Online Claims Entry
Dental Billing

Conduent
Government Healthcare Solutions

Purpose

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

Objectives

Review the following processes regarding ADA Dental claim submissions:

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

Getting Access to Bill on the Web Portal

- If you are currently not registered on to the New Mexico Medicaid Web Portal you can create an account using either your New Mexico Medicaid Provider ID or your NPI using the following link: https://nmmedicaid.portal.conduent.com/webportal/webRegistration/webRegStart

- If your New Mexico Provider ID or NPI is currently registered on the New Mexico Medicaid Web Portal but you do not have access to log in to the Web Portal please contact your Master Administrator.

- If you do not know if your Provider ID or NPI is registered on the New Mexico Medicaid Web Portal or if you do not know who your Master Administrator is, you can contact the HIPAA Helpdesk for further assistance at 1-800-299-7304 or by email at HIPAA.desknm@state.nm.us.

Claim Form Instructions

Conduent
Government Healthcare Solutions

Where Do I Get a Copy of Claim Form Instructions?

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?

CONDUENT

Forms, Publications, and Instructions

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

Adjustments,Voids, and Inquiries

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

Downloading Tips

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

Instructions for Filling Out the New Paper Claim Forms

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

Back to Top

Scroll down

Open file

What is a Transaction Control Number (TCN)?

CONDUENT

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

Batch number

The numeric day of the year.

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

1= Debit
2= Credit

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

Conduent
Government Healthcare Solutions

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

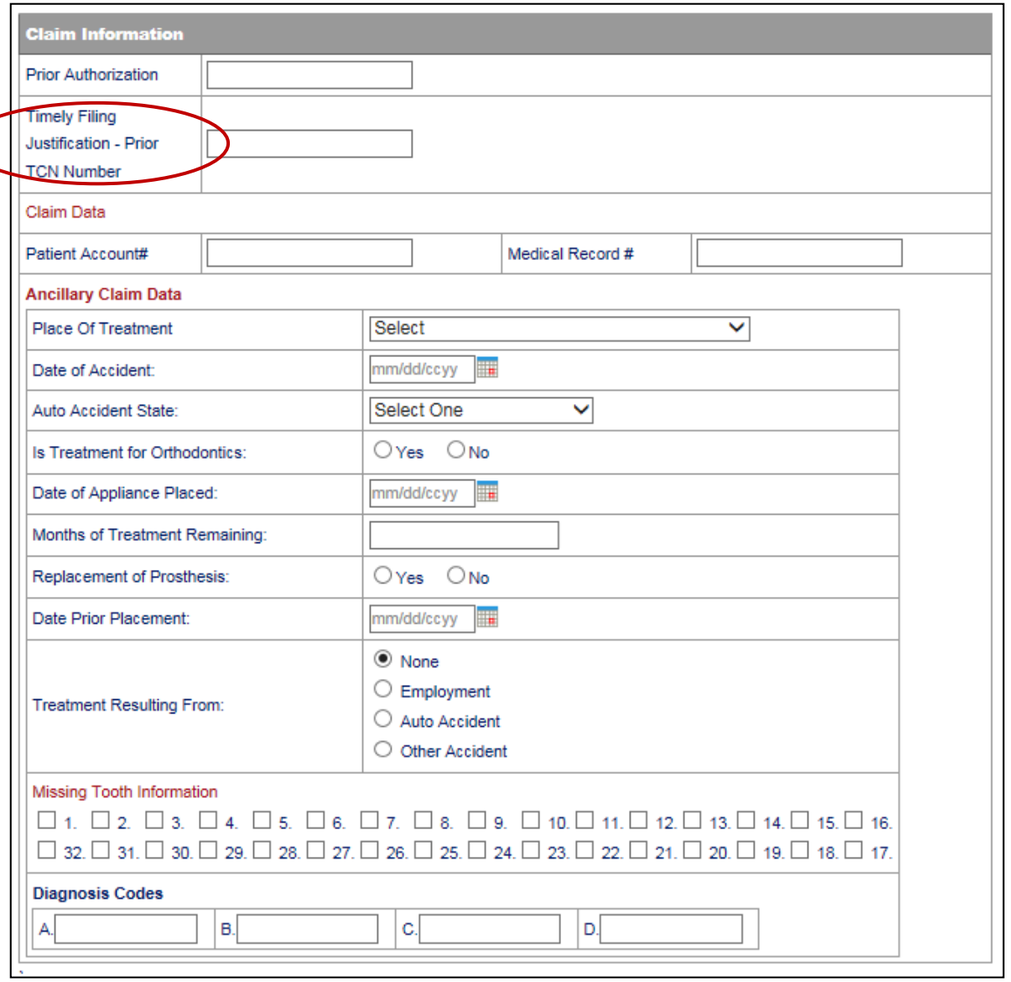
- The rule can also be accessed via: http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx

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.

Timely Filing *Continued*

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



Claim Information

Prior Authorization	
Timely Filing Justification - Prior TCN Number	

Claim Data

Patient Account#		Medical Record #	

Ancillary Claim Data

Place Of Treatment	Select
Date of Accident:	mm/dd/ccyy
Auto Accident State:	Select One
Is Treatment for Orthodontics:	○ Yes ○ No
Date of Appliance Placed:	mm/dd/ccyy
Months of Treatment Remaining:	
Replacement of Prosthesis:	○ Yes ○ No
Date Prior Placement:	mm/dd/ccyy
Treatment Resulting From:	◉ None ○ Employment ○ Auto Accident ○ Other Accident

Missing Tooth Information

☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ 15. ☐ 16.
☐ 32. ☐ 31. ☐ 30. ☐ 29. ☐ 28. ☐ 27. ☐ 26. ☐ 25. ☐ 24. ☐ 23. ☐ 22. ☐ 21. ☐ 20. ☐ 19. ☐ 18. ☐ 17.

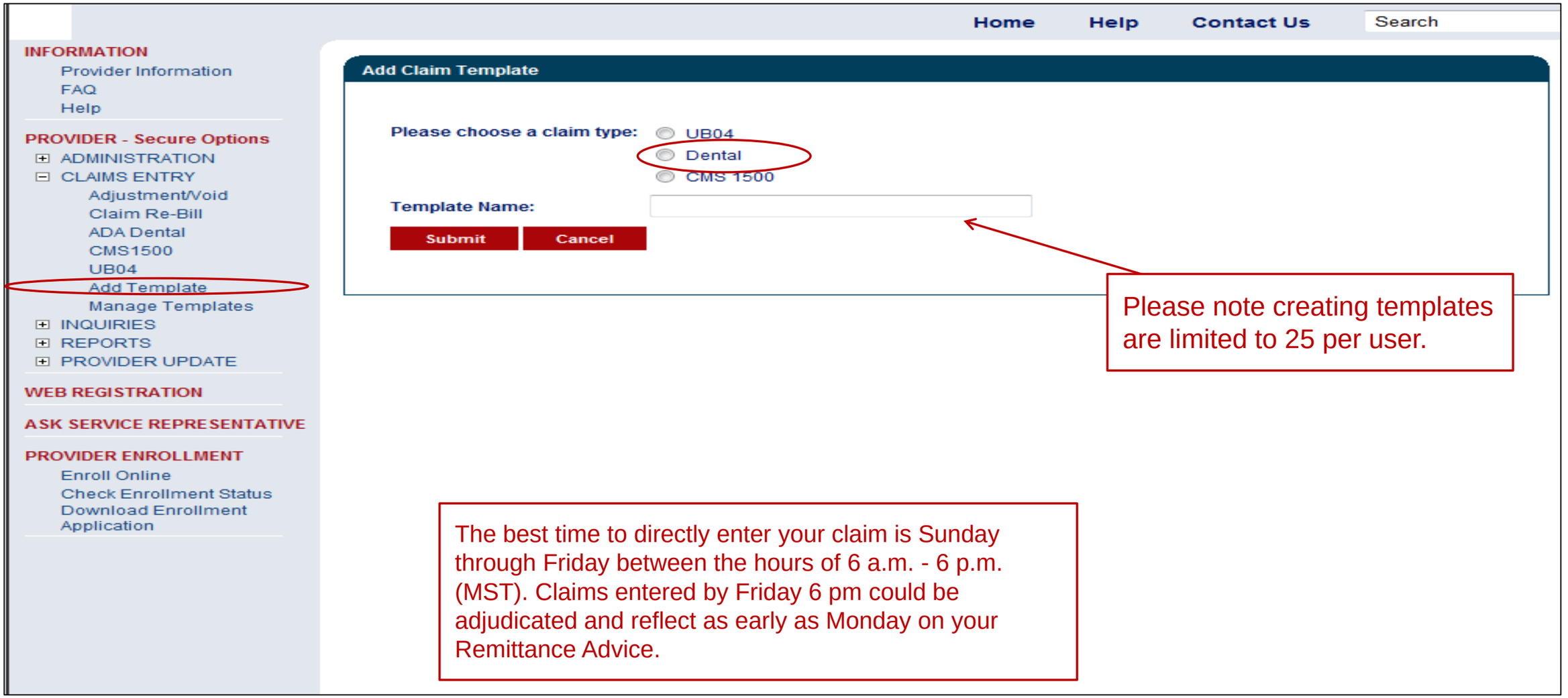
Diagnosis Codes

A.	B.	C.	D.

Creating and Managing Templates

Conduent
Government Healthcare Solutions

ADA Dental– Create a Claim Template



ADA Dental - Add Claim Template

CONDUENT

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: mm/dd/ccyy

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

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

Claim Information

Prior Authorization			
Timely Filing Justification - Prior TCN Number			
Claim Data			
Patient Account#		Medical Record #	

ADA Dental - Add Claim Template

CONDUENT

Basic Line Item Information

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

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

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

Add Service Line Item

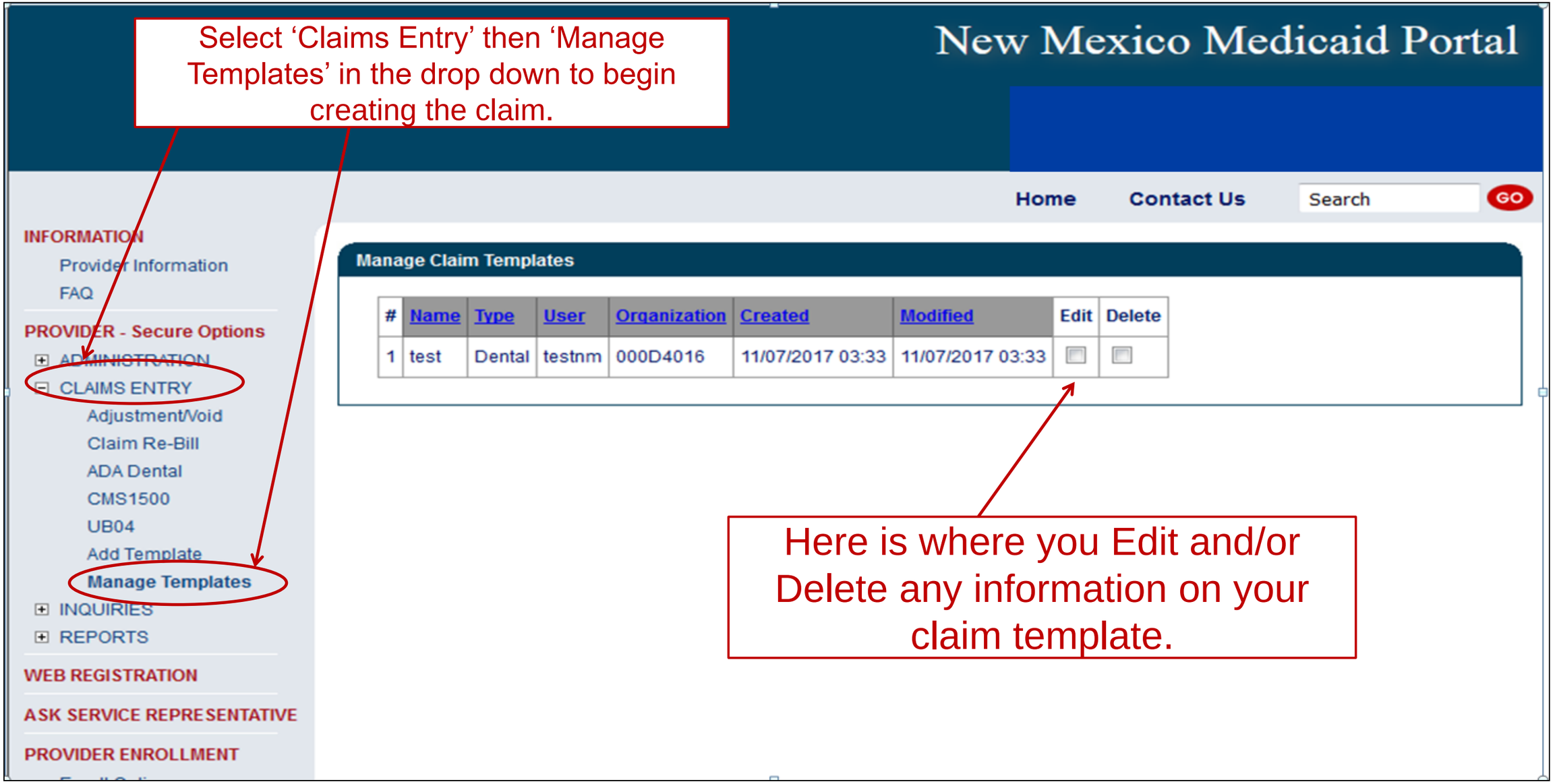
Summary

* Total Charge	50.00
Prior Payment Amount	
* Amount Due	50.00

Save Clear Cancel

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

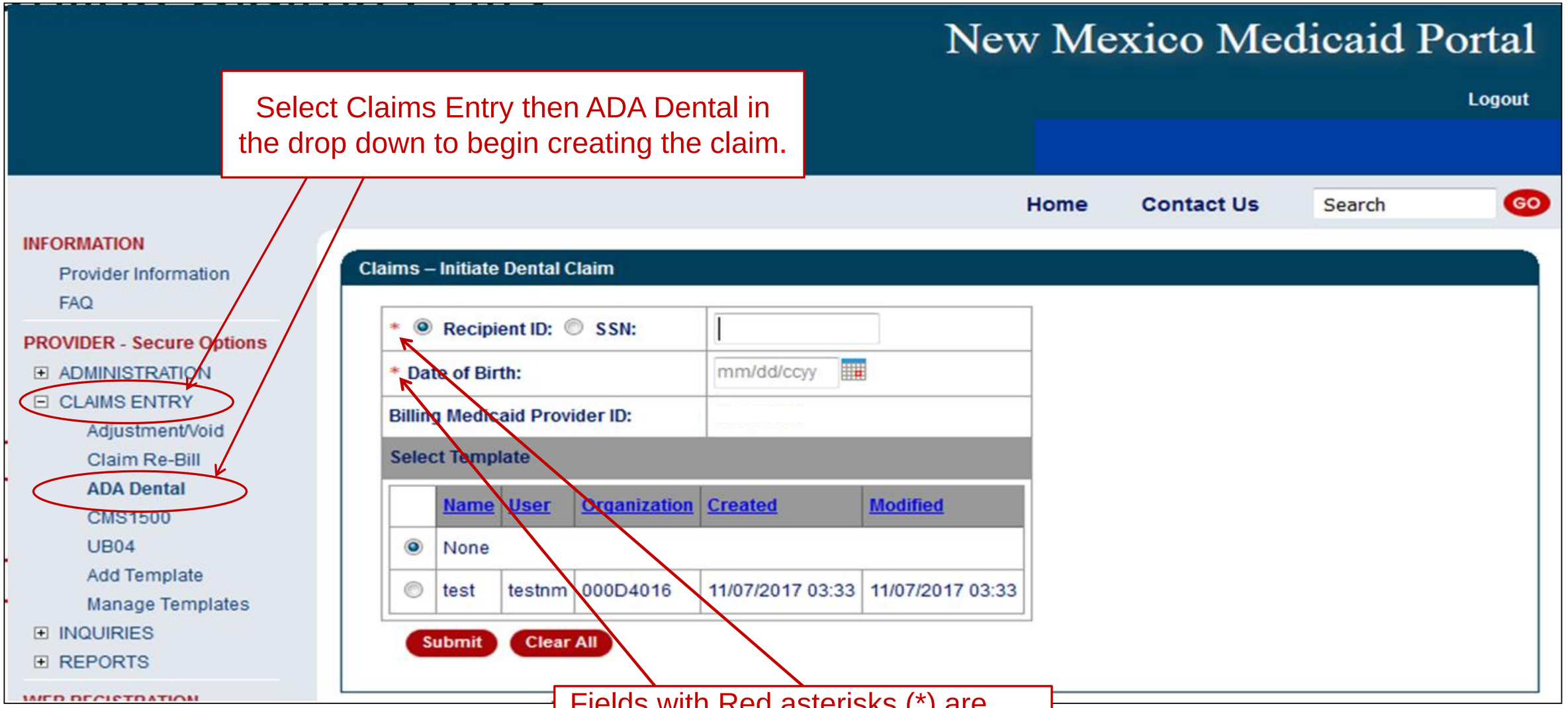
ADA Dental Manage Templates



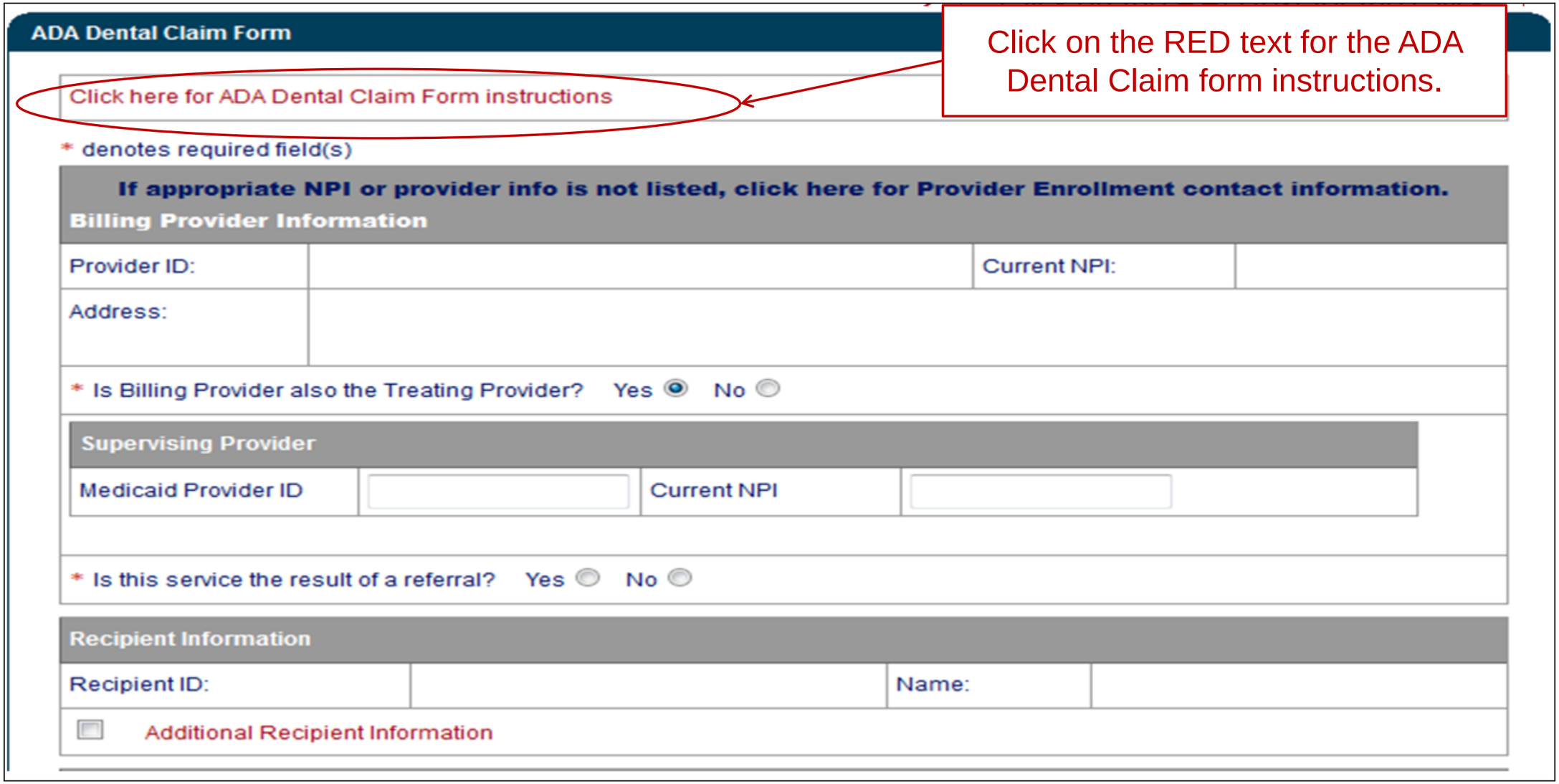
Medicaid Primary
Web Portal Claim Submission

Conduent
Government Healthcare Solutions

Online Claims Entry

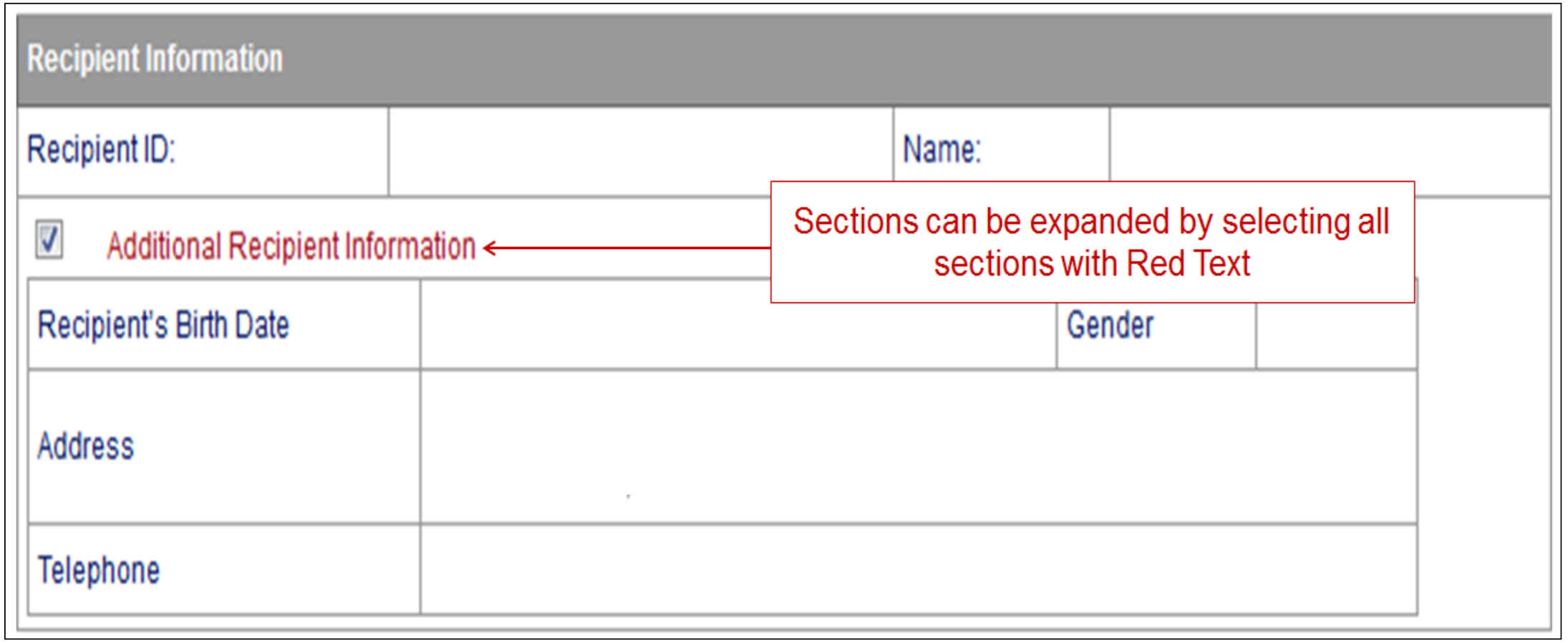


Online Claims Entry Primary Claim *Continued*



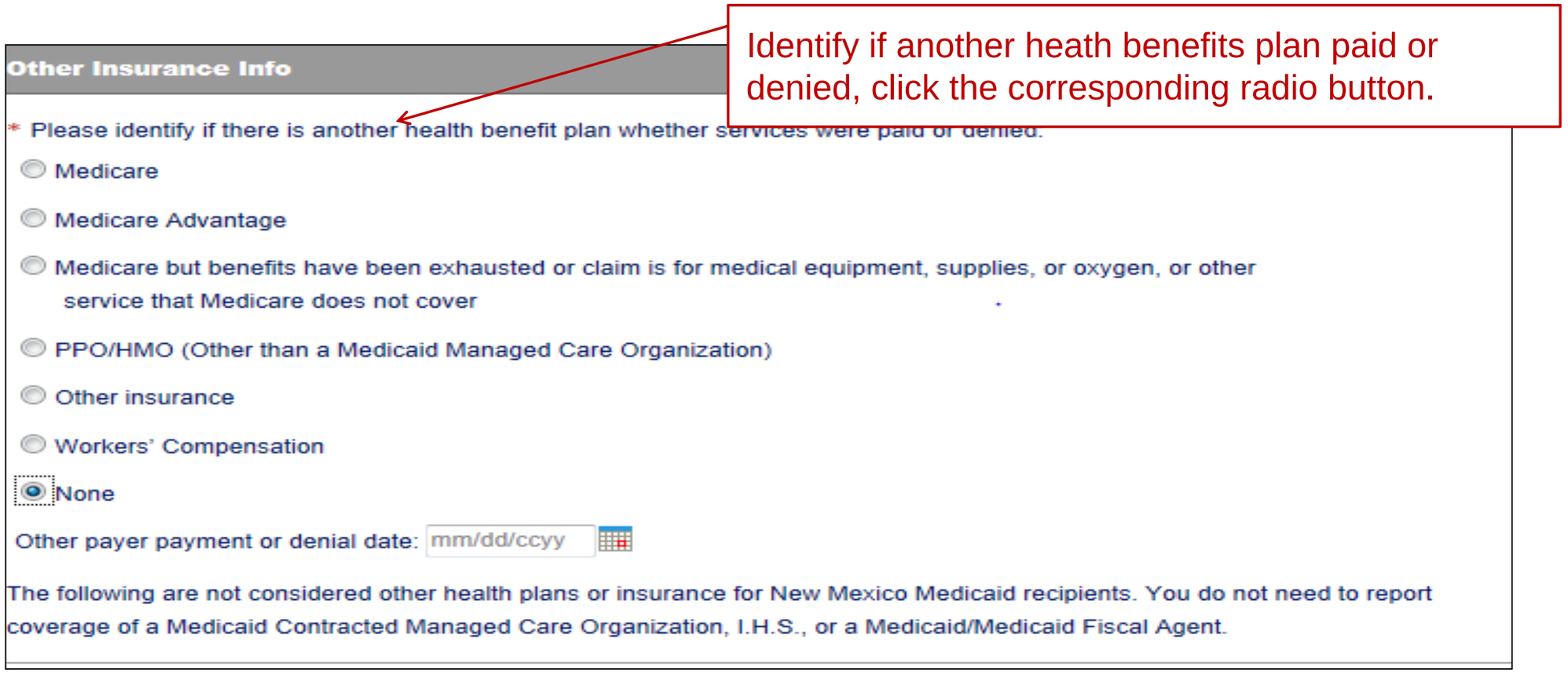
Click on the RED text for the ADA Dental Claim form instructions.

Additional Recipient Information Option

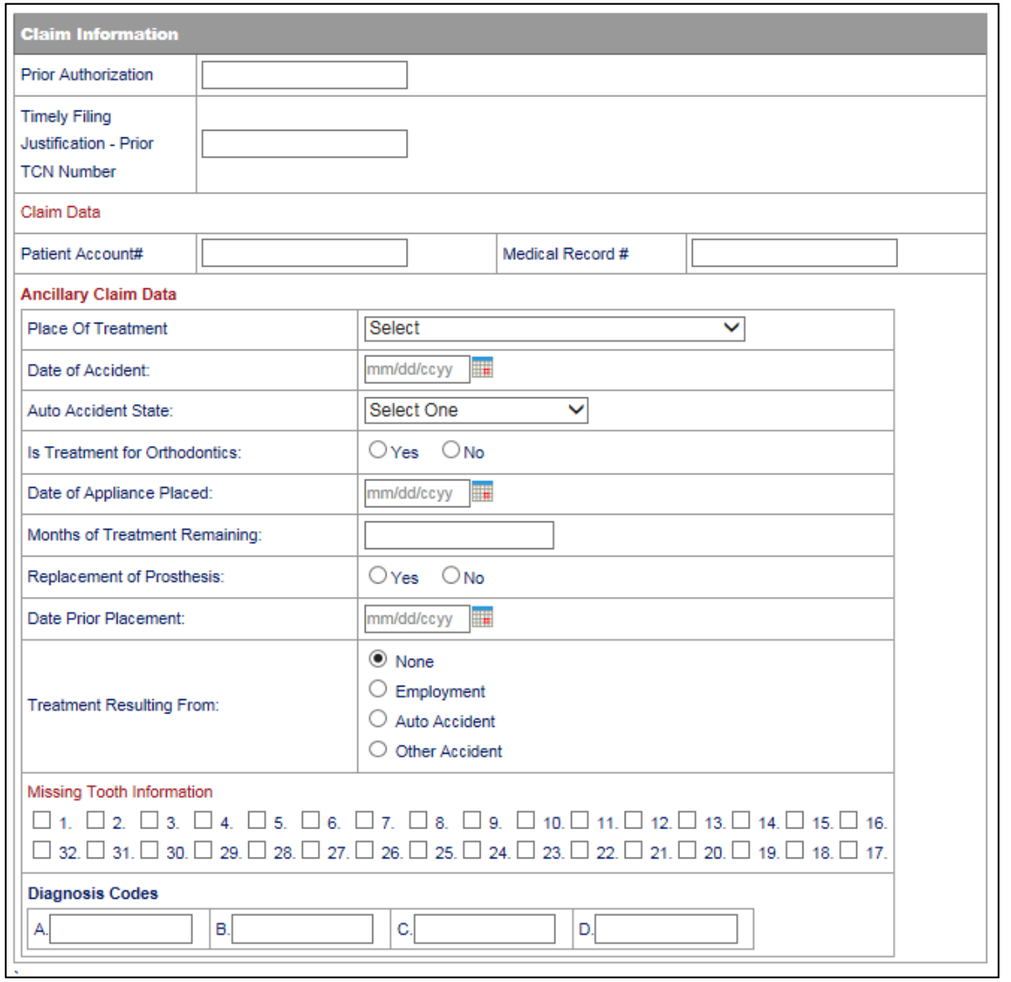


Select “Additional Recipient information” if Patient Condition information is needed to process claim.

Medicaid Primary Claim Forms



Claim Information



Claim Information

Prior Authorization	
Timely Filing Justification - Prior TCN Number	

Claim Data

Patient Account#		Medical Record #	

Ancillary Claim Data

Place Of Treatment	Select
Date of Accident:	mm/dd/ccyy
Auto Accident State:	Select One
Is Treatment for Orthodontics:	○ Yes ○ No
Date of Appliance Placed:	mm/dd/ccyy
Months of Treatment Remaining:	
Replacement of Prosthesis:	○ Yes ○ No
Date Prior Placement:	mm/dd/ccyy
Treatment Resulting From:	◉ None ○ Employment ○ Auto Accident ○ Other Accident

Missing Tooth Information

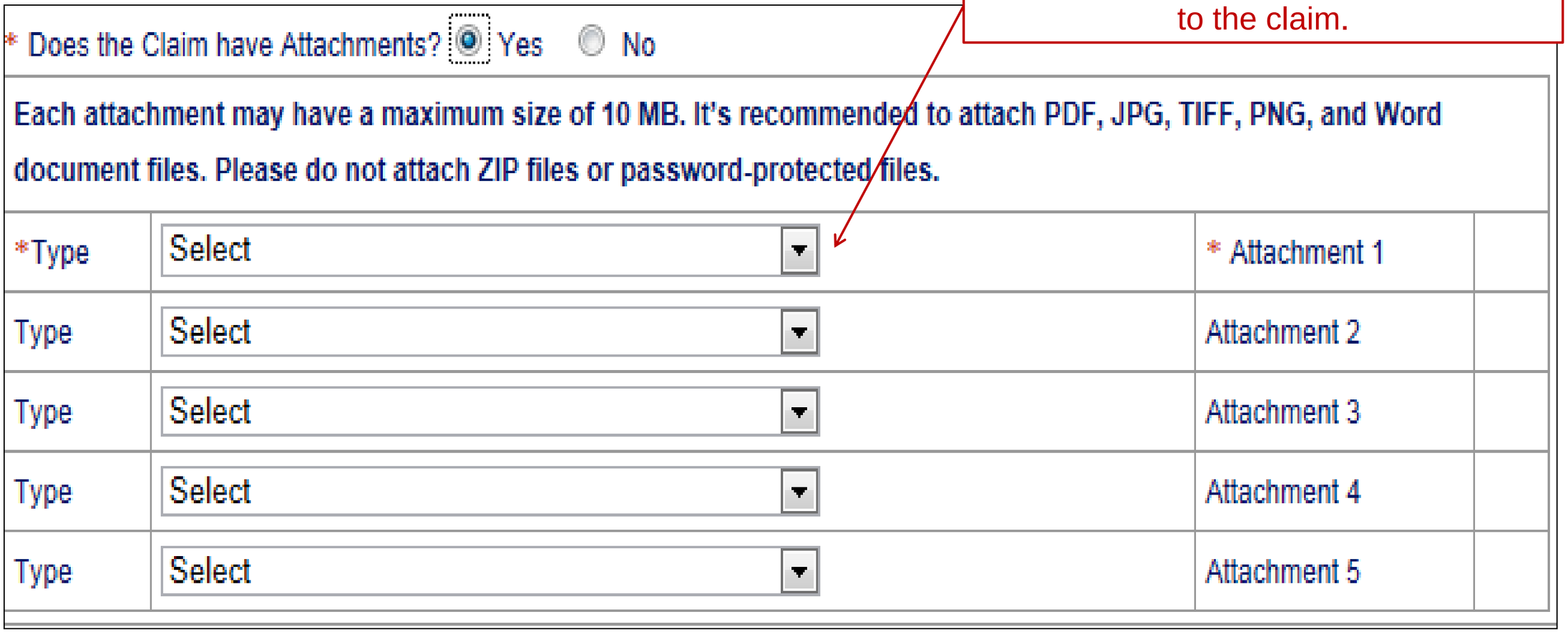
☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ 15. ☐ 16.
☐ 32. ☐ 31. ☐ 30. ☐ 29. ☐ 28. ☐ 27. ☐ 26. ☐ 25. ☐ 24. ☐ 23. ☐ 22. ☐ 21. ☐ 20. ☐ 19. ☐ 18. ☐ 17.

Diagnosis Codes

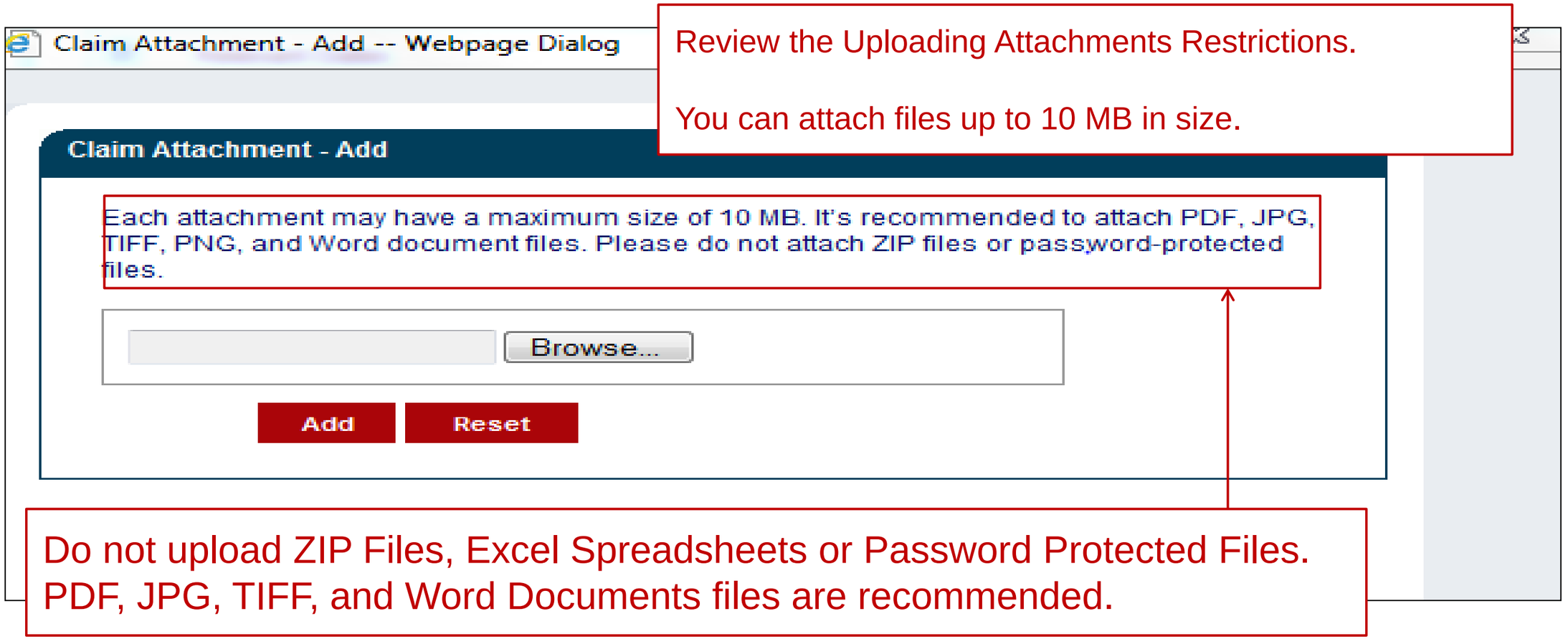
A.	B.	C.	D.

Claims Information – Attachments

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



Claims Information – Attachment Upload

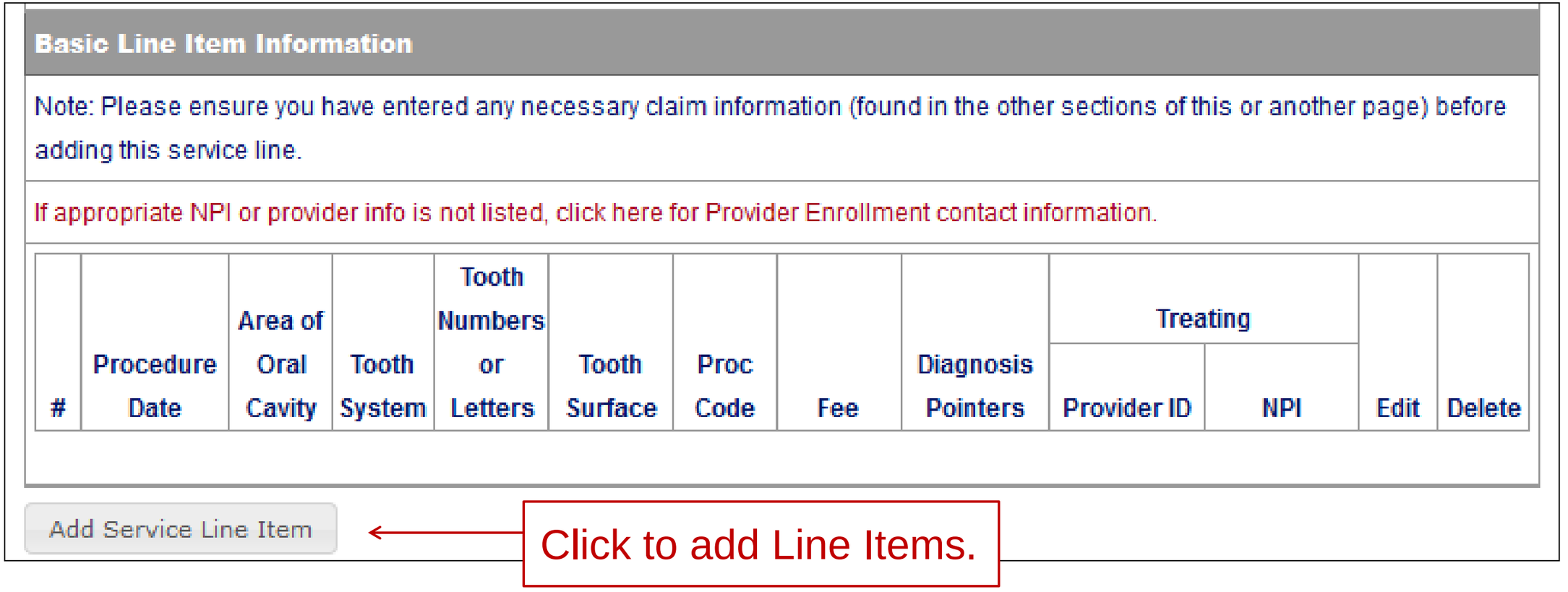


Review the Uploading Attachments Restrictions.

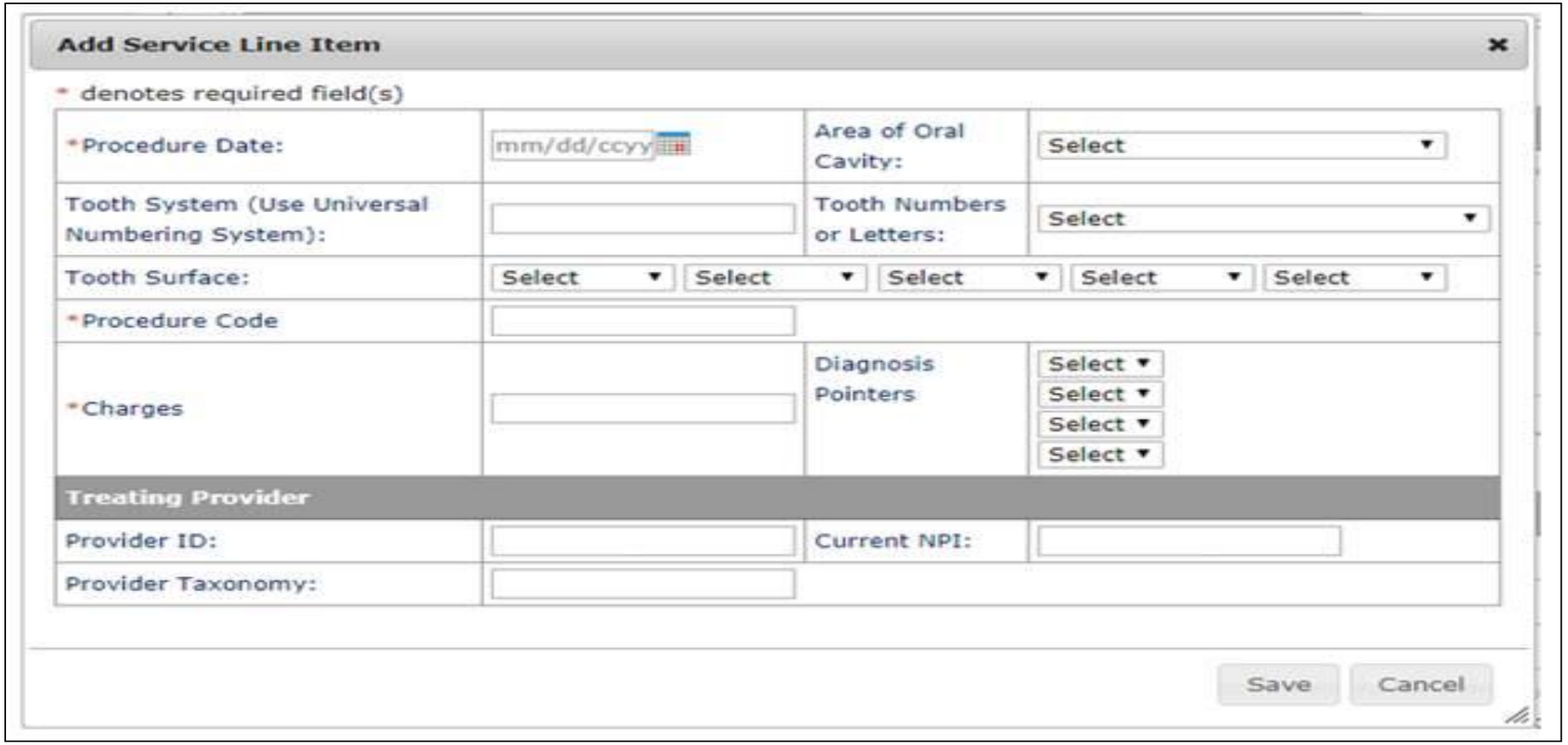
You can attach files up to 10 MB in size.

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

Line Item Information

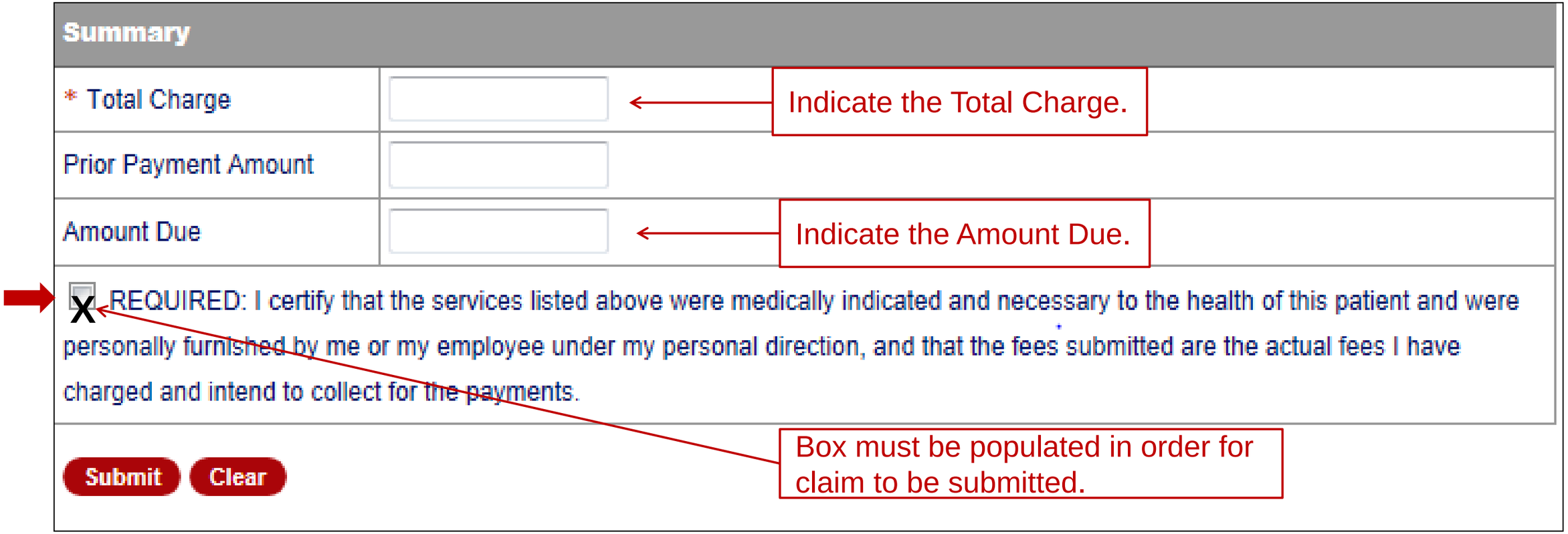


Adding Additional Line Item Information



The fields with Red Asterisks (*) are REQUIRED.

Claims Summary



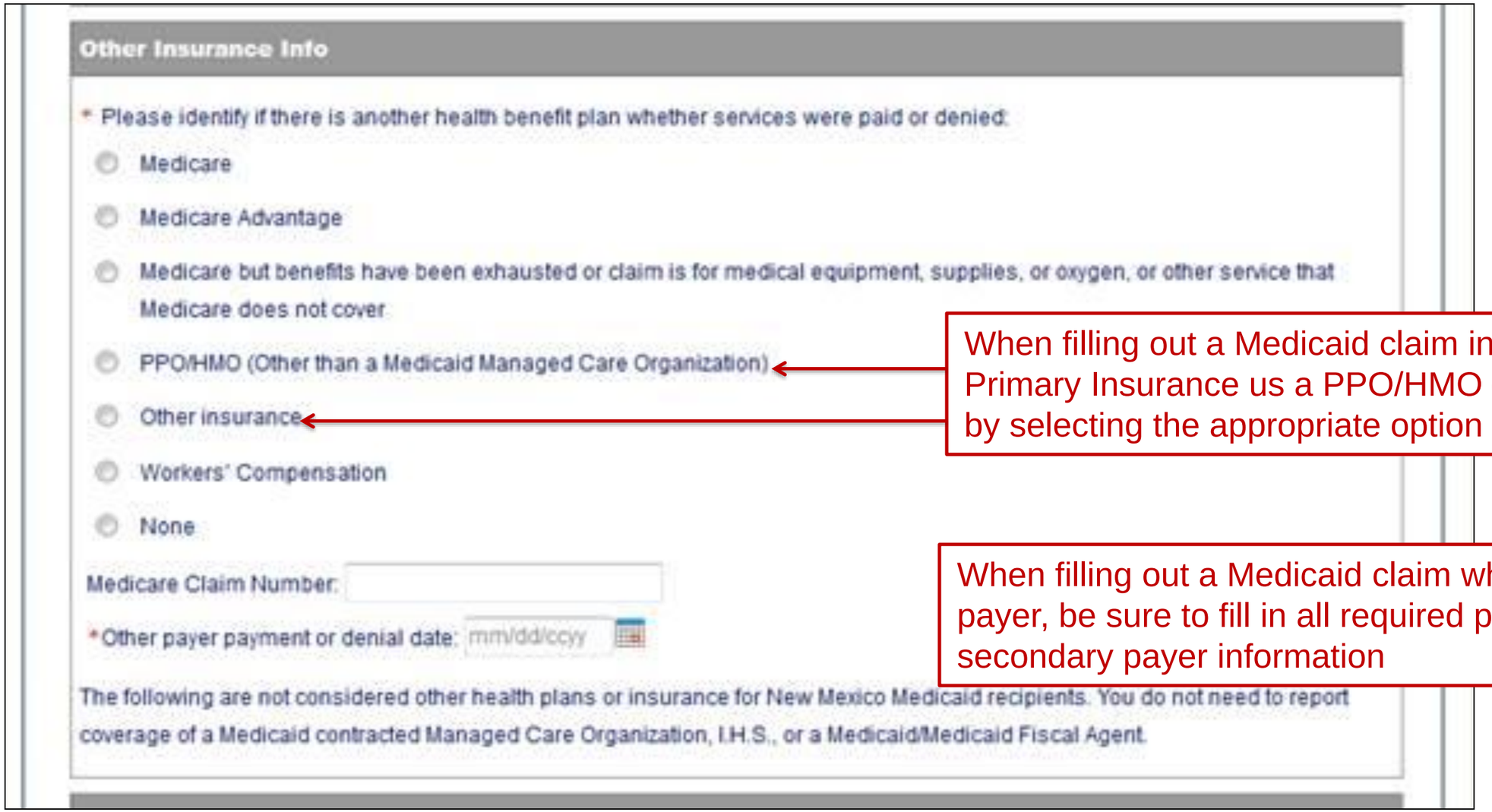
TPL Web Portal Claim Submission

Conduent
Government Healthcare Solutions

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.

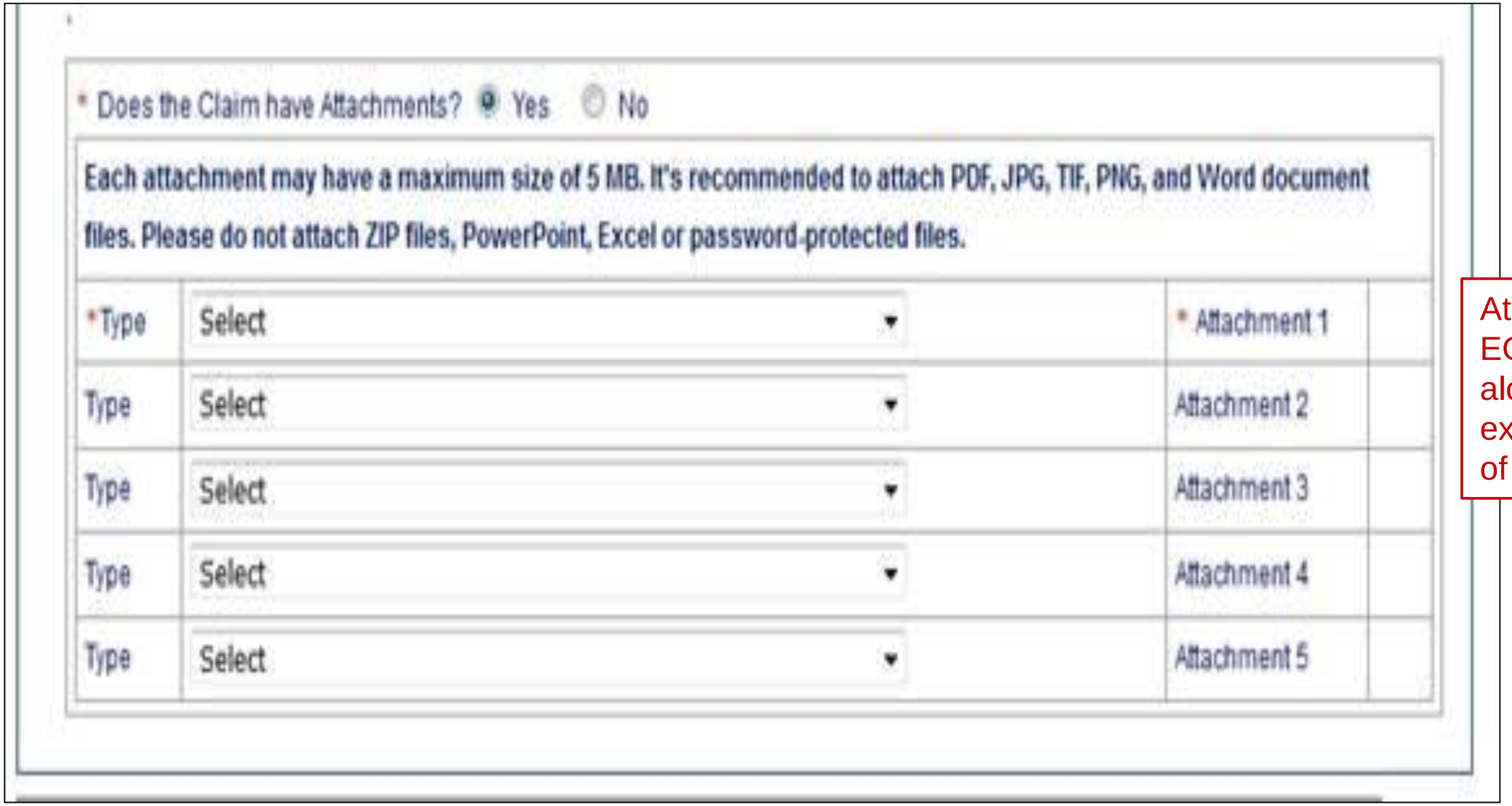
TPL Web Portal Claim Submission



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

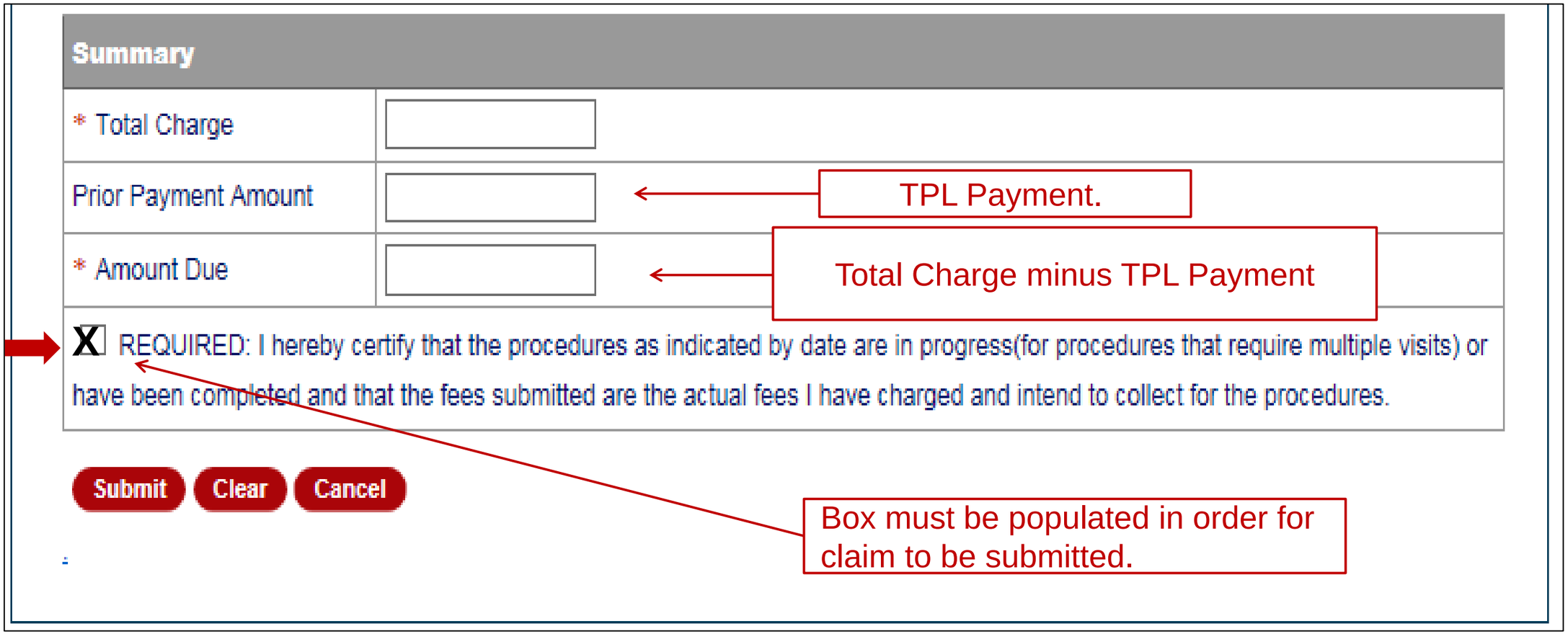
When filling out a Medicaid claim where TPL is primary payer, be sure to fill in all required primary and secondary payer information

Claims Information – Attachments



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

Primary Payer Insurance Summary



ADA Dental 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 ADA Dental Online claim form for the below coverage scenarios.

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

New Mexico Medicaid Resources

- 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

Consolidated Customer Service Center (CCSC) Helpdesk– (800) 299 - 7304.
Claim Status, Eligibility, Prior Authorization, Medicaid Updates

Consolidated Customer Service Center (CCSC) Helpdesk – NM.Providers@state.nm.us
Claim research assistance, general Medicaid inquiries, Provider Enrollment Applications, Forms & Instructions

HIPAA Helpdesk – HIPAA.desknm@state.nm.us
Assistance on NM Web Portal, EDI inquiries, and Online Claim Submission with DDE (Direct Data Entry)

Consolidated Customer Service Center (CCSC) Helpdesk – (800) 283-4465
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

© 2017 Conduent Business Services, LLC. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent Business Services, LLC in the United States and/or other countries.