DD Waiver Online Claim Entry CMS-1500

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Resources

When online use: Ask Service Representative

HIPAA.desknm@state.nm.us

NM.Providers@state.nm.us

Consolidated Customer Service Center Helpdesk 800-299-7304

New Mexico Web Portal

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

Topics of this Workshop - Webinar

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New Mexico Web Portal

- Provider Information section
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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

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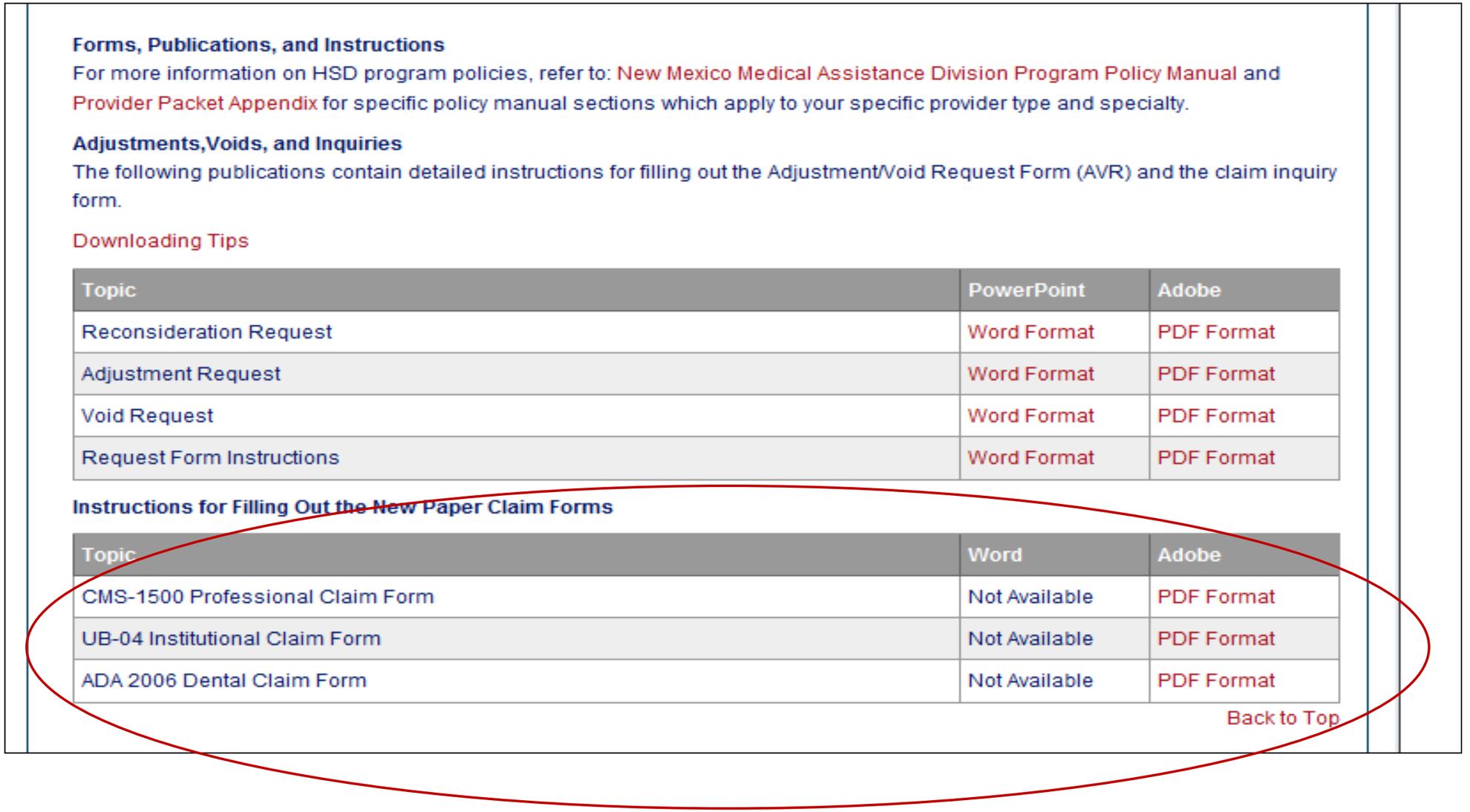
Where Do I Get a Copy of Claim Form Instructions?

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

Timely Filing

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What is a Transaction Control Number (TCN)?

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9160490008500001

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

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

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

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

National Corrective Coding Initiative (NCCI)

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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 webpage for the NCCI in Medicaid:

The National Correct Coding Initiative in Medicaid

Add/Manage Templates

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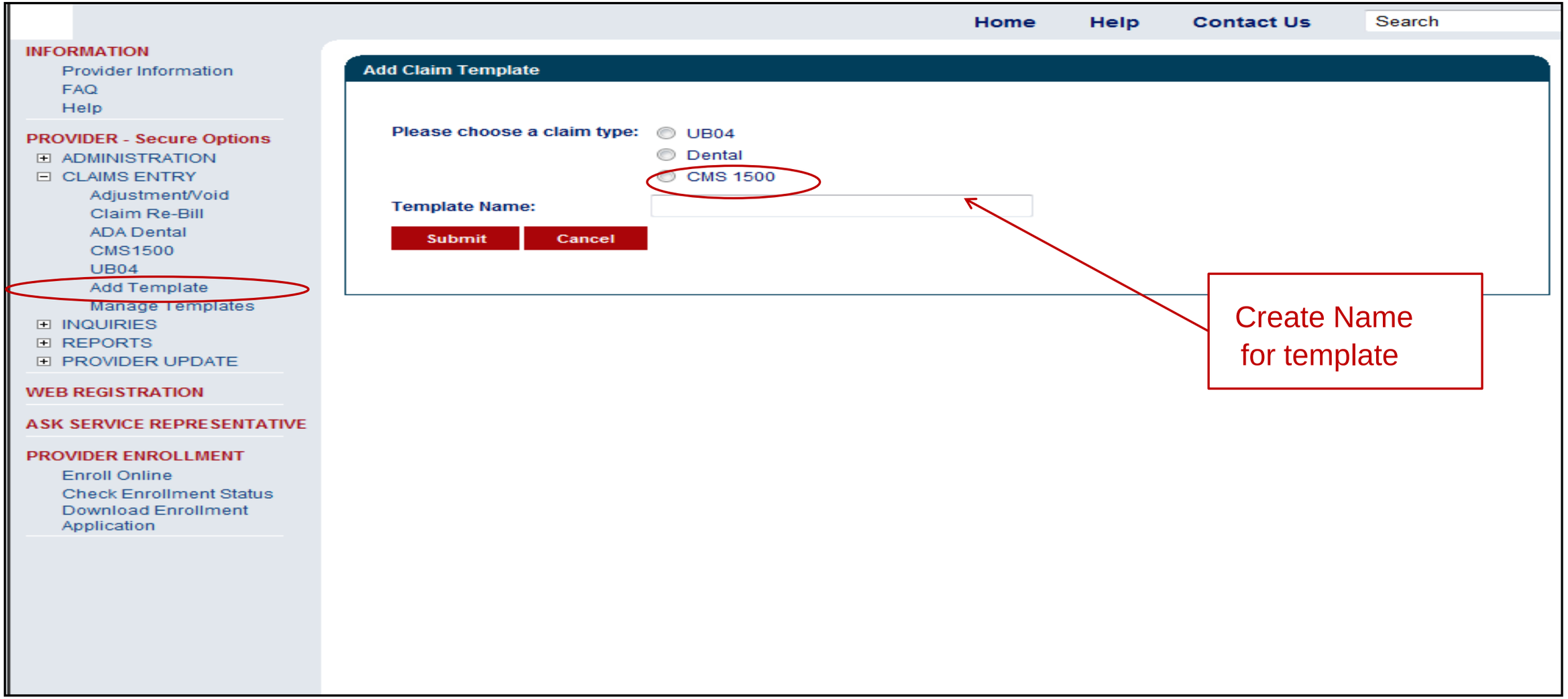
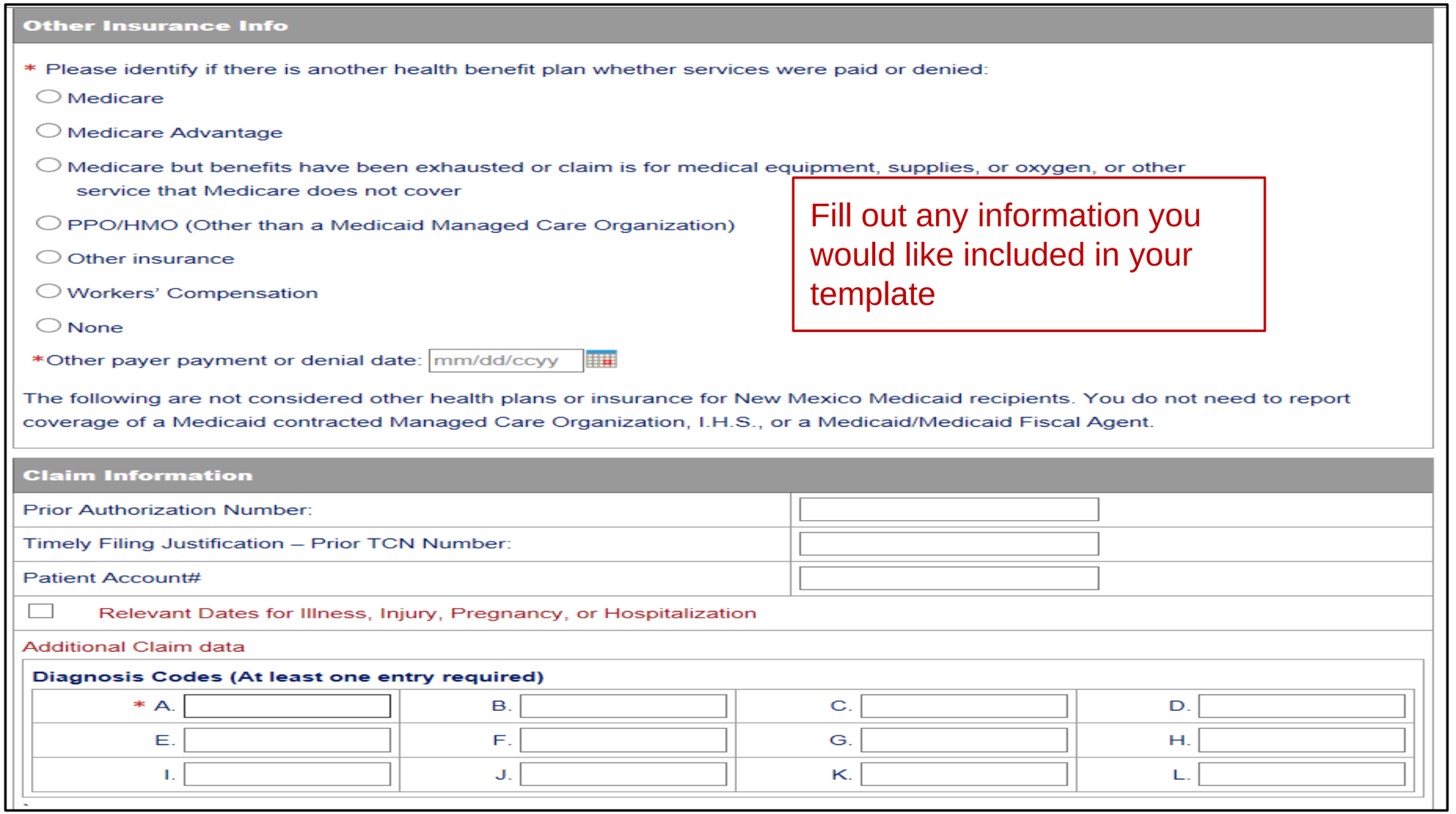
Online Claims Entry

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 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

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

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

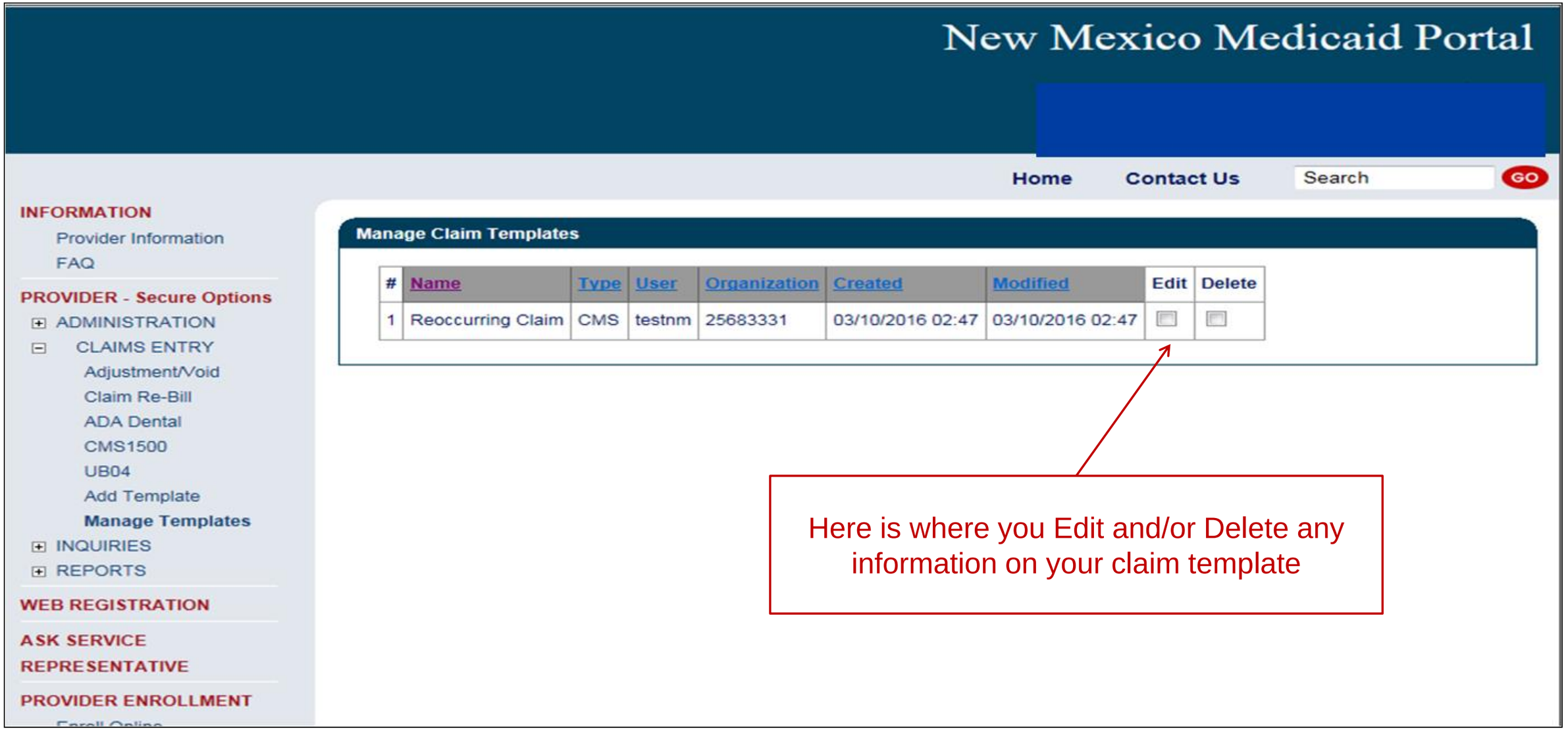
Summary

* 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 Claim Forms

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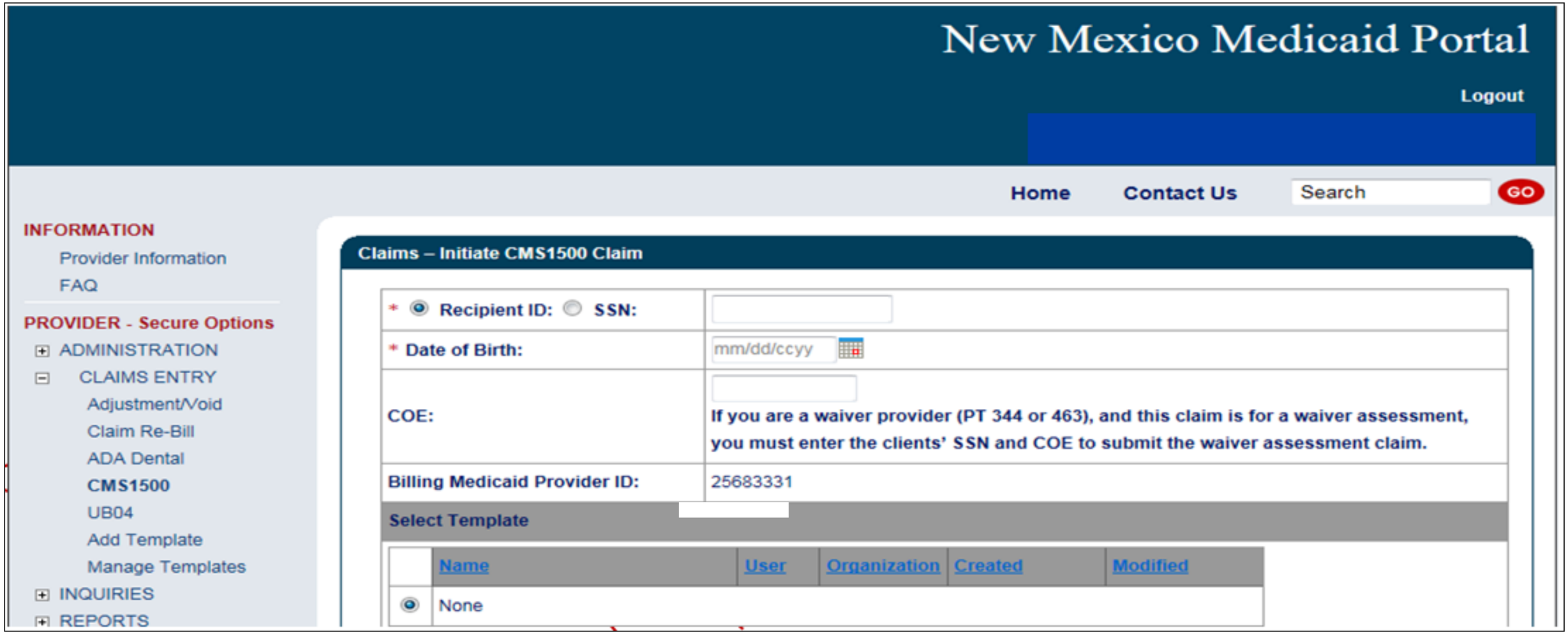
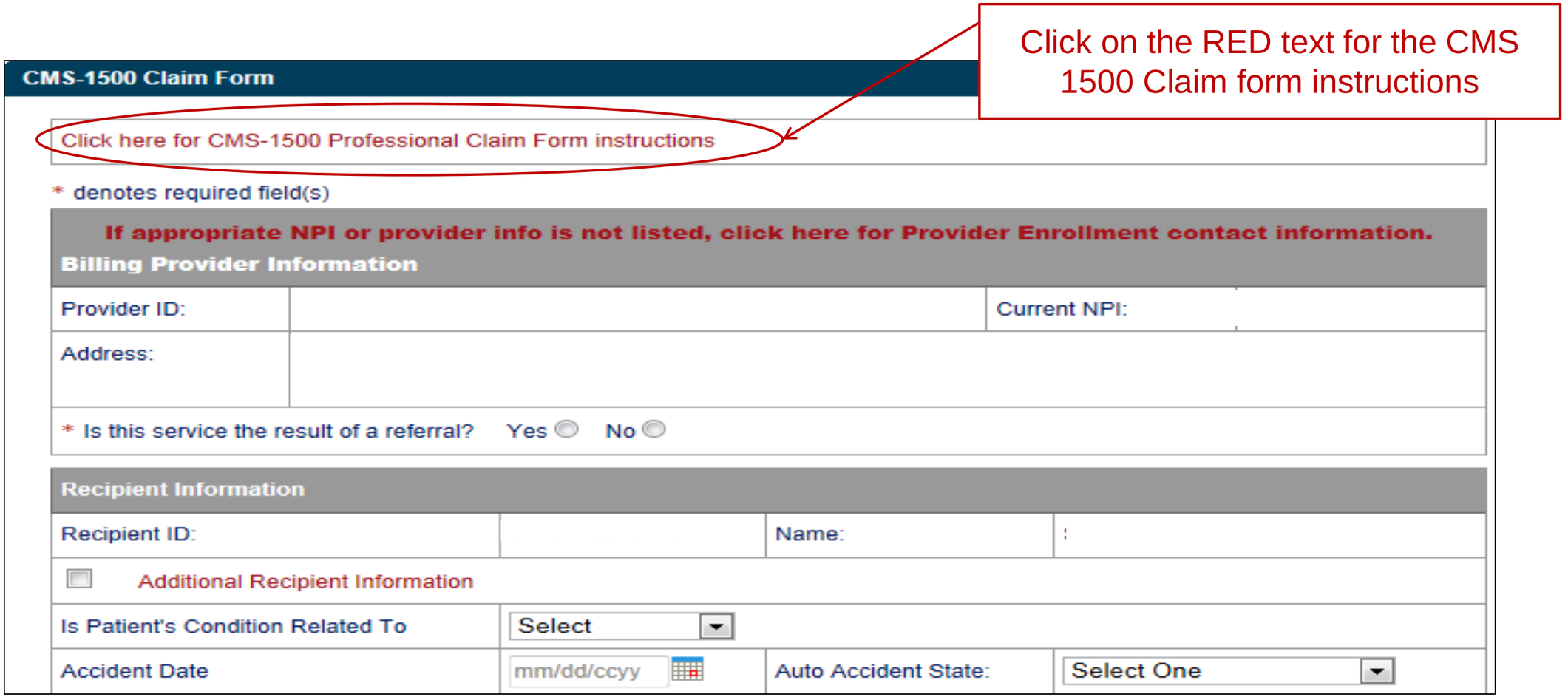
Online Claims Entry

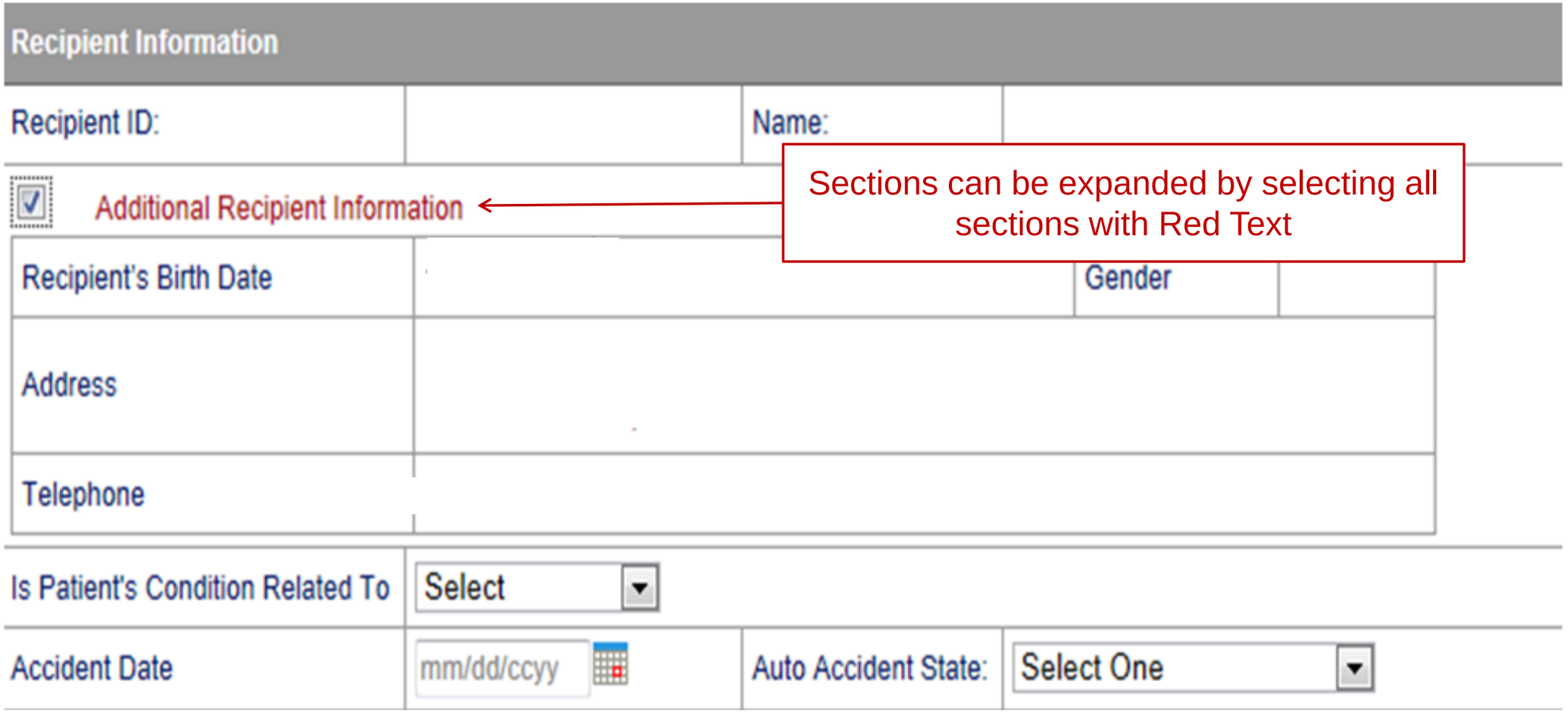


Fields with Red asterisks (*) are required information

Online Claims Entry Primary Claim *Continued*

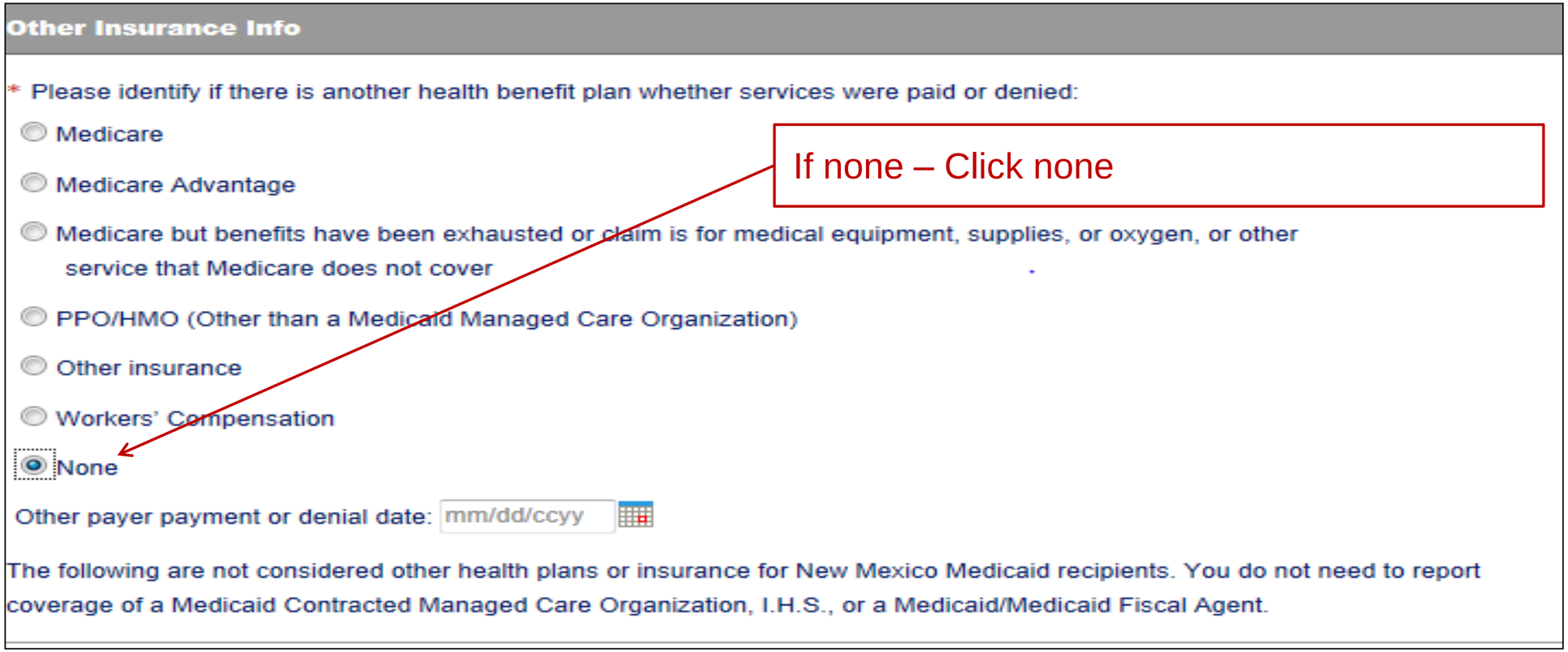


Additional Recipient Information Option

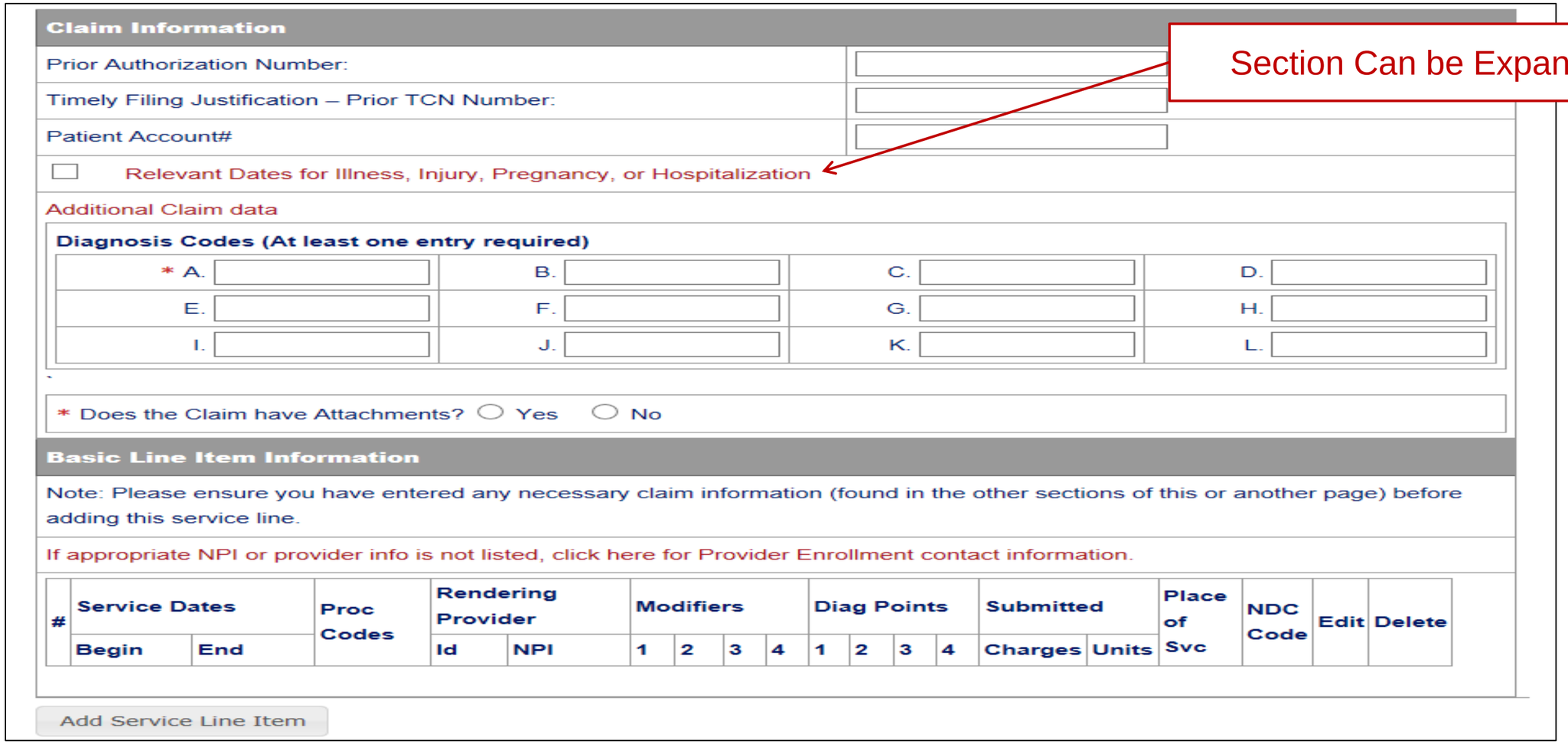


Select "Additional Recipient Information" if Patient Condition information is needed to process claim.

Medicaid Primary Claim Forms



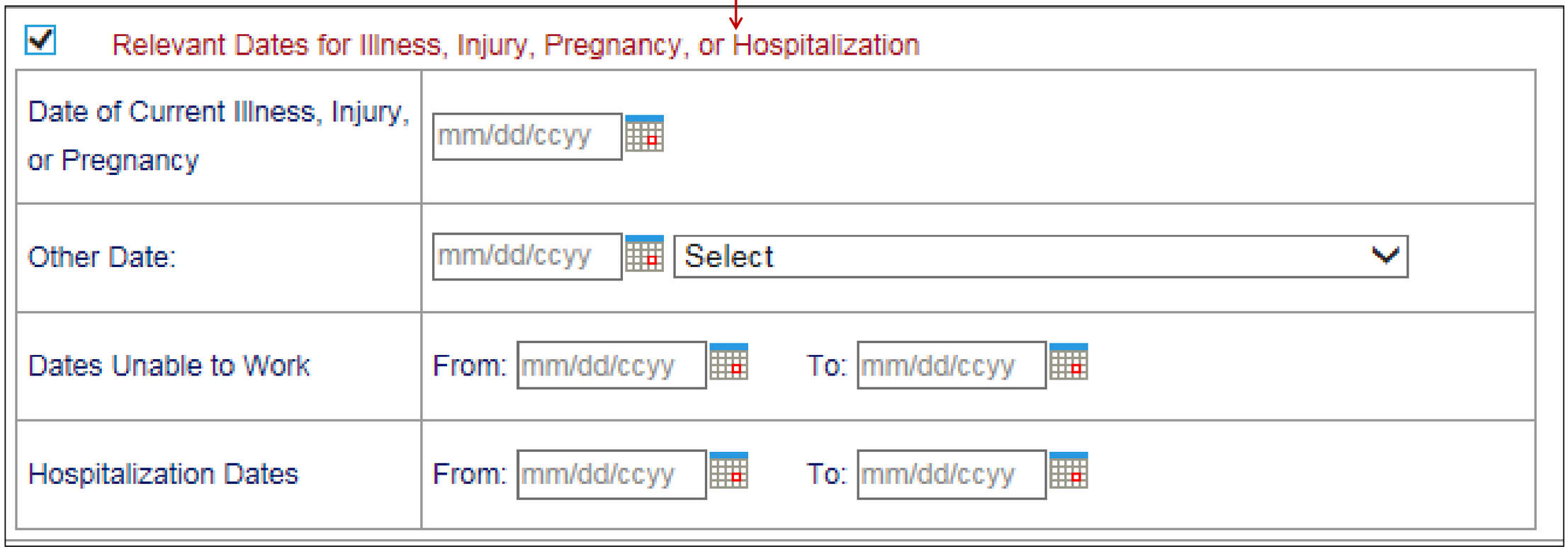
Claims Information



Section Can be Expanded by Clicking H

Claims Information – Relevant Dates

Expanded “Relevant Dates” Section



Claims Information – Attachments

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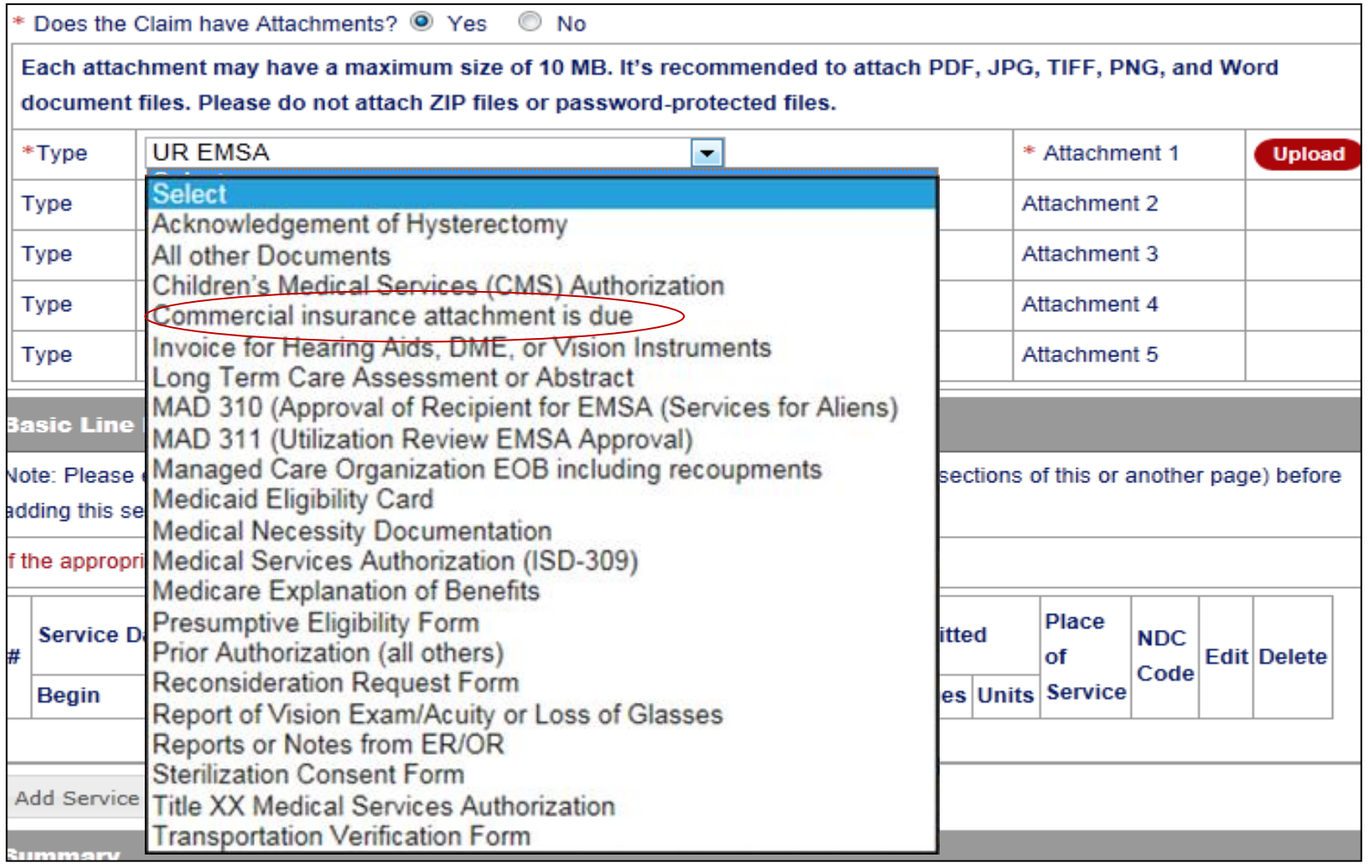
* Does the Claim have Attachments? (•) Yes ( ) No

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.

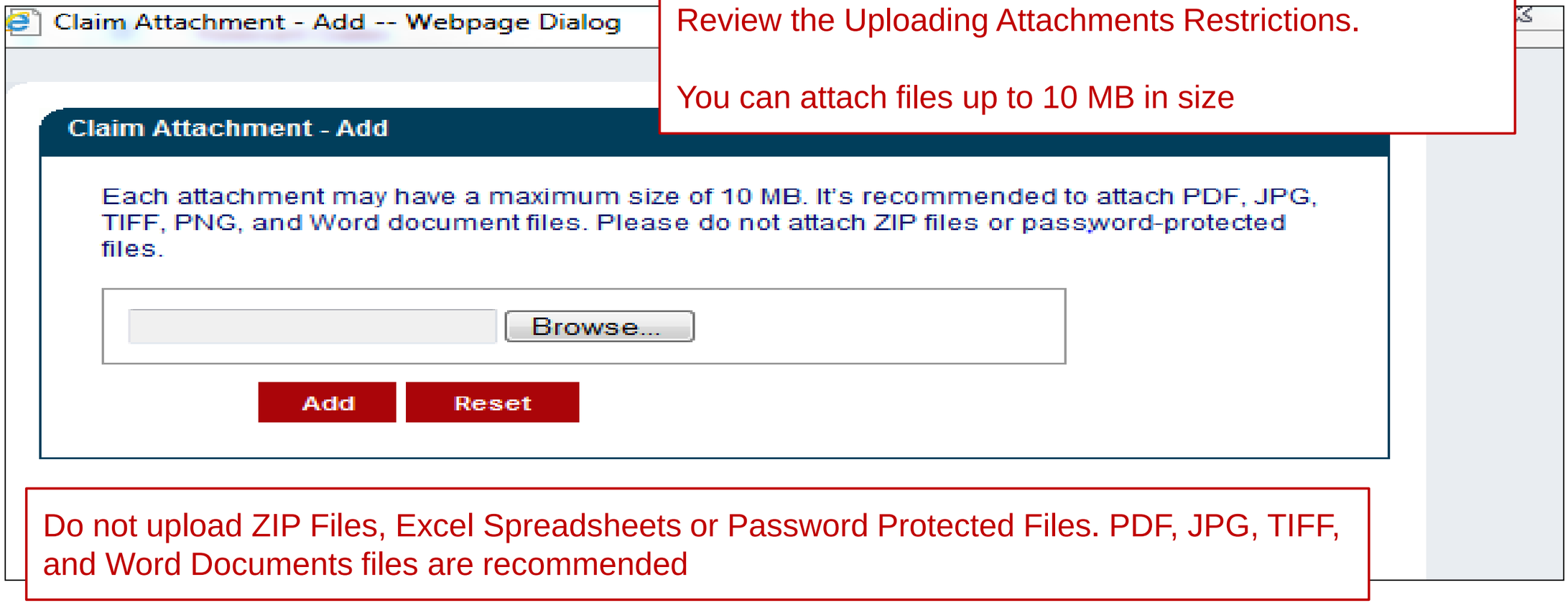
*Type	Select	* Attachment 1	
Type	Select	Attachment 2	
Type	Select	Attachment 3	
Type	Select	Attachment 4	
Type	Select	Attachment 5	

Claims Information – Attachments



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

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.

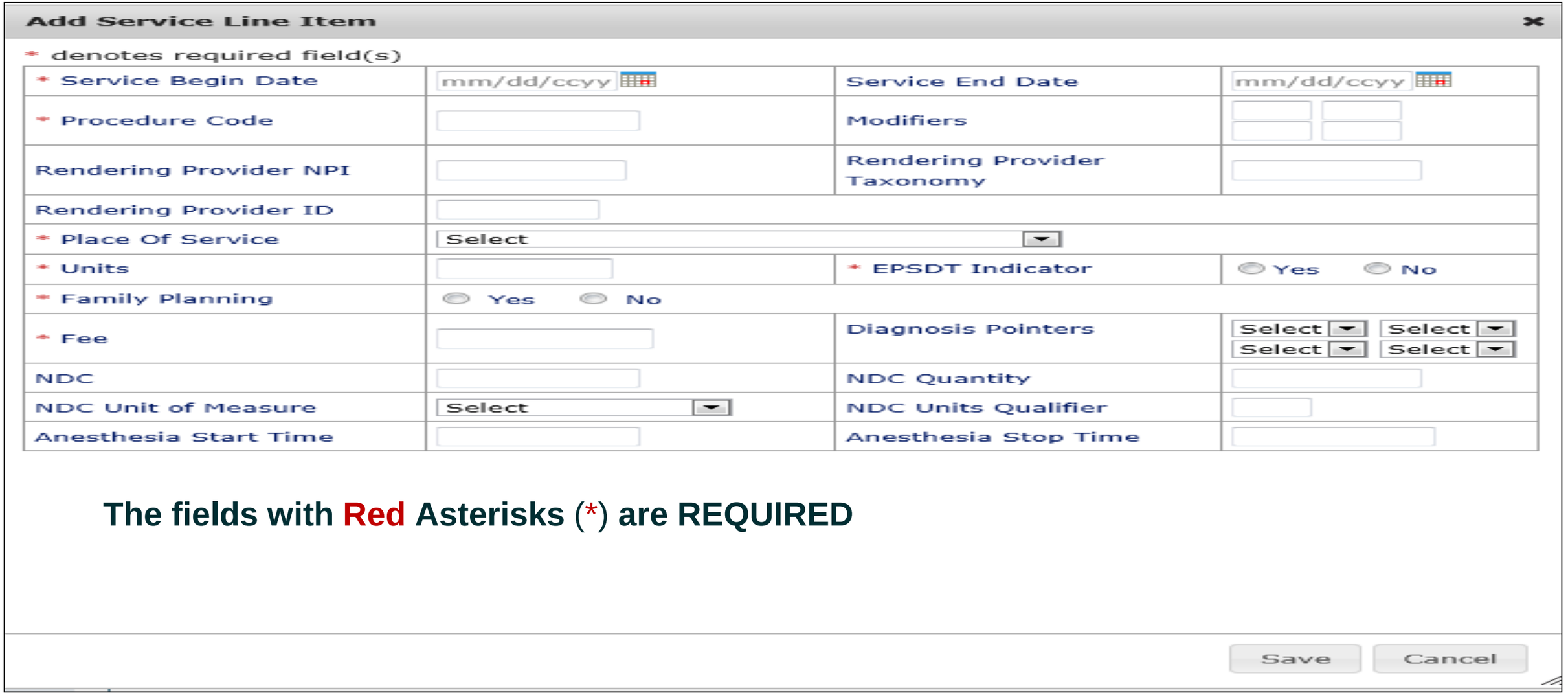
If the appropriate NPI is not listed, please contact Provider Enrollment.

#	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

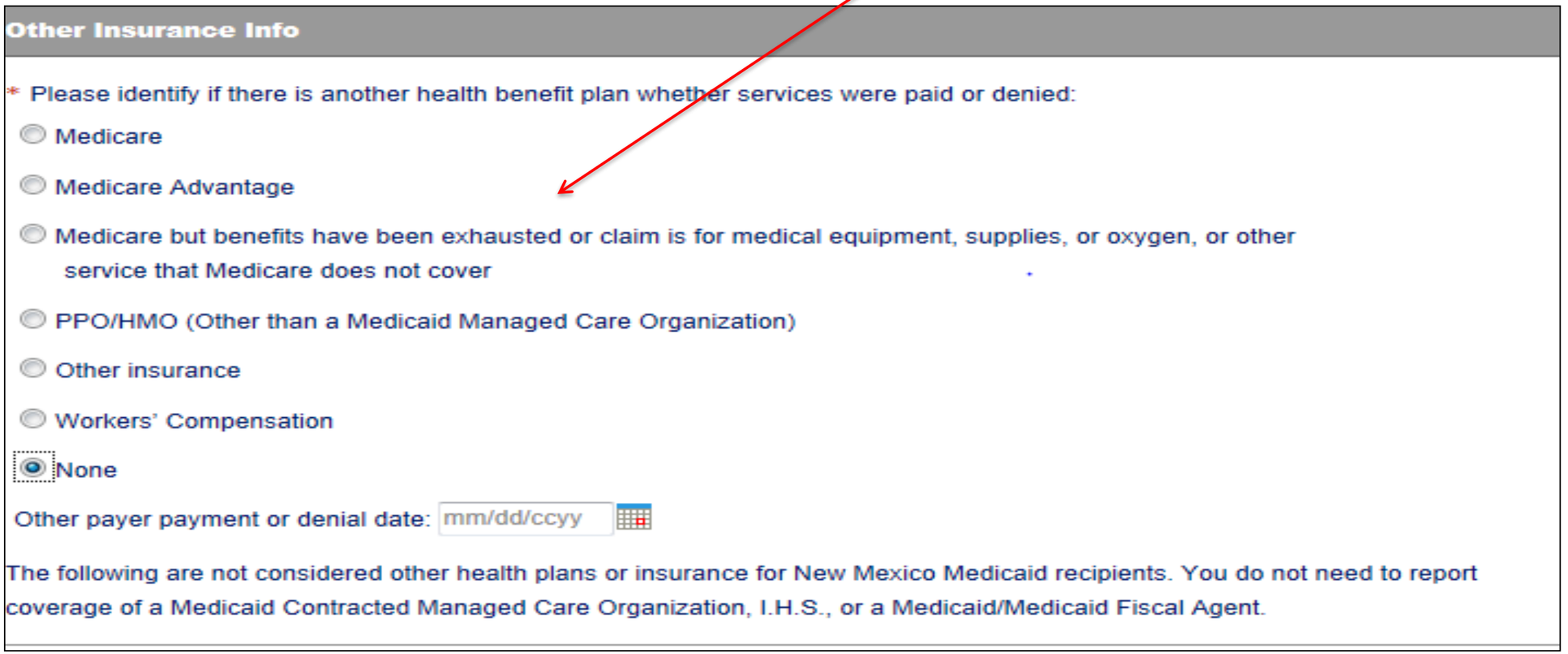
Adding Additional Line Item Information



The fields with Red Asterisks (*) are REQUIRED

Medicaid Primary Claim Forms

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



What questions do you have?

If you have question or need support you can:

- Email:
- NM.Providers@state.nm.us (General Questions)
- HIPAA.desknm@state.nm.us (HIPPA Specific)

- Call **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 NM.Providers@state.nm.us with your feedback, comments and suggestions.

Resources

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