



Technical Support

Type of Inquiry	Initial Contact / Secondary Contact	Phone Number
Unable to sign in to YES.NM.GOV	CCSC Provider Line	800-299-7304
Turquoise Claims Portal Problems	CCSC and then Tier 3 Escalation	
Service Authorization Report	CCSC and then Tier 3 Escalation	
Provider Enrollment Application	CCSC and then Tier 4 Escalation (BMS)	
Managed Care Organization (MCO)	CCSC - informs provider to call MCO directly	BlueCross BlueShield 866-689-1523
<ul style="list-style-type: none"> Claim Inquiries Submitted to MCO Payor ID 		Molina Healthcare 800-844-862-4543 Monday-Friday 8am-5pm MT
		Presbyterian 505-923-5200 888-977-2333 24 Hours
		United Healthcare 877-236-0826 Monday-Friday 8am-5pm MT
Service Authorization Submission	CCSC - informs provider to call Comagine	866-962-2180

Helpful Links

- Turquoise Claims Web Page: [Turquoise Claims – New Mexico Health Care Authority](#)
- Turquoise Claims Frequently Asked Questions: [Turquoise-Claims-Frequently-Asked-Questions](#)
- Turquoise Care Health Plans (MCO): [Turquoise Care Health Plans – New Mexico Health Care Authority](#)
- Service Authorization Assistance: <https://comagine.org/new-mexico-medicaid-quick-start-guide-um-prior-authorization>



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YES.NM.GOV

Helpful User Information

- A user needs to be set up under the correct provider or provider ID or use a different email to sign up under the correct account. Call HCA at 1-800-283-4465.
- A YES.NM.GOV account is required to access the new Turquoise Claims.
- Billers or office assistants should select ‘Medicaid Provider’ as their user role.
- More than one organization administrator is allowed. The first user must set up their own roles, including User Administrator, and can grant administrator roles to additional users with no limit.
- Presumptive Eligibility Determiner and School-Based Medicaid Coordinators can register with a valid Medicaid ID, SSN/FEIN, and service location ZIP code, select the PED user role, add their organization, and gain access to the TC Provider portal.

Helpful Links

- Create a YES.NM.GOV account: [YesNM-Account-Creation-Instructions.pdf](#)
- One-stop shop: [YesNM](#)

Paper Claim Submission

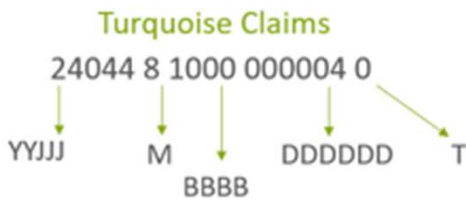
Address	When Used
P.O. Box 830, Bernalillo, NM 87004	This is the mailing address for all eligibility- and ASPEN-related items and serves as the return address on any outgoing mail to members.
P.O. Box 930, Bernalillo, NM 87004	This is the mailing address for paper claims and the return address for any outgoing mail to providers.
P.O. Box 630, Bernalillo, NM 87004	The mailing address for Mi Via and other incoming documents related to Turquoise Claims or not directly related to claims or to ASPEN.



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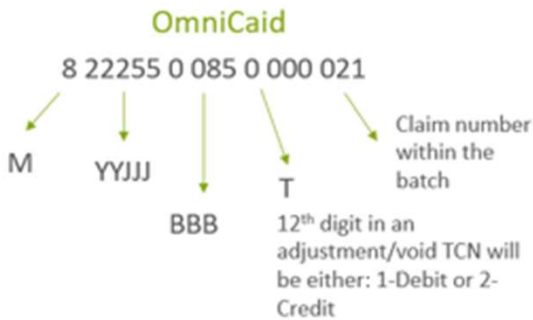
Transaction Control Number

The Transaction Control Number is a unique number assigned to each claim in a batch. The 17-digit TCN is a new format from the one used in OmniCaid.



Indicator	Description
YYJJ	Julian Date
M	Media Source Code
BBBB	Batch Number
DDDDDD	Document Number
T	Transaction Type Number

Media Source Code
1 – Web Submitted Claims
2 – Electronic Crossover Claims
3 – EMC Claims
4 – System Generated Claims
5 – Encounter Claims
6 – Pharmacy Claims
8 – Paper Claims



Indicator	Description
M	Media Source Code
YYJJ	Julian Date
BBB	Batch Number
T	Transaction Type Number
Last 3 digits	Claim number within the Batch

Media Source Code
1 – POS Pharmacy Claim
2 – Claims from Medicare
3 – Other Electronic Claims
4 – System Generated Claim or Adjustment
5 – Managed Care Encounter
8 – Paper Claim
9 – Web Portal Submission



Technical Support Claim Types

The same claim types are carried over to Turquoise Claims; however, the single character codes representing the claim types differ between OmniCaid and Turquoise Claims.

Turquoise Claims			OmniCaid	
Claim Type	Claim Type Description	Claim Form Type	Claim Type	Claim Type Description
		CMS 1500 = Professional UB04 = Institutional		
C-Capitation	Capitation	System Generated or Exam Entered	M	Capitation
D-Dental	Dental	ADA-Dental	D	Dental
F-Fin Trans	Financial Transaction	System Generated of Exam Entered	F	Final Transaction
G-Waiver	HCBS Waiver	CMS-1500	W	HCBS Waiver
H-Hospice	Hospice	UB-04	H	Hospice
I-Inpatient	Inpatient	UB-04	I	Inpatient
L-Lab & Xray	Laboratory and Xray	CMS-1500	L	Independent Lab
M-Pract/Phy	Practitioner/Physician	CMS-1500	P	Practitioner
N-Lng Tm Cr	Long Term Care	UB-04	N	Long Term Care
O-Outpatient	Outpatient	UB-04	O	Outpatient
P-Pharmacy	Pharmacy	CMS-1500	R	Pharmacy
R- Repl Req	Replacement Request	System Generated or Exam Entered	Y	Replacement Request
S-Med Sup	Medical Supply	CMS-1500	S	Medical Supply
T-Transport	Medical Transportation	CMS-1500	T	Transportation
U-HCBS CMA	HCBS CMA Waiver	CMS-1500	X	HCBS CMA Waiver
V-Home Hlth	Home Health	UB-04	V	Home Health
W-Mcare A Cs	Inp Xover	UB-04	A	Medicare Part A Xover
X-Mcare UB C	Outp Xover	UB-04	C	Medicare Part B Xover
Y-Mcare B Cs	Prof Xover	CMS-1500	B	Medicare Part B Xover
Z-Cred Req	Void Req	System Generated OR Exam Entered	Z	Credit Request