CMS-1500 Online Claims Entry

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Purpose

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

Objectives

Review the following processes regarding CMS-1500 claim submissions:

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

Getting Access to Bill on the Web Portal

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

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

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

Claim Form Instructions

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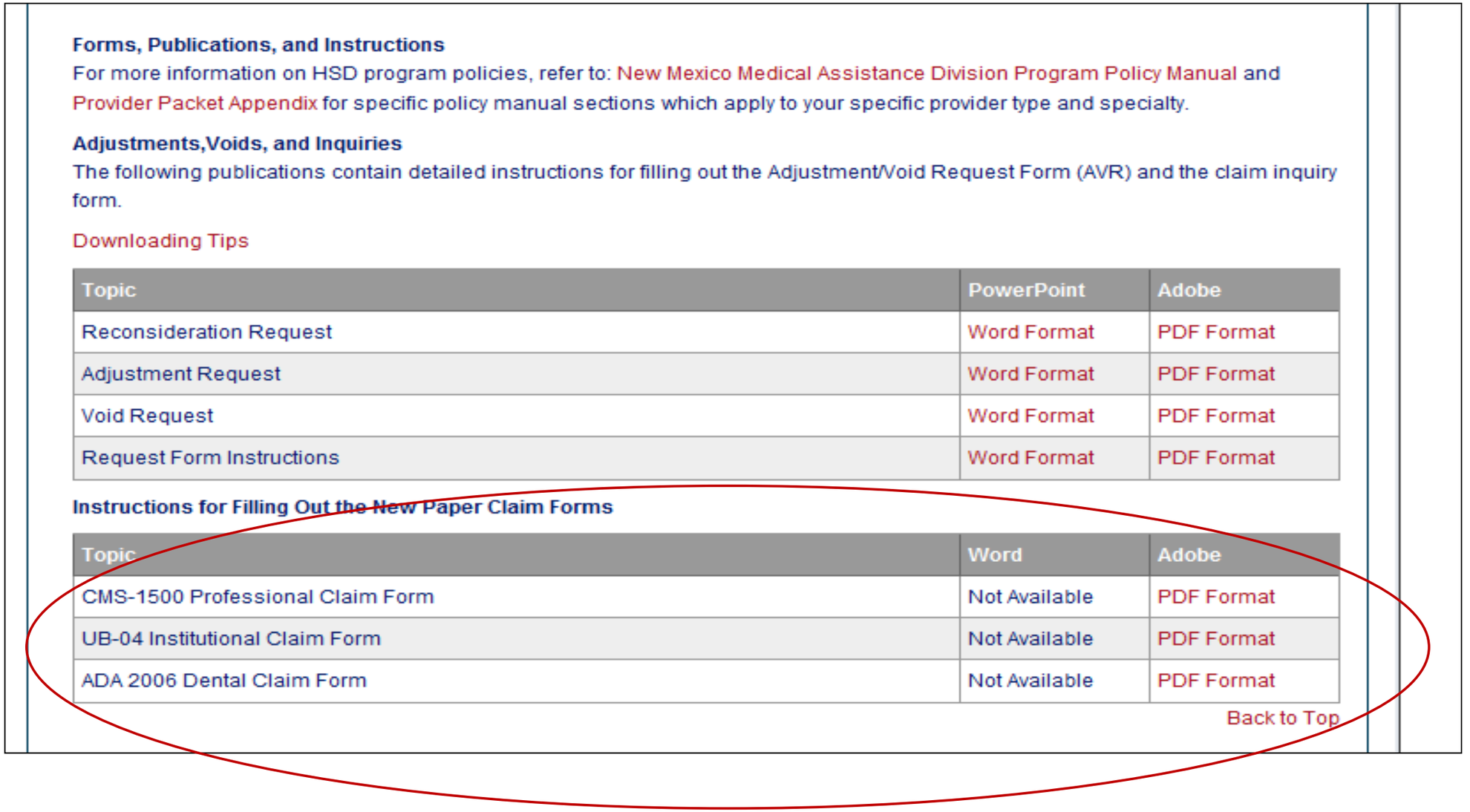
Where Do I Get a Copy of Claim Form Instructions?

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?



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)?

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9170490008500001

The first digit indicates what the claim "media" is:

2 = electronic crossover

3 = other electronic claim

4 = system generated claim or adjustment

8 = paper claim

9 = Web portal claim entry

The last two digits of the year the claim was received

The numeric day of the year.

Batch number

The claim number within the batch.

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

1= Debit
2= Credit

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

Timely Filing

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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

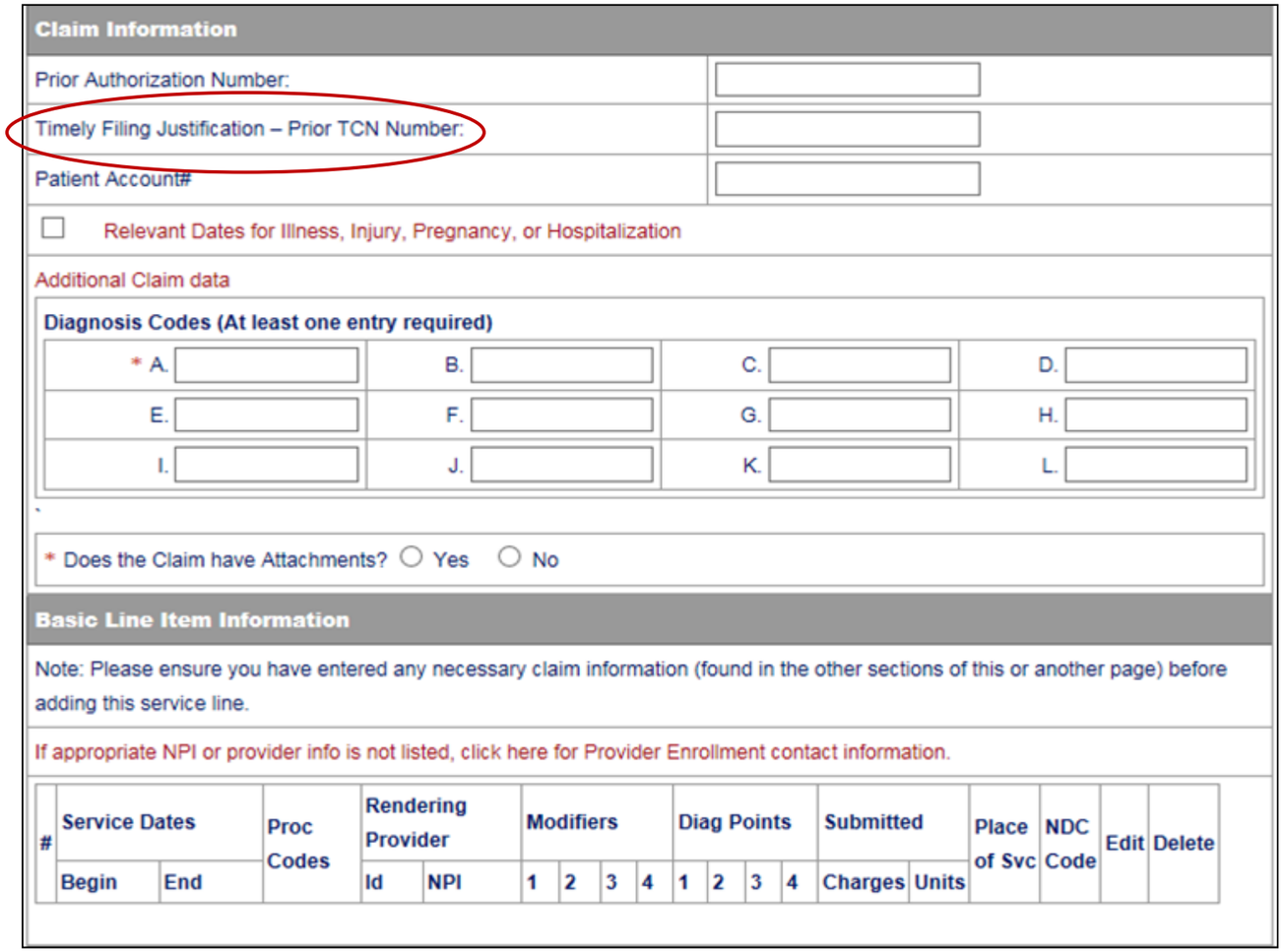
- The rule can also be accessed via: http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx

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 Number:

Timely Filing Justification – Prior TCN Number:

Patient Account#

Relevant Dates for Illness, Injury, Pregnancy, or Hospitalization

Additional Claim data

Diagnosis Codes (At least one entry required)

* A.	B.	C.	D.
E.	F.	G.	H.
I.	J.	K.	L.

* 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				

Add/ Manage Templates

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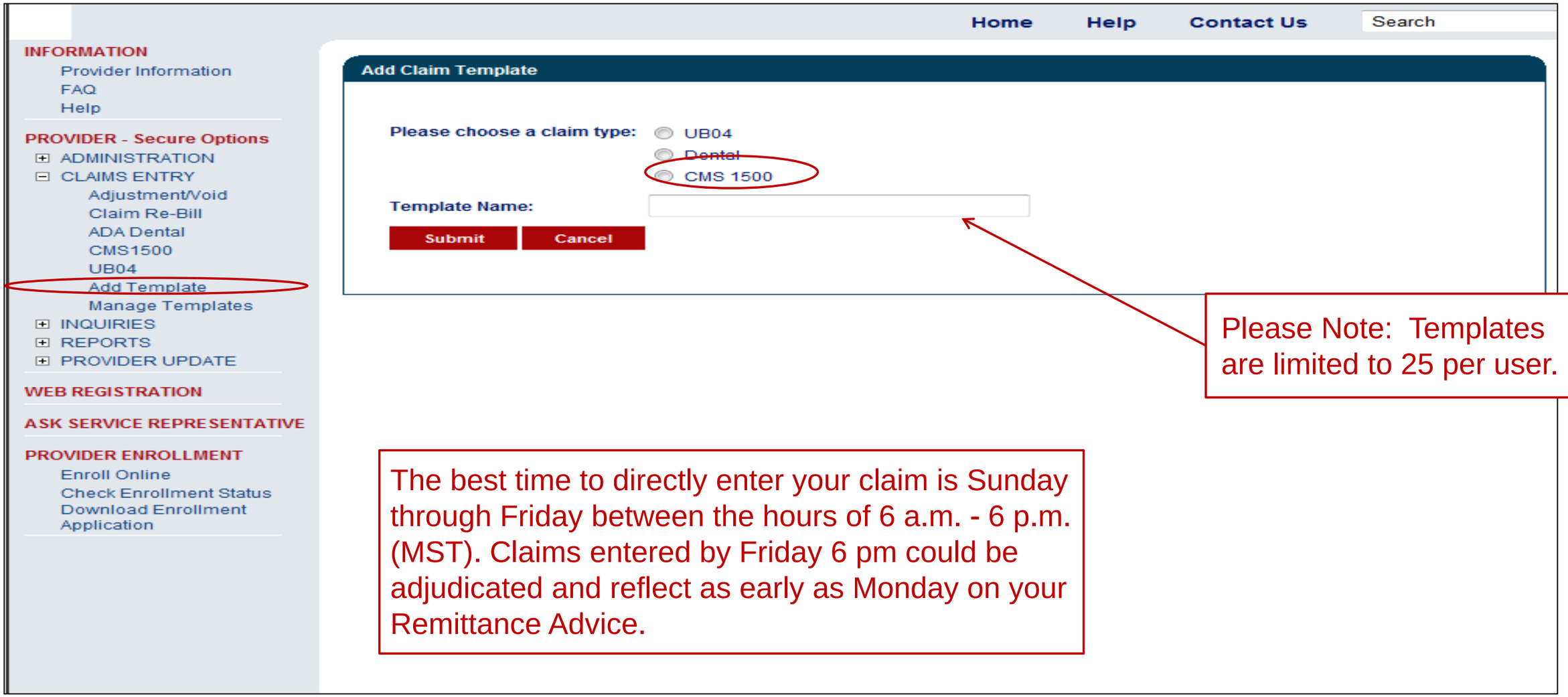
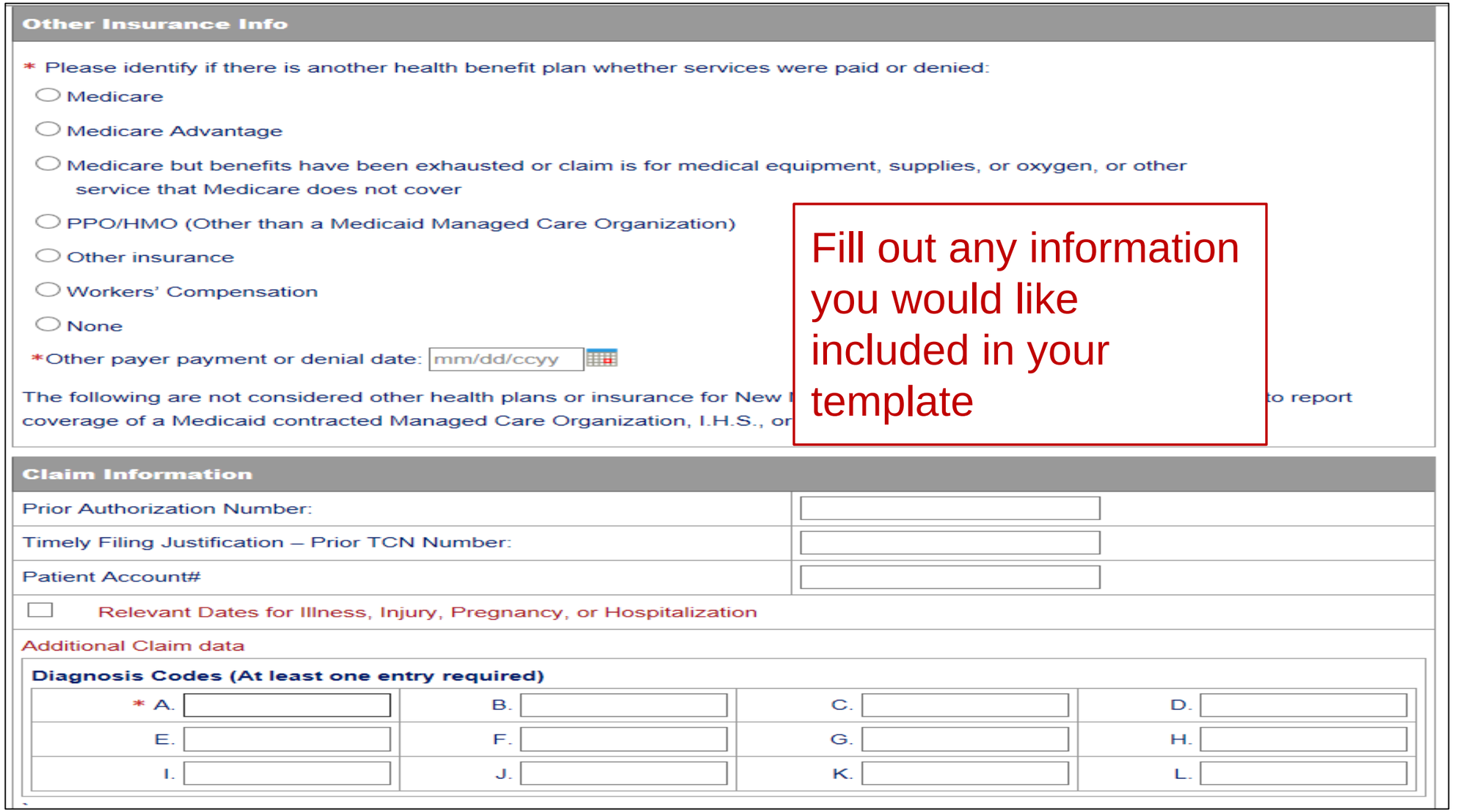
CMS 1500 – Create a Claim Template



CMS 1500 - 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

*Other payer payment or denial date: mm/dd/ccyy

The following are not considered other health plans or insurance for New … to report coverage of a Medicaid contracted Managed Care Organization, I.H.S., or …

Fill out any information you would like included in your template

Claim Information

Prior Authorization Number:	
Timely Filing Justification – Prior TCN Number:	
Patient Account#	

☐ Relevant Dates for Illness, Injury, Pregnancy, or Hospitalization

Additional Claim data

Diagnosis Codes (At least one entry required)

* A.	B.	C.	D.
E.	F.	G.	H.
I.	J.	K.	L.

CMS 1500 - Add Claim Template

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Basic Line Item Information

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

If the appropriate NPI is not listed, please contact Provider Enrollment.

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

Add Service Line Item

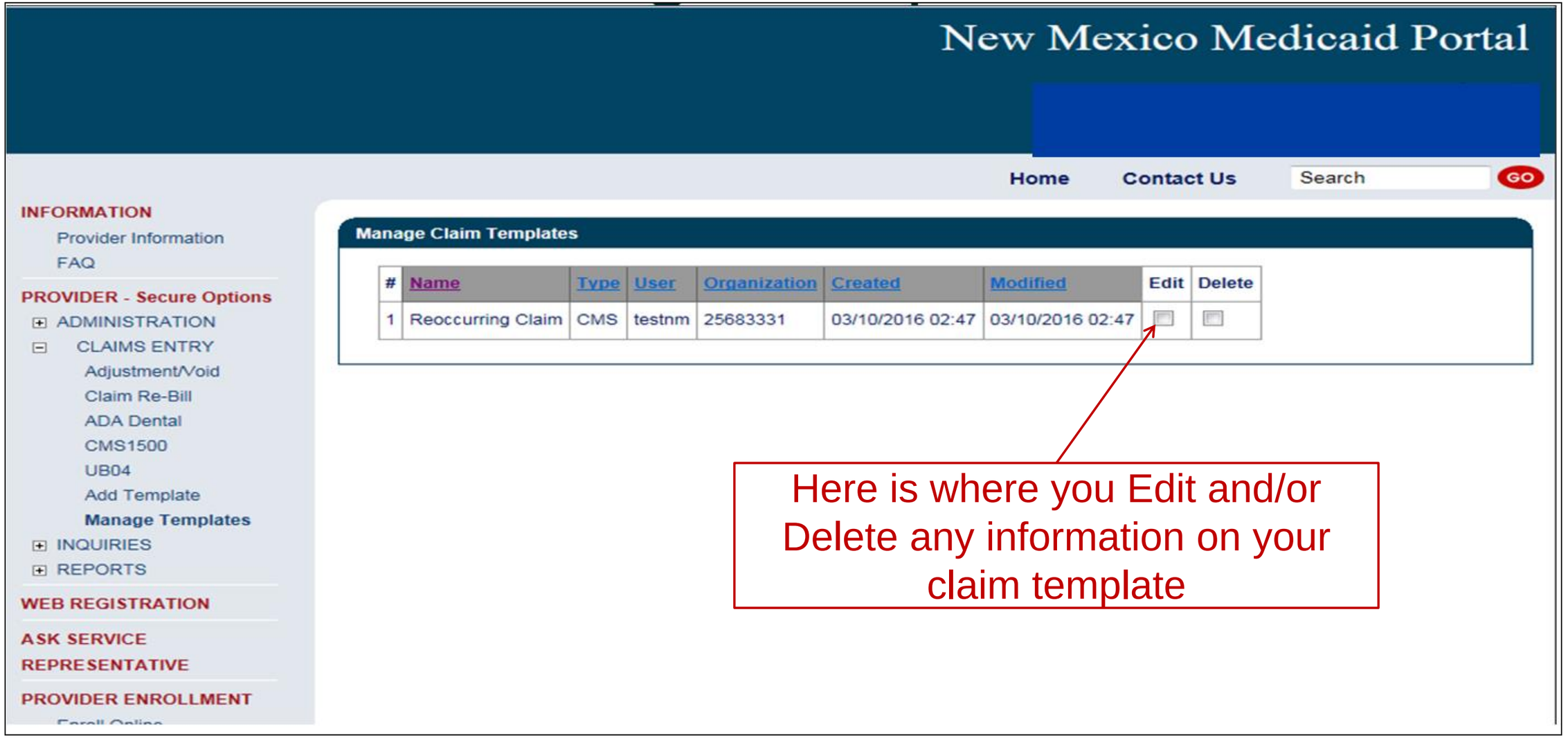
Summary

* Total Charge	
Prior Payment Amount	
Amount Due	

Save Clear

Fill out any information you would like included in your template

CMS 1500 Manage Templates



Medicaid Primary Web Portal Claim Submission

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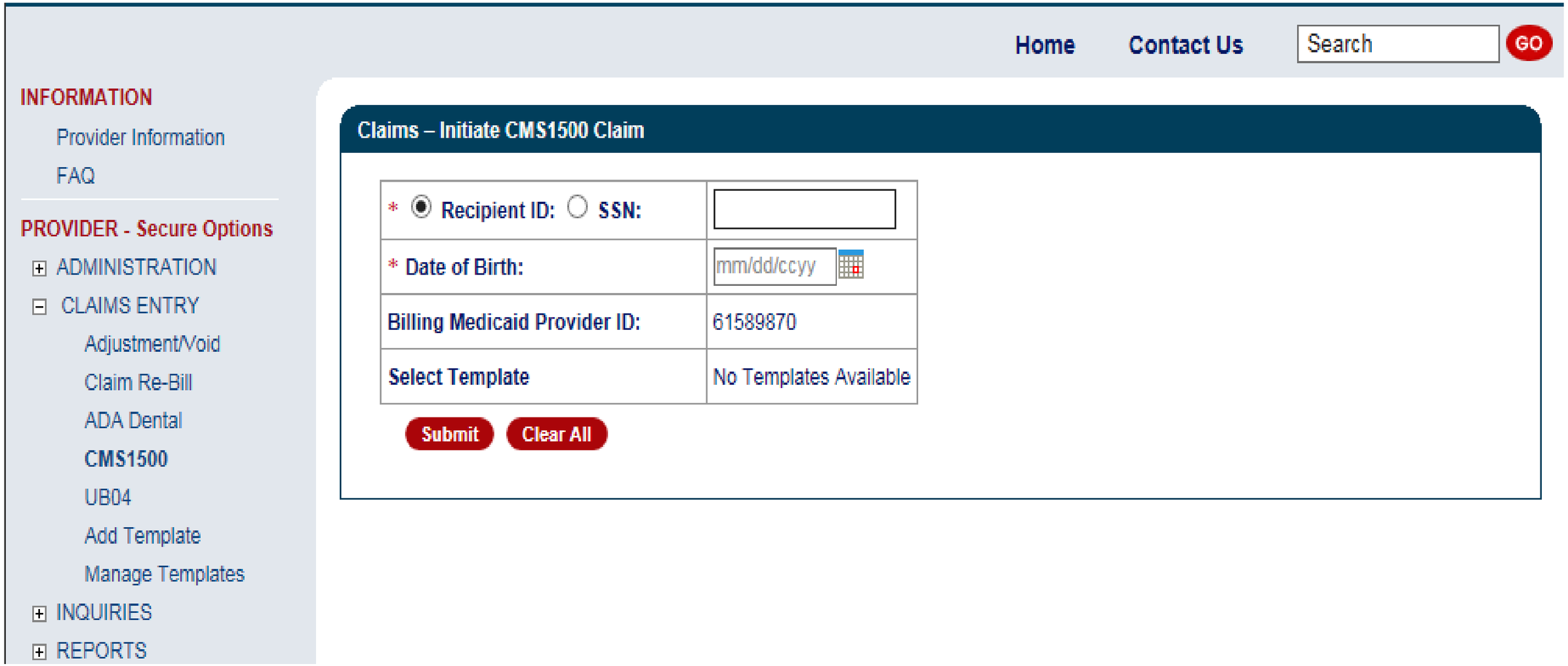
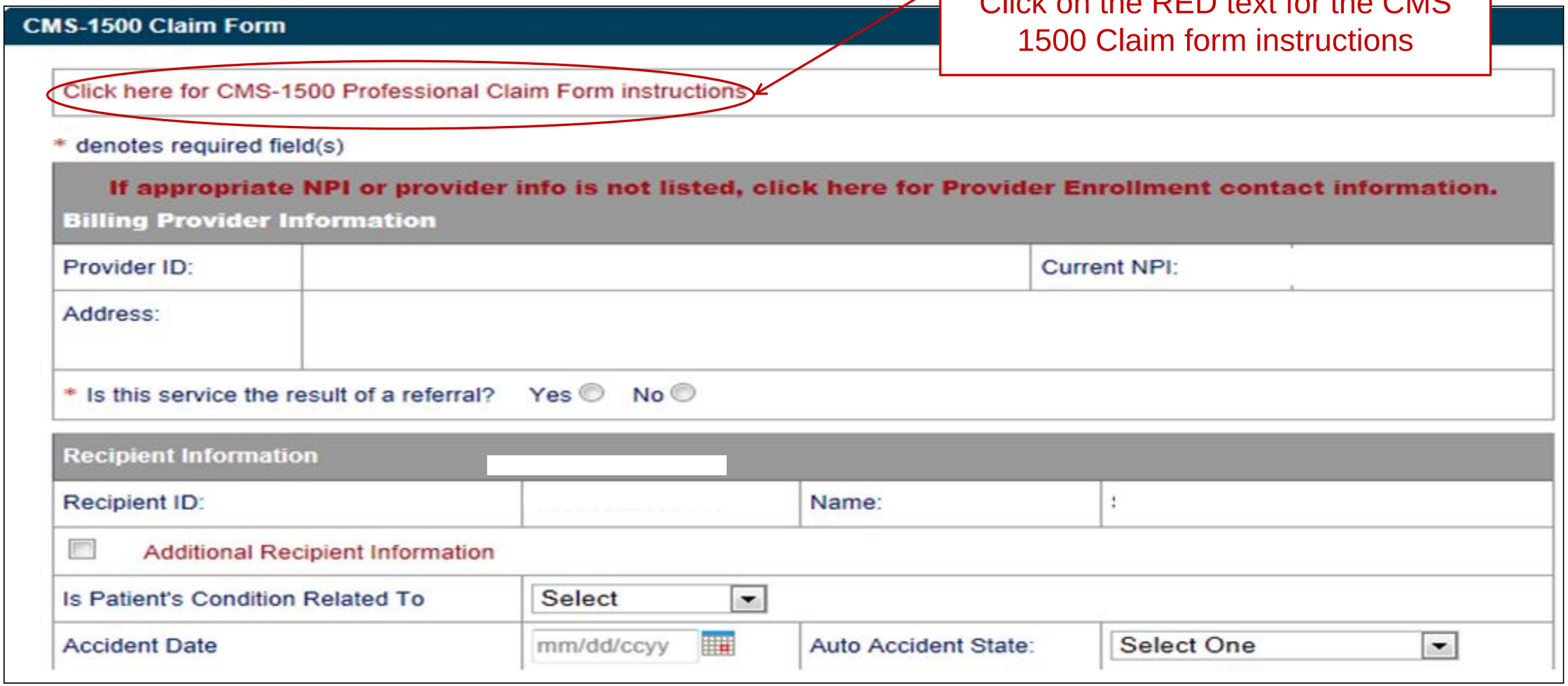
Online Claims Entry

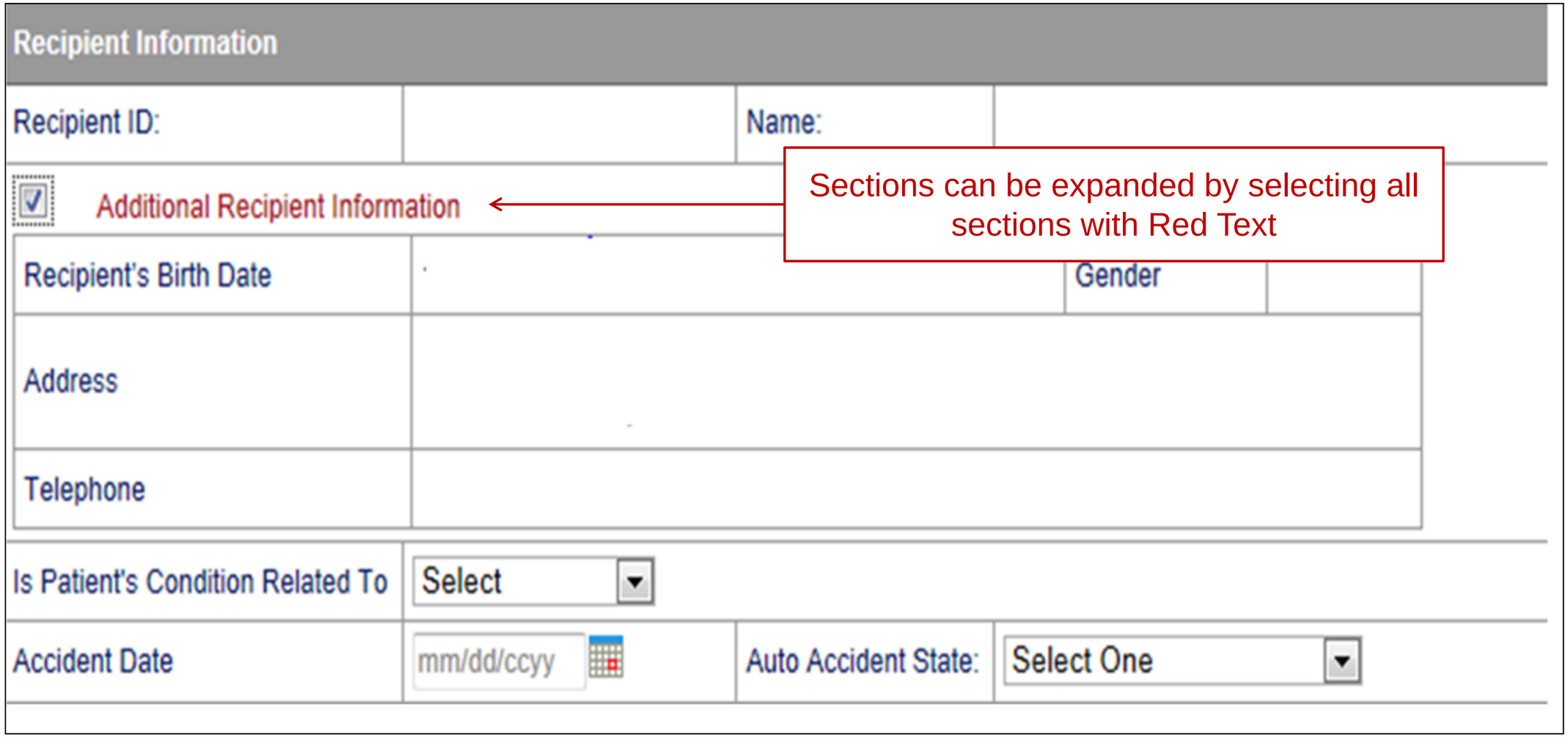


Fields with Red asterisks (*) are required information

Online Claims Entry Primary Claim *Continued*



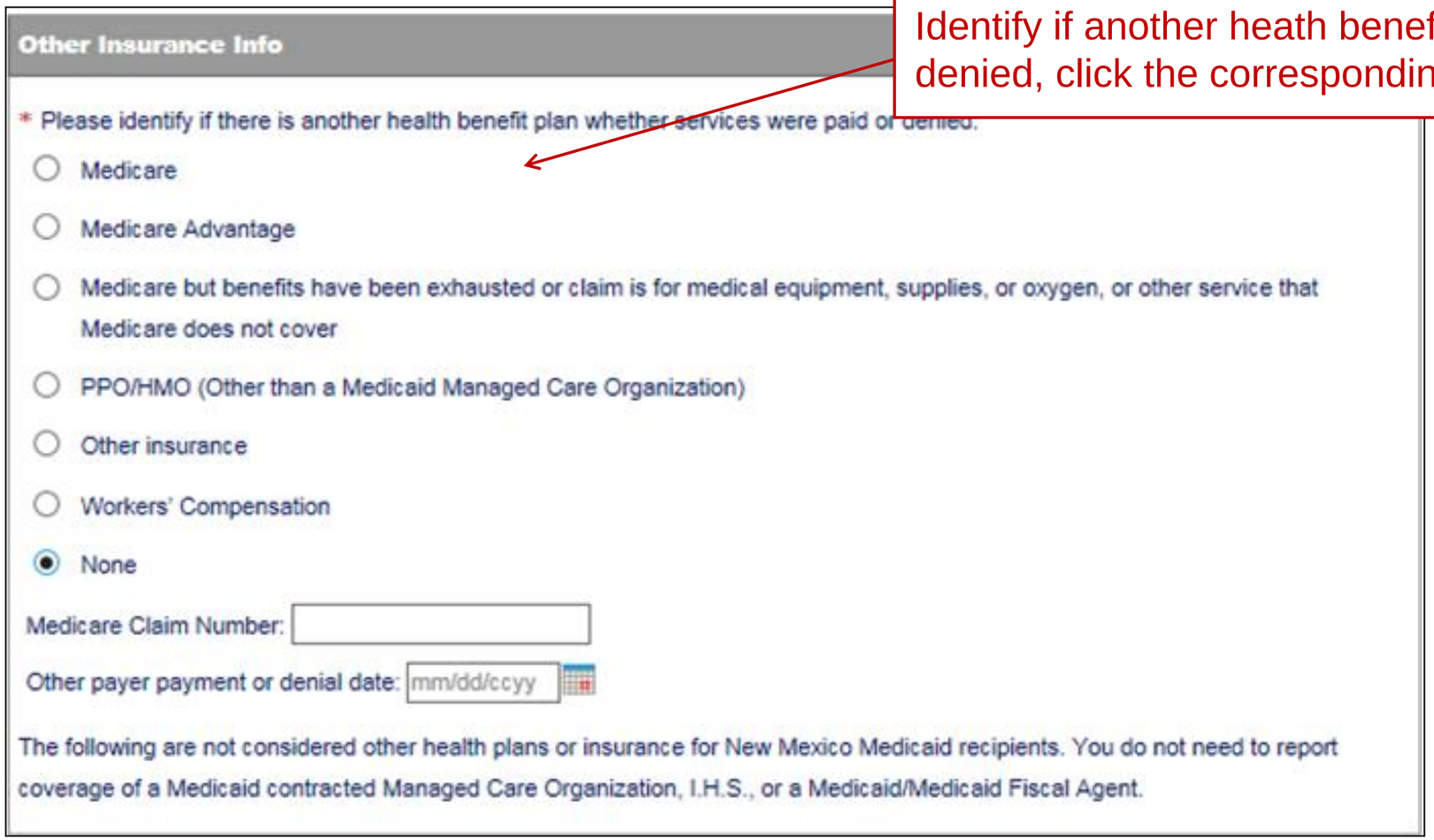
Additional Recipient Information Option



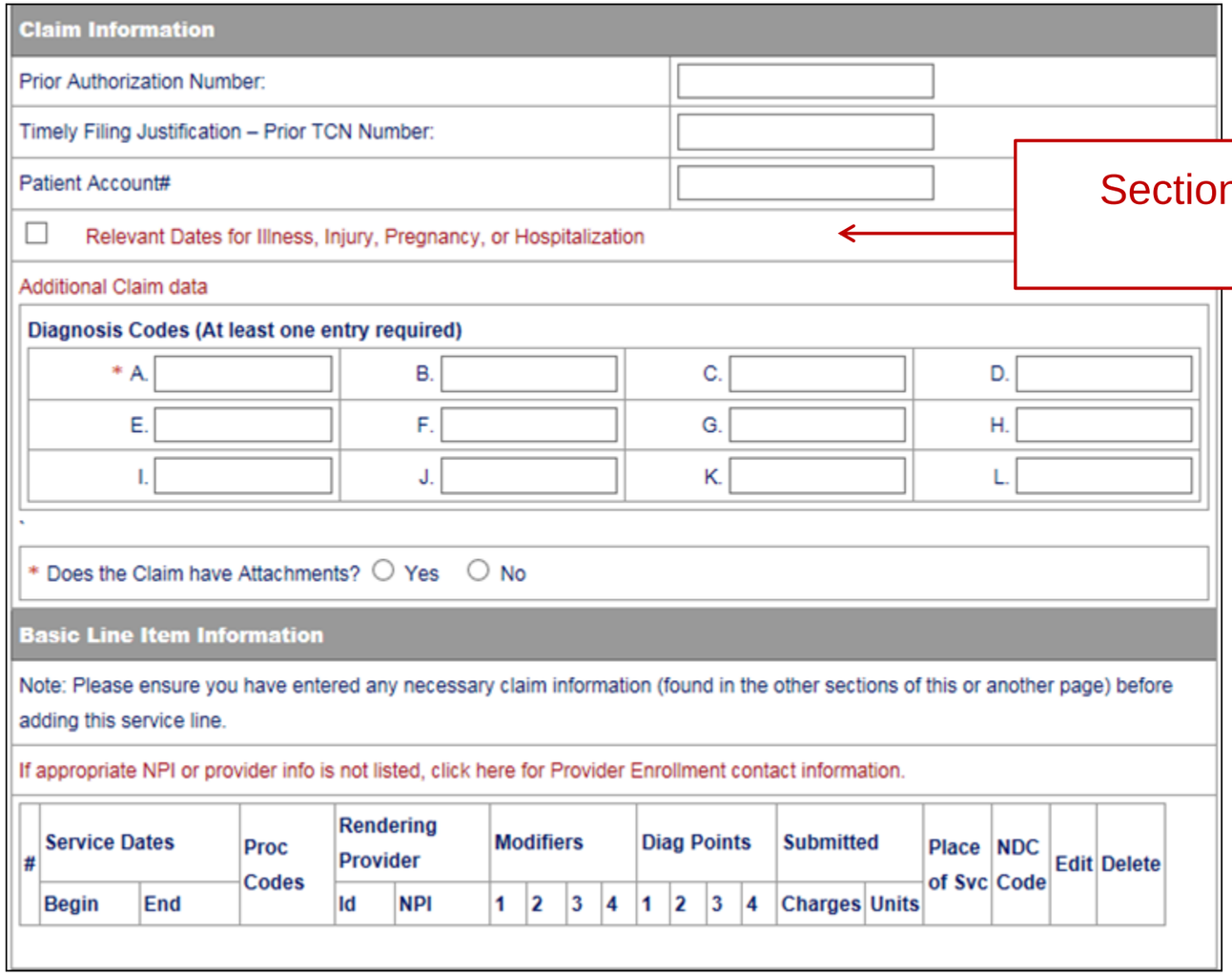
Select “Additional Recipient information” if Patient Condition information is needed to process claim.

Medicaid Primary Claim Forms

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



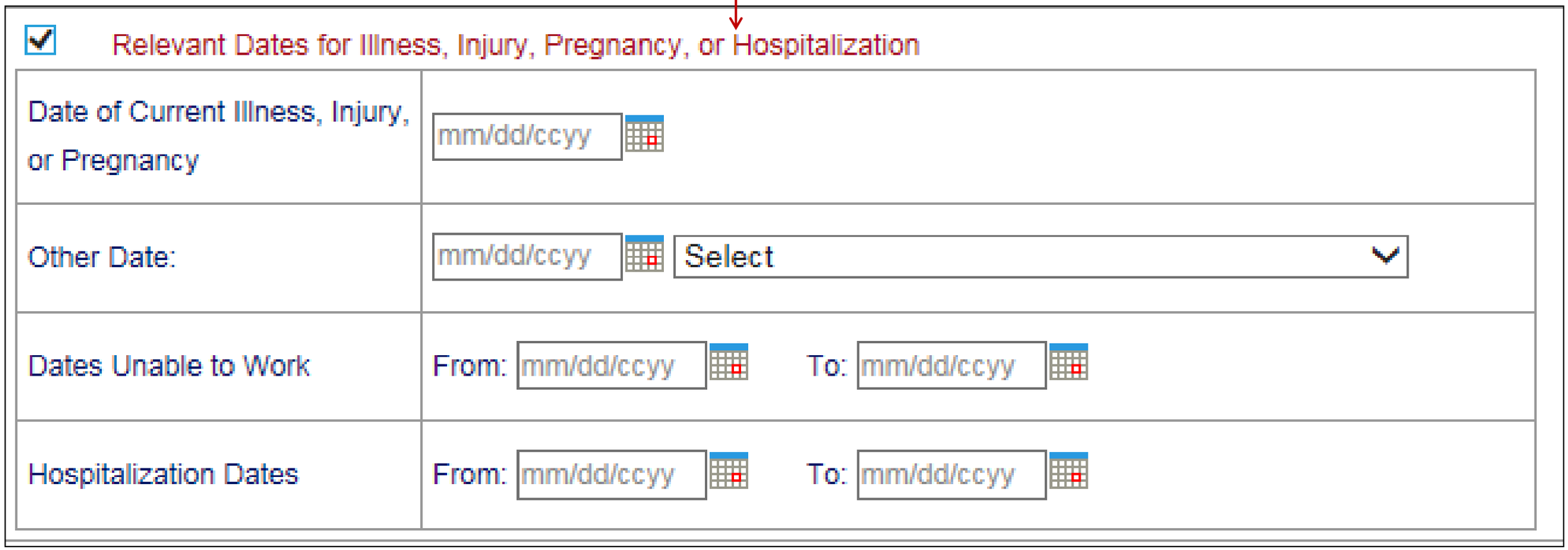
Claims Information



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

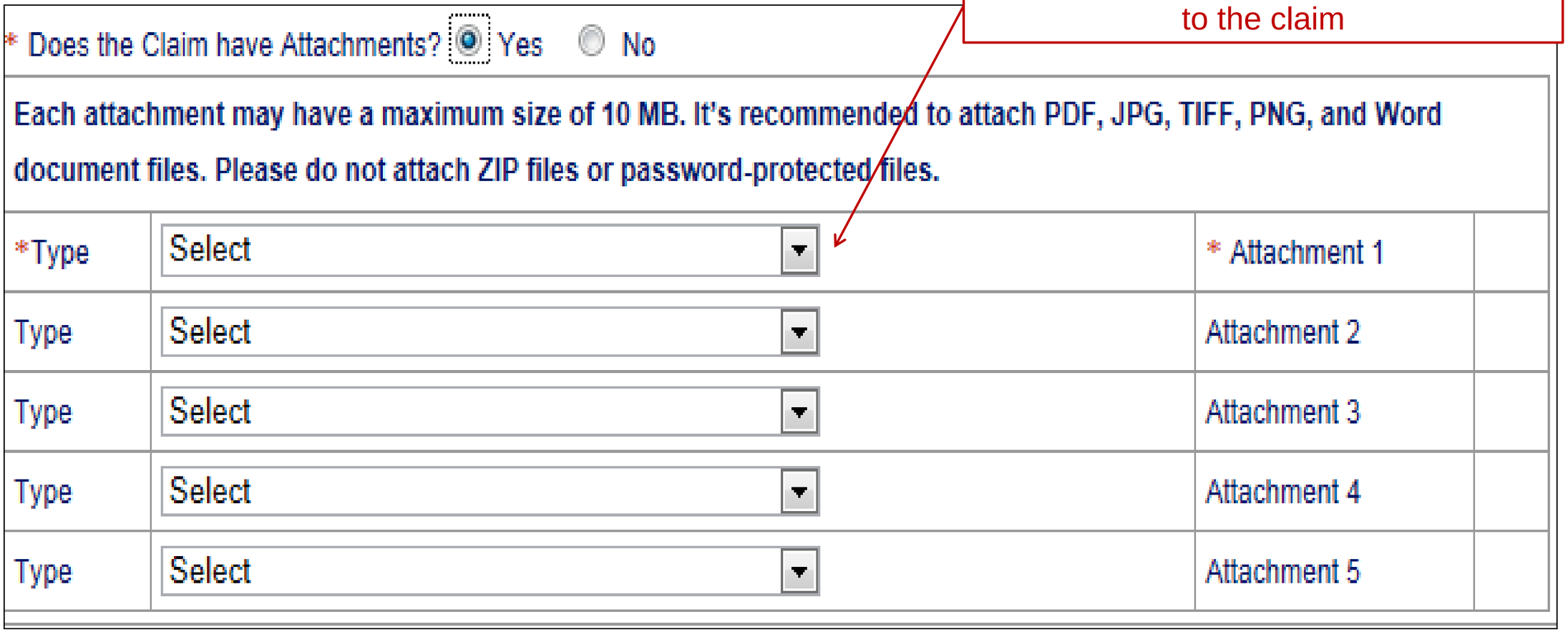
Claims Information – Relevant Dates

Expanded ‘Relevant Dates” Section

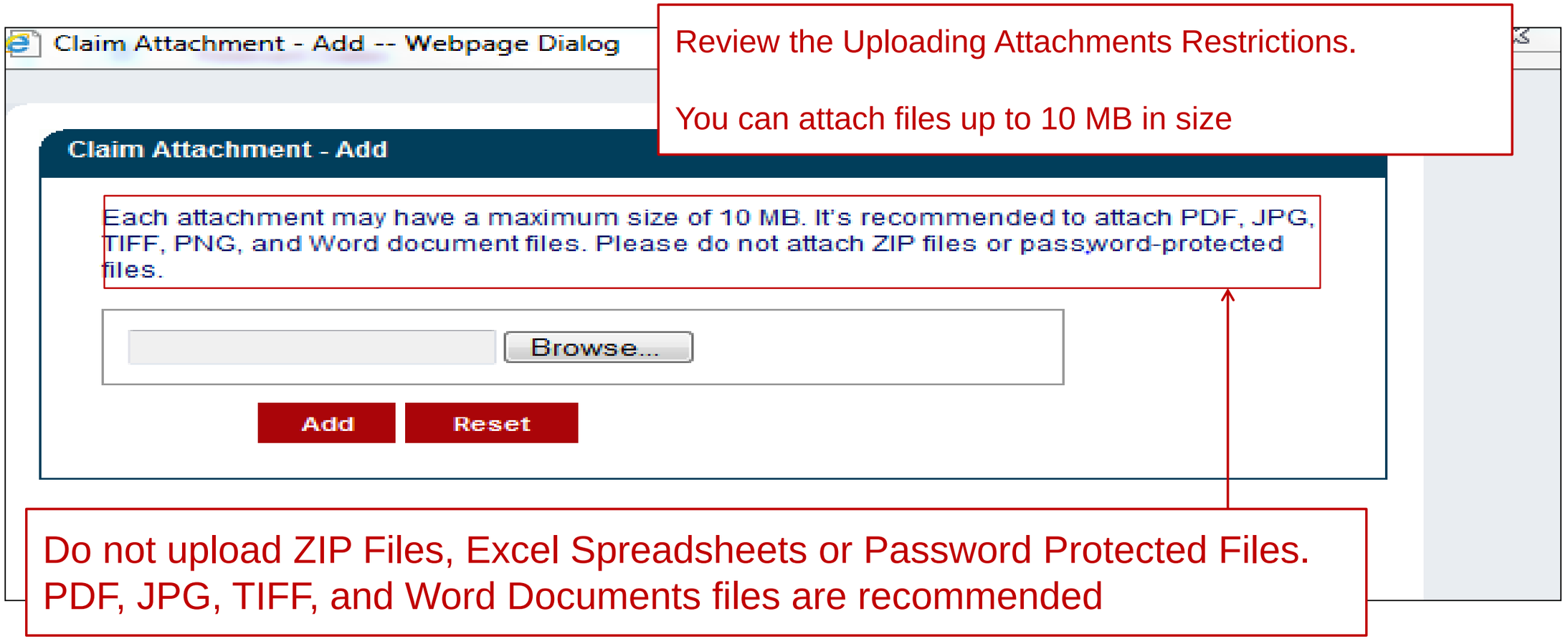


Claims Information – Attachments

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

Basic Line Item Information

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

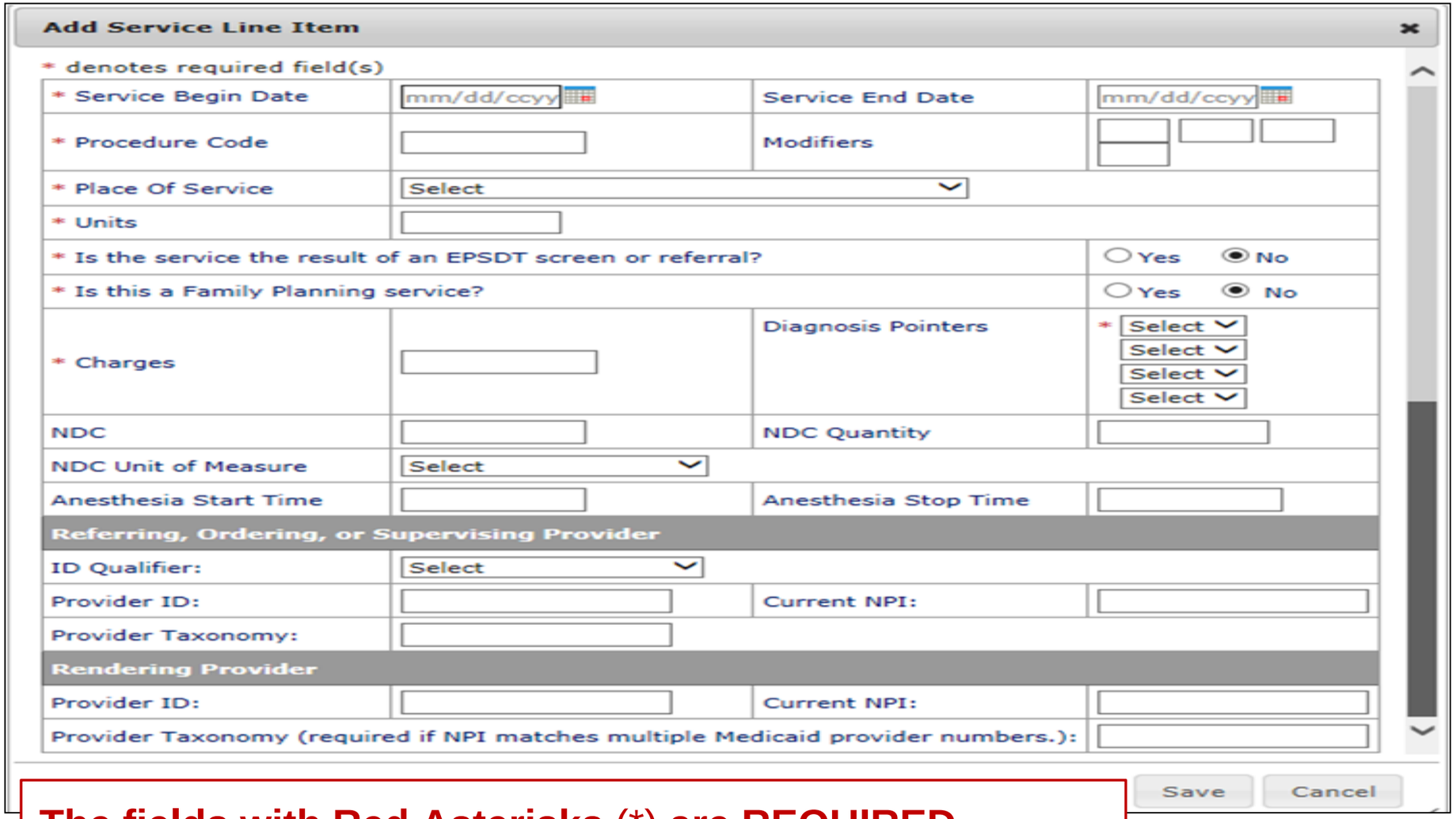
If the appropriate NPI is not listed, please contact Provider Enrollment.

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

Add Service Line Item

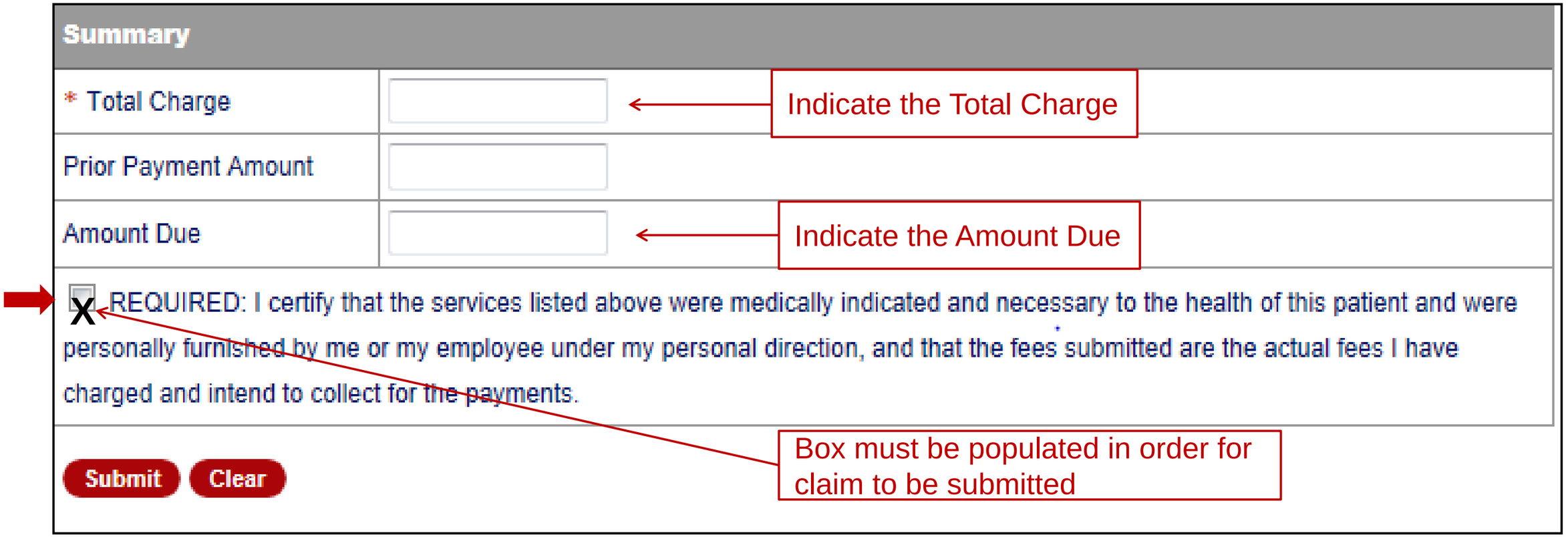
Click to add Line Items

Adding Additional Line Item Information



The fields with Red Asterisks (*) are REQUIRED

Claims Summary



TPL, HMO, and PPO Web Portal Claim Submission

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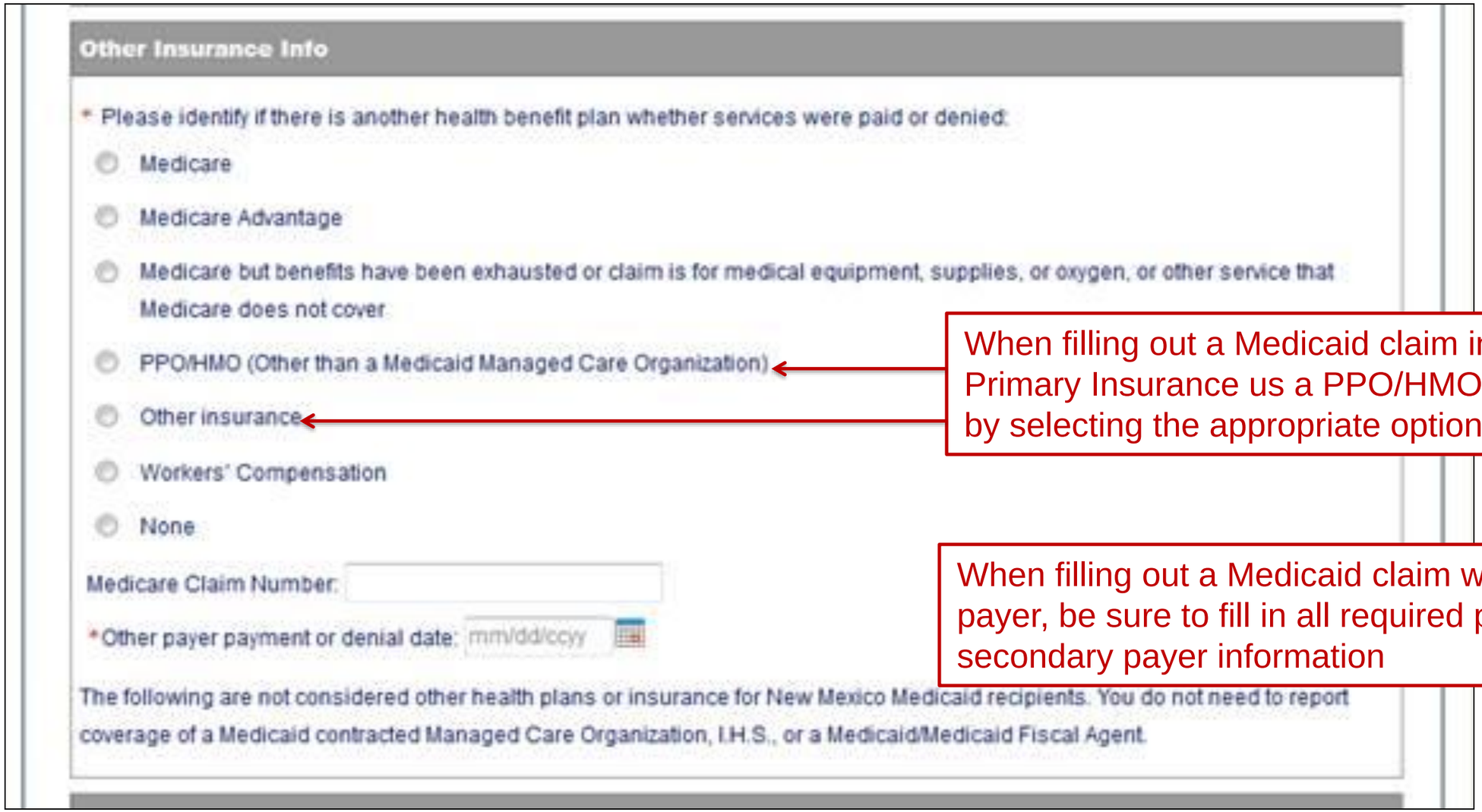
Other Primary Insurance Tips

- If Medicaid requires a Prior Authorization (PA) for the service, then a PA issued by the Medicaid Third-Party Assessor (TPA) is always required when Third Party Liability (TPL) is involved, no matter if TPL paid or denied the service.
- Attach the TPL EOB showing the payment/denial with the claim.
- Always include the explanation page of the EOB along with the page of the EOB that shows payment/denial.
- PPO/HMO claims are billed identically to “other insurance” (TPL) claims.

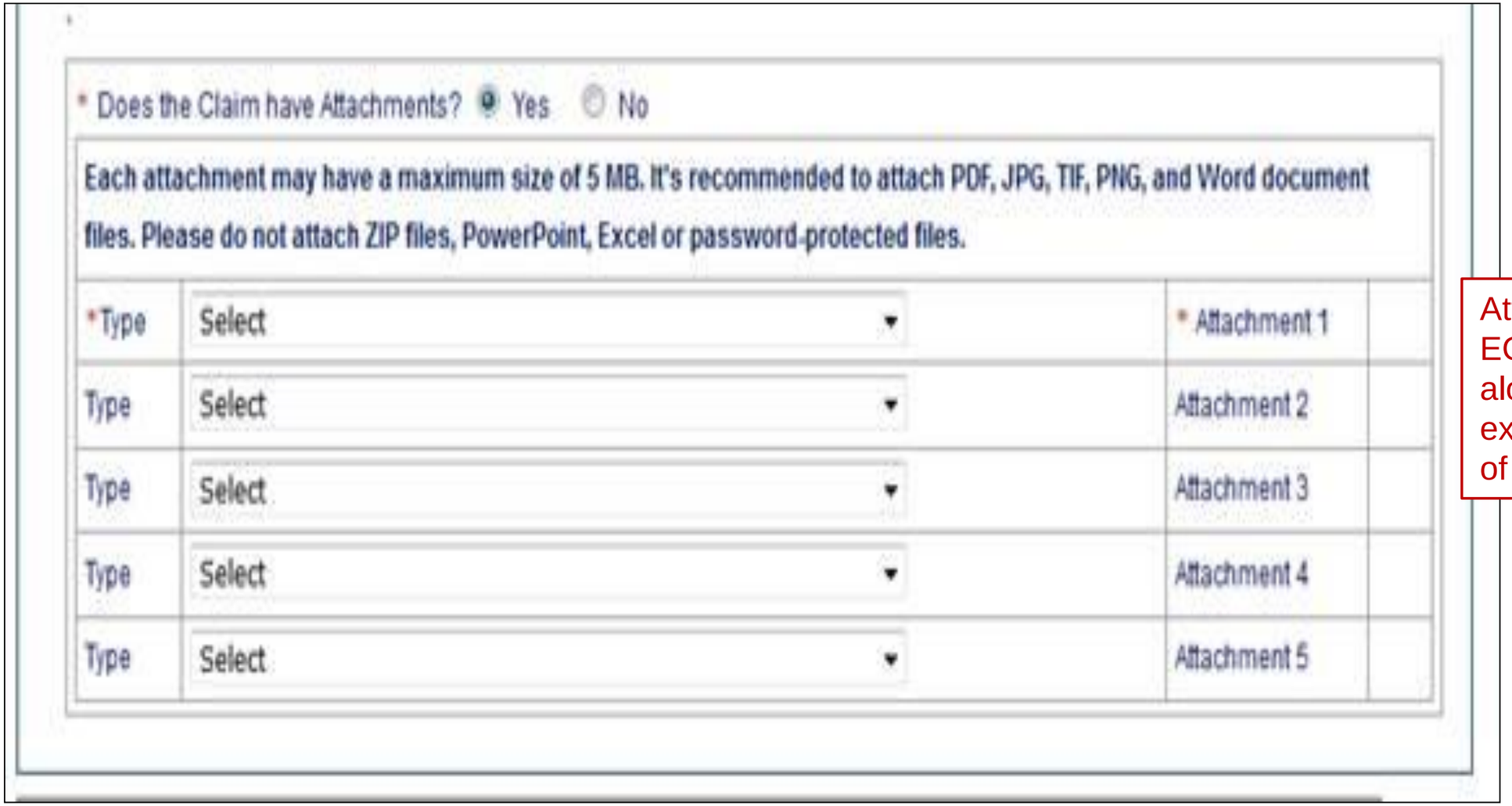
TPL, HMO, and PPO Web Portal Claim Submission



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

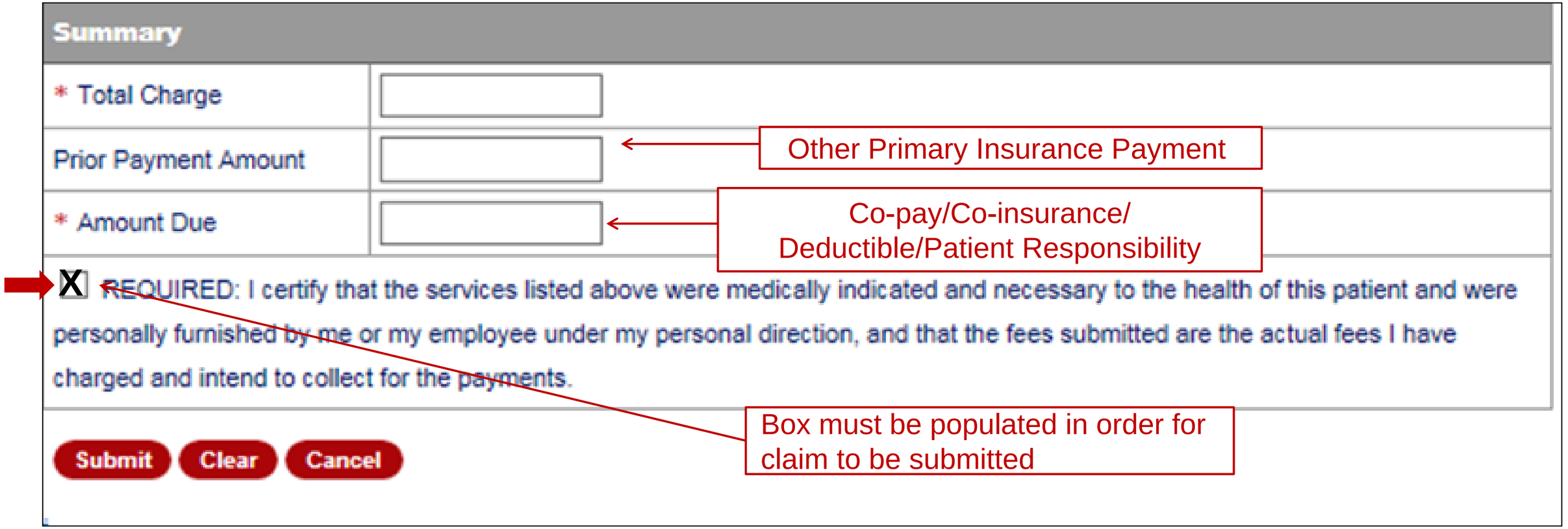
When filling out a Medicaid claim where TPL is primary payer, be sure to fill in all required primary and secondary payer information

Claims Information – Attachments



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

Primary Payer Insurance Information



Medicare Primary Web Portal Claim Submission

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Medicare Primary Claims

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Other Insurance Info

* Please identify if there is another health benefit plan whether services were paid or denied:

- (●) Medicare
- ( ) Medicare Advantage
- ( ) Medicare but benefits have been exhausted or claim is for medical equipment, supplies, or oxygen, or other service that Medicare does not cover
- ( ) PPO/HMO (Other than a Medicaid Managed Care Organization)
- ( ) Other insurance
- ( ) Workers' Compensation
- ( ) None

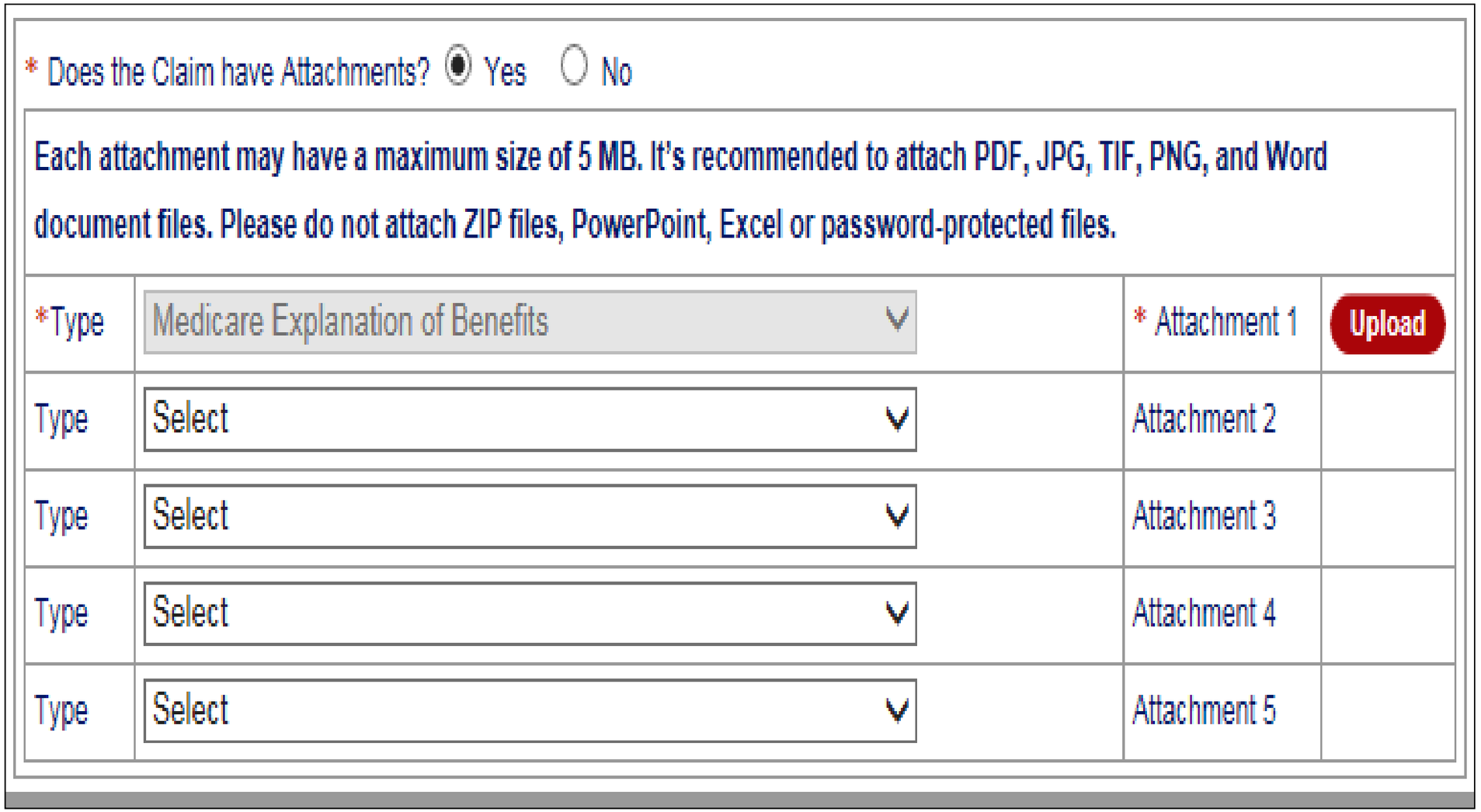
Indicate "Medicare" on Medicare Crossover claim OR "Medicare Advantage" for Medicare Replacement Plan claims

Medicare Claim Number: [ ]

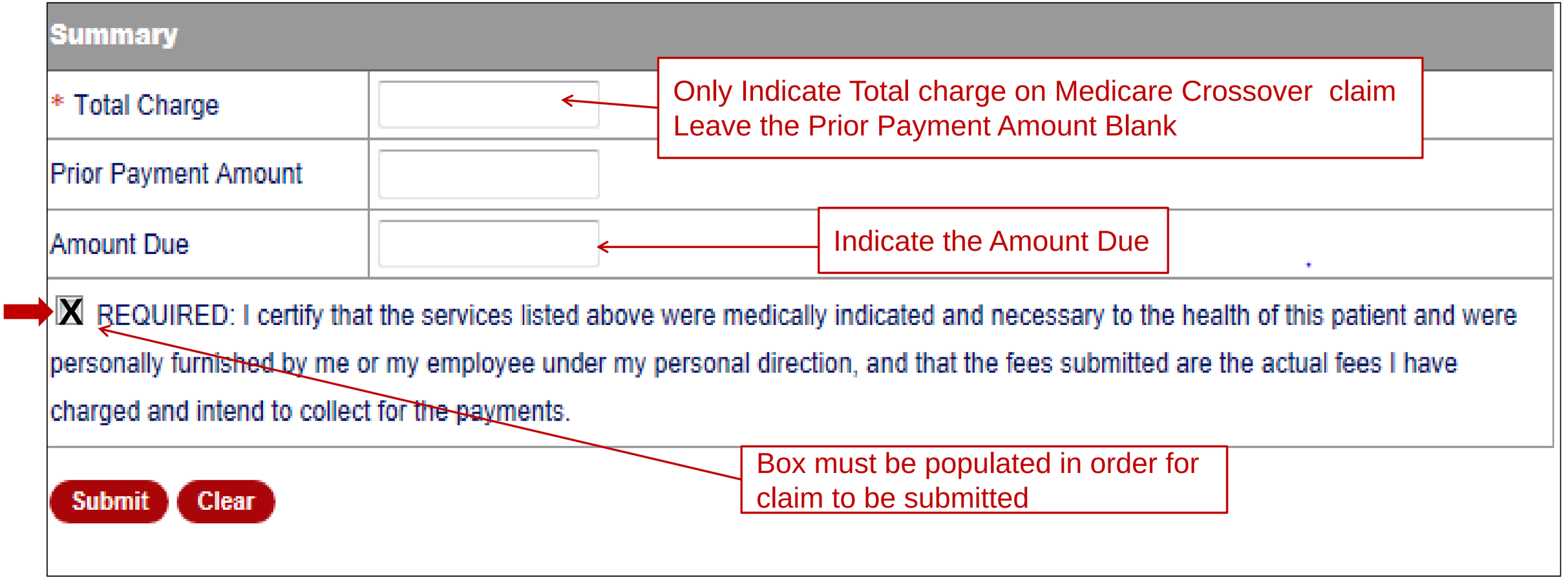
*Other payer payment or denial date: [mm/dd/ccyy]

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.

Medicare Primary– Attachments



Medicare Primary Claims



CMS 1500 Tips

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

Summary

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

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

New Mexico Medicaid Resources

- New Mexico Medicaid Online
  - Provider Information
  - Provider Login Screen Notices
  - Provider E-News Newsletters
- Medicaid Provider Relations Call Center
- Provider Communication Updates
- Provider Field Representative
- Provider Webinars
- Open Forums and Live Training Sessions

New Mexico Medicaid Resources *Continued*

New Mexico Medicaid Portal – https://nmmedicaid.portal.conduent.com/static/index.htm
Claim Inquiries, Eligibility Verification, Electronic Claim Submission, Provider Manuals, E-News

NM Human Services Department – http://www.hsd.state.nm.us/mad/
Supplements, Memos, Provider Billing Packets and Policy

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

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