Online Claims Entry Adjustment, Void and Re-bill

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Government Healthcare Solutions

Resources

When online use: Ask Service Representative

HIPAA.desknm@state.nm.us

NM.Providers@state.nm.us

Call Center 800-299-7304

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

Adjustments

- A paid claim can be adjusted.
- Providers CAN NOT adjust a denied claim.
- ONLY Claims that have been processed through Online Claims Entry can be adjusted online. Claims processed through EDI or on paper CAN NOT be adjusted on the web portal.
- Attach any new attachments pertinent to the adjustment.

Adjustments – Filing Limit

Adjustments must be submitted within 90 days from the date on the RA, for the paid claim.

Submitting an Adjustment

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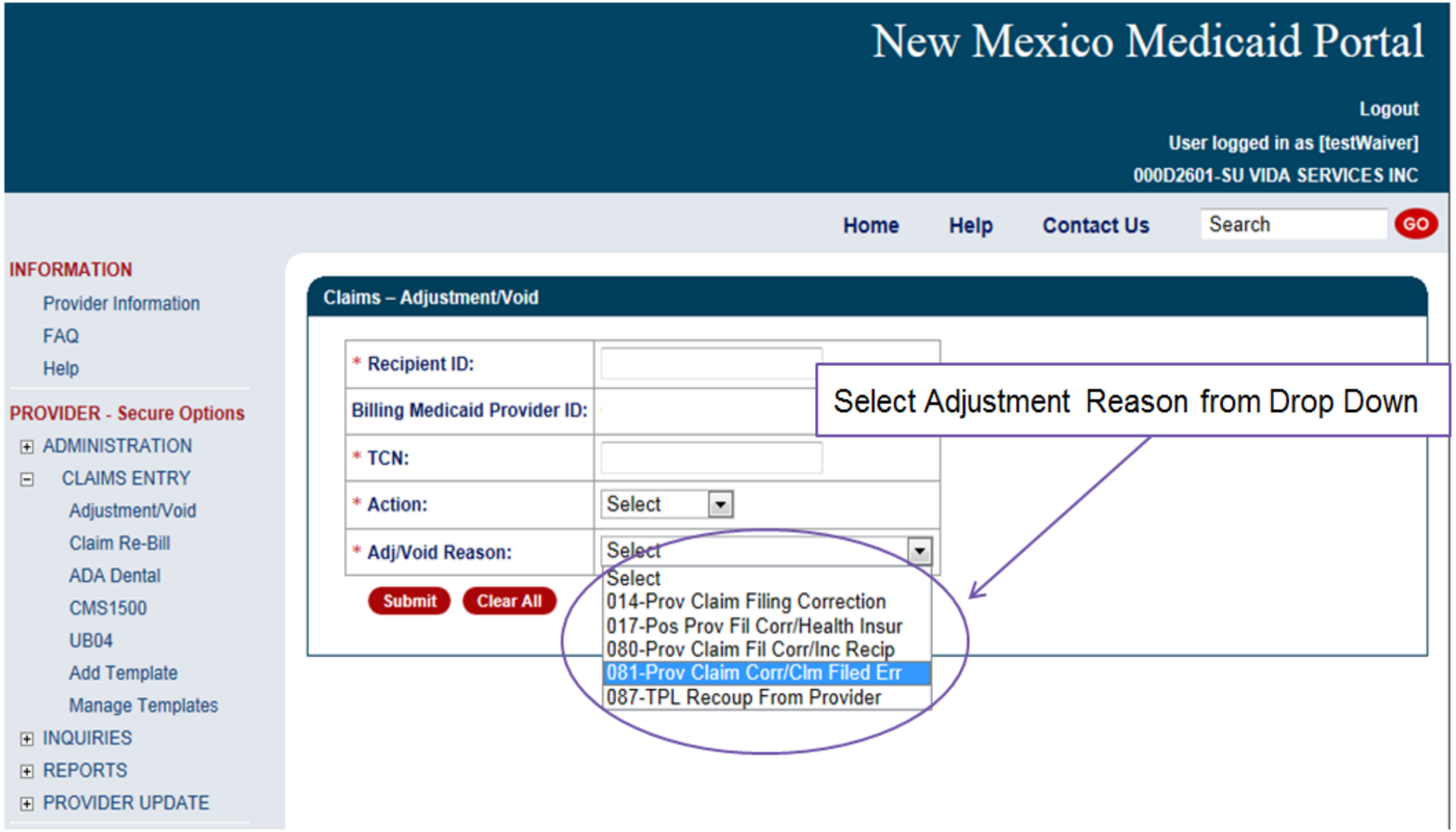
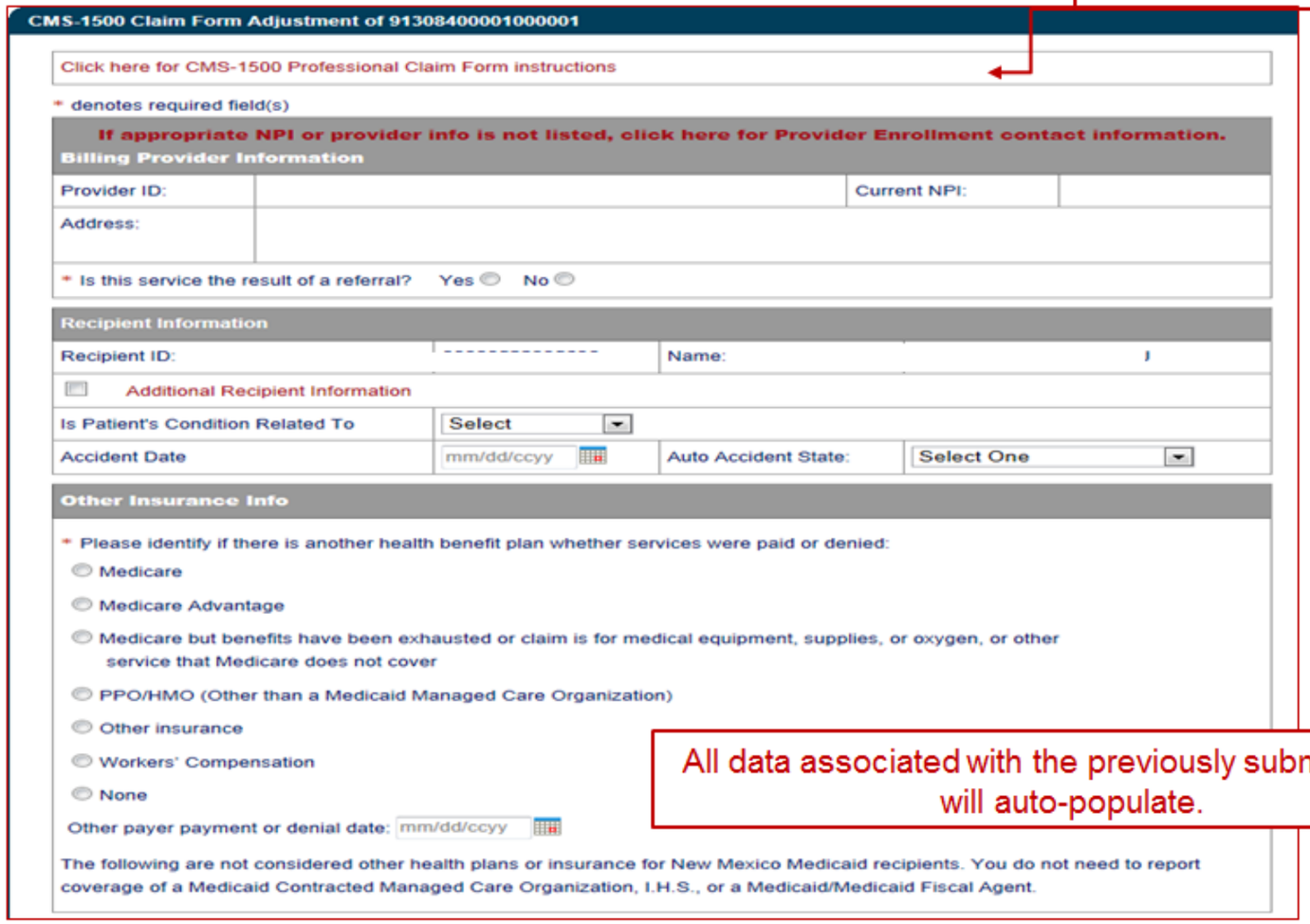
Adjustments

Adjustments



CMS- 1500 Adjustment Form

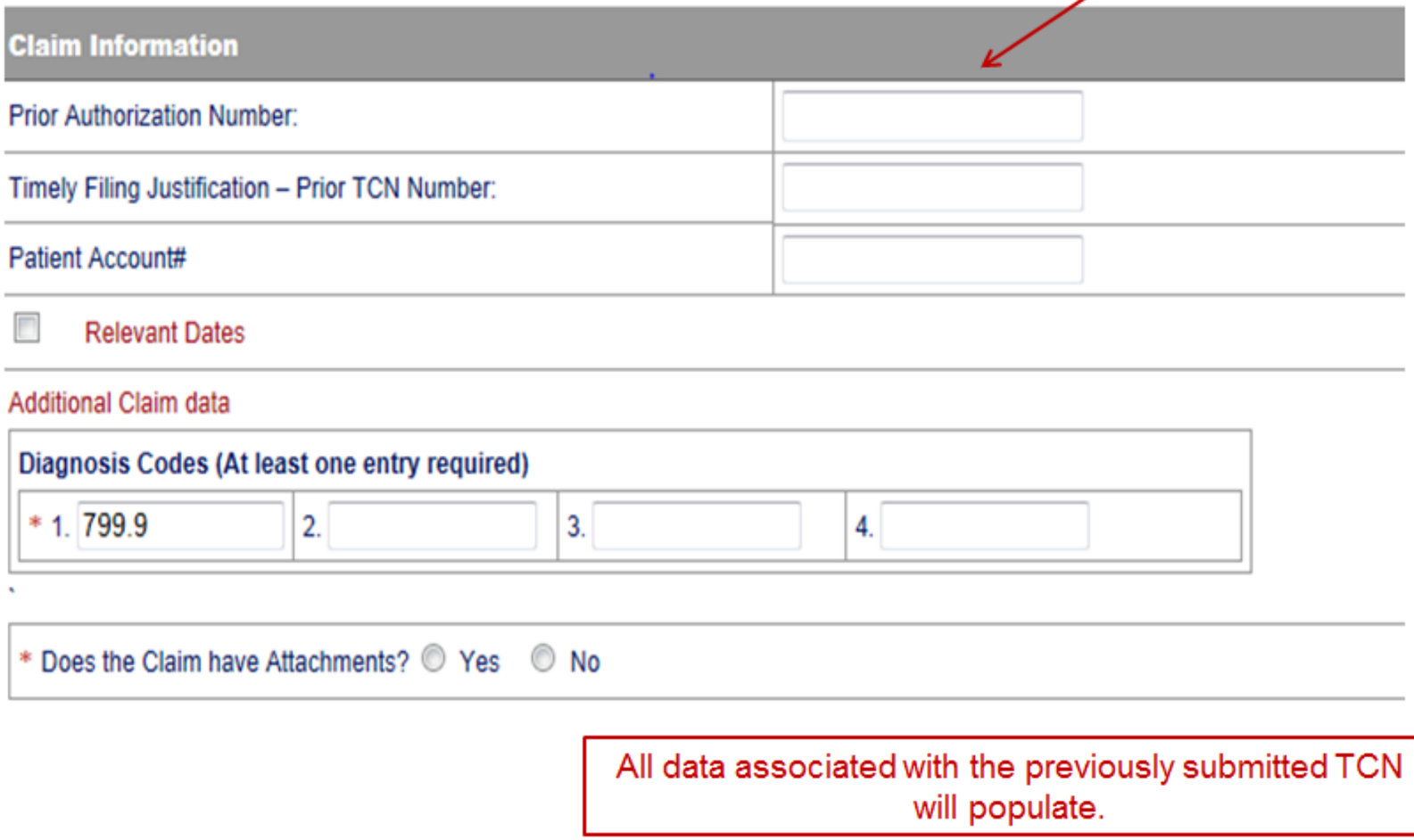
Make any changes to the existing information provided



All data associated with the previously submitted TCN will auto-populate.

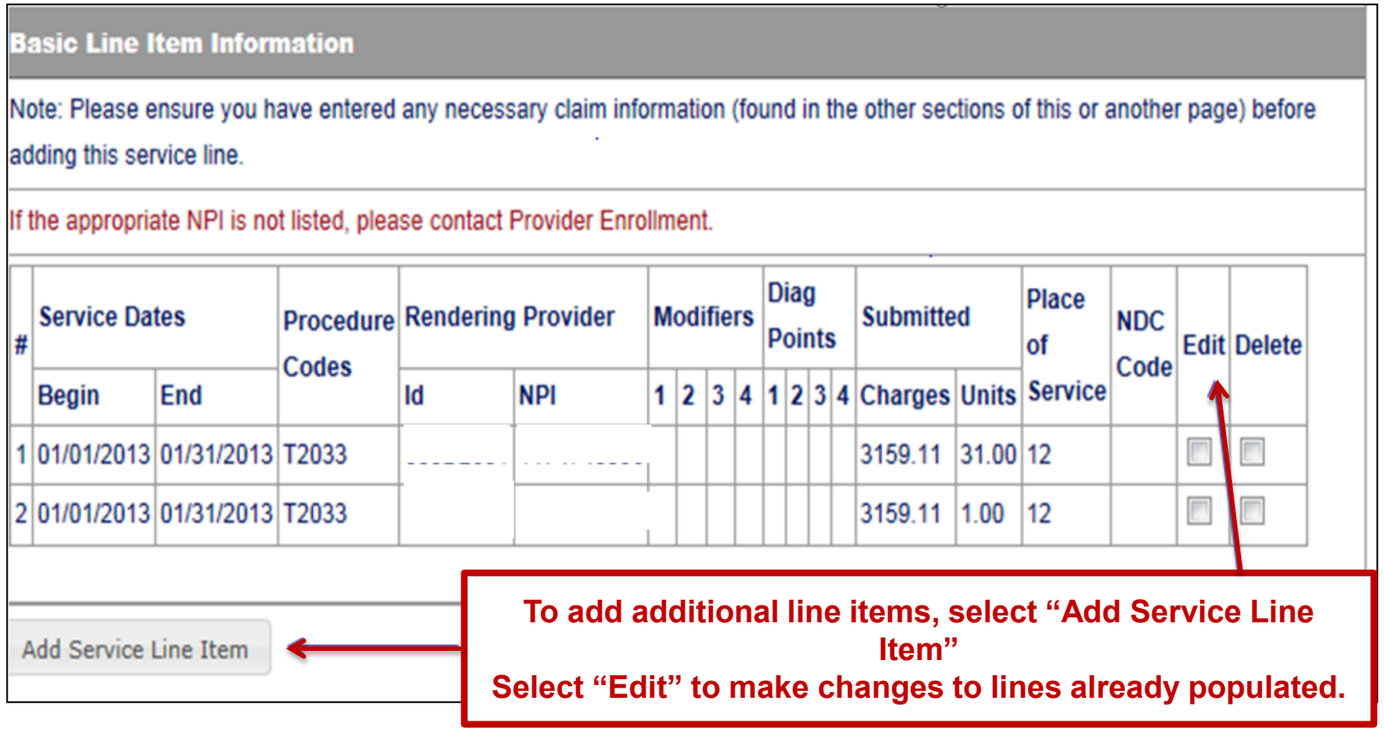
CMS- 1500 Adjustment Form

Make any changes to the existing information provided



All data associated with the previously submitted TCN will populate.

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 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				
1	01/01/2013	01/31/2013	T2033											3159.11	31.00	12		☐	☐
2	01/01/2013	01/31/2013	T2033											3159.11	1.00	12		☐	☐

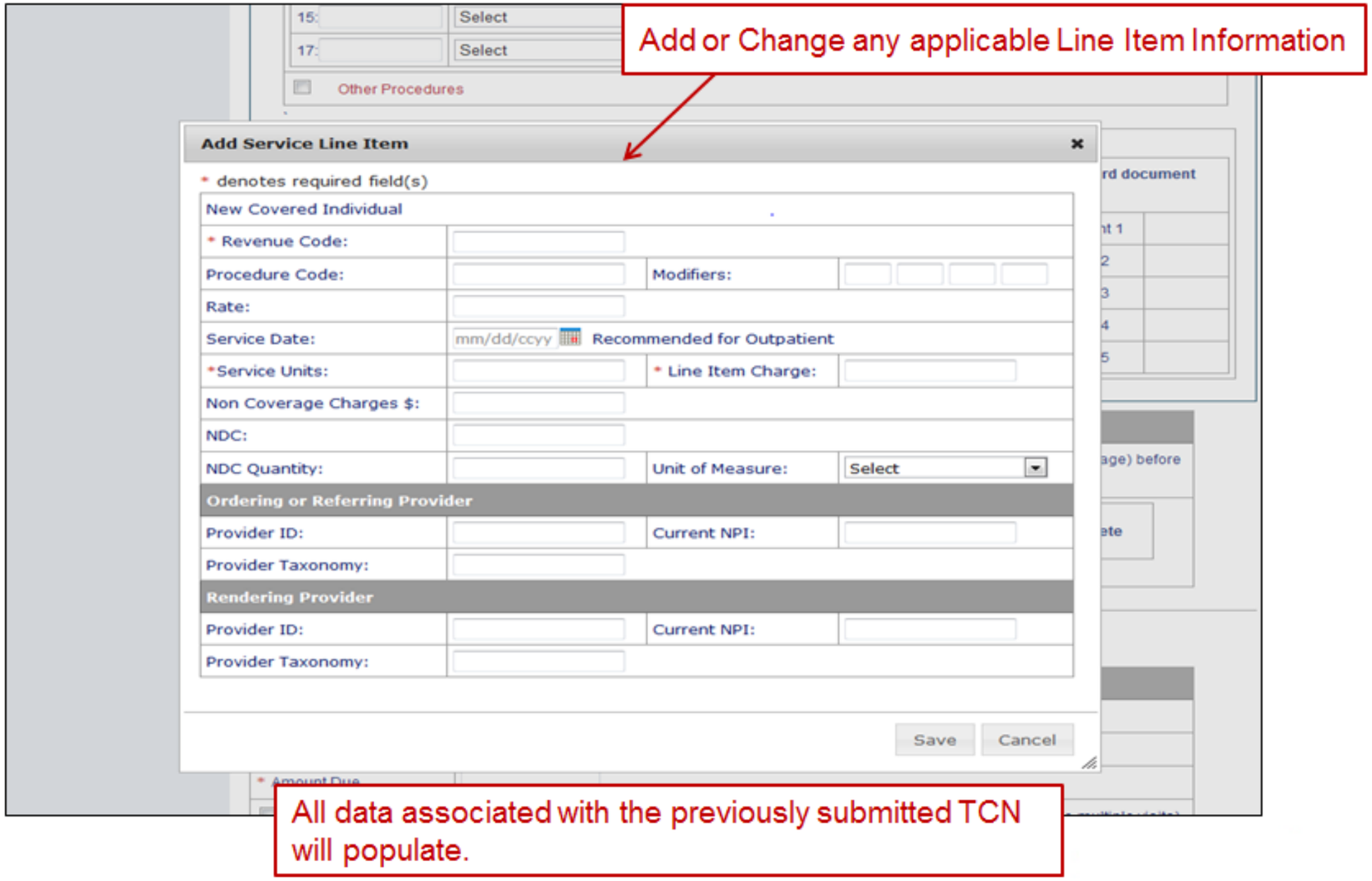
Add Service Line Item

To add additional line items, select "Add Service Line Item"
Select "Edit" to make changes to lines already populated.

All data associated with the previously submitted TCN will auto-populate

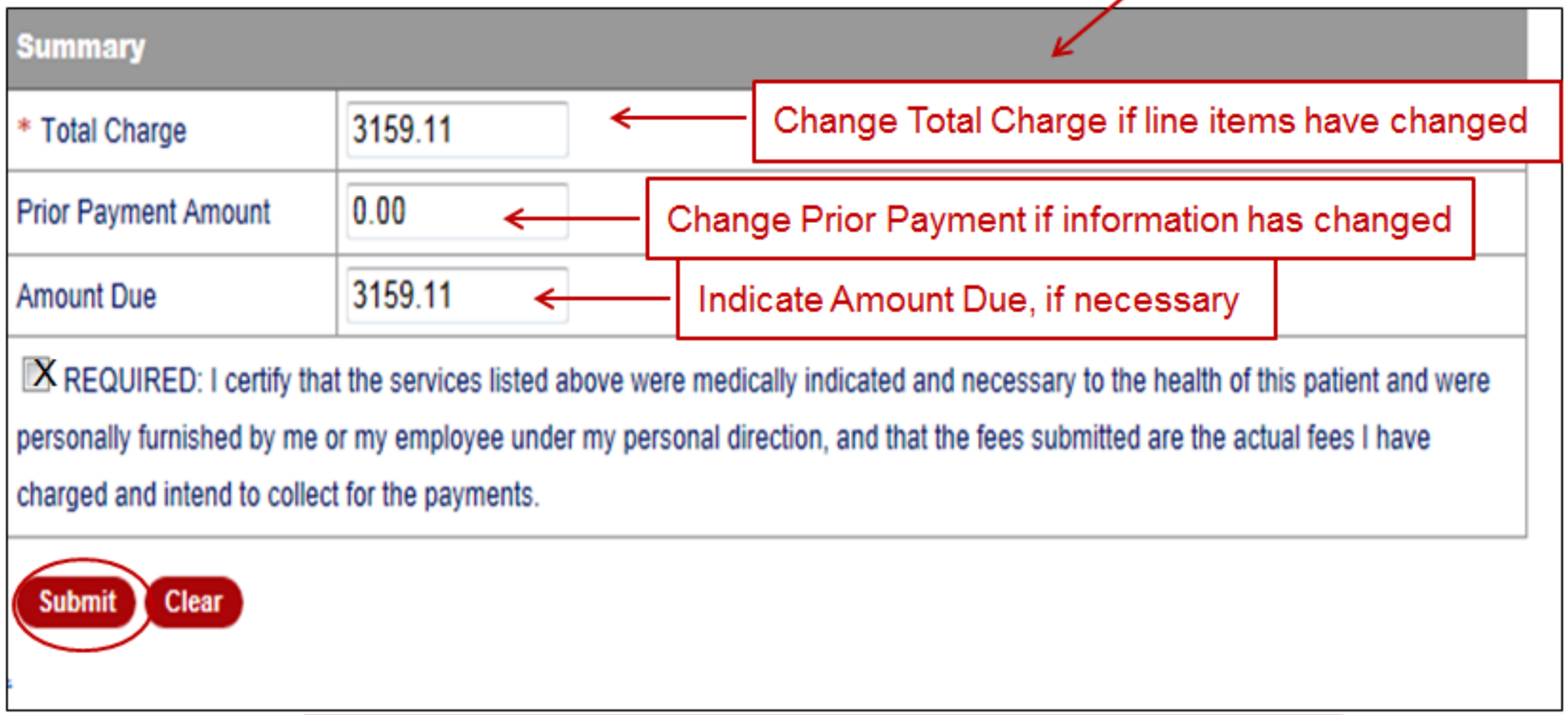
Make any changes to the existing information provided

CMS- 1500 Adjustment Form



CMS- 1500 Adjustment Form

Make any changes to the existing information provided



Once you submit Adjusted claim, you will received a new TCN #

UB-04 Adjustments

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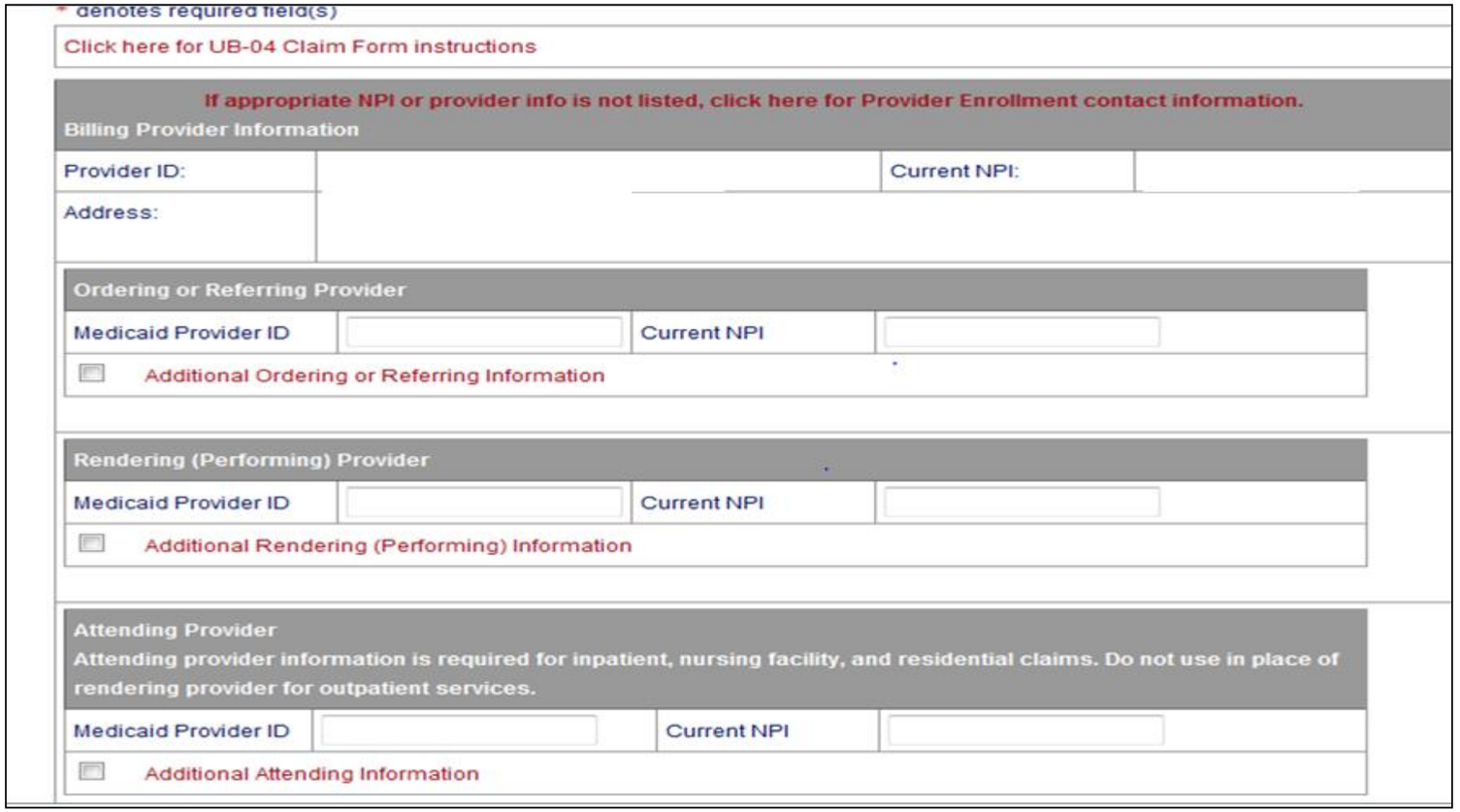
UB-04 Adjustments


* denotes required field(s)

Click here for UB-04 Claim Form instructions

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

Billing Provider Information

Provider ID:		Current NPI:	
Address:			

Ordering or Referring Provider

Medicaid Provider ID		Current NPI	

Additional Ordering or Referring Information

Rendering (Performing) Provider

Medicaid Provider ID		Current NPI	

Additional Rendering (Performing) Information

Attending Provider

Attending provider information is required for inpatient, nursing facility, and residential claims. Do not use in place of rendering provider for outpatient services.

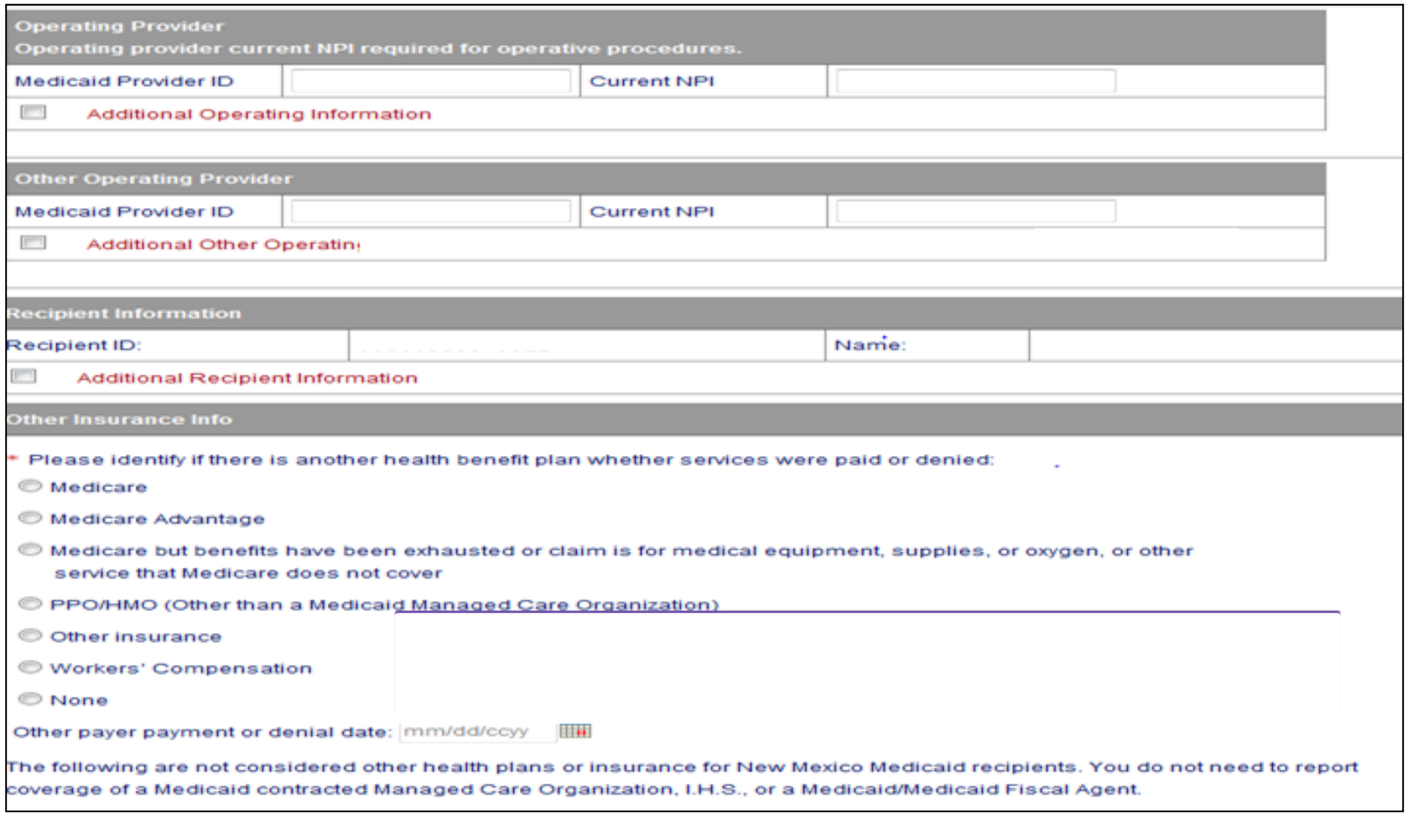
Medicaid Provider ID		Current NPI	

Additional Attending Information

Make any changes to the existing information provided

All data associated with the previously submitted TCN will auto-populate

UB-04 Adjustments



Make any changes to the existing information provided

All data associated with the previously submitted TCN will auto-populate

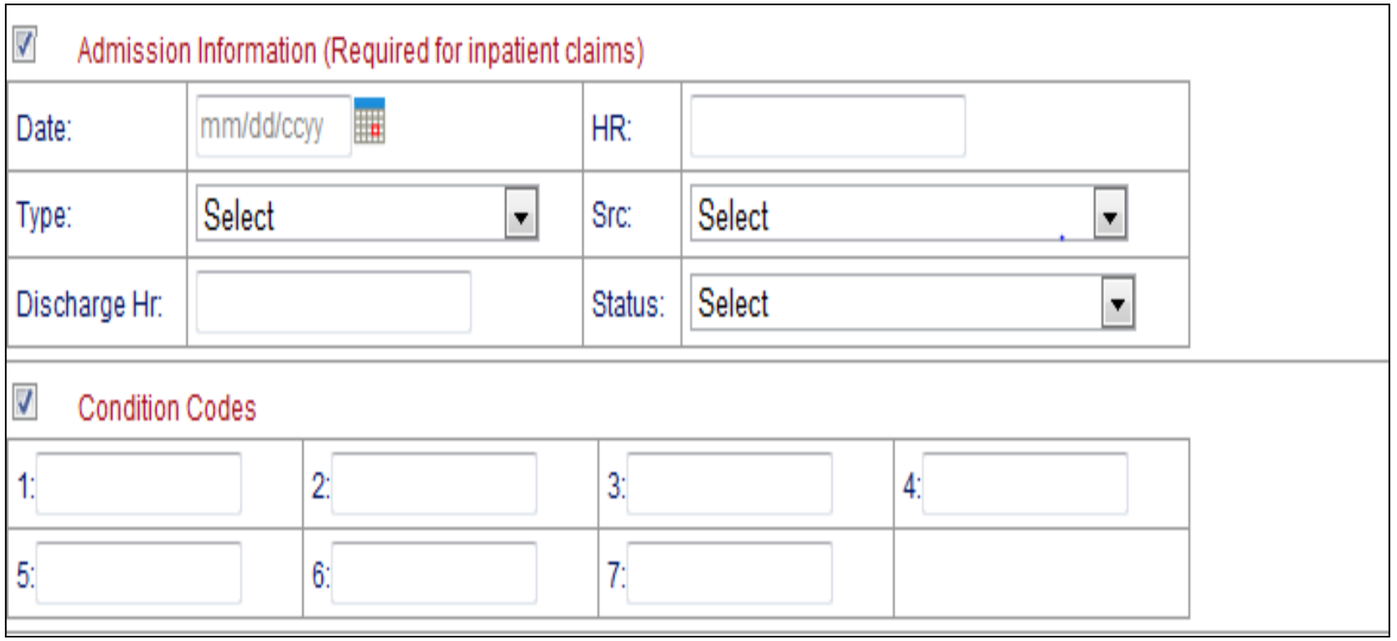
UB-04 Adjustments

Claim Information			
* Type of Bill:			
Patient CNTL #:		Medical Record #:	
Service Dates			
*From:	mm/dd/ccyy	*To:	mm/dd/ccyy
Treatment Authorization Code:		Timely Filing Justification - Prior TCN Number:	

All data associated with the previously submitted TCN will auto-populate

Make any changes to the existing information provided

UB-04 Adjustments



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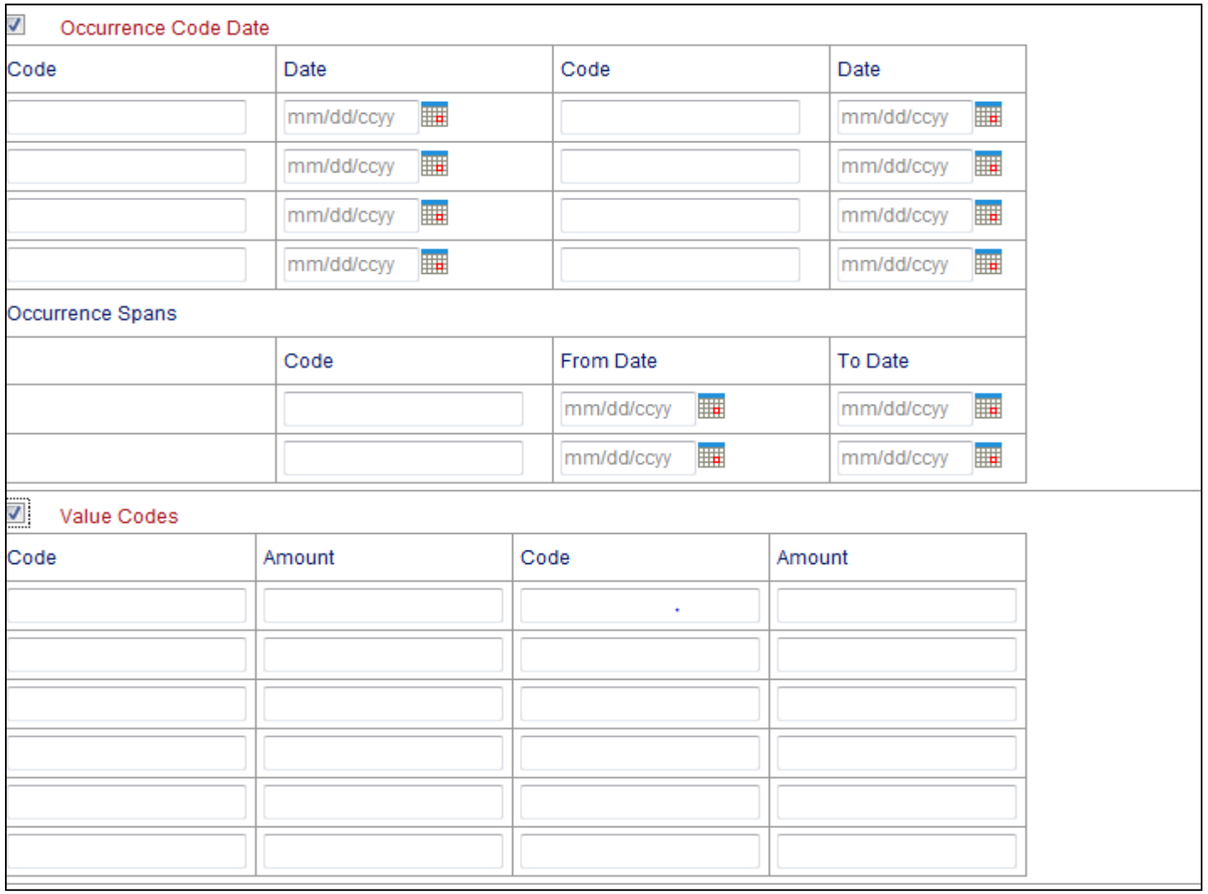
UB-04 Adjustments



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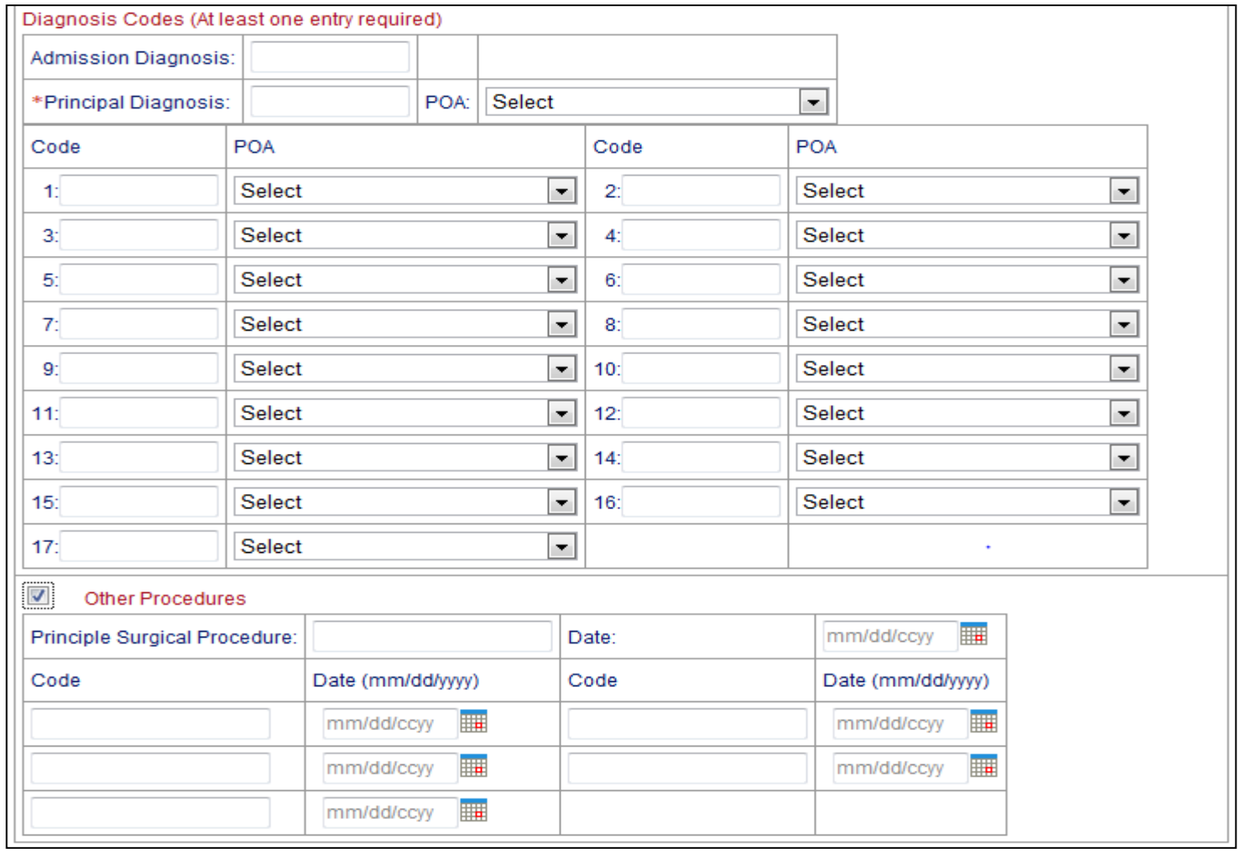
UB-04 Adjustments



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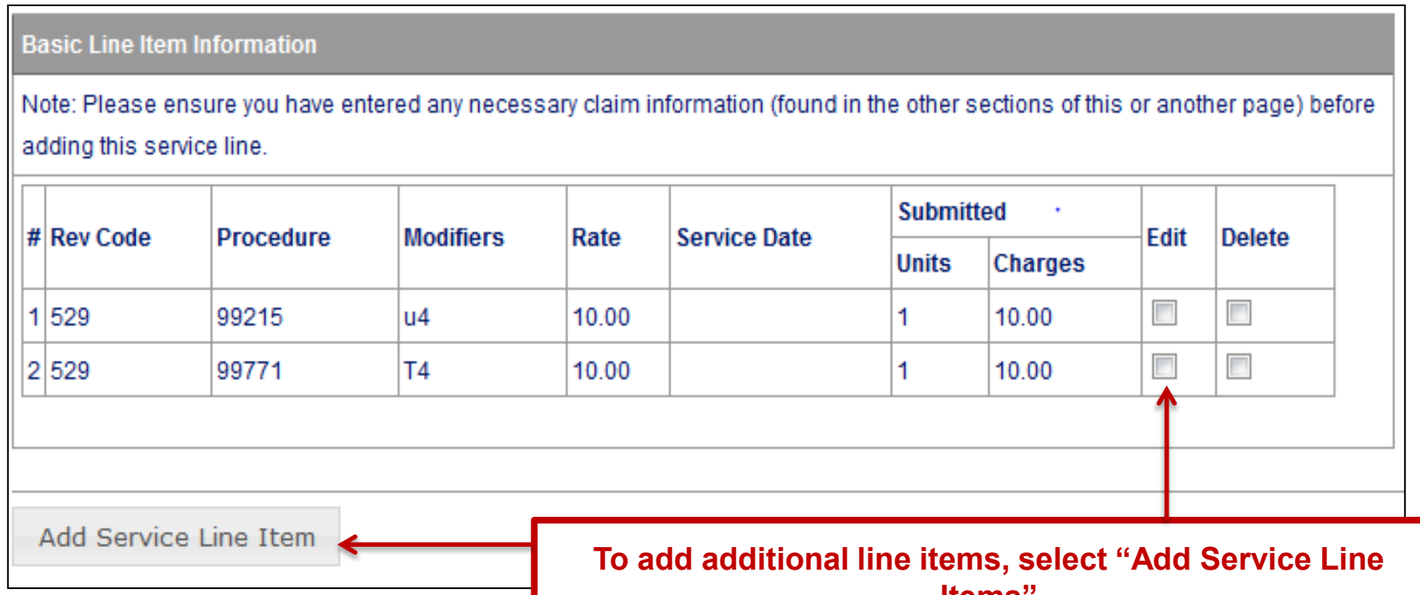
UB-04 Adjustments

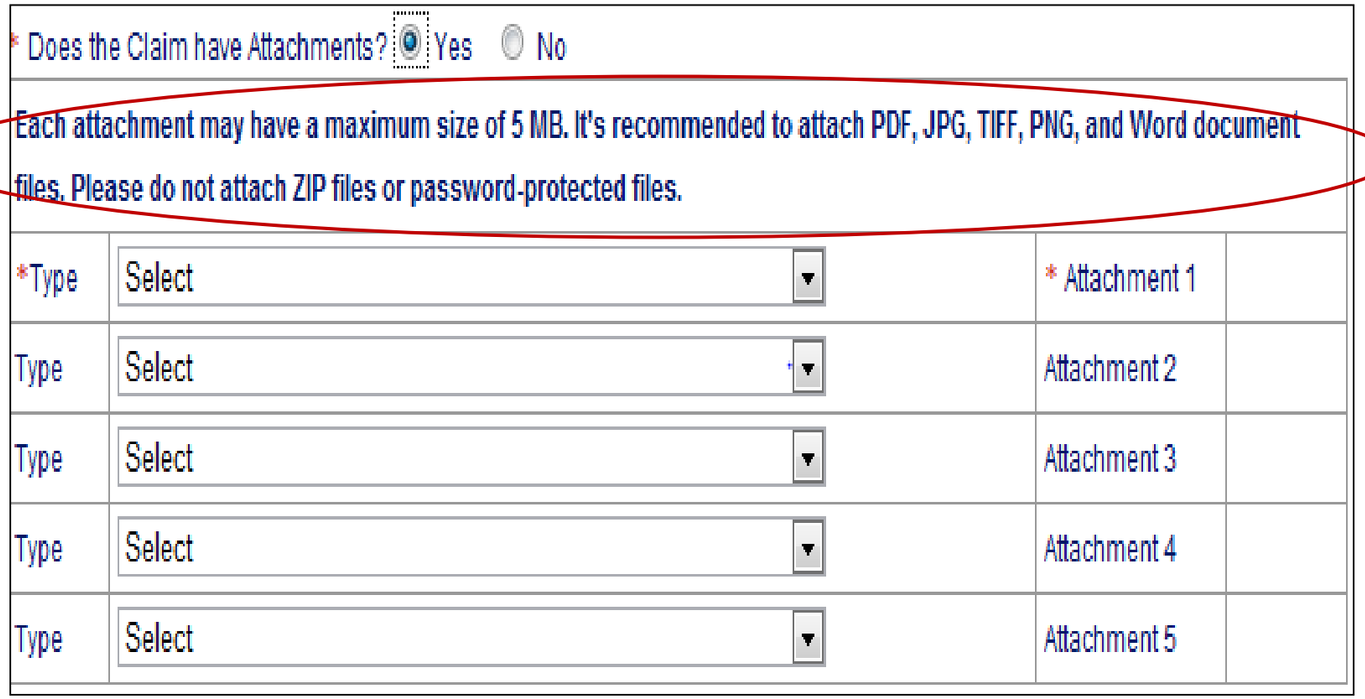


All data associated with the previously submitted TCN will auto-populate

To add additional line items, select "Add Service Line Items"
Select "Edit" to make changes to lines already populated.

Make any changes to the existing information provided

UB-04 Adjustments



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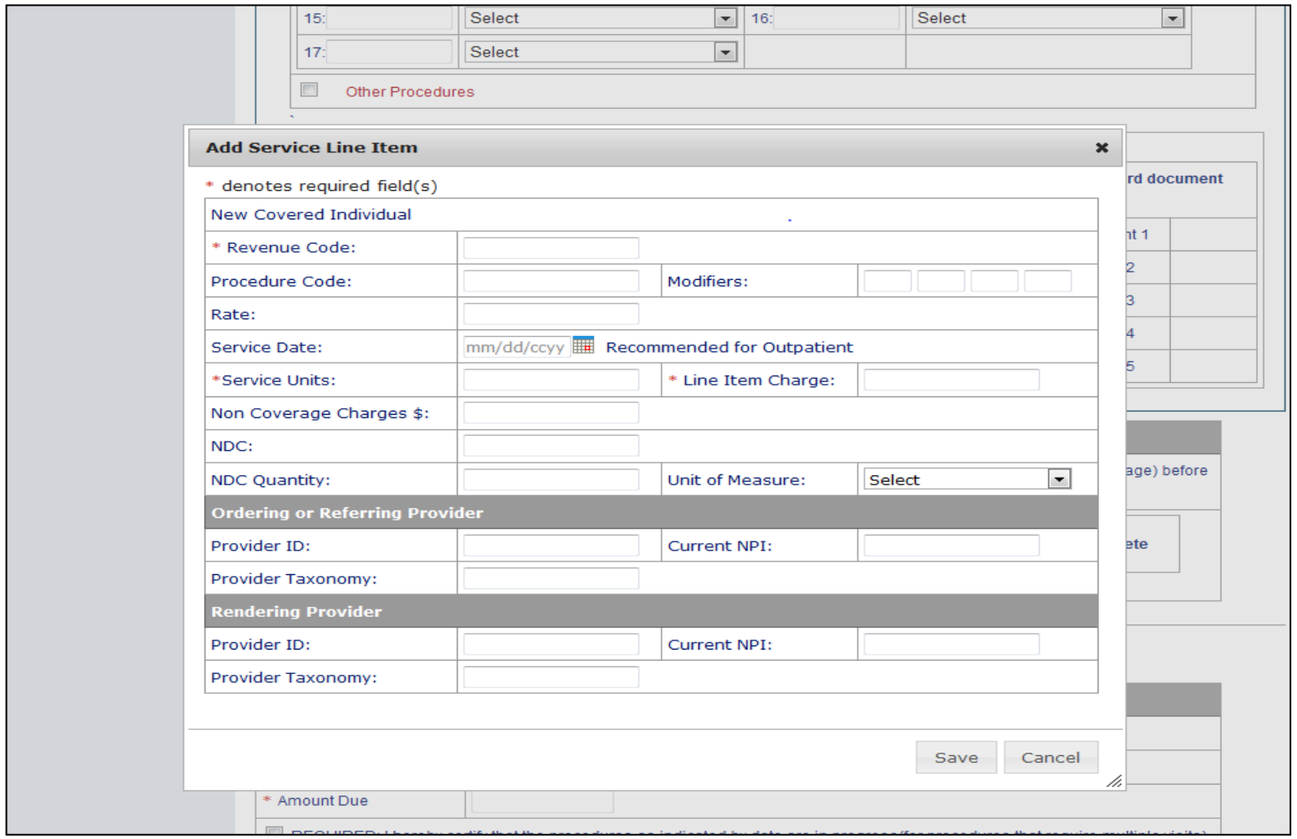
UB-04 Adjustments



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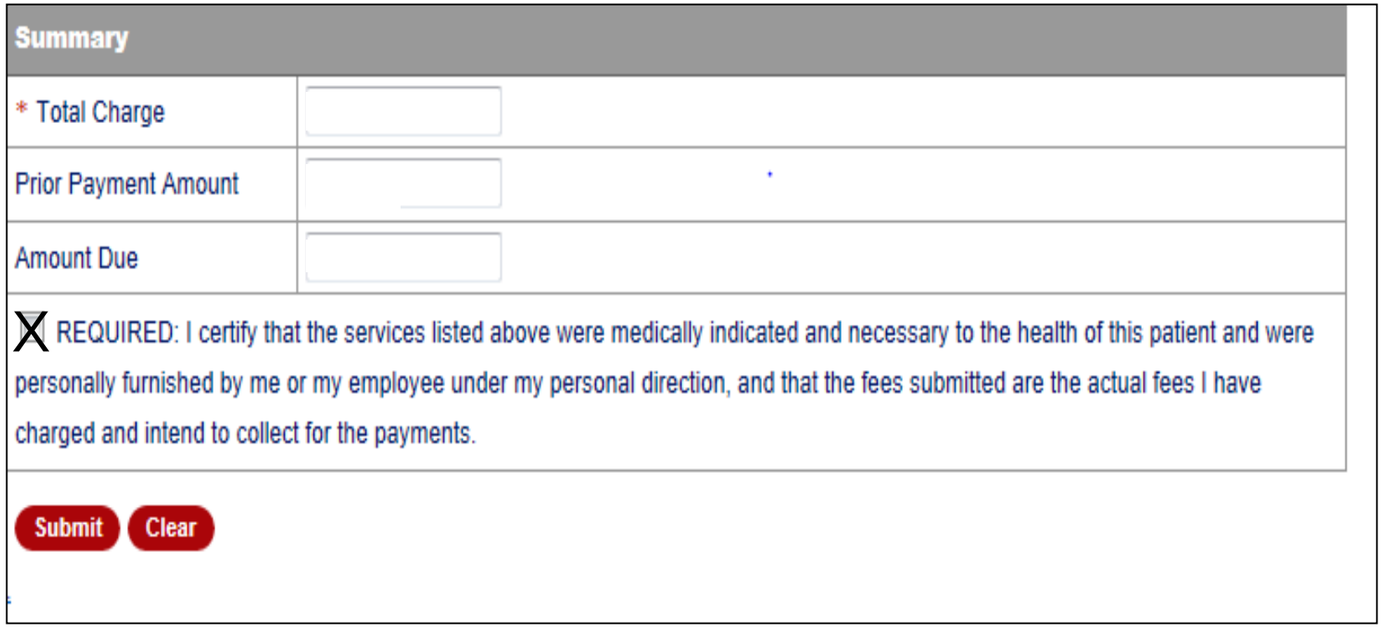
UB-04 Adjustments



All data associated with the previously submitted TCN will auto-populate

Make any changes to the existing information provided

Once adjusted claim is submitted, a new TCN will be generated.

Adjustments – Filing Guidelines Recap

- Make any changes to the existing information provided on the previously submitted TCN. Only make changes to data that will impact the adjustment.
-

Claim Information			
* Type of Bill:			
Patient CNTL #:		Medical Record #:	
Service Dates			
*From:	mm/dd/ccyy	*To:	mm/dd/ccyy
Treatment Authorization Code:		Timely Filing Justification - Prior TCN Number:	

Submitting a Void

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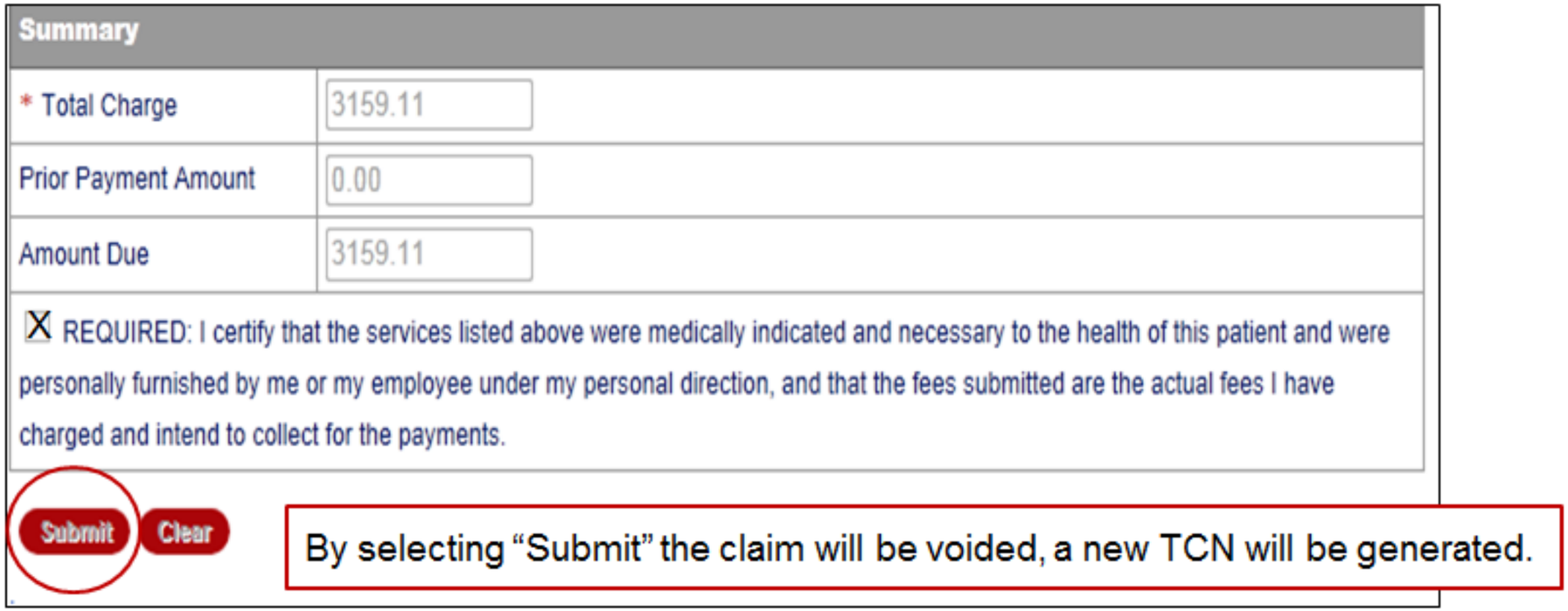
Void Request

Void Request

Void Request



Claims Re-bill

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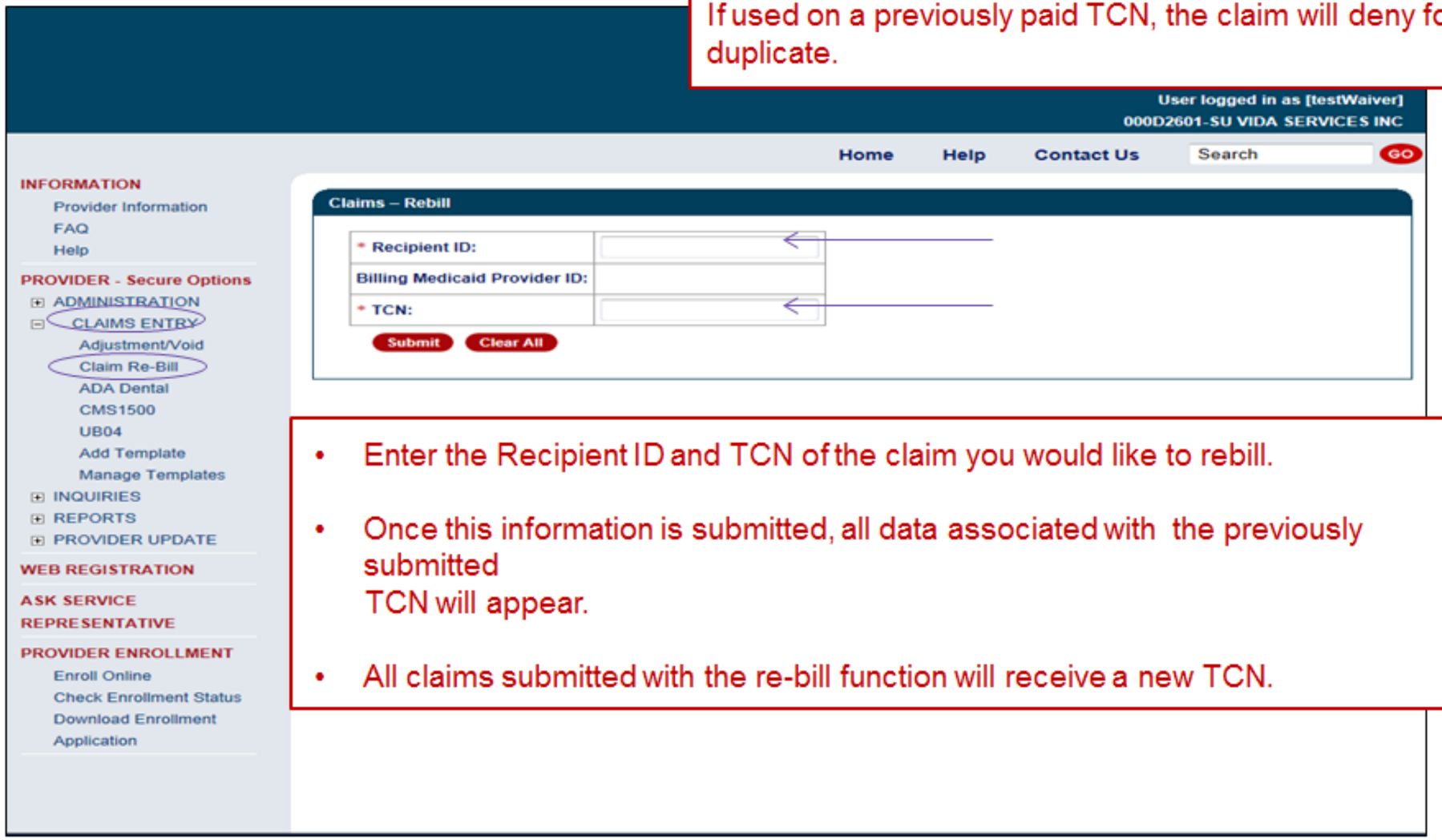
Providers can make changes to existing claims that have **denied**, and rebill the claim.

If used on a previously paid TCN, the claim will deny for duplicate.



- Enter the Recipient ID and TCN of the claim you would like to rebill.
- Once this information is submitted, all data associated with the previously submitted TCN will appear.
- All claims submitted with the re-bill function will receive a new TCN.

Claims Re-bill

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What Questions Do You Have?

What take away message do you have to share with us?

Resources

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NM.Providers@state.nm.us

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