Online Claims Entry UB-04

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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 Consolidated Customer Service Center (CCSC) Helpdesk for further assistance at 1-800-299-7304 or by email at HIPAA.desknm@state.nm.us

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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?

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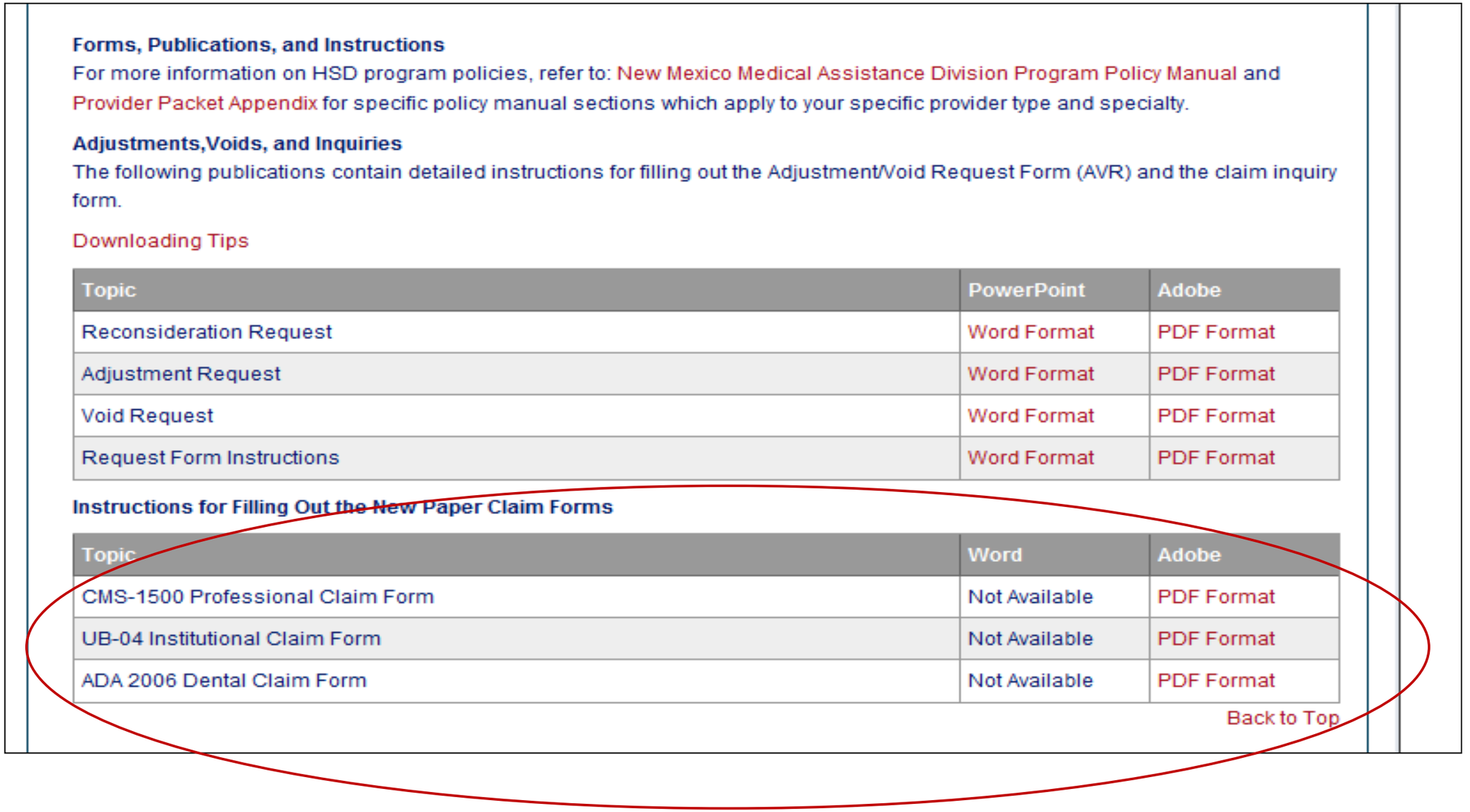
Scroll down



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

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

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

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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

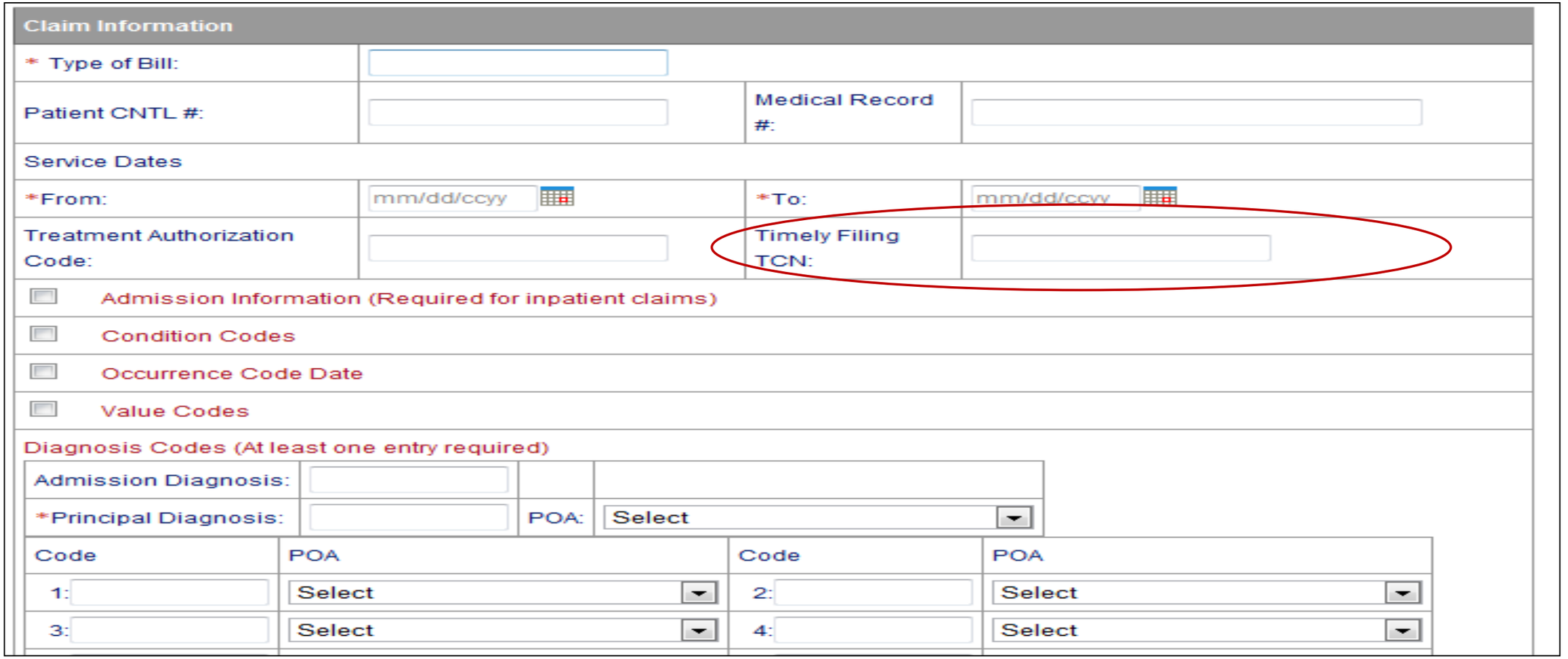
- The rule can also be accessed via: http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx

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

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



New Hospital Outpatient Payment Method

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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

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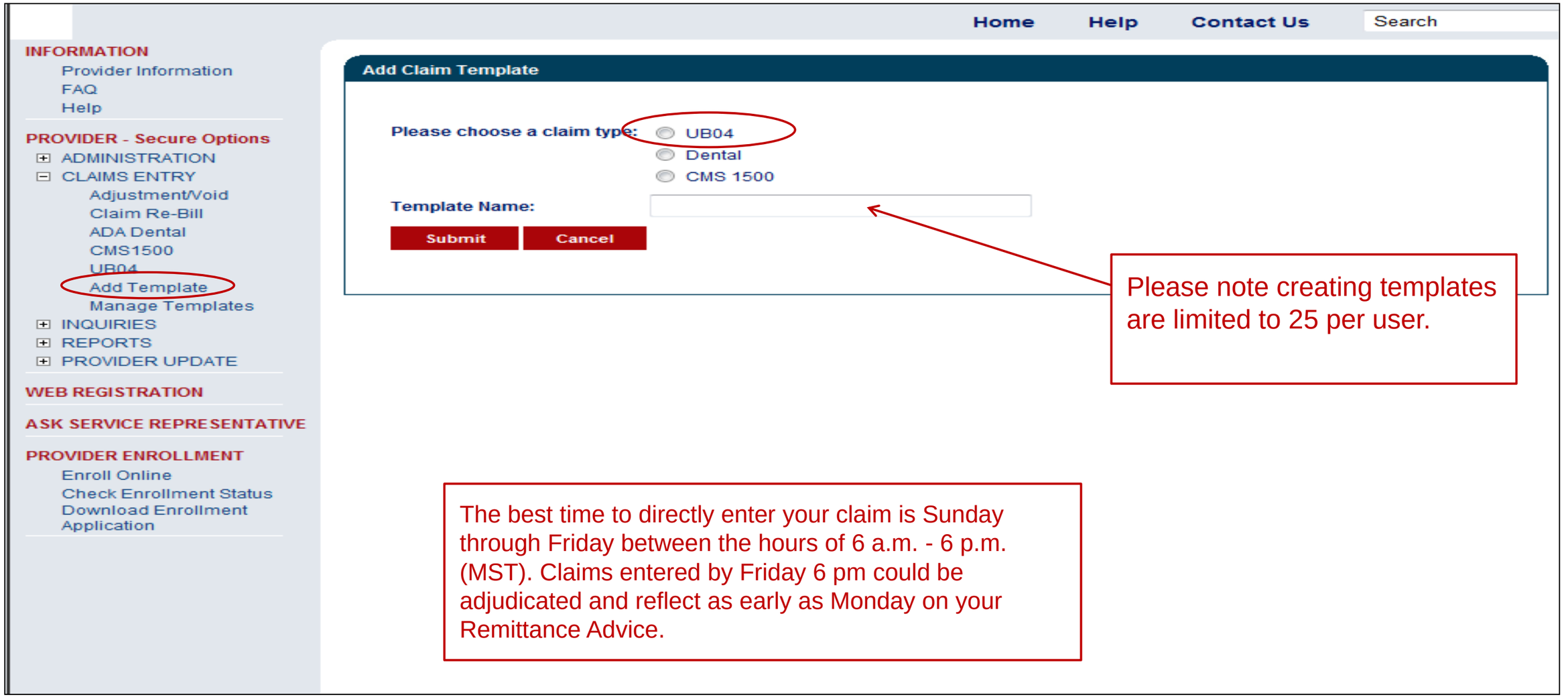
UB-04 Add Claim Template



UB-04 Add Claim Template

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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		Current NPI	

☐ Additional Attending Information

Operating Provider

Medicaid Provider ID		Current NPI	

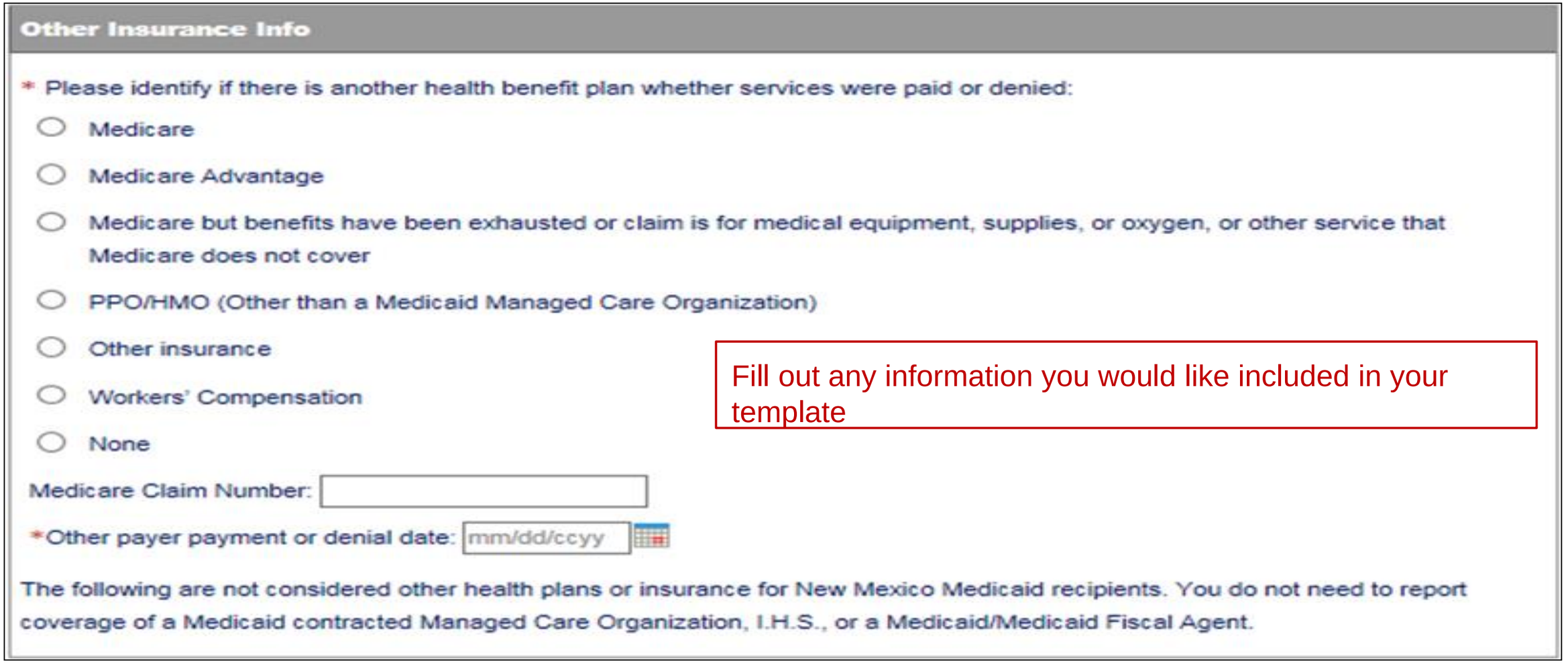
☐ Additional Operating Information

Other Provider

Medicaid Provider ID		Current NPI*	

☐ Additional Other Information

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: [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.

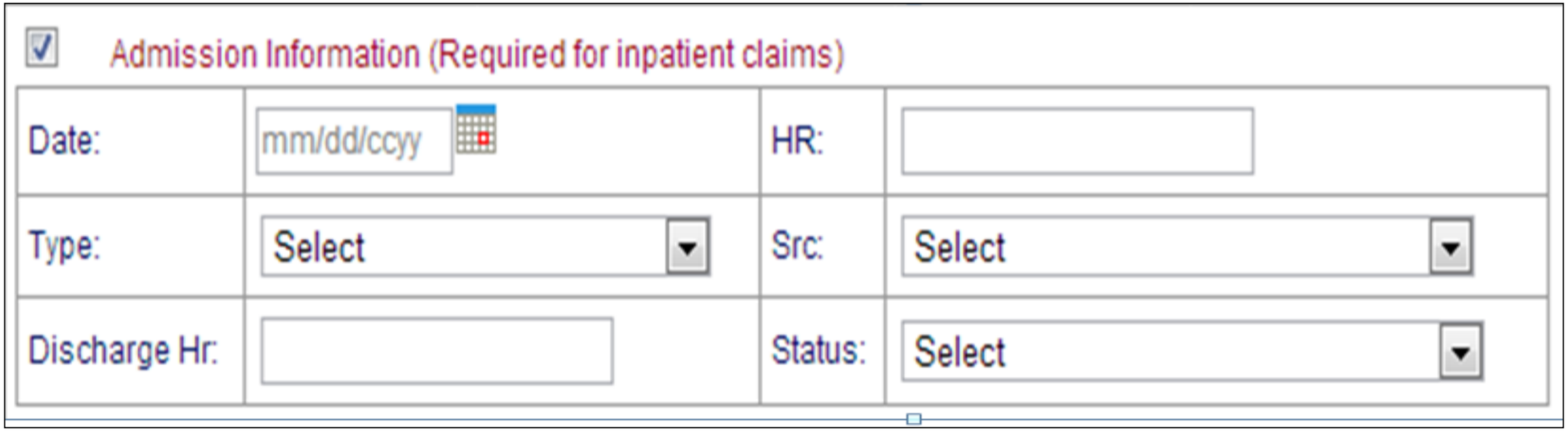
Fill out any information you would like included in your template

UB-04 Add Claim Template

Claim Information			
* Type of Bill:			
Patient CNTL #:		Medical Record #:	
Service Dates			
*From:	mm/dd/ccyy	*To:	mm/dd/ccyy
Treatment Authorization Code:		Timely Filing TCN:	
☐ Admission Information (Required for inpatient claims)			
☐ Condition Codes			
☐ Occurrence Code Date			
☐ Value Codes			

Fill out any information you would like included in your template

UB-04 Add Claim Template

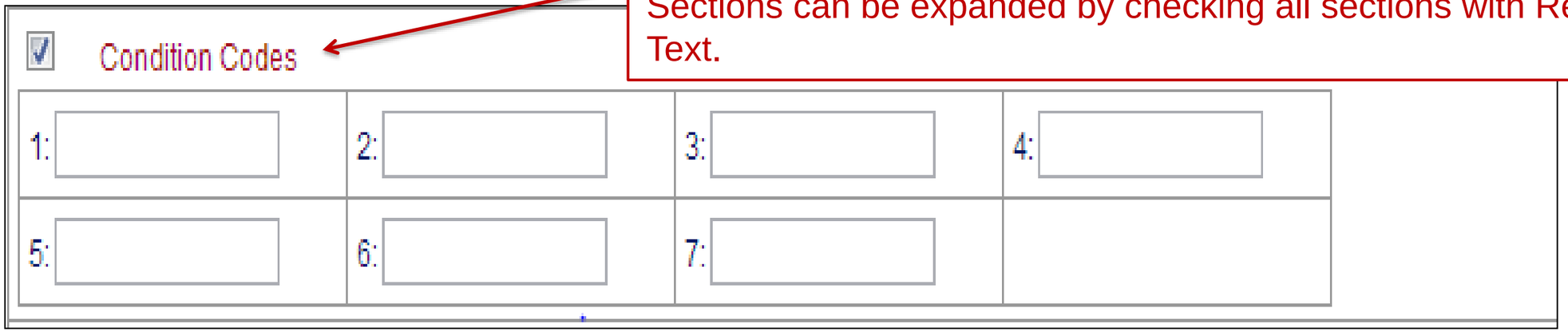


Fill out any information you would like included in your template.

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



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.

☑ Occurrence Code Date

Code	Date		
	mm/dd/ccyy		mm/dd/ccyy
	mm/dd/ccyy		mm/dd/ccyy
	mm/dd/ccyy		mm/dd/ccyy
	mm/dd/ccyy		mm/dd/ccyy

Occurrence Spans

	Code	From Date	To Date
		mm/dd/ccyy	mm/dd/ccyy
		mm/dd/ccyy	mm/dd/ccyy

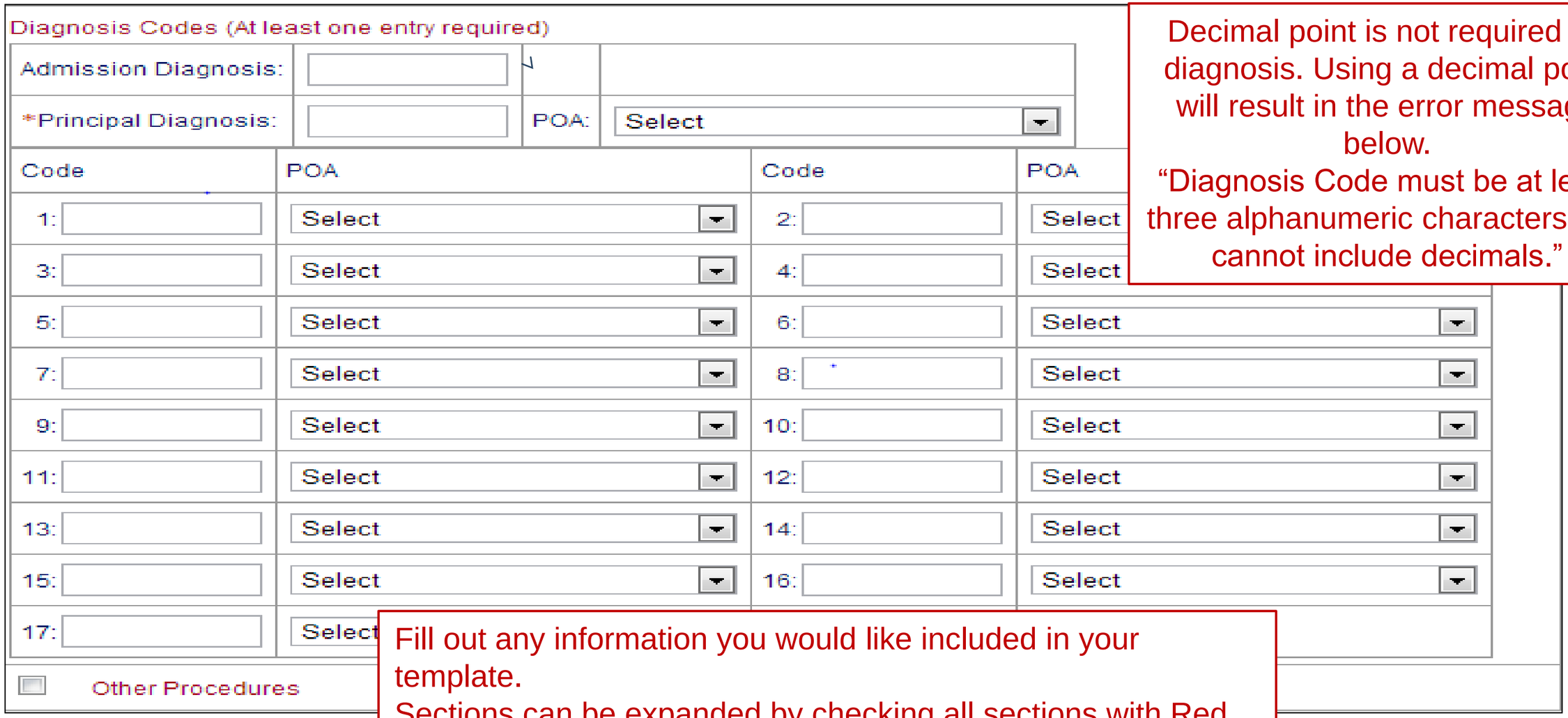
UB-04 Add Claim Template

Value Codes

Code	Amount $	Code	Amount $

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

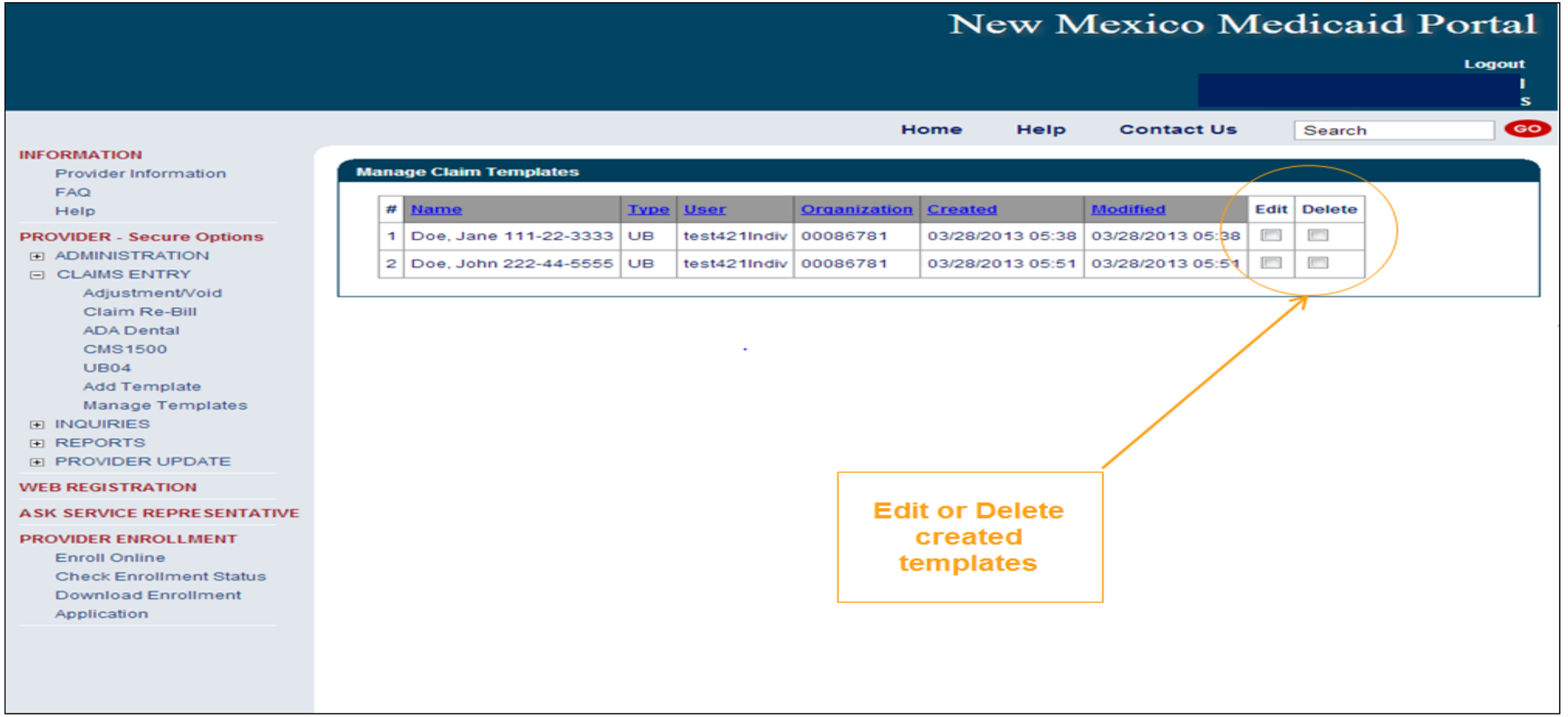
UB-04 Add Claim Template



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



Medicaid Primary Web Portal Claim Submission

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Online Claims Entry

Online Claims Entry Primary Claim *Continued*

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

UB04 Form Template

* 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	

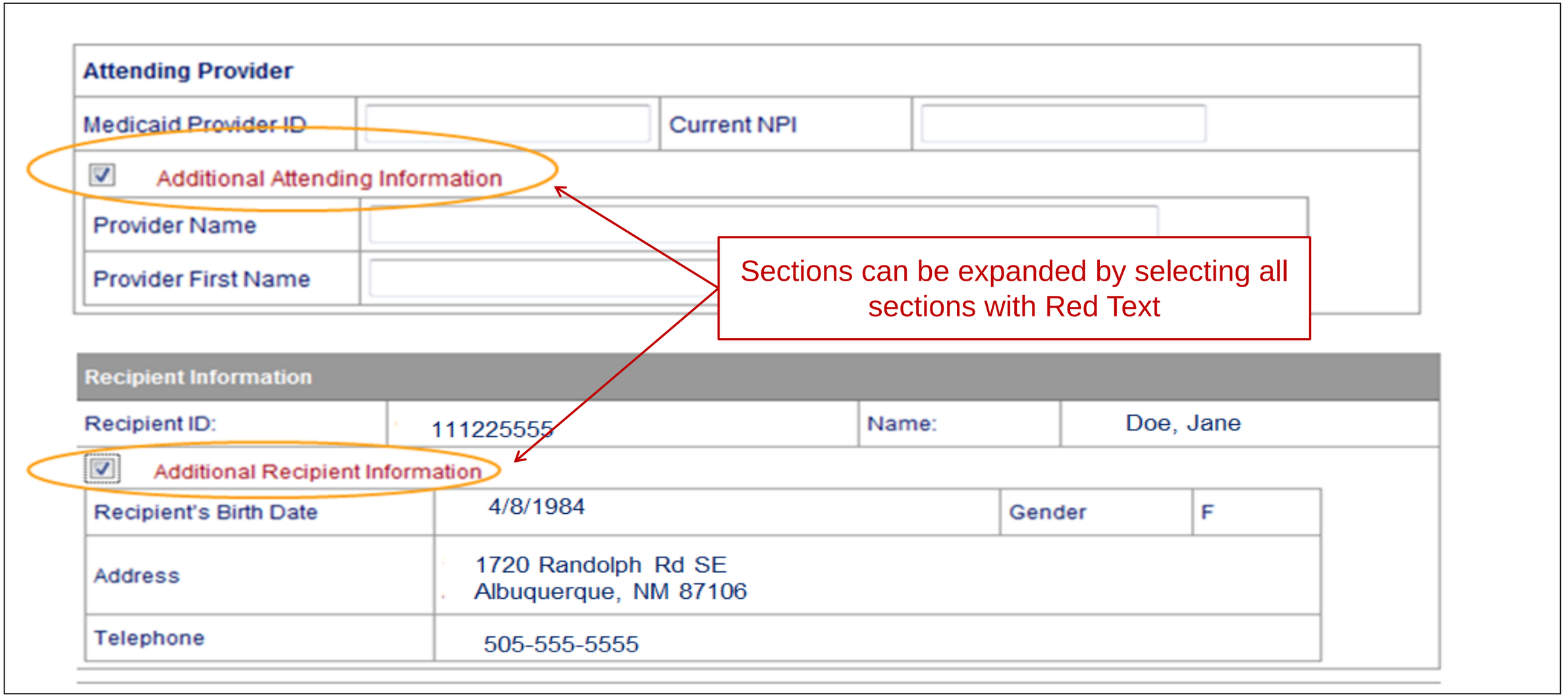
☐ Additional Operating Information

Other Provider

Medicaid Provider ID		Current NPI*	

☐ Additional Other Information

Additional Information Option



Online Claims Entry Primary Claim *Continued*

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Recipient Information

Recipient ID:	111225555	Name:	DOE, JANE

☑ 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:

- ○ 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

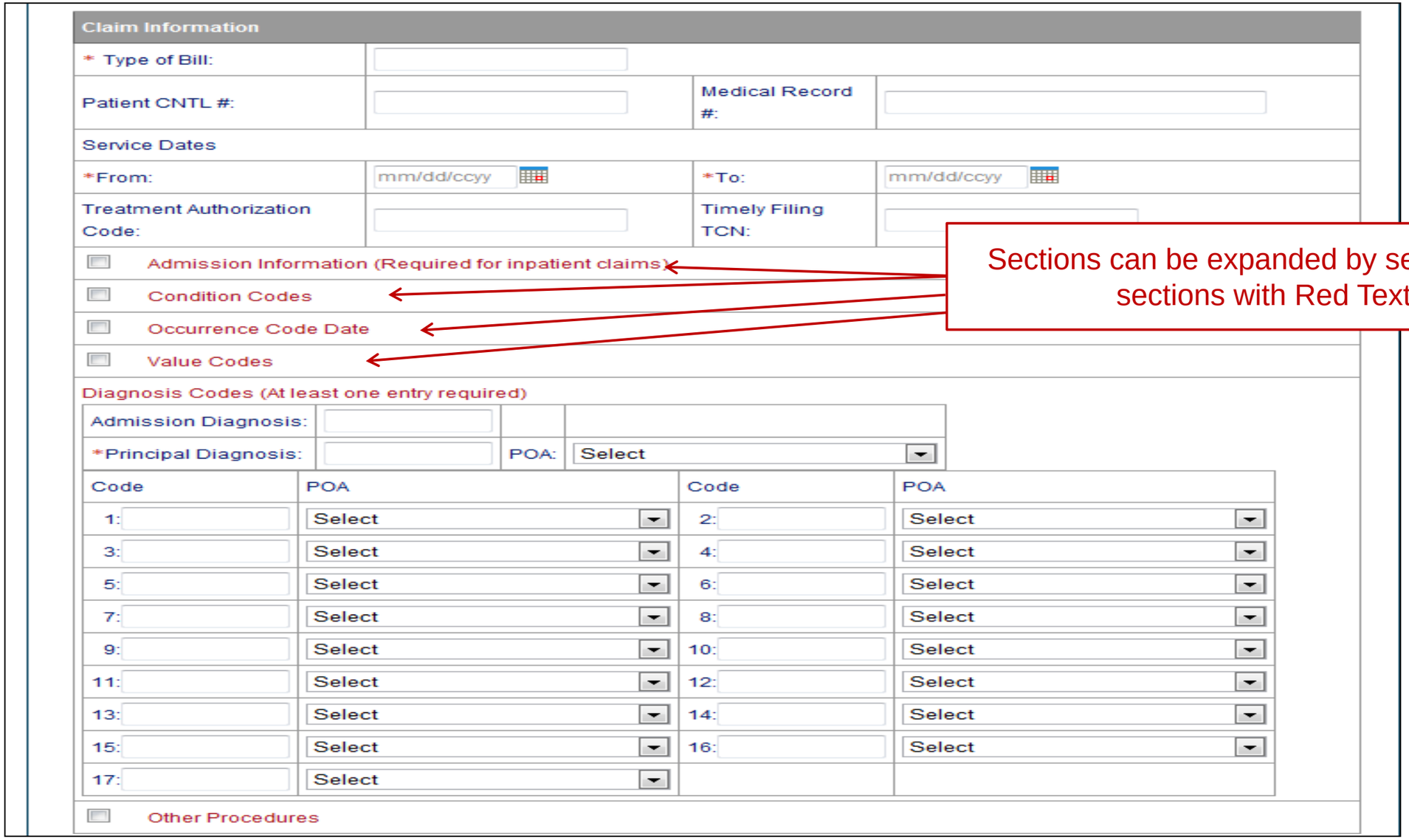
Select "None" since no other insurance is involved.

Medicare Claim Number:

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

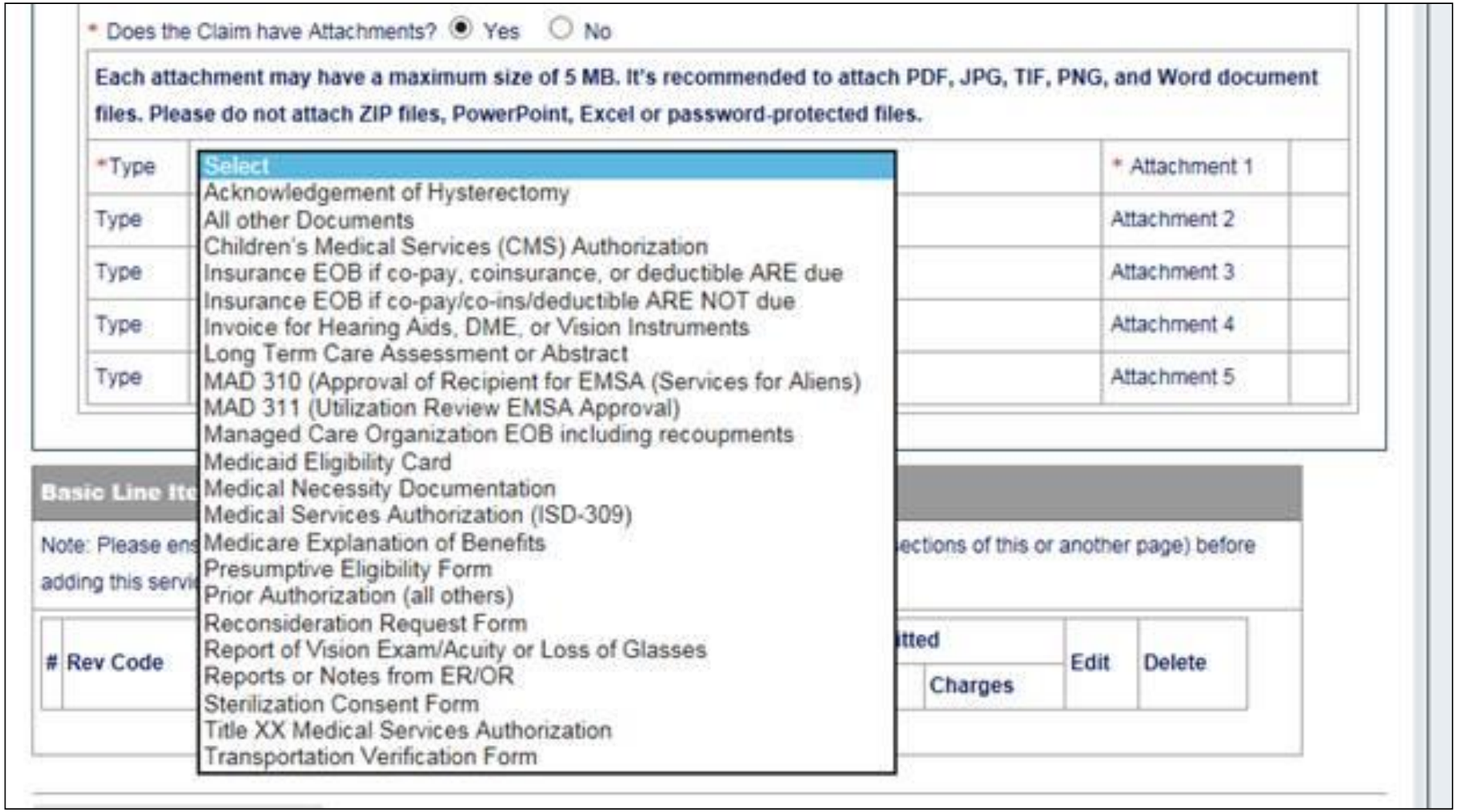
The following are not considered other health plans or insurance for New Mexico Medicaid recipients. You do not need to report coverage of a Medicaid contracted Managed Care Organization, I.H.S., or a Medicaid/Medicaid Fiscal Agent.

Online Claims Entry Primary Claim *Continued*



Sections can be expanded by selecting all sections with Red Text

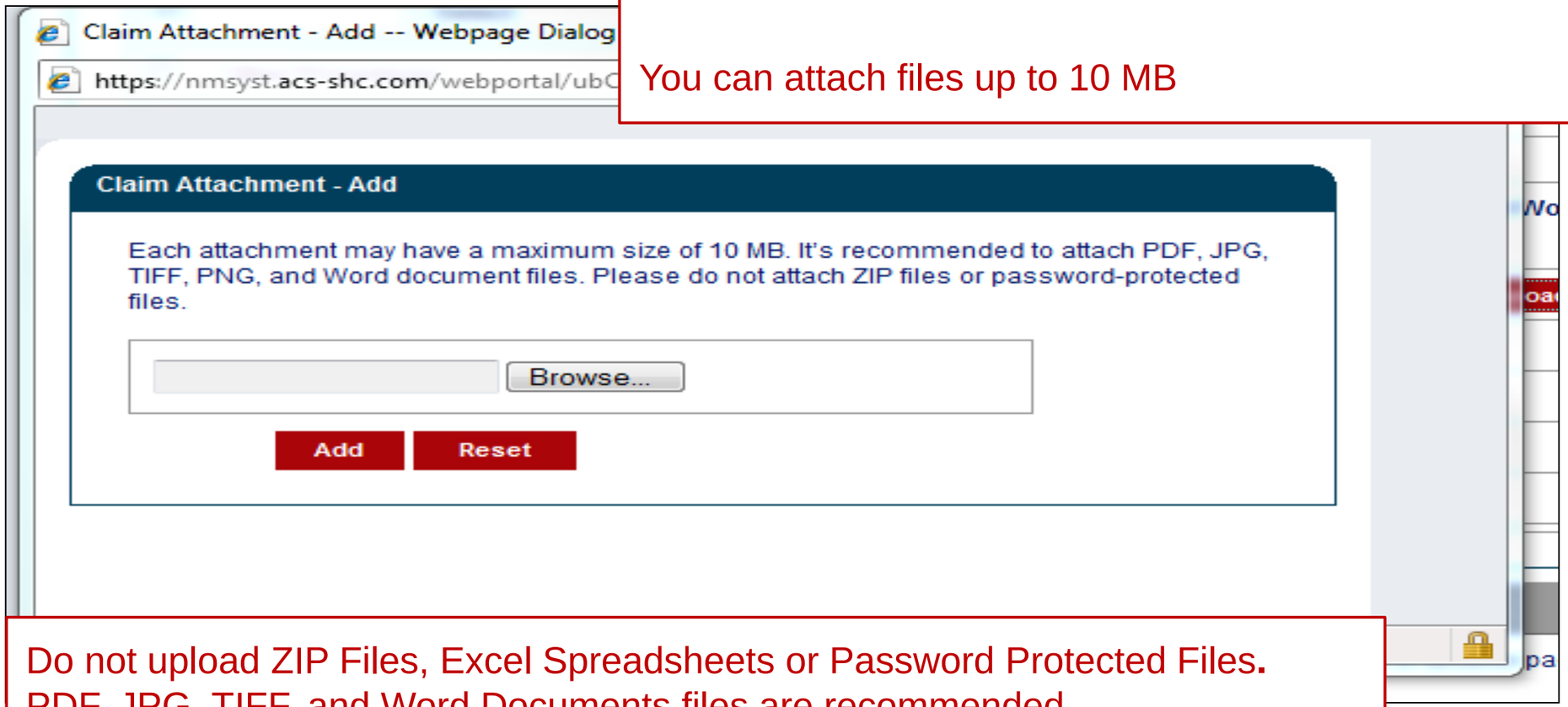
Online Claims Entry -- Attachments



Online Claims Entry Primary Claim *Continued*

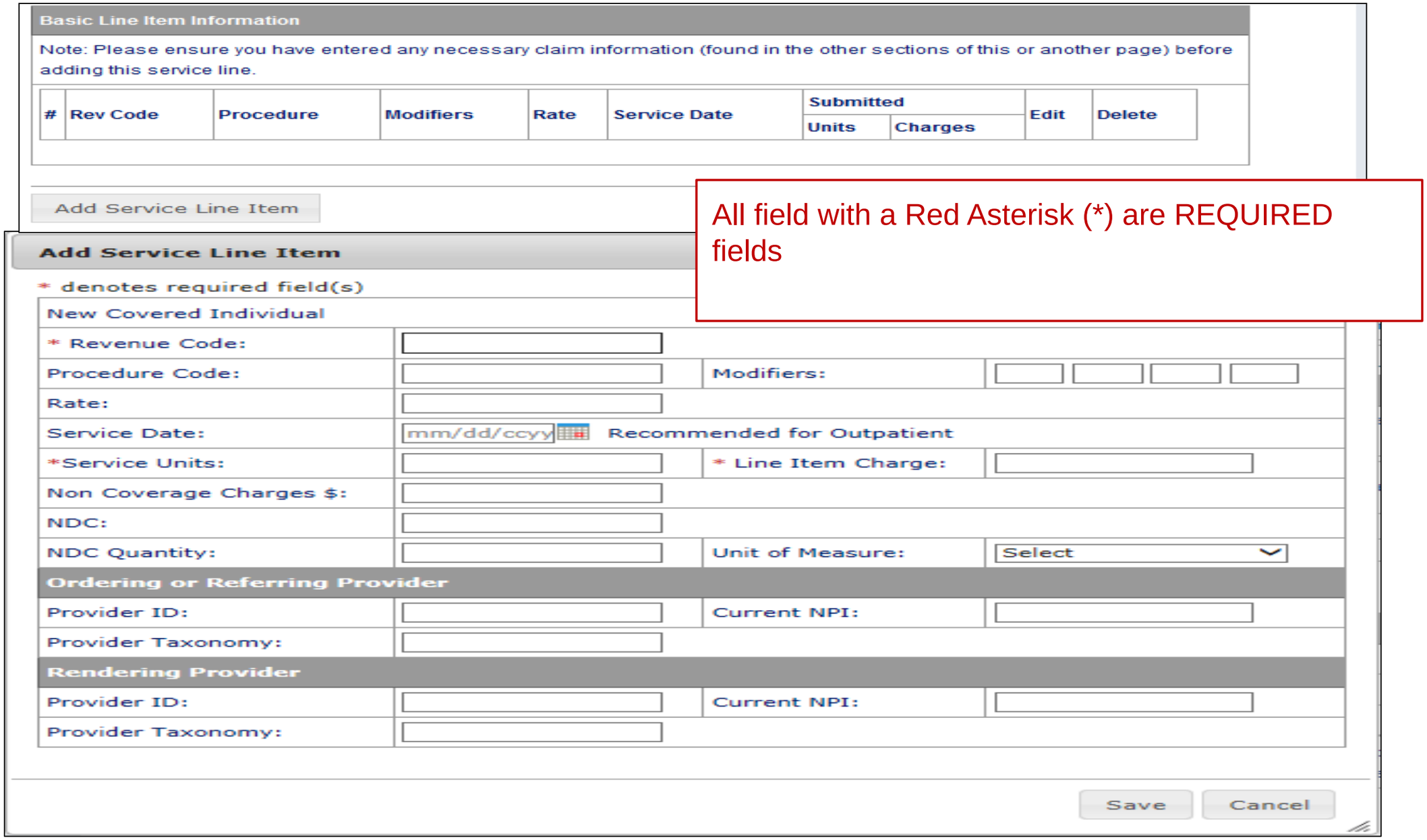
Review the Uploading Attachments Restrictions.

You can attach files up to 10 MB



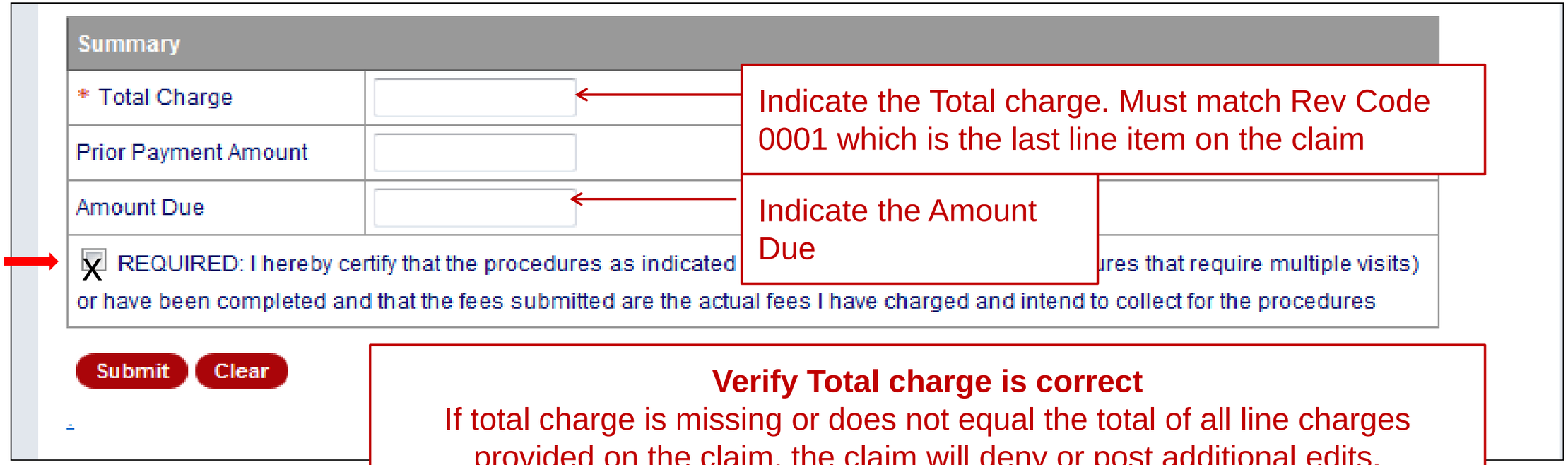
Do not upload ZIP Files, Excel Spreadsheets or Password Protected Files.
PDF, JPG, TIFF, and Word Documents files are recommended

Online Claims Entry Primary Claim *Continued*



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

Online Claims Entry Primary Claim *Continued*



TPL, HMO and PPO Web Portal Claim Submission

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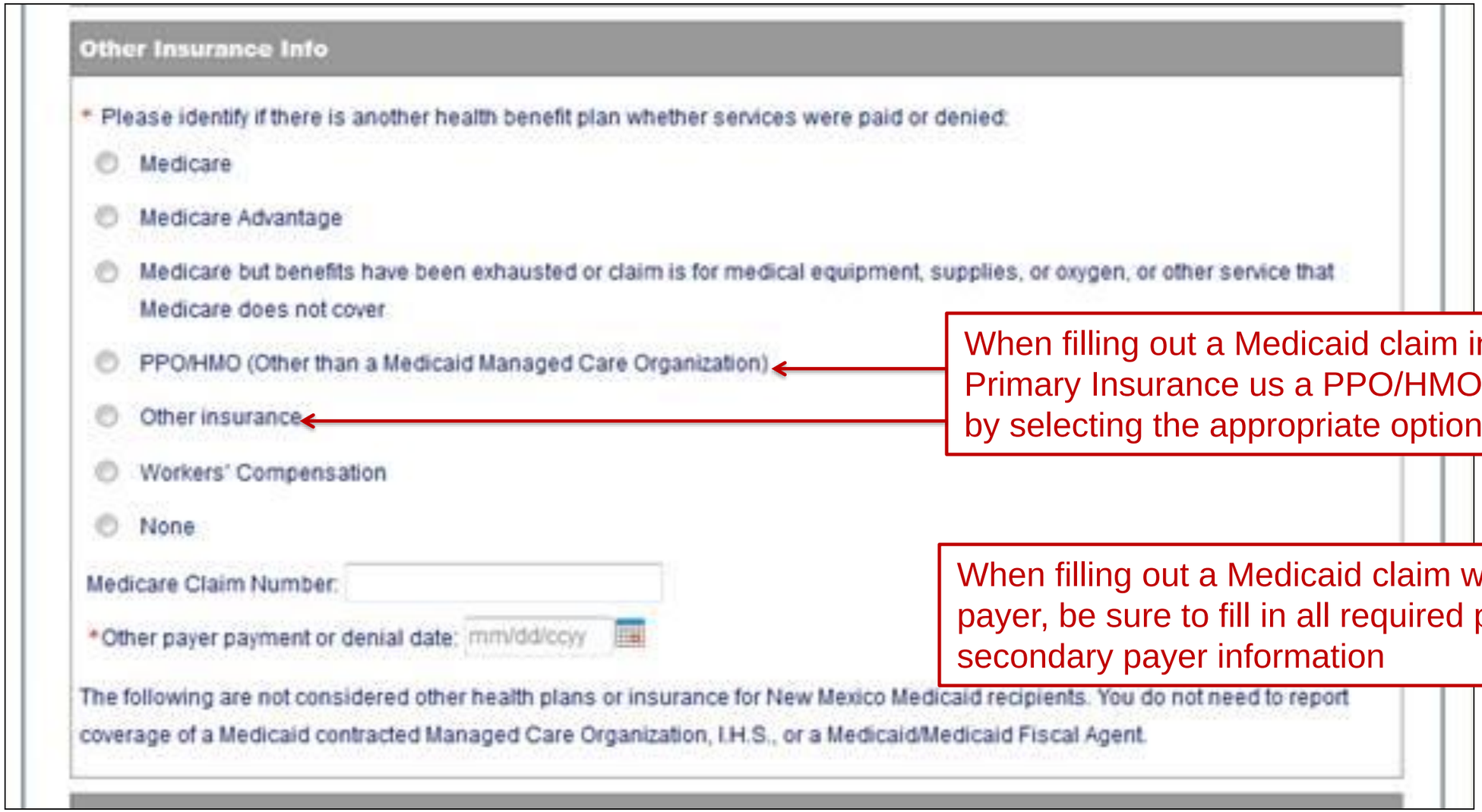
Third Party Liability (TPL) Tips

- 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.

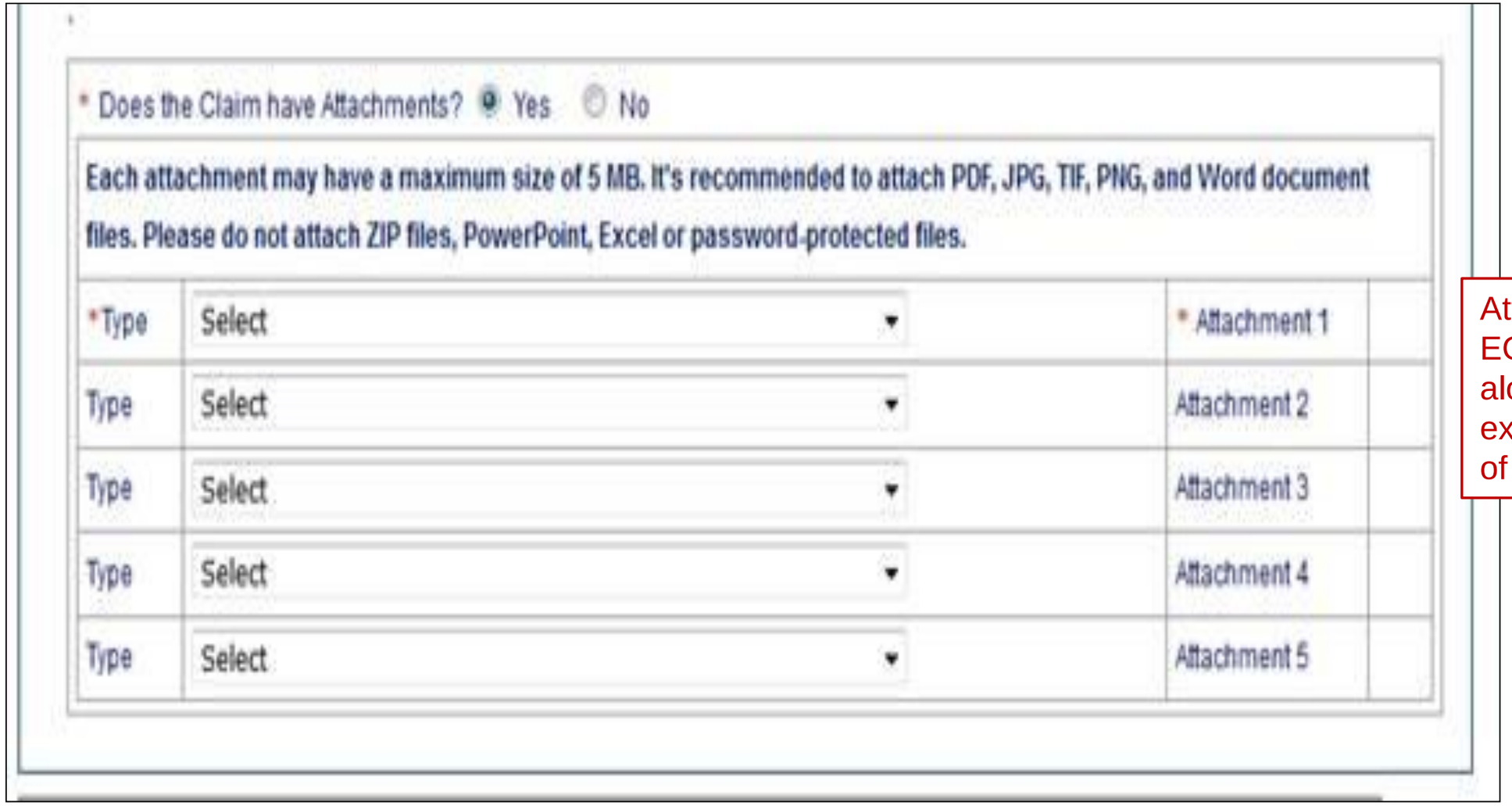
TPL, HMO, and PPO Web Portal Claim Submission



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

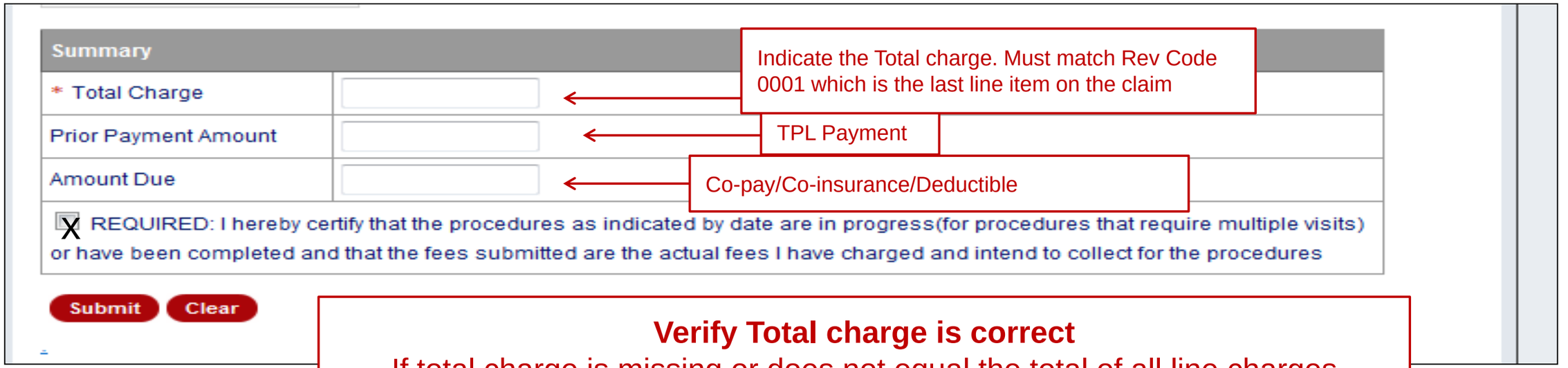
When filling out a Medicaid claim where TPL is primary payer, be sure to fill in all required primary and secondary payer information

Claims Information – Attachments



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

Medicaid TPL Claim Example



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

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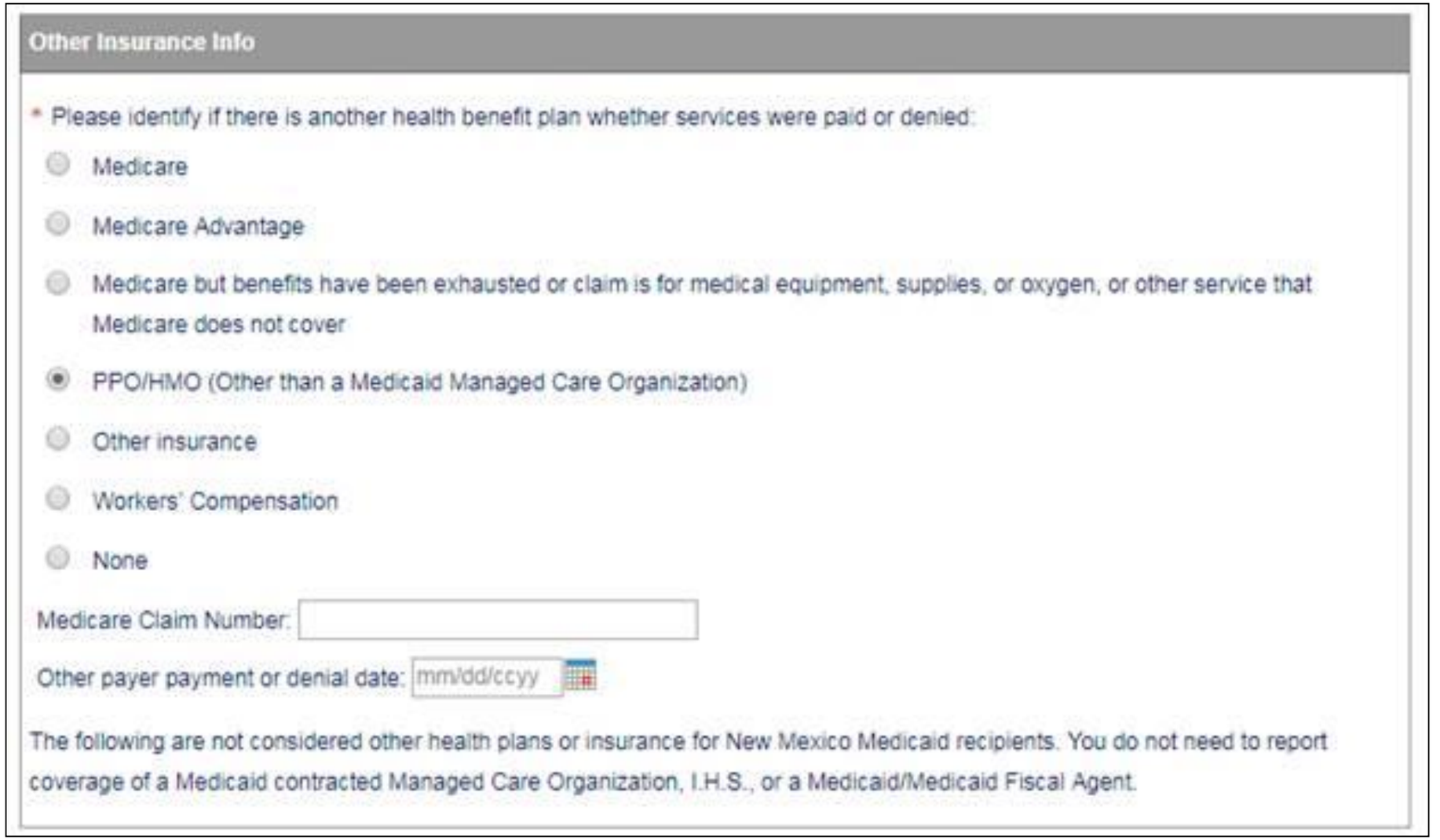
PPO/HMO Co-Pay Tips

- 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:

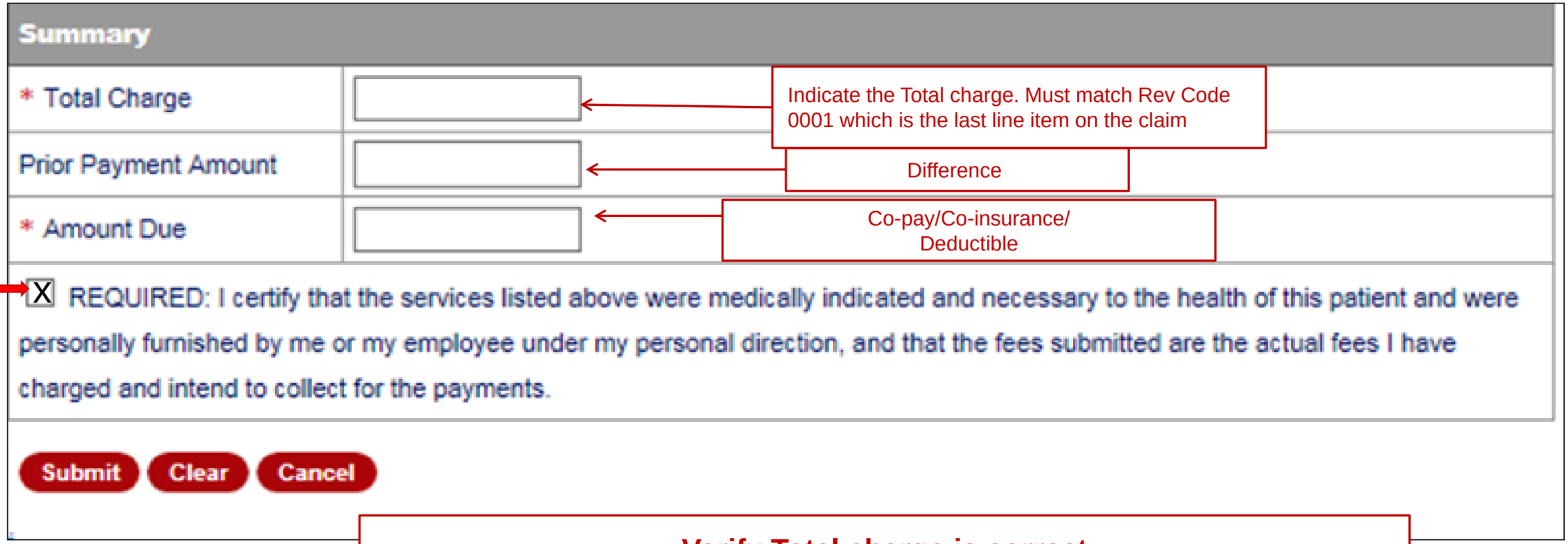
- ○ Medicare
- ○ Medicare Advantage
- ○ Medicare but benefits have been exhausted or claim is for medical equipment, supplies, or oxygen, or other service that Medicare does not cover
- ◉ PPO/HMO (Other than a Medicaid Managed Care Organization)
- ○ Other insurance
- ○ Workers' Compensation
- ○ None

Medicare Claim Number:

Other payer payment or denial date: 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.

PPO/HMO Co-pay Claim



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

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Medicare Replacement Plan

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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 Advantage" for Medicare Replacement Plan

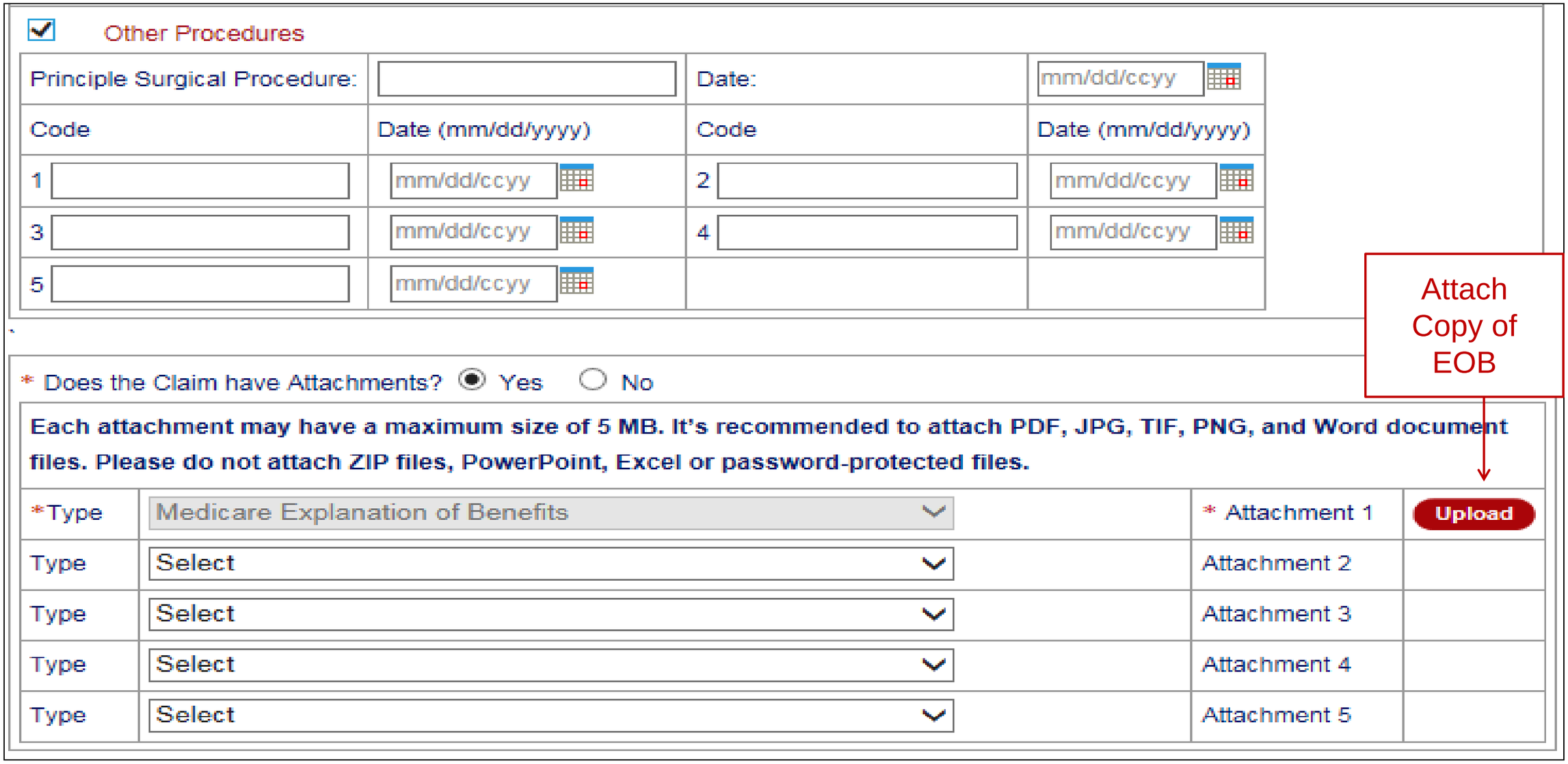
Medicare Claim Number: [ ]

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

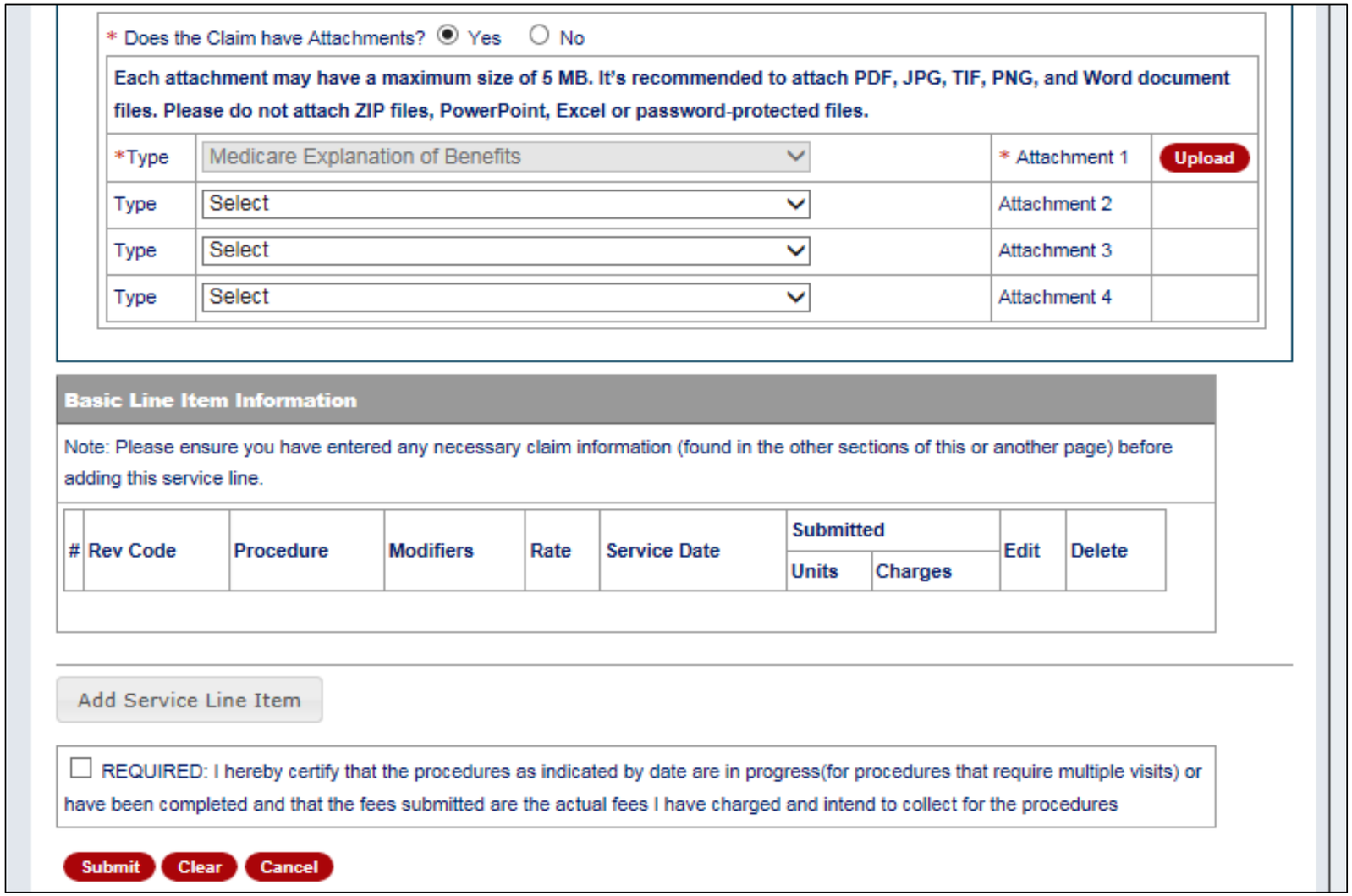
The following are not considered other health plans or insurance for New Mexico Medicaid recipients. You do not need to report coverage of a Medicaid contracted Managed Care Organization, I.H.S., or a Medicaid/Medicaid Fiscal Agent.

Co ins Amt:		Deductible:	
Copay:		*Prior Payer Allowed Amount:	
Psych Reduction Amount:		Prior Payer Paid Amount:	

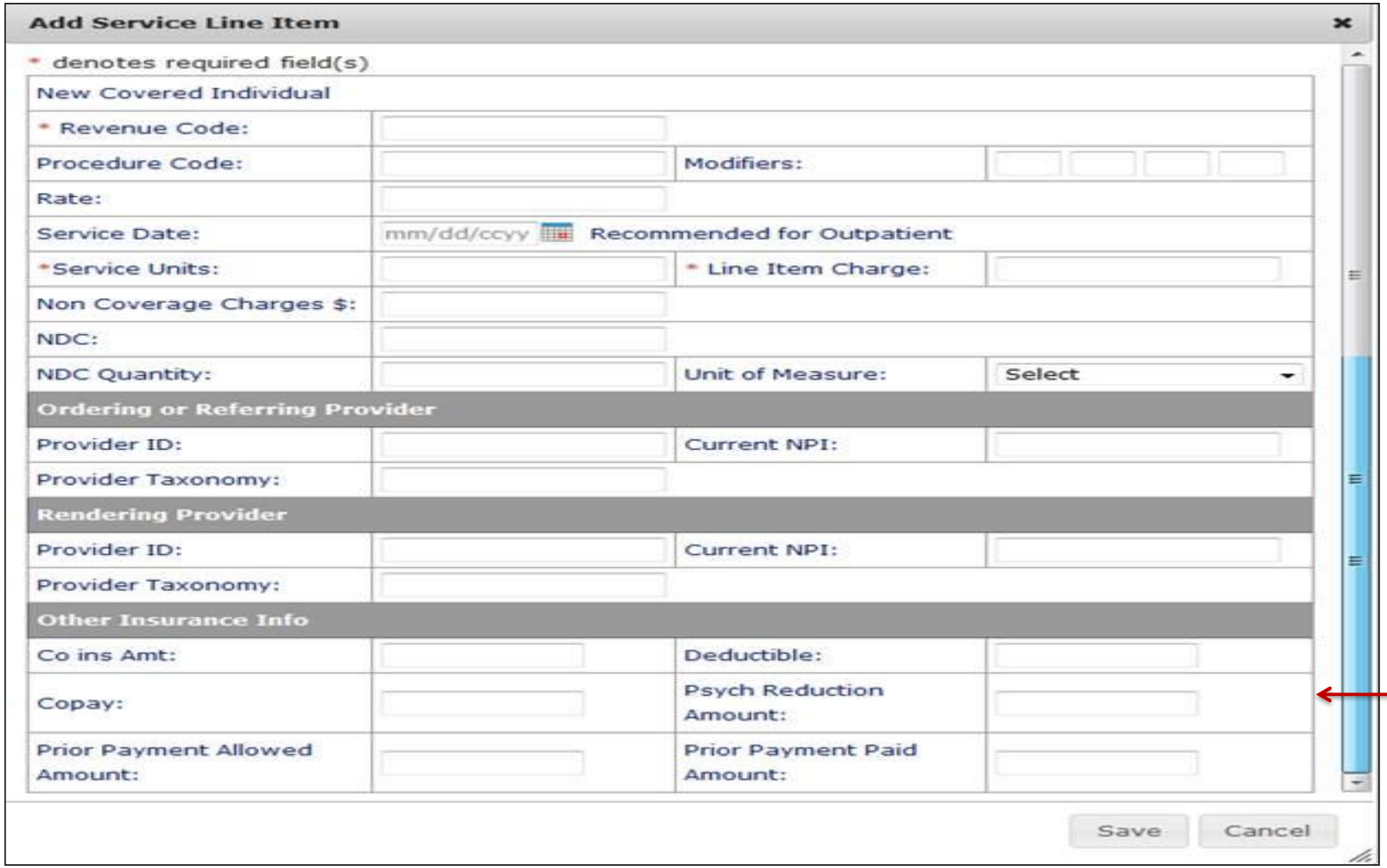
Medicare Replacement Plan



Medicare Replacement Plan



Medicare Replacement Plan



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

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" for Medicare Crossover submissions

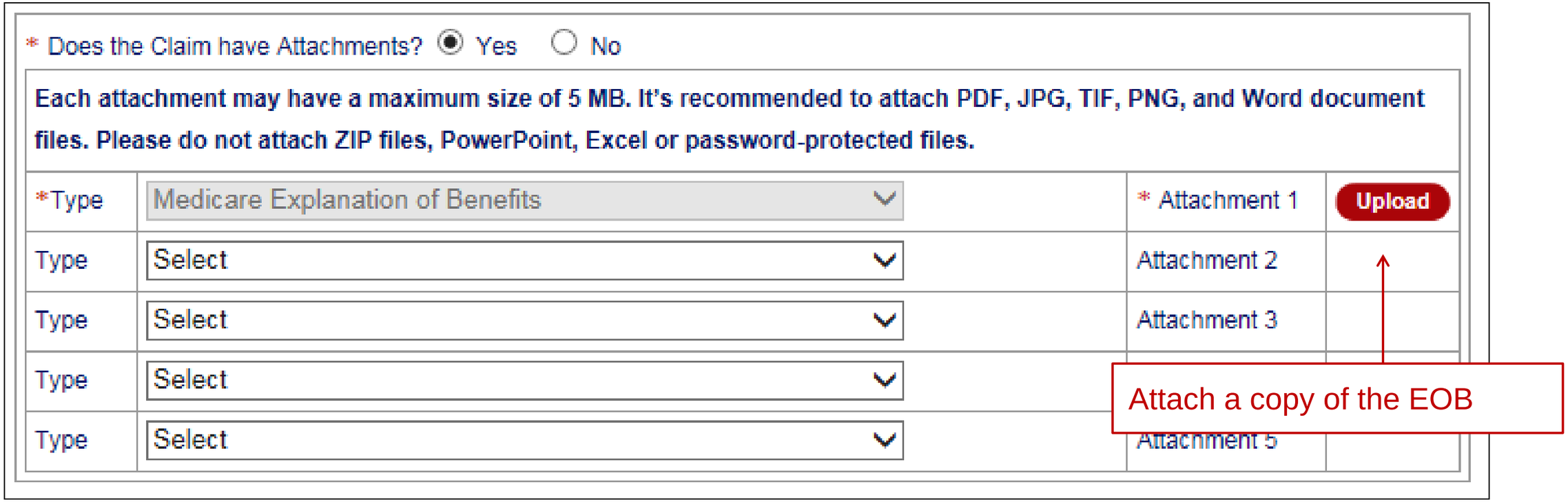
Medicare Claim Number: [ ]

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

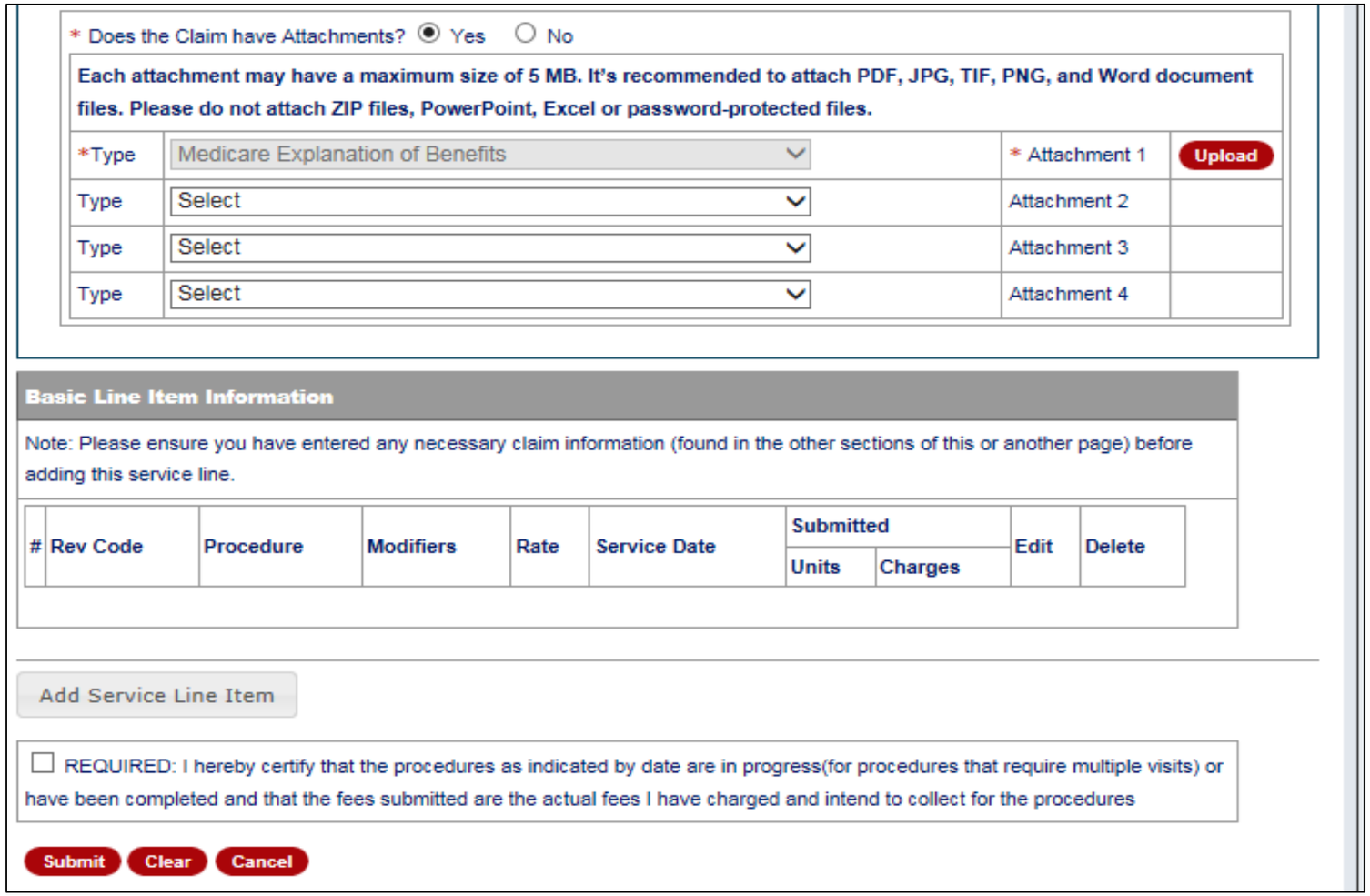
The following are not considered other health plans or insurance for New Mexico Medicaid recipients. You do not need to report coverage of a Medicaid contracted Managed Care Organization, I.H.S., or a Medicaid/Medicaid Fiscal Agent.

Co ins Amt:		Deductible:	
Copay:		*Prior Payer Allowed Amount:	
Psych Reduction Amount:		Prior Payer Paid Amount:	

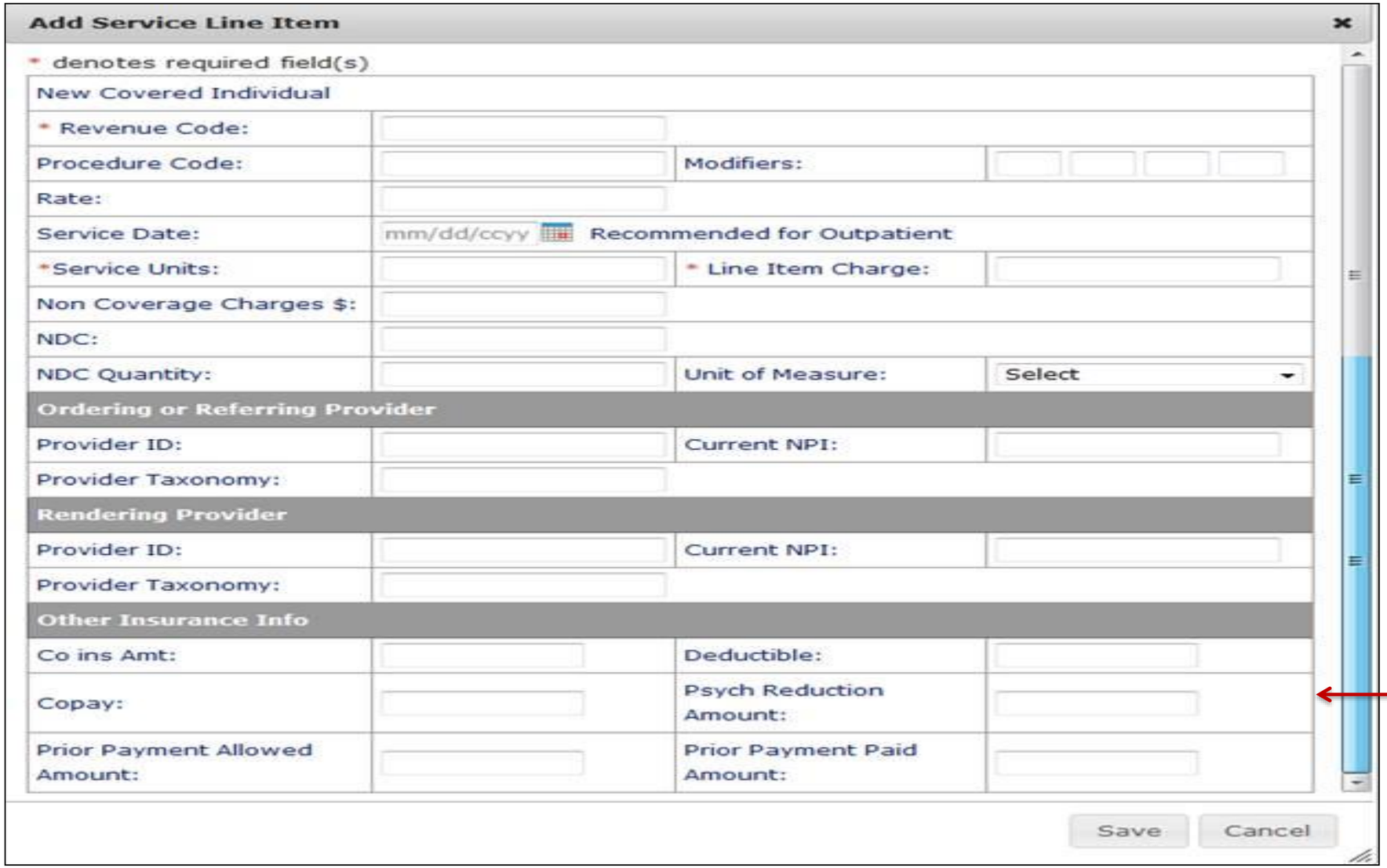
Medicare Primary Claims



Medicare Primary Claims



Medicare Primary Claims



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

Inpatient Claims for Medicare Part B Only Clients

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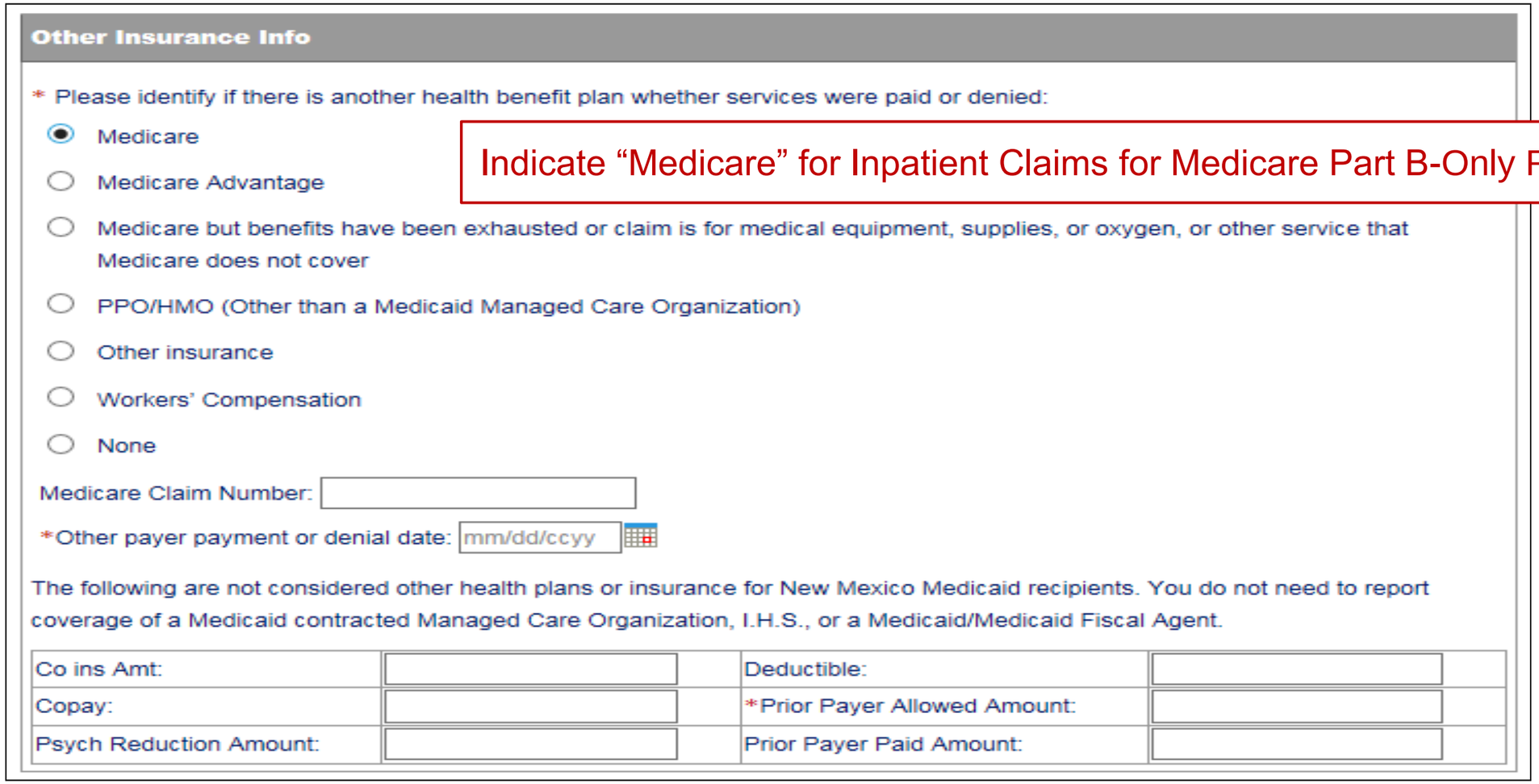
Inpatient Claims for Medicare Part B-Only Clients

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:

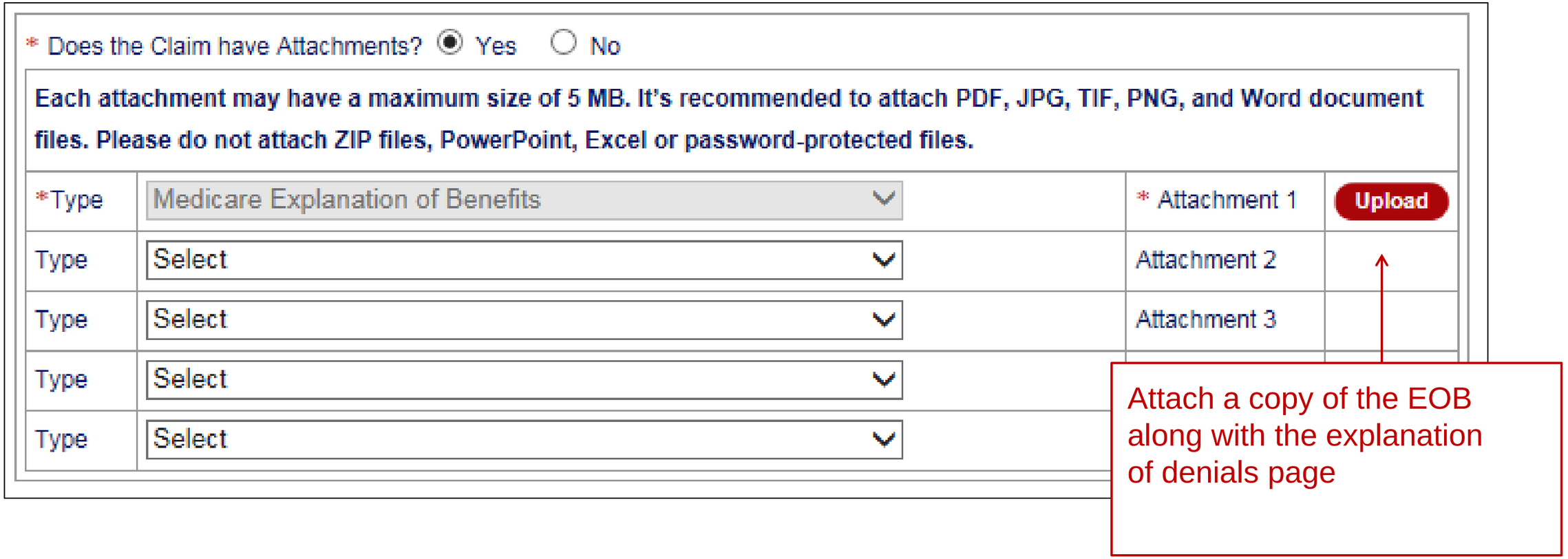
- Use type of bill “121”
- Attach a copy of the EOMB indicate Medicare paid amount in previous payment box (form locator 54).

Inpatient Claims for Medicare Part B-Only Clients

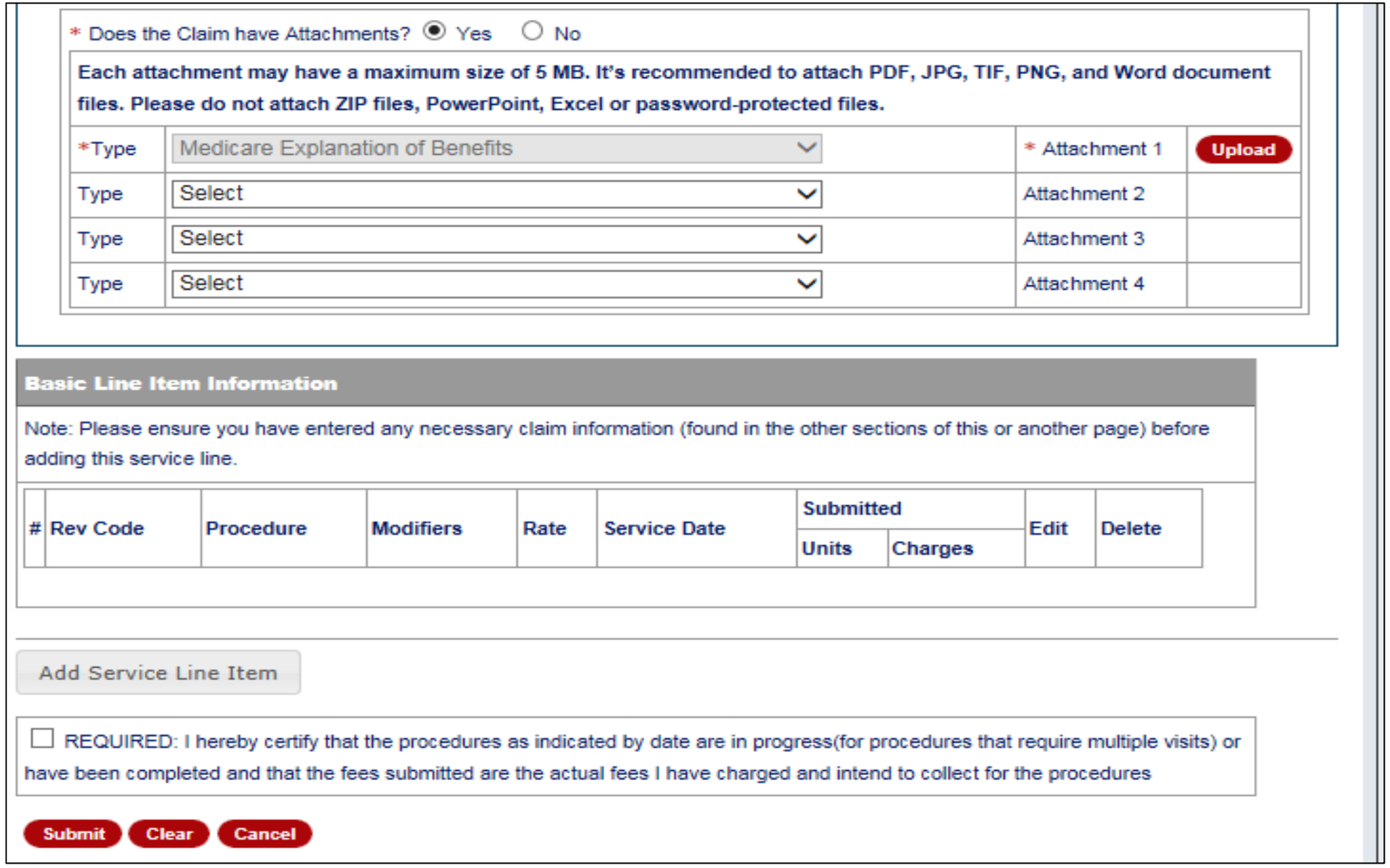


Indicate "Medicare" for Inpatient Claims for Medicare Part B-Only Recipients

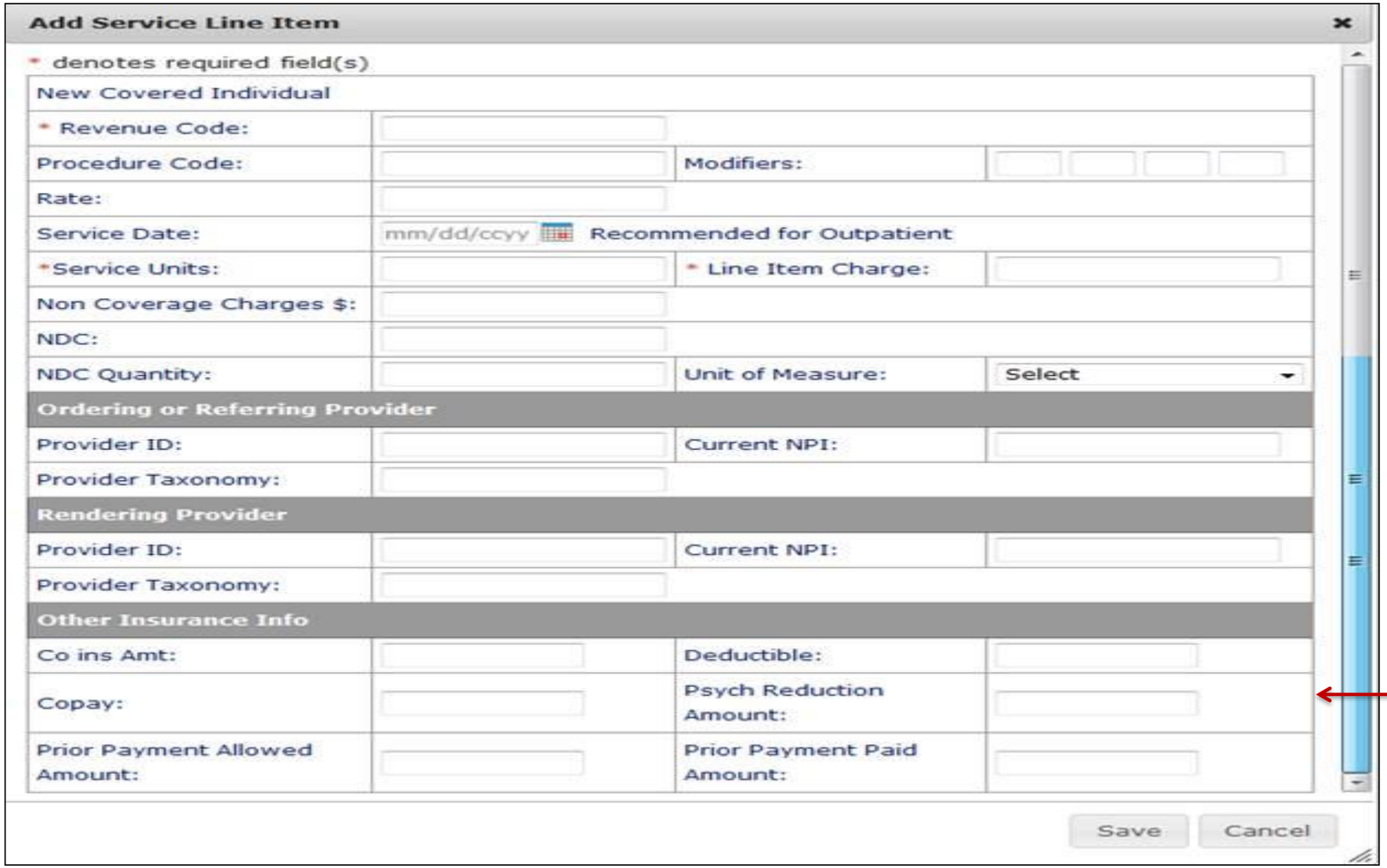
Inpatient Claims for Medicare Part B-Only Clients



Inpatient Claims for Medicare Part B-Only Clients



Inpatient Claims for Medicare Part B-Only Clients



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

UB-04 Tips

Conduent
Government Healthcare Solutions

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	☐	☐
2	510	G0463	25		02/08/2018	1	92.00	☐	☐
3	0001						275.00	☐	☐

Add Service Line Item

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

Submit Clear Cancel

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

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