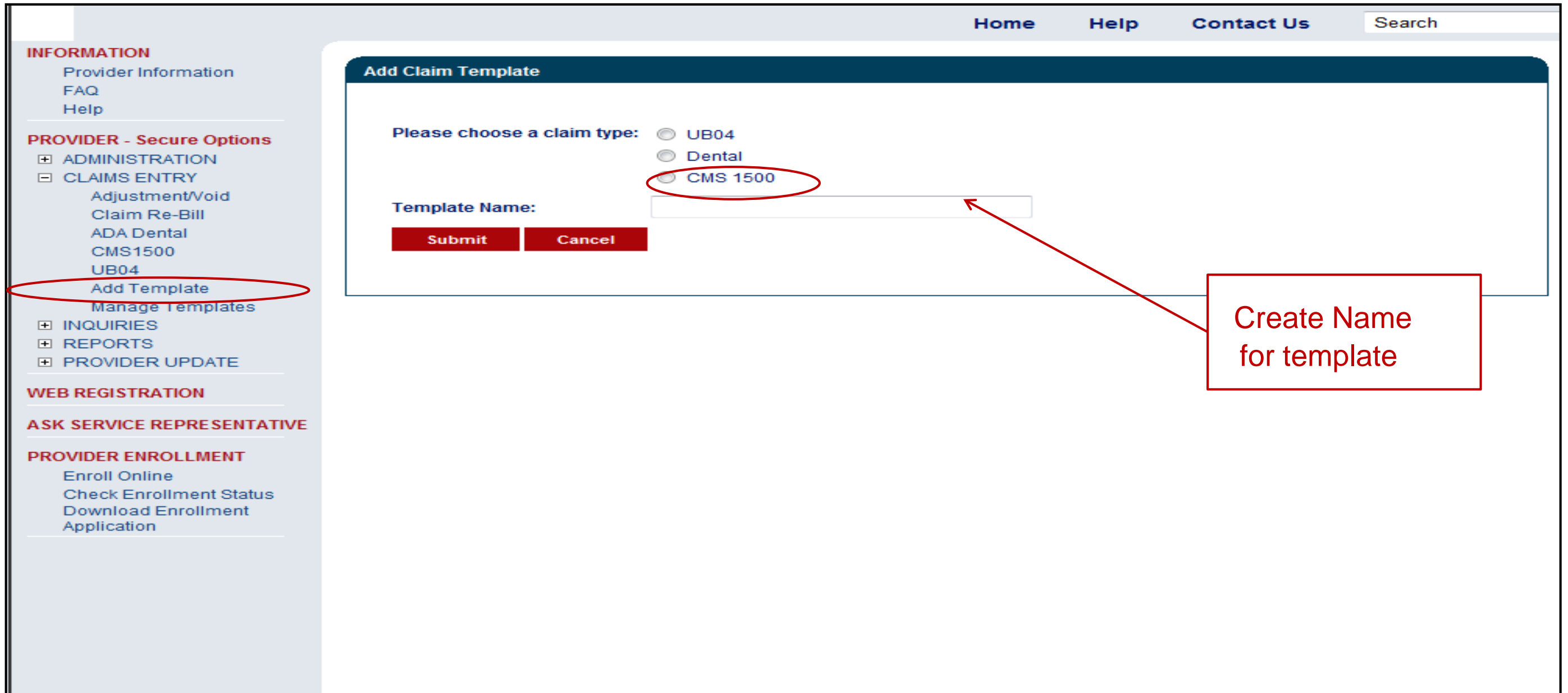
Online Claims Entry



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top right, there is a 'Logout' link. Below the header, navigation links for 'Home', 'Help', and 'Contact Us' are visible, along with a search bar and a 'GO' button. The left sidebar contains several menu categories: 'INFORMATION' (Provider Information, FAQ, Help), 'PROVIDER - Secure Options' (ADMINISTRATION, CLAIMS ENTRY, INQUIRIES, REPORTS, PROVIDER UPDATE), 'WEB REGISTRATION', 'ASK SERVICE REPRESENTATIVE', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area features a form titled 'Claims - Initiate CMS1500 Claim'. The form includes fields for 'Recipient ID' (with a radio button selected) and 'SSN', 'Date of Birth' (with a calendar icon), 'Billing Medicaid Provider ID' (with a dropdown arrow), and a 'Select Template' field showing 'No Templates Available'. Below the form are 'Submit' and 'Clear All' buttons. A red asterisk (*) is placed to the left of the 'Recipient ID' and 'Date of Birth' labels.

To begin the claim submission, all field with a **RED** asterisk (*) must be completed.

CMS 1500 – Create a Claim Template



Home Help Contact Us Search

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

Add Claim Template


Please choose a claim type: UB04 Dental CMS 1500

Template Name:

Submit Cancel

Create Name for template

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 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.</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.

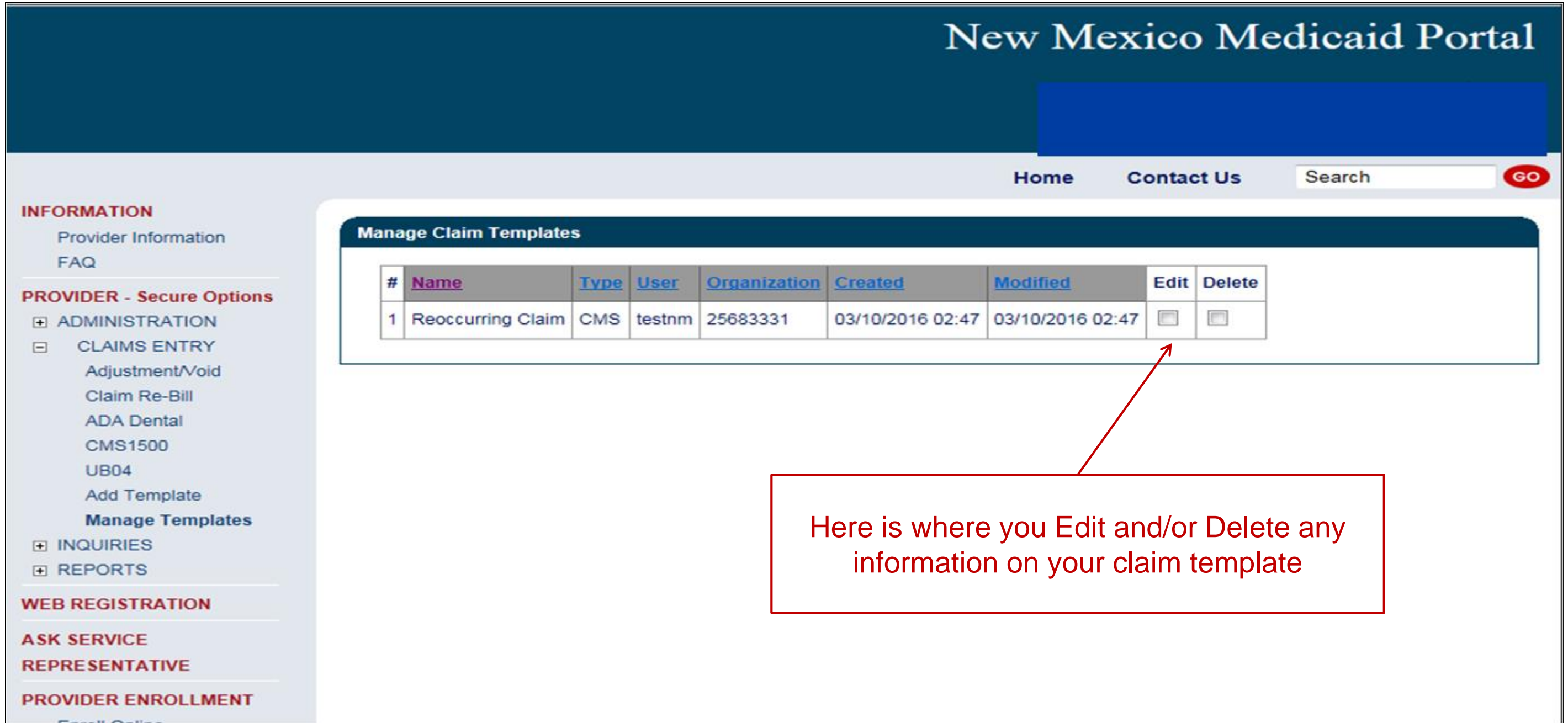
#	Service Dates		Procedure Codes	Rendering Provider		Modifiers				Diag Points				Submitted		Place of Service	NDC Code	Edit	Delete
	Begin	End		Id	NPI	1	2	3	4	1	2	3	4	Charges	Units				

Summary

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

Fill out any information you would like included in your template

CMS 1500 Manage Templates



New Mexico Medicaid Portal

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

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 Claim Forms

Online Claims Entry

New Mexico Medicaid Portal [Logout](#)

[Home](#) [Contact Us](#) [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

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"/> 
COE:	<input type="text"/> If you are a waiver provider (PT 344 or 463), and this claim is for a waiver assessment, you must enter the clients' SSN and COE to submit the waiver assessment claim.
Billing Medicaid Provider ID:	25683331

Select Template

	Name	User	Organization	Created	Modified
<input checked="" type="radio"/>	None				

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

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.

If none – Click none

Claims Information

Claim Information

Prior Authorization Number:	<input type="text"/>
Timely Filing Justification – Prior TCN Number:	<input type="text"/>
Patient Account#	<input type="text"/>

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? Yes 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				
<input type="button" value="Add Service Line Item"/>																			

Section Can be Expanded by Clicking



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

* 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 – Attachments

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

* 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	UR EMSA	* Attachment 1	Upload
Type	Select	Attachment 2	
Type	Acknowledgement of Hysterectomy	Attachment 3	
Type	All other Documents	Attachment 4	
Type	Children's Medical Services (CMS) Authorization	Attachment 5	
Type	Commercial insurance attachment is due		
Type	Invoice for Hearing Aids, DME, or Vision Instruments		
Type	Long Term Care Assessment or Abstract		
Type	MAD 310 (Approval of Recipient for EMSA (Services for Aliens)		
Type	MAD 311 (Utilization Review EMSA Approval)		
Type	Managed Care Organization EOB including recoupments		
Type	Medicaid Eligibility Card		
Type	Medical Necessity Documentation		
Type	Medical Services Authorization (ISD-309)		
Type	Medicare Explanation of Benefits		
Type	Presumptive Eligibility Form		
Type	Prior Authorization (all others)		
Type	Reconsideration Request Form		
Type	Report of Vision Exam/Acuity or Loss of Glasses		
Type	Reports or Notes from ER/OR		
Type	Sterilization Consent Form		
Type	Title XX Medical Services Authorization		
Type	Transportation Verification Form		

Claims Information – Attachment Upload

Claim Attachment - Add -- Webpage Dialog

Claim Attachment - Add

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.

Browse...

Add **Reset**

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

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.

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#	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)

* Service Begin Date	mm/dd/ccyy 	Service End Date	mm/dd/ccyy 
* Procedure Code	<input type="text"/>	Modifiers	<input type="text"/> <input type="text"/>
Rendering Provider NPI	<input type="text"/>	Rendering Provider Taxonomy	<input type="text"/>
Rendering Provider ID	<input type="text"/>		
* Place Of Service	Select 		
* Units	<input type="text"/>	* EPSDT Indicator	<input type="radio"/> Yes <input type="radio"/> No
* Family Planning	<input type="radio"/> Yes <input type="radio"/> No		
* Fee	<input type="text"/>	Diagnosis Pointers	<input type="text" value="Select"/>  <input type="text" value="Select"/>  <input type="text" value="Select"/>  <input type="text" value="Select"/> 
NDC	<input type="text"/>	NDC Quantity	<input type="text"/>
NDC Unit of Measure	Select 	NDC Units Qualifier	<input type="text"/>
Anesthesia Start Time	<input type="text"/>	Anesthesia Stop Time	<input type="text"/>

The fields with Red Asterisks (*) are REQUIRED


Medicaid Primary Claim Forms

Identify if there is another health benefit plan service that either paid or denied

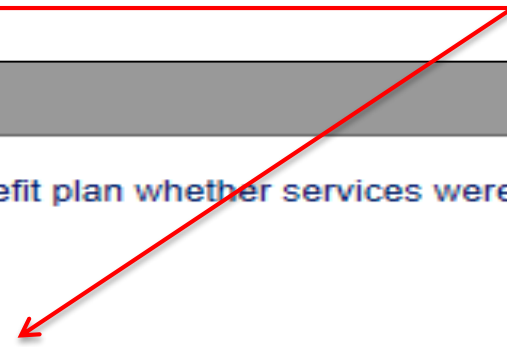
Other Insurance Info

* 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
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Other payer payment or denial date: 

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What questions do you have?

If you have question or need support you can:

- Email:
- NMPoviderSupport@Conduent.com (General Questions)
- HIPAA.Desk.NM@Conduent.com (HIPPA Specific)

- Call **505-246-0710** or **800-299-7304** - to directly reach all provider help desks including Provider Relations, Provider Enrollment, the HIPAA/EMC help desk and TPL

Thank you

Special thanks to the community members for feedback and the development of this training session. Brenda Johnson, Laurie Brennen, Lourie Pohl, Robert Hobbs, Nancy Searcy.

It is only with your feedback we can continue to improve, please feel free to e-mail NMPoviderSupport@Conduent.com with your feedback, comments and suggestions.

Resources

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