



State of New Mexico  
Medical Assistance Program Manual  
**Supplement**



**DATE: December 3, 2010**

**NUMBER: 10-11**

**TO: ALL PROVIDERS PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM**

**FROM: JULIE WEINBERG, ACTING DIRECTOR, MEDICAL ASSISTANCE DIVISION**

**SUBJECT: SUBMITTING CLAIMS FOR CONSIDERATION OF A TIMELY FILING LIMIT WAIVER**

All providers' claims are subject to the new timely filing rules that went into effect on September 1, 2010. The rule may be viewed on the Medical Assistance Division website at:

[http://www.hsd.state.nm.us/mad/pdf\\_files/provmanl/8%20302%202.pdf](http://www.hsd.state.nm.us/mad/pdf_files/provmanl/8%20302%202.pdf)

In order to provide a consistent and efficient response to providers requesting a "waiver" on a claim with a filing limit issue, please note the following changes:

- Previously, a provider submitted a copy of a remittance advice (RA) to establish that a resubmitted claim was originally submitted within the filing limit or to show that an adjustment request is within the filing limit.

Effective February 15, 2011, a remittance advice will no longer be accepted as proof of timely filing. Rather, the provider must place the Transaction Control Number (TCN) that appeared on the earlier remittance advice on the claim that is being resubmitted.

- When resubmitting a claim that is past the filing limit but was originally submitted within the filing limit, the "TCN" number which appears on the remittance advice (RA) will be used by ACS to evaluate the claim. The provider must supply that TCN number in order for ACS to be able to evaluate the claim.
- **INSTRUCTIONS:** All claim types (UB-04, CMS-1500 and ADA 2006) must indicate the prior TCN number on the claim form.

CMS 1500 form: Put the TCN in block 22 on the paper form. Leave the "Code" blank, and put the TCN in the "Original Reference No." field.

UB Form: Put the TCN in Form Locator 64 “Document Control Number” (DCN) matching the appropriate payer line, using a paper form.

Dental Claim Form: Put the TCN on the left side in box 35 “Remarks”.

- Starting February 15, 2011, ACS will no longer accept copies of ACS’s Remittance Advice as proof of timely filing. The evaluation on the timeliness of resubmitting a claim will be based on the prior TCN supplied by the provider following the above instructions.
- If the provider has submitted the claim more than once, the TCN of the most recent claim which met the initial 90-day filing limit must be used. There is no longer a provision that allows repeated or sequential 90-day periods. There is only one 90-day grace period allowed.

All requests for filing limit waivers must be submitted to ACS, not to the Medical Assistance Division. Claims that are sent to the Medical Assistance division will be forwarded directly to ACS for evaluation of timely filing. So it will be more efficient for the provider to send the claims directly to ACS.

ACS has the rules used for waiving the filing limits. If there is a case that merits special consideration, ACS will contact the Medical Assistance Division. Providers should understand that the new filing limit rules are being strictly enforced by the Medical Assistance Division and ACS. When regulations are published, such as filing limit rules, the staff of the Medical Assistance Division as well as ACS staff are required to follow those rules.

ACS Claims Address: ACS, Inc.  
P.O. Box 26500  
Albuquerque, NM 87125-6500

ACS Provider Relations Help Desk: 800-299-7304 or 505-246-0710  
Enter provider ID, then press Option 2

If you have questions regarding the above information, you may contact the Benefits Bureau at (505) 827-3171.

We appreciate your participation in the Medicaid program.