

Emergency Medical Services for Non-Citizens (EMSNC)

Overview

To provide an understanding of the EMSNC claim process so that services can be billed correctly and claim denials or Return To Providers (RTP) can be avoided.

Objectives

We will review the following:

- Overview of EMSNC- Category of Eligibility (COE) 085
- EMSNC Definition and Covered Services
- EMSNC Application Process
 - EMSNC Claim Submissions
 - Eligibility Verification via NM Web Portal
 - EMSNC Determinations
 - EMSNC FAQs
 - EMSNC Reminders, Tips, and Resources

EMSNC Eligibility – COE 085

EMSNC General Eligibility Policy

The NM Medicaid program provides coverage of EMSNC for certain non-citizens who are undocumented or who do not meet the qualifying immigration criteria specified in NMAC 8.200.410. The following requirements must be met:

- The individual must apply for coverage no later than the last day of the third month following the month in which the emergency services were received.
 - Example: If the date of service of the emergency service was in January, the client must apply for EMSNC coverage by the last day of April.
- Applicant must be a resident of New Mexico.
- Applicant must meet financial eligibility.
- Emergency medical services must meet the definition of emergency per [NMAC 8.325.10.13](#).
 - Determination of emergency status is made by the Third Party Assessor (TPA).

EMSNC Definition

Emergency as defined for EMSNC includes labor and delivery including inductions and cesarean sections, as well as any other medical conditions, manifesting itself with acute symptoms of sufficient severity such that the absence of immediate emergency medical attention could reasonably be expected to result in one of the following:

- Recipient's death
- Conditions which place the individual's health in serious jeopardy
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part

Note: Services are covered only when necessary to treat or evaluate a condition meeting the definition of emergency and are covered only for the duration of that emergency.

Services Not Covered Under EMSNC

- Long Term Care
- Organ transplants
- Rehabilitation services
- Surgical procedures, other than unscheduled emergency procedures
- Psychiatric or psychological services
- Durable medical equipment or supplies
- Eyeglasses
- Hearing aids
- Outpatient prescriptions
- Podiatry services
- Prenatal care
- Well child care
- Routine dental care
- Routine dialysis services
- Any medical service furnished by a border or out-of-state provider
- Non-emergency transportation
- Preventive care

Out-of-state medical services are limited to deliveries only when provided by an out of state border provider. The EMSNC client must be a resident of New Mexico. The border provider must be an enrolled Medicaid provider.

If an individual's medical condition requires a transfer to another acute care hospital, the individual must be transferred to an in-state acute care hospital.

Prior Authorizations (PA) in Conjunction With EMSNC

EMSNC claims are for emergency medical service(s) only. Prior Authorization is not required for processing a claim. The MAD 708 functions as an approval and is required to be submitted with the claim for rendered emergency service(s).

The New Mexico Income Support Division (ISD) has replaced the MAD 309 and 310 forms with the MAD 778. MAD 310 forms are no longer accepted.

Per [NMAC 8.325.10.16](#), claims for services to a recipient who is a non-citizen are reviewed by the Medical Assistance Division (MAD), or its designee before payment to determine if the circumstances warrant coverage.

EMSNC Application Process


After receipt of emergency services, the following steps must be completed:

- The individual must be referred to the Income Support Division (ISD) by the medical provider where the emergency service was provided. The medical provider fills out the Medical Services for Aliens Referral for Eligibility Determination (MAD 308). The applicant submits the MAD 308 form to ISD and completes an HSD 100 application where financial eligibility is determined.

MAD 308 Form: <https://nmmedicaid.portal.conduent.com/static/PDFs/EMSNCMAD308.pdf>

- If ISD approves the application, the individual will receive a MAD 778 (Notification of Approval of Application For Emergency Medical Services for Non-Citizens). The provider must receive a copy of the MAD 778 from the individual before submitting a claim. The approval of financial eligibility is not a guarantee that Medicaid will pay for the services as the TPA needs to make the medical determination.
- If ISD denies the application, the individual will receive a MAD 307 (Notification of Denial or Delay of Action on Application for Emergency Medical Services for Non-Citizens).
 - The MAD 307 provides an explanation for the denial or delay and informs the applicant of his/her appeal rights.
 - If the applicant is denied, the individual is responsible for payment and can be billed directly by the Provider.
- The individual must notify providers of the approved or denied EMSNC Medicaid application.

MAD 308



HUMAN SERVICES DEPARTMENT
EMERGENCY MEDICAL SERVICES FOR NON-CITIZENS (EMSNC)
REFERRAL FOR ELIGIBILITY DETERMINATION

Instructions for the Person Completing this Form: The emergency services provider must complete this form and provide a copy of it to the applicant. Submit this form, together with an HSD 100 application, directly to ISD at: CASA, PO Box 830, Bernalillo, NM 87004. Applications can also be sent to ISD by fax at 1-855-804-8960. If you have questions about completing this form, please contact the Consolidated Customer Service Center at 1-800-283-4465.

Name of Person who Received Emergency Services		Date of Birth	
Name of Person's Parent or Guardian (if applicable)			
Address – Number & Street / Apt. #/ P.O. Box / R.R.L.			
City	State	Zip Code	

The person named above received emergency medical care from this facility:

From:	
Name of Facility Where Emergency Care was Provided	Date(s) Services Were Provided From: Through:
Facility Address	
City	State Zip Code

By:			
Person Completing Referral Form	Job Title	Telephone Number	Date

IMPORTANT INFORMATION FOR THE PERSON APPLYING

EMSNC may help pay your emergency bills. You have to apply for EMSNC every time you get emergency care. You can apply for EMSNC by filling out a Medicaid Application (HSD 100). You can also apply on the YESNM website at www.yes.state.nm.us. This form will need to be submitted along with the application. YESNM allows this form to be attached to the application. Please submit an application along with this form as soon as possible. The Human Services Department (HSD) will tell you if EMSNC can pay your medical bills. HSD will look at your income. HSD will also ask if you plan to keep living in New Mexico. HSD will look at records about your emergency.


If you do not apply for EMSNC, then you may have to pay for your medical care. HSD will make sure that your care was for an emergency. If it was not for an emergency, you may have to pay the hospital. **See your Notice of Rights on the next page.**

[Translate Language Above to Spanish](#)

MAD 308 Rev 01/01/2022

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MAD 307



HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION

DENIAL OF CLAIMS
EMERGENCY MEDICAL SERVICES FOR NON-CITIZENS
(EMSNC)

To: Recipient of Medical Services	Date of Notice: Parent or Guardian (if applicable)
Recipient ID Number	Duration of Emergency Services
Provider Name(s) and Phone Number(s):	
<input type="checkbox"/> Facility Provider <input type="checkbox"/> Professional Provider <input type="checkbox"/> Ancillary	

Medical claims for the person above have been reviewed. The Medicaid Third-Party Assessor/Utilization Review Contractor reviewed them. Payment for these medical claims is denied. This is per the New Mexico Administrative Code (NMAC) 8.325.10. It is for the reason (s) below:

Billed services do not meet the criteria for an emergency. For this program, an emergency is a medical condition (including labor and delivery) with acute and severe symptoms. The symptoms must be so severe that the lack of immediate medical care could reasonably risk the patient's health, damage bodily functions, or dysfunction of any bodily organ or part.

The service(s) are not covered by EMSNC. EMSNC does not cover long-term care, organ transplants, rehabilitation service, psychiatric or psychological help or surgeries (unless the surgery meets EMSNC criteria) durable medical equipment, supplies, eyeglasses, hearing aids, outpatient prescriptions, podiatry services, prenatal care, well child or preventive care. Other services may not be covered by EMSNC. Please see NMAC 8.325.10 for details about what can/cannot be covered by EMSNC.

The claim was filed by the Provider(s) without supporting documents.

Please see page 2 for Notification of Rights.

Se han revisado los reclamos de salud de la persona mencionada. El Asesor Externo de Medicaid/Contratista de Revisión de Utilización los revisó. Se niega el pago de estos reclamos de salud. Esto según el Código Administrativo de Nuevo México (New Mexico Administrative Code, NMAC) 8.325.10 y se debe a la(s) razón(es) a continuación:

Los servicios facturados no cumplen con los criterios de una emergencia. Para este programa, una emergencia es una afección de salud (incluido el trabajo de parto y el parto) con síntomas agudos y graves. Los síntomas deben ser tan graves que la falta de atención médica inmediata podría poner en riesgo razonable la salud del paciente, dañar las funciones corporales o producir la disfunción de cualquier órgano o parte del cuerpo.

Los servicios no están cubiertos por los Servicios Médicos de Emergencia para Extranjeros (Emergency Medical Services for Non-Citizens, EMSNC). EMSNC no cubre atención a largo plazo, trasplantes de órganos, servicio de rehabilitación, ayuda psiquiátrica o psicológica o cirugías (a menos que la cirugía cumpla con los criterios de EMSNC) equipos médicos de larga duración, suministros, anteojos, audífonos, recetas para pacientes ambulatorios, servicios de podología, atención prenatal, tanto cuidado infantil o preventivo. Otros servicios podrían no estar cubiertos por EMSNC. Consulte el NMAC 8.325.10 para obtener detalles sobre qué puede/no puede estar cubierto por EMSNC.

El reclamo fue presentado por el(los) Proveedor(es) sin documentos de respaldo.

Consulte la página 2 para revisar la Aviso de Derechos.

NOTICE TO PROVIDERS

New Mexico Medicaid providers may request a reconsideration of this decision within 30 calendar days from the date on this notice (see NMAC 8.350.2, Reconsideration of Utilization Review). Reconsideration request may be sent to the TPA via fax (888-562-2755) or mailed to:

Comagine Health TPA
Attn: EMSNC Reconsideration Requests
PO Box 20910
Albuquerque, NM 87154-0910

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Distribution: Provider(s) Applicant File

EMSNC MAD 708



PO Box 20910
Albuquerque, NM 87154-0910
www.comagine.org

Office: 505.217.7680
Toll Free: 866.962.2180

<<Notice_Date>>

<<Admitting_Name>>

<<Admitting_Full_Address>>

Regarding: MAD 708 - Emergency Medical Services for Non-Citizens (EMSNC) Outpatient Approval Notice

Recipient Name: <<Member_Name>>
Date of Birth: <<Member_DoB>>
Aspen ID Number: <<QST_Aspen_ID_5001475_5000134>>
Authorization Number: <<External_Reference_ID>>
Approval Service(s): <<Approved_Procedures>>

Dear <<Admitting_Name>>:

This letter serves as authorization for payment by New Mexico Medicaid for the Emergency Medical Services for Non-Citizens (EMSNC) covered services. New Mexico Administrative Code (NMAC), General Recipient Requirements, describes the limitations and coverage restrictions which exist for New Mexico in the relevant administrative, provider, and other services sections. For specific program process, please go to <https://comagine.org/program/new-mexico-medicaid/providers>.

EMSNC Labor and Delivery Claims

- A client who is EMSNC eligible will have coverage for services related to complications encountered during pregnancy and/or services provided during labor and delivery.
- These claims are processed without medical review by the TPA. The Diagnosis Related Group (DRG) assigned in the processing of the claim is what determines whether the claim will be paid.
- The diagnosis code(s) entered on the claim is the information used by the claims processing system to determine the assignment of the DRG. The billing provider is responsible for ensuring that the appropriate diagnosis codes are entered on the claim.
- The only reason this type of claim will post for TPA review is if the diagnosis information results in an unrelated DRG to be assigned.

Newborn Medicaid Coverage and Recertification

Initial Coverage

- After the mother is approved for EMSNC and the provider sends ISD the MAD313 (Notification of Birth) the ISD worker may open a COE 031 Newborn Medicaid.

Recertification

- After one year, the child's eligibility must be re-established pursuant to the requirements for proof of citizenship and identity.
- For continued eligibility after the first year, the parent must submit an application or recertification notice for the child to continue Medicaid eligibility.

Viewing EMSNC Eligibility via the NM Medicaid Web Portal

EMSNC Eligibility on the NM Web Portal

- To review a recipient's Category of Eligibility (COE) 085, providers can visit the New Mexico Medicaid Web Portal at: <https://nmmedicaid.portal.conduent.com/static/index.htm>.

If you are unable to access the Web Portal, please contact the HIPAA Helpdesk at HIPAA.desknm@state.nm.us.

- The following slides show how the eligibility is displayed on the NM Medicaid Web Portal when the client has COE 085.

Even though a Category of Eligibility (COE) 085 displays, providers must obtain a valid MAD 778.

EMSNC Eligibility on NM Web Portal

Home
Help
Contact Us

GO

INFORMATION

- Provider Information
- FAQ
- Help

PROVIDER - Secure Options

- ADMINISTRATION
- CLAIMS ENTRY
- INQUIRIES
 - Eligibility**
 - Claim Status
 - Prior Authorization
 - Payment History
- REPORTS
- PROVIDER UPDATE
- SUBMISSIONS

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Eligibility Inquiry

To inquire on a Date of Service range, enter a 'From' date and a 'To' date.

To inquire on a single Date of Service, enter only a 'From' date.

Then enter the Recipient Inquiry criteria and click 'Submit'.

** denotes required field(s)*

<i>* Date of Service (From):</i>	<input type="text" value="mm/dd/ccyy"/>
Date of Service (To):	<input type="text" value="mm/dd/ccyy"/>

** Recipient Inquiry*

<input type="radio"/>	Recipient ID:	<input type="text"/>		
<input type="radio"/>	Card ID:	<input type="text"/>	Located on front of recipient's Medicaid card.	
<input type="radio"/>	SSN:	<input type="text"/>	Date of Birth:	<input type="text" value="mm/dd/ccyy"/>
<input type="radio"/>	Last Name:	<input type="text"/>	First Name:	<input type="text"/>
			Date of Birth:	<input type="text" value="mm/dd/ccyy"/>

Submit
Clear

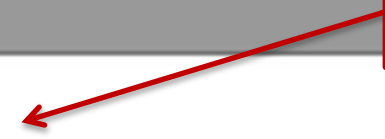
Name and Date Of Birth on MAD 308

EMSNC Eligibility on NM Web Portal *Continued*

Recipient Information					
Recipient ID:		Recipient Name:			
Date of Birth:		Sex:			
Medicaid Card ID:		Recertification Date:			
Date of Death:					

Category of Eligibility Information					
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
085	Benefits limited to specifically approved services for a limited range of dates.	06/01/2017	06/30/2017	09/21/2017	

Client ID #



085 Benefits limited to specifically approved services for a limited range of dates.

09/21/2017

EMSNC Eligibility on NM Web Portal *Continued*

Category of Eligibility Information					
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
085	Benefits limited to specifically approved services for a limited range of dates. EMC FOR UNDOCUMENTED ALIENS	06/01/2017	06/30/2017	09/21/2017	

Within the web portal record, hover your mouse directly over the COE Code # to review the COE definition. I.e.. COE 085 is "EMC FOR Non-Citizens"

EMSNC Claim Submissions

EMSNC Claim Submission Requirements

- Paper claims must be original red claim forms; copies will not be accepted and will be returned.
- The recipient's name on the claim and other attachments must match the name on the MAD 778.

Inpatient Claim Attachments:

- MAD 778
 - (Dates must match the dates of service on the claim)
- Admit History and Physical
- Emergency Department Records
- Discharge summary
- Any pertinent diagnostic imaging and/or lab results (if not included in H&P or Discharge Summary)
- Operative Notes (ONLY if surgery was done)

EMSNC Claim Submission Requirements *Continued*

Outpatient Hospital Claim Attachments:

- MAD 778
 - (Dates must match the dates of service on the claim)
- History and Physical
- Operative Notes (ONLY if surgery was done)
- Emergency Department Records

Physician, Lab, and Transportation Claims:

- It is not necessary for providers to attach a MAD 778 or medical notes to process EMSNC claim types Physician, Lab and Transportation.
- These claim types may be submitted electronically or via the NM Portal.
- Physician, Lab, and Transportation claims will be denied if there is not an approved or paid Inpatient or Outpatient claim with matching dates of service.

**Please note: Only send pertinent medical records that relate to the Emergency Service provided.
Complete Medical Records are not required.**

Submitting EMSNC Claims

EMSNC submissions can be mailed, delivered or uploaded to the New Mexico Web Portal.

- All paper claims are to be mailed or delivered to Conduent:

Mail to: Conduent
 Attn: NM Medicaid Claim
 P.O. Box 26500
 Albuquerque, NM 87125-6500

Deliver to: Conduent
 1720-A Randolph Rd SE
 Albuquerque, NM 87106

- [Click here](#) to submit electronically (file attachment limit of 10MB) via the New Mexico Medicaid Web Portal

EMSNC Claim Status Inquiry

Paper Submissions

- Allow 4 weeks from the date claim(s) were submitted to Conduent to appear on the Web Portal.

Online Web Portal Submissions

- TCN will generate after claim has been submitted. Allow 2 - 3 weeks from submission date for EMSNC review.

NM Web Portal Claim Status Inquiry

<https://nmmedicaid.portal.conduent.com/static/providerlogin.htm>



New Mexico Medicaid Portal

Logout
User logged in as [testWaiver]
000D2601-SU VIDA SERVICES INC

Home Help Contact Us Search **GO**

INFORMATION
Provider Information
FAQ
Help

PROVIDER - Secure Options

- ADMINISTRATION
- CLAIMS ENTRY
- INQUIRIES
 - Eligibility
 - Claim Status**
 - Prior Authorization
 - Payment History
- REPORTS
- PROVIDER UPDATE

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

Claim Status Inquiry

To inquire on claim status, enter one or more of the general inquiry criteria or enter the TCN of the claim and click 'Submit.' Only claims processed within the past three years will be returned.

* denotes required field(s)

TCN Inquiry

TCN:

or

General inquiry

* **Recipient ID:**

Search by:

- Single Date of Service
- Date of Service Range

First Date of Service:

Last Date of Service:

Claim Type:

Claim Status:

Total Billed Amount: \$

Patient Control/ Medical Record Number:

Sort Order:

Submit **Clear**


Required information to generate the search - Recipient ID and First Date of Service.

EMSNC Determinations



EMSNC Claim Denials by TPA

If EOB denial code **1301** (claim reviewed and denied by the TPA) appears on the provider's Remittance Advice for the claim, please refer to the letter sent by the TPA/UR contractor regarding denial of the services based on the medical record review. Claims denied by the TPA cannot be resubmitted to Conduent.



DENIAL OF CLAIMS
EMERGENCY MEDICAL SERVICES FOR NON-CITIZENS (EMSNC)

To: Recipient of Medical Services	Date of Notice: Parent or Guardian (if applicable)
Recipient ID Number	Duration of Emergency Services
Provider Name(s) and Phone Number(s):	
<input type="checkbox"/> Facility Provider <input type="checkbox"/> Professional Provider <input type="checkbox"/> Ancillary	

Medical claims for the person above have been reviewed. The Medicaid Third-Party Assessor/Utilization Review Contractor reviewed them. Payment for these medical claims is denied. This is per the New Mexico Administrative Code (NMAC) 8.325.10. It is for the reason (s) below:

Billed services do not meet the criteria for an emergency. For this program, an emergency is a medical condition (including labor and delivery) with acute and severe symptoms. The symptoms must be so severe that the lack of immediate medical care could reasonably risk the patient's health, damage bodily functions, or dysfunction of any bodily organ or part.

The service(s) are not covered by EMSNC. EMSNC does not cover long-term care, organ transplants, rehabilitation service, psychiatric or psychological help or surgeries (unless the surgery meets EMSNC criteria) durable medical equipment, supplies, eyeglasses, hearing aids, outpatient prescriptions, podiatry services, prenatal care, well child or preventive care. Other services may not be covered by EMSNC. Please see NMAC 8.325.10 for details about what can/cannot be covered by EMSNC.

The claim was filed by the Provider(s) without supporting documents.

Please see page 2 for Notification of Rights.

Se han revisado los reclamos de salud de la persona mencionada. El Asesor Externo de Medicaid/Contratista de Revisión de Utilización los revisó. Se niega el pago de estos reclamos de salud. Esto según el Código Administrativo de Nuevo México (New Mexico Administrative Code, NMAC) 8.325.10 y se debe a la(s) razón(es) a continuación:

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Los servicios no están cubiertos por los Servicios Médicos de Emergencia para Extranjeros (Emergency Medical Services for Non-Citizens, EMSNC). EMSNC no cubre atención a largo plazo, trasplantes de órganos, servicio de rehabilitación, ayuda psiquiátrica o psicológica o cirugías (a menos que la cirugía cumpla con los criterios de EMSNC) equipos médicos de larga duración, suministros, anteojos, audífonos, recetas para pacientes ambulatorios, servicios de podología, atención prenatal, tanto cuidado infantil o preventivo. Otros servicios podrían no estar cubiertos por EMSNC. Consulte el NMAC 8.325.10 para obtener detalles sobre qué puede/no puede estar cubierto por EMSNC.

El reclamo fue presentado por el(los) Proveedor(es) sin documentos de respaldo.

Consulte la página 2 para revisar la Aviso de Derechos.

NOTICE TO PROVIDERS

New Mexico Medicaid providers may request a reconsideration of this decision within 30 calendar days from the date on this notice (see NMAC 8.350.2, Reconsideration of Utilization Review). Reconsideration request may be sent to the TPA via fax (888-562-2755) or mailed to:

Comagine Health TPA
Attn: EMSNC Reconsideration Requests
PO Box 20910
Albuquerque, NM 87154-0910

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EMSNC Questions Regarding Medical Reviews or Reconsiderations

For questions regarding EMSNC medical reviews please contact the TPA/UR toll-free Customer Service Line at 1-866-962-2180.

Reconsideration of medical reviews may be sent to the TPA via fax (888-562-2755) or mailed to:

Comagine Health TPA
 Attn: EMSNC Reconsideration Requests
 PO Box 20910
 Albuquerque, NM 87154-0910

Providers should include additional documentation when submitting an EMSNC reconsideration. If there is no new information provided, the request will be denied.

Reconsiderations of medical reviews may only be requested via fax or mail within 30 calendar days from the date of notice.

EMSNC reconsideration of medical reviews submitted to Conduent will be returned to the provider.

EMSNC Claim Denials by Conduent - Resubmission

When an EMSNC claim is denied before TPA review (**not** showing **EOB code 1301** on the remittance advice and no TPA denial letter has been received), the provider can resubmit a corrected claim. The claim must be on an original red claim form and have all attachments required for the original claim. Enter the TCN of the original denied claim in the appropriate box for proof of timely filing.

Note: If a **paid** claim needs to be corrected, the claim must be submitted with an adjustment form. Do not submit an adjustment for a denied claim.

EMSNC Claim Denials – Explanation of Benefits (EOB) Codes

Current EMSNC EOB denial other than 1301, Denial of payment:

- EOB Code 0222 – Client name or date of birth does not match file
- EOB Code 1303 – Outpatient claim denied for invalid provider type or lacks emergency room rev code
- EOB Code 1304 – Claim denied for medical notes required and not attached
- EOB Code 1305 – Physician, Lab, or Transportation claim denied for no paid hospital claim overlapping dates of service
- EOB Code 1306 – Physician claim denied for invalid place of service code
- EOB Code 1307 – The claim denied because the place of service does not justify payment
- EOB Code 1308 – Transportation claim denied for invalid place of service or modifier code

EMSNC Claim Denials – Resubmissions to Conduent *Continued*

CMS 1500 (Physician, Laboratory, and Transportation claims) - Indicate the initial denied TCN within the timely filing period in the “Original Reference No.” **box 22**. Leave the “Resubmission Code” field blank.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
17b. NPI						20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						22. RESUBMISSION CODE ORIGINAL REF. NO.											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.						23. PRIOR AUTHORIZATION NUMBER											
A. _____		B. _____		C. _____		D. _____		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		L. ID. QUAL.		J. RENDERING PROVIDER ID. #	
E. _____		F. _____		G. _____		H. _____											
I. _____		J. _____		K. _____		L. _____											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER					
1																	
2																	
3																	
4																	
5																	
6																	
25. FEDERAL TAX ID. NUMBER SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()					
SIGNED				DATE				a. NPI		b. _____		a. NPI		b. _____			

PHYSICIAN OR SUPPLIER INFORMATION

EMSNC Claim Adjustments

An Adjustment request must be submitted to Conduent when a previously **paid** EMSNC claim needs to be corrected.

[Click here](#) to get an Adjustment Request form.

The Adjustment Request form requires:

- The TCN of the paid claim for the adjustment process and proof of timely filing.
- Indicate clearly on the adjustment form the reason for the changes to the claim.
- Attach the corrected CMS or UB claim form. It must be an original red claim form, not a copy.
- Incomplete or unsigned adjustment forms will be returned to the provider.

For all other billing questions regarding denials, please call Conduent Provider Relations Helpdesk at 800- 299-7304 option 6.

EMSNC Reconsiderations

Providers may request a reconsideration if the TPA denies a claim due to not meeting EMSNC criteria. The provider may submit additional medical records for the TPA for reconsideration within 30 days from the date of the denial notice. The provider must submit the request for reconsideration in writing to the TPA. The request for reconsideration must include the following:

- Reference to the challenged decision or action
- Basis for the challenge
- Copies of any document(s) pertinent to the challenged decision or action
- Copies of claim form(s) if the challenge involves a claim for payment which is denied due to an UR decision
- A statement that reconsideration of the decision is requested

Reconsiderations may be sent to the TPA via fax (888-562-2755) or mailed to:

Comagine Health

TPA Attn: EMSNC Reconsideration Requests

PO Box 20910 Albuquerque, NM 87154-0910.

After the reconsideration request has been reviewed by the TPA, the provider will receive notification of the reconsideration decision. The client also has the right to request a reconsideration per NMAC 8.350.2.10.

Please note: If there is no new information provided, the claim will be denied by the TPA.

EMSNC Out of State Claims

- Only out of state labor and delivery is covered.
 - Out-of-state medical services are limited to deliveries only when provided by an out of state border provider. The EMSNC client must be a resident of New Mexico. The border provider must be an enrolled Medicaid provider as well.

For all other billing questions regarding reconsiderations and out of state claims, please call the Consolidated Customer Service Center (CCSC) Helpdesk at 800- 299-7304.

EMSNC Frequently Asked Questions (FAQs)

EMSNC Claim FAQs

Can a paid EMSNC claim be adjusted?

Yes. An Adjustment Request form must be completed and attached to the corrected claim. Please include a clear explanation of why the adjustment is being requested.

Can a denied EMSNC claim be resubmitted?

If the EOB code on the Remittance Advice is **1301** and you received a denial letter from the TPA, reference the medical review reconsideration process outlined in the letter. Medical review reconsiderations must be submitted to the TPA. Conduent does not process or review medical review reconsiderations.

If the EOB code on the Remittance Advice is **1301** but you did not receive a denial letter from the TPA, contact Provider Relations at (800) 299-7304 option 6 for further assistance.

If the EOB code is **anything other than 1301**, resubmit a corrected claim to Conduent with required attachments and original TCN for proof of timely filing. If the EOB code is not clearly understood, contact Provider Relations at (800) 299-7304 option 6 for further assistance.

Note: Conduent claim reconsideration forms should not be submitted to the TPA.

EMSNC Claim FAQs *Continued*

What are the timely filing requirements for EMSNC claims?

The claim must be received within 90 days from the date of service or 120 days from the recipient's eligibility approval date.

For a denied claim which met the initial timely filing period, there is a 90 day grace period counted from the date of denial.

A paid claim can be adjusted within 90 days of the payment date.

Can the provider bill the client?

If the individual fails to inform the medical provider of their approval for EMSNC services and the resulting claim is denied for timely filing, the provider may bill the client.

For instructions and policy information, please visit:

[http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NM%20AC%20Program%20Rules/Chapter%20302/8_302_2\(3\).pdf](http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NM%20AC%20Program%20Rules/Chapter%20302/8_302_2(3).pdf)

The client and/or provider may also review the disclosure notices on the MAD 308/309/778 forms for more information.

EMSNC Claim Reminders, Tips, and Resources

EMSNC Claim Reminders & Tips

- Verify information on claim matches the MAD 778
 - ✓ Client First and Last Name
 - ✓ Recipient ID Number
 - ✓ Dates of Service
- Include your billing NPI with taxonomy code when applicable
- Verify that revenue, procedure, and diagnosis codes are correct
- For Outpatient hospital claims, an emergency room revenue code (450-459) is required
- Enter attending, operating, referring, rendering, or ordering provider NPIs when required

Continued on next page . . .

EMSNC Claim Reminders & Tips *Continued*

- Ensure the line item charges are correct and match the total charge
- Include initial TCN for proof of timely filing if applicable
- Always include MAD 778 for Inpatient and Outpatient claims
- Ensure all pertinent medical records that relate to the emergency services are attached to the claim; the entire medical record is not required
- Ensure all appropriate EOB's (TPL, HMO, etc.) are attached to the claim
- Keep a copy of the correspondence for your records

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.desk@state.nm.us

Assistance on NM Web Portal, EDI inquiries, and Online Claim Submission with DDE (Direct Data Entry)

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

Fee for Service Claim Requirements for Rendering, Referring, Ordering, and Attending Providers

Hospitals, Outpatient Hospitals, Home Health Agencies, Hospices, Nursing Facilities, ICF/IIDs, and Residential Providers (ARTCs, RTCs, and Group Homes): See Supplement 17-07 at:

[http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/Supplement%2017-07%20\(3\).pdf](http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/Supplement%2017-07%20(3).pdf)

Clinical Labs, Diagnostics Labs, Radiology Facilities and Radiation Treatment Centers; Providers of hearing aids and supplies , glasses, IV infusions, medical supplies and medical equipment; Occupational Therapists, Physical Therapists, Speech and Language Therapists and Pathologists, and Rehabilitation Centers: See Supplement 17-08 at:

<http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/Supplement%2017-08.pdf>

All other providers and practitioners of professional services: See Supplement 17-09 at:

<http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/Supplement%2017-09.pdf>

EMSNC Medical Assistance Division Program Policy Rules

EMSNC Program Rule; Chapter 325 - [NMAC 8.325.10](#)

EMSNC Eligibility Recipient Rules; NMAC [8.285.400](#), [8.285.500](#), & [8.285.600](#)

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