

Online Claims Entry UB-04

Purpose

The purpose of this workshop is to provide an overview of the UB-04 direct data entry claims submission process. Having an understanding of UB-04 direct data entry submission via the New Mexico Medicaid Web Portal will improve billing practices by reducing claim denials and ensuring all rendered services are billed properly.

Objectives

Review the following processes regarding UB-04 claim submissions:

- Claim Form Instructions
- Timely Filing
- New Hospital Outpatient Payment Method
- Add/Manage Templates
- Medicaid Primary Claims
- Medicaid (TPL) Third Party Liability and PPO/HMO Claims
- Medicare Replacement Plans
- 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?



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

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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 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 49th day of 2017, or February 18, 2017

Timely Filing

Timely Filing

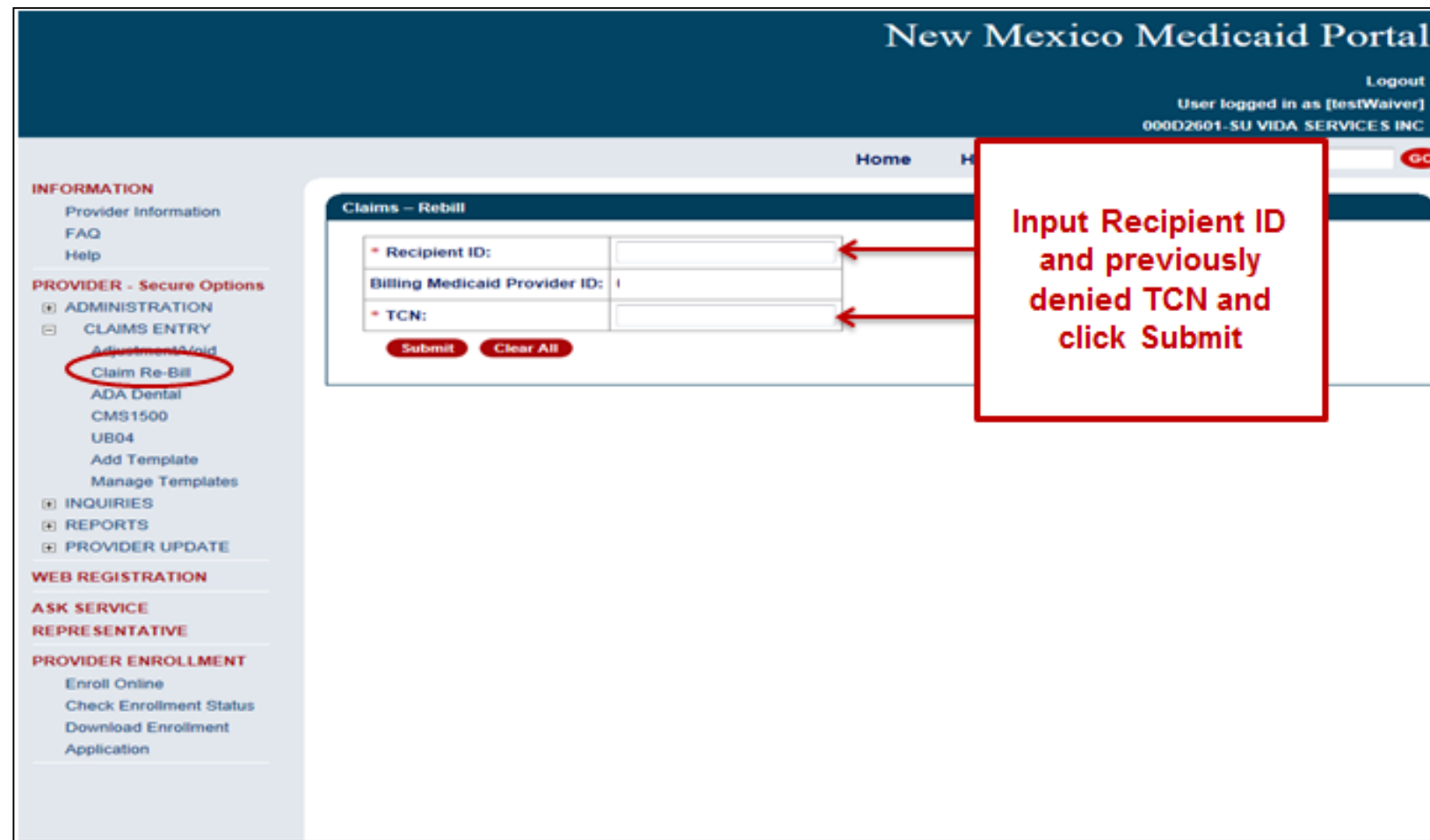
- The information for Timely Filing is found on page 4 under the 8.302.2.11 portion section A. (3):

[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 [testWaiver]
000D2601-SU VIDA SERVICES INC

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GO

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Claim Re-Bill
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WEB REGISTRATION

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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

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

Claim Information			
* Type of Bill:	<input type="text"/>		
Patient CNTL #:	<input type="text"/>	Medical Record #:	<input type="text"/>
Service Dates			
*From:	<input type="text" value="mm/dd/ccyy"/> 	*To:	<input type="text" value="mm/dd/ccyy"/> 
Treatment Authorization Code:	<input type="text"/>	Timely Filing TCN:	<input type="text"/>
<input type="checkbox"/> Admission Information (Required for inpatient claims)			
<input type="checkbox"/> Condition Codes			
<input type="checkbox"/> Occurrence Code Date			
<input type="checkbox"/> Value Codes			
Diagnosis Codes (At least one entry required)			
Admission Diagnosis:	<input type="text"/>		
*Principal Diagnosis:	<input type="text"/>	POA:	<input type="text" value="Select"/>
Code	POA	Code	POA
1: <input type="text"/>	<input type="text" value="Select"/>	2: <input type="text"/>	<input type="text" value="Select"/>
3: <input type="text"/>	<input type="text" value="Select"/>	4: <input type="text"/>	<input type="text" value="Select"/>

New Hospital Outpatient Payment Method

Hospital Outpatient Payment Method for New Mexico Medicaid

- All General Acute Hospitals and Rehabilitation Hospitals must include a procedure code on every line item to receive payment.
- It is recommended that you bill all outpatient services for the same date of service on the same claim form all inclusive.

New Hospital Outpatient Payment Method for New Mexico Medicaid

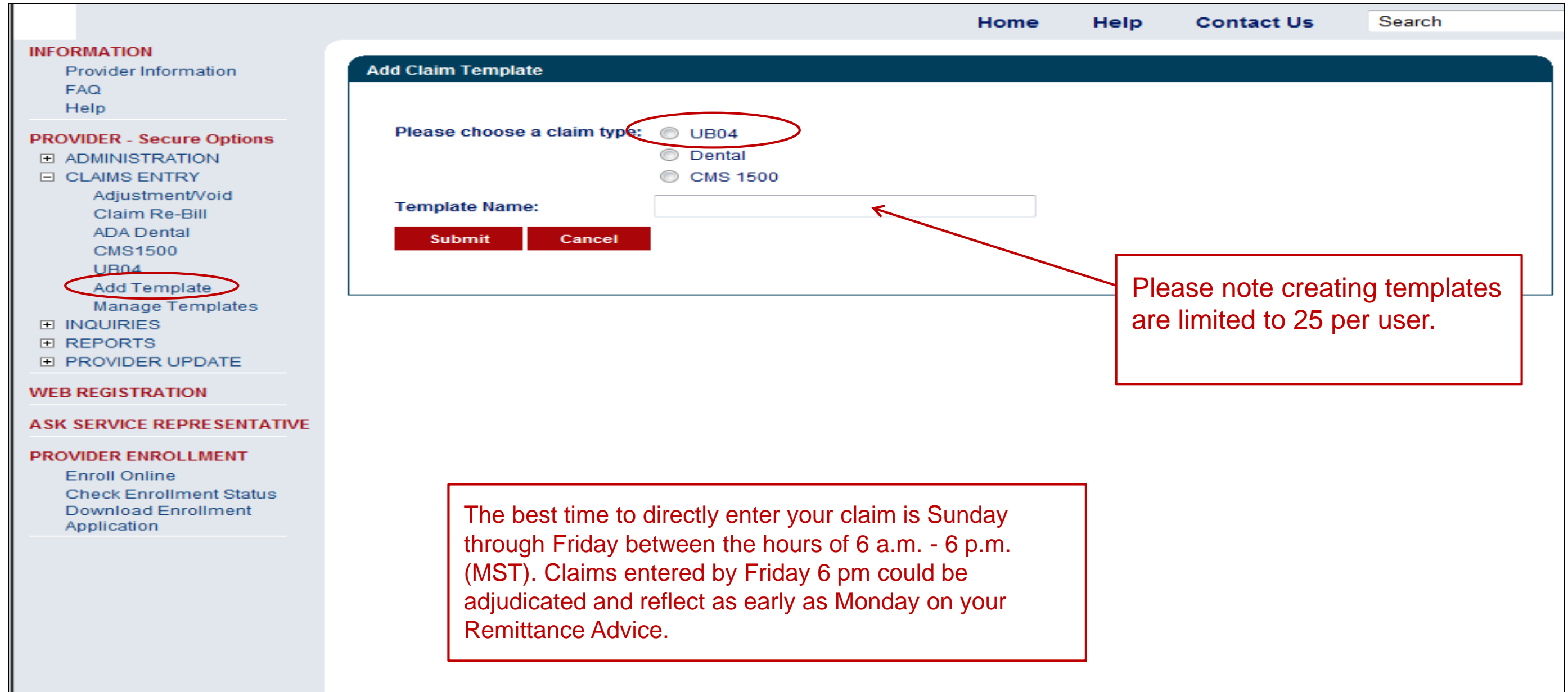
The following resources are available on the HSD/MAD website located at:

[New Mexico Medicaid Fee Schedules](#)

- Hospital Outpatient Payment Method FAQ
- Hospital Outpatient Payment Method Revenue Codes
- Hospital Outpatient Payment Method Procedure Codes
- Notice of Hospital Outpatient Prospective Payment System Rates
- Explanation of Simulation Spreadsheet for Outpatient services

Add/Manage Templates

UB-04 Add Claim Template



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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.

UB-04 Add Claim Template

UB04 Form Template

* denotes required field(s)

[Click here for UB-04 Claim Form instructions](#)

Fill out any information you would like included in your template

Provider Information

* Is Billing Provider also the Rendering Provider? Yes No

* Is this service the result of a referral? Yes No

Attending Provider

Medicaid Provider ID	<input type="text"/>	Current NPI	<input type="text"/>
<input type="checkbox"/> Additional Attending Information			

Operating Provider

Medicaid Provider ID	<input type="text"/>	Current NPI	<input type="text"/>
<input type="checkbox"/> Additional Operating Information			

Other Provider

Medicaid Provider ID	<input type="text"/>	Current NPI*	<input type="text"/>
<input type="checkbox"/> Additional Other Information			

UB-04 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



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.

Fill out any information you would like included in your template

UB-04 Add Claim Template

Claim Information			
* Type of Bill:	<input type="text"/>	Fill out any information you would like included in your template	
Patient CNTL #:	<input type="text"/>		
Service Dates			
*From:	<input type="text" value="mm/dd/ccyy"/> 	*To:	<input type="text" value="mm/dd/ccyy"/> 
Treatment Authorization Code:	<input type="text"/>	Timely Filing TCN:	<input type="text"/>
<input type="checkbox"/>	Admission Information (Required for inpatient claims)		
<input type="checkbox"/>	Condition Codes		
<input type="checkbox"/>	Occurrence Code Date		
<input type="checkbox"/>	Value Codes		

UB-04 Add Claim Template

<input checked="" type="checkbox"/> Admission Information (Required for inpatient claims)			
Date:	<input type="text" value="mm/dd/ccyy"/> 	HR:	<input type="text"/>
Type:	<input type="text" value="Select"/> ▼	Src:	<input type="text" value="Select"/> ▼
Discharge Hr:	<input type="text"/>	Status:	<input type="text" value="Select"/> ▼

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

Sections can be expanded by checking all sections with Red Text. View next slide for additional fields.













UB-04 Add Claim Template

Fill out any information you would like included in your template.
Sections can be expanded by checking all sections with Red Text.

<input checked="" type="checkbox"/> Condition Codes				
1: <input type="text"/>	2: <input type="text"/>	3: <input type="text"/>	4: <input type="text"/>	
5: <input type="text"/>	6: <input type="text"/>	7: <input type="text"/>		

UB-04 Add Claim Template

Fill out any information you would like included in your template.
 Sections can be expanded by checking all sections with Red Text.

<input checked="" type="checkbox"/> Occurrence Code Date			
Code	Date		
<input type="text"/>	mm/dd/ccyy 	<input type="text"/>	mm/dd/ccyy 
<input type="text"/>	mm/dd/ccyy 	<input type="text"/>	mm/dd/ccyy 
<input type="text"/>	mm/dd/ccyy 	<input type="text"/>	mm/dd/ccyy 
<input type="text"/>	mm/dd/ccyy 	<input type="text"/>	mm/dd/ccyy 
Occurrence Spans			
	Code	From Date	To Date
	<input type="text"/>	mm/dd/ccyy 	mm/dd/ccyy 
	<input type="text"/>	mm/dd/ccyy 	mm/dd/ccyy 

UB-04 Add Claim Template

<input checked="" type="checkbox"/> Value Codes			
Code	Amount \$	Code	Amount \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fill out any information you would like included in your template.
Sections can be expanded by checking all sections with Red Text.

UB-04 Add Claim Template

Diagnosis Codes (At least one entry required)

Admission Diagnosis:	<input type="text"/>		
*Principal Diagnosis:	<input type="text"/>	POA:	Select <input type="button" value="v"/>

Code	POA	Code	POA
1: <input type="text"/>	Select <input type="button" value="v"/>	2: <input type="text"/>	Select <input type="button" value="v"/>
3: <input type="text"/>	Select <input type="button" value="v"/>	4: <input type="text"/>	Select <input type="button" value="v"/>
5: <input type="text"/>	Select <input type="button" value="v"/>	6: <input type="text"/>	Select <input type="button" value="v"/>
7: <input type="text"/>	Select <input type="button" value="v"/>	8: <input type="text"/>	Select <input type="button" value="v"/>
9: <input type="text"/>	Select <input type="button" value="v"/>	10: <input type="text"/>	Select <input type="button" value="v"/>
11: <input type="text"/>	Select <input type="button" value="v"/>	12: <input type="text"/>	Select <input type="button" value="v"/>
13: <input type="text"/>	Select <input type="button" value="v"/>	14: <input type="text"/>	Select <input type="button" value="v"/>
15: <input type="text"/>	Select <input type="button" value="v"/>	16: <input type="text"/>	Select <input type="button" value="v"/>
17: <input type="text"/>	Select <input type="button" value="v"/>		

Other Procedures

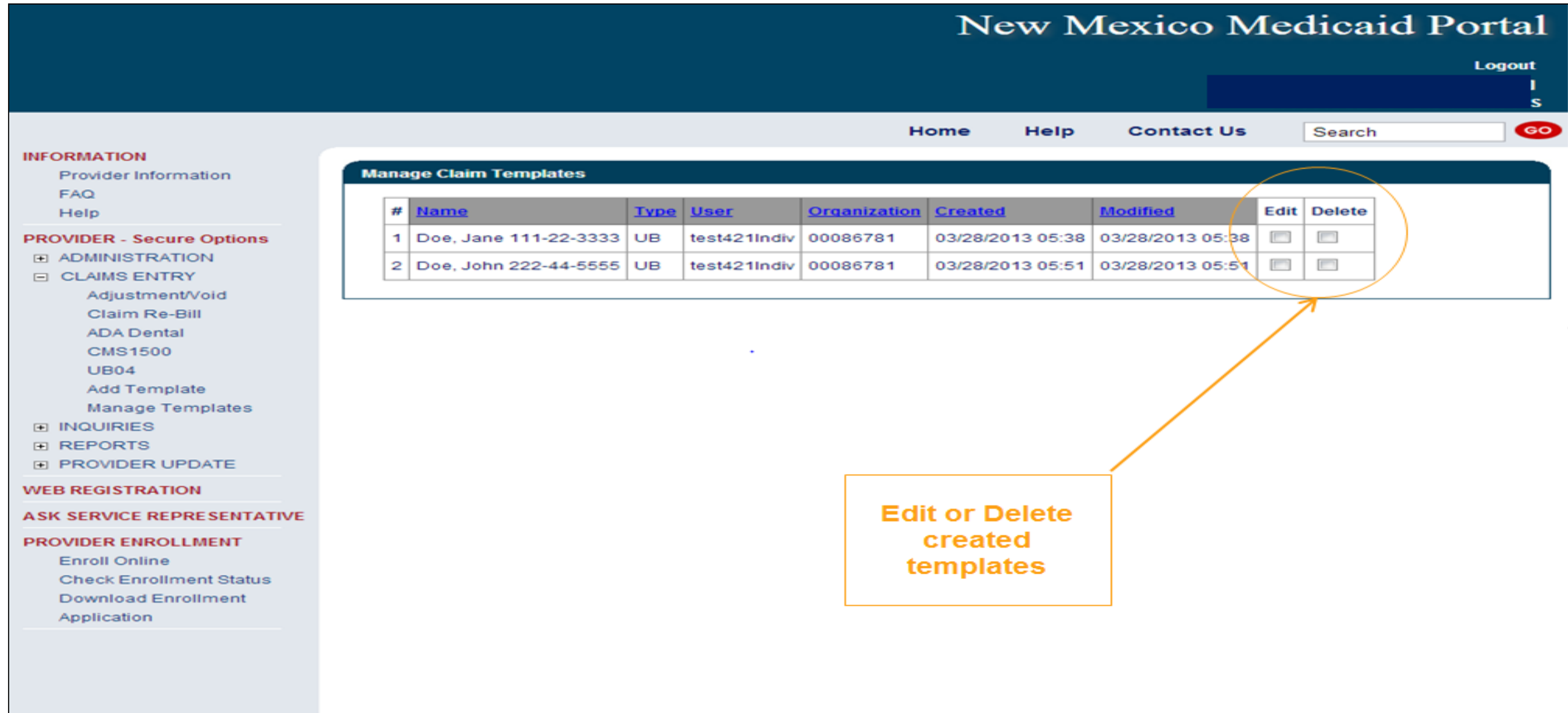
Decimal point is not required for diagnosis. Using a decimal point will result in the error message below.

“Diagnosis Code must be at least three alphanumeric characters and cannot include decimals.”

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

Sections can be expanded by checking all sections with Red Text.

UB-04 Manage Claim Template



New Mexico Medicaid Portal

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PROVIDER - Secure Options

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Manage Claim Templates

#	Name	Type	User	Organization	Created	Modified	Edit	Delete
1	Doe, Jane 111-22-3333	UB	test421Indiv	00086781	03/28/2013 05:38	03/28/2013 05:38	<input type="checkbox"/>	<input type="checkbox"/>
2	Doe, John 222-44-5555	UB	test421Indiv	00086781	03/28/2013 05:51	03/28/2013 05:51	<input type="checkbox"/>	<input type="checkbox"/>

Edit or Delete created templates

Medicaid Primary Web Portal Claim Submission

Online Claims Entry



The screenshot shows the 'New Mexico Medicaid Portal' interface. At the top right, the title 'New Mexico Medicaid Portal' is displayed. Below the title is a navigation bar with links for 'Home', 'Help', and 'Contact Us', along with a search box containing the text 'Search' and a red 'GO' button. On the left side, there is a sidebar menu with the following items: 'INFORMATION' (Provider Information, FAQ, Help), 'PROVIDER - Secure Options' (ADMINISTRATION, CLAIMS ENTRY), and a list of claim types: AdjustmentVoid, Claim Re-Bill, ADA Dental, CMS1500, UB04, Add Template, and Manage Templates. The main content area is titled 'Claims - Initiate UB04 Claim' and contains a form with the following fields:

* <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:	00052837
Select Template	No Templates Available

Below the form are two red buttons: 'Submit' and 'Clear All'.

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

Online Claims Entry Primary Claim *Continued*

UB04 Form Template

Click on the Red Text for the UB-04 Claim form instructions

* denotes required field(s)

[Click here for UB-04 Claim Form instructions](#)

Provider Information

* Is Billing Provider also the Rendering Provider? Yes No

* Is this service the result of a referral? Yes No

Attending Provider

Medicaid Provider ID

Current NPI

Additional Attending Information

Operating Provider

Medicaid Provider ID

Current NPI

Additional Operating Information

Other Provider

Medicaid Provider ID

Current NPI*

Additional Other Information

Additional Information Option

Attending Provider			
Medicaid Provider ID	<input type="text"/>	Current NPI	<input type="text"/>
<input checked="" type="checkbox"/> Additional Attending Information			
Provider Name	<input type="text"/>		
Provider First Name	<input type="text"/>		

Recipient Information			
Recipient ID:	111225555	Name:	Doe, Jane
<input checked="" type="checkbox"/> Additional Recipient Information			
Recipient's Birth Date	4/8/1984	Gender	F
Address	1720 Randolph Rd SE Albuquerque, NM 87106		
Telephone	505-555-5555		

Sections can be expanded by selecting all sections with Red Text

Online Claims Entry Primary Claim *Continued*



Recipient Information			
Recipient ID:	111225555	Name:	DOE, JANE
<input checked="" type="checkbox"/> Additional Recipient Information			
Recipient's Birth Date	04/08/1994	Gender	F
Address	1720 Randolph Rd SE Albuquerque, NM 87106		
Telephone	505-555-5555		

Other Insurance Info	
* Please identify if there is another health benefit plan whether services were paid or denied:	
<input type="radio"/>	Medicare
<input type="radio"/>	Medicare Advantage
<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
<input type="radio"/>	PPO/HMO (Other than a Medicaid Managed Care Organization)
<input type="radio"/>	Other insurance
<input type="radio"/>	Workers' Compensation
<input type="radio"/>	None ←
Medicare Claim Number:	<input type="text"/>
*Other payer payment or denial date:	<input type="text" value="mm/dd/ccyy"/>
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.	

Select "None" since no other insurance is involved.

Online Claims Entry Primary Claim *Continued*



Claim Information			
* Type of Bill:	<input type="text"/>		
Patient CNTL #:	<input type="text"/>	Medical Record #:	<input type="text"/>
Service Dates			
*From:	<input type="text" value="mm/dd/ccyy"/>	*To:	<input type="text" value="mm/dd/ccyy"/>
Treatment Authorization Code:	<input type="text"/>	Timely Filing TCN:	<input type="text"/>
<input type="checkbox"/> Admission Information (Required for inpatient claims)	←		
<input type="checkbox"/> Condition Codes	←		
<input type="checkbox"/> Occurrence Code Date	←		
<input type="checkbox"/> Value Codes	←		
Diagnosis Codes (At least one entry required)			
Admission Diagnosis:	<input type="text"/>		
*Principal Diagnosis:	<input type="text"/>	POA:	Select
Code	POA	Code	POA
1: <input type="text"/>	Select	2: <input type="text"/>	Select
3: <input type="text"/>	Select	4: <input type="text"/>	Select
5: <input type="text"/>	Select	6: <input type="text"/>	Select
7: <input type="text"/>	Select	8: <input type="text"/>	Select
9: <input type="text"/>	Select	10: <input type="text"/>	Select
11: <input type="text"/>	Select	12: <input type="text"/>	Select
13: <input type="text"/>	Select	14: <input type="text"/>	Select
15: <input type="text"/>	Select	16: <input type="text"/>	Select
17: <input type="text"/>	Select		
<input type="checkbox"/> Other Procedures			

Sections can be expanded by selecting all sections with Red Text

Online Claims Entry -- 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		* Attachment 1
Type		Attachment 2
Type		Attachment 3
Type		Attachment 4
Type		Attachment 5

Select

- Acknowledgement of Hysterectomy
- All other Documents
- Children's Medical Services (CMS) Authorization
- Insurance EOB if co-pay, coinsurance, or deductible ARE due
- Insurance EOB if co-pay/co-ins/deductible ARE NOT due
- Invoice for Hearing Aids, DME, or Vision Instruments
- Long Term Care Assessment or Abstract
- MAD 310 (Approval of Recipient for EMSA (Services for Aliens)
- MAD 311 (Utilization Review EMSA Approval)
- Managed Care Organization EOB including recoupments
- Medicaid Eligibility Card
- Medical Necessity Documentation
- Medical Services Authorization (ISD-309)
- Medicare Explanation of Benefits
- Presumptive Eligibility Form
- Prior Authorization (all others)
- Reconsideration Request Form
- Report of Vision Exam/Acuity or Loss of Glasses
- Reports or Notes from ER/OR
- Sterilization Consent Form
- Title XX Medical Services Authorization
- Transportation Verification Form

Basic Line Item

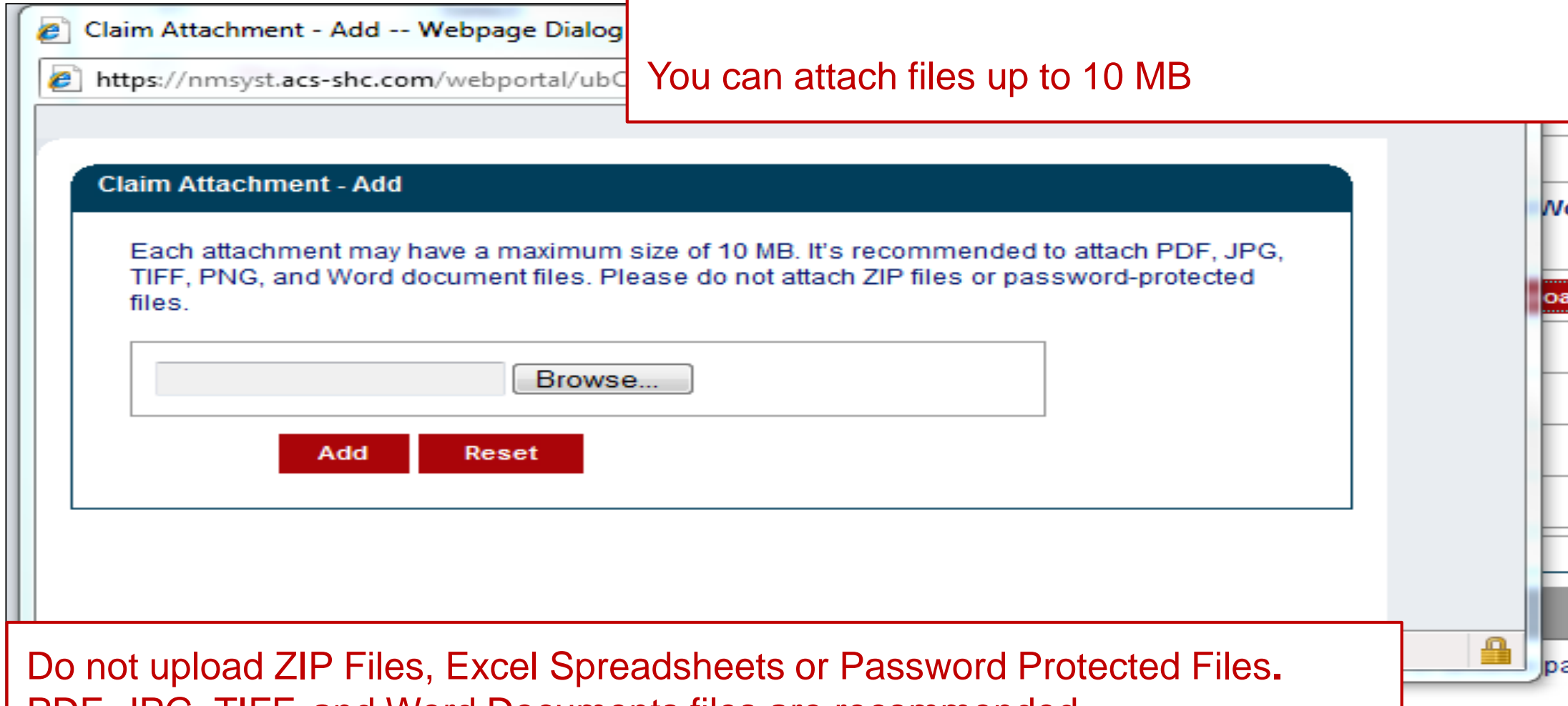
Note: Please ensure you have completed all required sections of this or another page) before

#	Rev Code	Charges	Edit	Delete

Online Claims Entry Primary Claim *Continued*

Review the Uploading Attachments Restrictions.

You can attach files up to 10 MB



Claim Attachment - Add -- Webpage Dialog

https://nmsyst.acs-shc.com/webportal/ubC

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

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

Online Claims Entry Primary Claim *Continued*



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.

#	Rev Code	Procedure	Modifiers	Rate	Service Date	Submitted		Edit	Delete
						Units	Charges		

Add Service Line Item

All field with a Red Asterisk (*) are REQUIRED fields

Add Service Line Item

* denotes required field(s)

New Covered Individual

* Revenue Code:	<input type="text"/>					
Procedure Code:	<input type="text"/>	Modifiers:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rate:	<input type="text"/>					
Service Date:	<input type="text" value="mm/dd/ccyy"/>	Recommended for Outpatient				
* Service Units:	<input type="text"/>	* Line Item Charge:	<input type="text"/>			
Non Coverage Charges \$:	<input type="text"/>					
NDC:	<input type="text"/>					
NDC Quantity:	<input type="text"/>	Unit of Measure:	Select <input type="text"/>			

Ordering or Referring Provider

Provider ID:	<input type="text"/>	Current NPI:	<input type="text"/>
Provider Taxonomy:	<input type="text"/>		

Rendering Provider

Provider ID:	<input type="text"/>	Current NPI:	<input type="text"/>
Provider Taxonomy:	<input type="text"/>		

Save Cancel

Online Claims Entry Primary Claim *Continued*

Summary	
* Total Charge	<input type="text"/>
Prior Payment Amount	<input type="text"/>
Amount Due	<input type="text"/>
<input checked="" type="checkbox"/> REQUIRED: I hereby certify that the procedures as indicated (or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for the procedures (procedures that require multiple visits))	

Verify Total charge is correct
If total charge is missing or does not equal the total of all line charges provided on the claim, the claim will deny or post additional edits.

Indicate the Total charge. Must match Rev Code 0001 which is the last line item on the claim

Indicate the Amount Due



TPL, HMO and PPO Web Portal Claim Submission

Third Party Liability (TPL) Tips

- TPL is commercial insurance
- TPL must be billed primary to Medicaid
- Medicaid does not consider Medicare TPL

Other Primary Insurance Tips

- If Medicaid requires a Prior Authorization (PA) for the service, then a PA issued by the Medicaid Third Party Assessor is always required when 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

Medicaid TPL Claim Example

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

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

Indicate the Total charge. Must match Rev Code 0001 which is the last line item on the claim

TPL Payment

Co-pay/Co-insurance/Deductible

Verify Total charge is correct
If total charge is missing or does not equal the total of all line charges provided on the claim, the claim will deny or post additional edits.

Medicaid Co-Payment Web Portal Claim Submission

PPO/HMO Co-Pay Tips

- Indicate PPO/HMO under “Other Insurance Info” section of the claim.
- Attach the EOB.
- Enter the co-payment amount in the “Amount Due” field.


PPO/HMO Co-pay Claim

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.

PPO/HMO Co-pay Claim

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"/>	

Indicate the Total charge. Must match Rev Code 0001 which is the last line item on the claim

Difference

Co-pay/Co-insurance/
Deductible

Verify Total charge is correct
If total charge is missing or does not equal the total of all line charges provided on the claim, the claim will deny or post additional edits.

Medicare Replacement Plan Web Portal Claim Submission


Medicare Replacement Plan

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.

Co ins Amt:	<input type="text"/>	Deductible:	<input type="text"/>
Copay:	<input type="text"/>	*Prior Payer Allowed Amount:	<input type="text"/>
Psych Reduction Amount:	<input type="text"/>	Prior Payer Paid Amount:	<input type="text"/>






Indicate "Medicare Advantage" for Medicare Replacement Plan

Medicare Replacement Plan

<input checked="" type="checkbox"/> Other Procedures			
Principle Surgical Procedure:	<input type="text"/>	Date:	<input type="text" value="mm/dd/ccyy"/> 
Code	Date (mm/dd/yyyy)	Code	Date (mm/dd/yyyy)
1 <input type="text"/>	<input type="text" value="mm/dd/ccyy"/> 	2 <input type="text"/>	<input type="text" value="mm/dd/ccyy"/> 
3 <input type="text"/>	<input type="text" value="mm/dd/ccyy"/> 	4 <input type="text"/>	<input type="text" value="mm/dd/ccyy"/> 
5 <input type="text"/>	<input type="text" value="mm/dd/ccyy"/> 		

* 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	<input type="button" value="Upload"/>
Type	Select 	Attachment 2	
Type	Select 	Attachment 3	
Type	Select 	Attachment 4	
Type	Select 	Attachment 5	

Attach Copy of EOB



Medicare Replacement Plan

* 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	

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.

#	Rev Code	Procedure	Modifiers	Rate	Service Date	Submitted		Edit	Delete
						Units	Charges		

Add Service Line Item

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



Submit **Clear** **Cancel**

Medicare Replacement Plan

Add Service Line Item [X]

* denotes required field(s)

New Covered Individual

* Revenue Code:	<input type="text"/>		
Procedure Code:	<input type="text"/>	Modifiers:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rate:	<input type="text"/>		
Service Date:	<input type="text" value="mm/dd/ccyy"/> 	Recommended for Outpatient	
* Service Units:	<input type="text"/>	* Line Item Charge:	<input type="text"/>
Non Coverage Charges \$:	<input type="text"/>		
NDC:	<input type="text"/>		
NDC Quantity:	<input type="text"/>	Unit of Measure:	Select 

Ordering or Referring Provider

Provider ID:	<input type="text"/>	Current NPI:	<input type="text"/>
Provider Taxonomy:	<input type="text"/>		

Rendering Provider

Provider ID:	<input type="text"/>	Current NPI:	<input type="text"/>
Provider Taxonomy:	<input type="text"/>		

Other Insurance Info

Co ins Amt:	<input type="text"/>	Deductible:	<input type="text"/>
Copay:	<input type="text"/>	Psych Reduction Amount:	<input type="text"/>
Prior Payment Allowed Amount:	<input type="text"/>	Prior Payment Paid Amount:	<input type="text"/>

Save Cancel

Other Insurance Information can be input at the line item level here

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" for Medicare Crossover submissions

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.

Co ins Amt:	<input type="text"/>	Deductible:	<input type="text"/>
Copay:	<input type="text"/>	*Prior Payer Allowed Amount:	<input type="text"/>
Psych Reduction Amount:	<input type="text"/>	Prior Payer Paid Amount:	<input type="text"/>

Medicare Primary Claims

* 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		
Type	Select		
Type	Select	Attachment 5	

Attach a copy of the EOB

Medicare Primary Claims

* 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	

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.

#	Rev Code	Procedure	Modifiers	Rate	Service Date	Submitted		Edit	Delete
						Units	Charges		

Add Service Line Item



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

Submit **Clear** **Cancel**

Medicare Primary Claims

Add Service Line Item [X]

* denotes required field(s)

New Covered Individual			
* Revenue Code:	<input type="text"/>		
Procedure Code:	<input type="text"/>	Modifiers:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rate:	<input type="text"/>		
Service Date:	<input type="text" value="mm/dd/ccyy"/> 	Recommended for Outpatient	
* Service Units:	<input type="text"/>	* Line Item Charge:	<input type="text"/>
Non Coverage Charges \$:	<input type="text"/>		
NDC:	<input type="text"/>		
NDC Quantity:	<input type="text"/>	Unit of Measure:	Select 
Ordering or Referring Provider			
Provider ID:	<input type="text"/>	Current NPI:	<input type="text"/>
Provider Taxonomy:	<input type="text"/>		
Rendering Provider			
Provider ID:	<input type="text"/>	Current NPI:	<input type="text"/>
Provider Taxonomy:	<input type="text"/>		
Other Insurance Info			
Co ins Amt:	<input type="text"/>	Deductible:	<input type="text"/>
Copay:	<input type="text"/>	Psych Reduction Amount:	<input type="text"/>
Prior Payment Allowed Amount:	<input type="text"/>	Prior Payment Paid Amount:	<input type="text"/>

Save Cancel

Other Insurance Information can be input at the line item level here

Inpatient Claims for Medicare Part B Only Clients

Inpatient Claims for Medicare Part B-Only Clients

Certain Medicaid/Medicare clients only have Medicare Part B coverage. Medicare may cross over the Part B claim with type of bill 121. This claim does not have an accommodation revenue code on it. The claim will deny and the provider will need to resubmit and include the following on the claim:

- Use type of bill “121”
- Attach a copy of the EOMB indicate Medicare paid amount in previous payment box (form locator 54).


Inpatient Claims for Medicare Part B-Only Clients

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.

Co ins Amt:	<input type="text"/>	Deductible:	<input type="text"/>
Copay:	<input type="text"/>	*Prior Payer Allowed Amount:	<input type="text"/>
Psych Reduction Amount:	<input type="text"/>	Prior Payer Paid Amount:	<input type="text"/>

Indicate "Medicare" for Inpatient Claims for Medicare Part B-Only Recipients

Inpatient Claims for Medicare Part B-Only Clients

* Does the Claim have Attachments? Yes No

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*Type	Medicare Explanation of Benefits	▼	* Attachment 1	Upload
Type	Select	▼	Attachment 2	↑
Type	Select	▼	Attachment 3	
Type	Select	▼		
Type	Select	▼		

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

Inpatient Claims for Medicare Part B-Only Clients

* 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	

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.

#	Rev Code	Procedure	Modifiers	Rate	Service Date	Submitted		Edit	Delete
						Units	Charges		

Add Service Line Item

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

Submit **Clear** **Cancel**

Inpatient Claims for Medicare Part B-Only Clients



Add Service Line Item [X]

* denotes required field(s)

New Covered Individual

* Revenue Code:	<input type="text"/>		
Procedure Code:	<input type="text"/>	Modifiers:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rate:	<input type="text"/>		
Service Date:	<input type="text" value="mm/dd/ccyy"/>	Recommended for Outpatient	
* Service Units:	<input type="text"/>	* Line Item Charge:	<input type="text"/>
Non Coverage Charges \$:	<input type="text"/>		
NDC:	<input type="text"/>		
NDC Quantity:	<input type="text"/>	Unit of Measure:	Select

Ordering or Referring Provider

Provider ID:	<input type="text"/>	Current NPI:	<input type="text"/>
Provider Taxonomy:	<input type="text"/>		

Rendering Provider

Provider ID:	<input type="text"/>	Current NPI:	<input type="text"/>
Provider Taxonomy:	<input type="text"/>		

Other Insurance Info

Co ins Amt:	<input type="text"/>	Deductible:	<input type="text"/>
Copay:	<input type="text"/>	Psych Reduction Amount:	<input type="text"/>
Prior Payment Allowed Amount:	<input type="text"/>	Prior Payment Paid Amount:	<input type="text"/>

Save Cancel

Other Insurance Information can be input at the line item level here

UB-04 Tips

UB-04 Tips

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.

#	Rev Code	Procedure	Modifiers	Rate	Service Date	Submitted		Edit	Delete
						Units	Charges		
1	361	20610	RT		02/08/2018	1	183.00	<input type="checkbox"/>	<input type="checkbox"/>
2	510	G0463	25		02/08/2018	1	92.00	<input type="checkbox"/>	<input type="checkbox"/>
3	0001						275.00	<input type="checkbox"/>	<input type="checkbox"/>

Summary

* Total Charge	275.00
Prior Payment Amount	0.00
* Amount Due	275.00

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

Ensure the line item charges are correct and match the total charge.

Summary

Provided general billing guidelines for direct data entry submission of the UB-04 claim form for the below coverage scenarios.

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