



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
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**MassHealth**  
**All Provider Bulletin 123**  
**May 2003**

**TO:** All Providers Participating in MassHealth  
**FROM:** Douglas S. Brown, Acting Commissioner   
**RE:** **New Rebilling Procedures for Denied Claims**

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***Introduction***

The Division of Medical Assistance is pleased to announce an enhancement to its claims processing system that will simplify the process for rebilling a denied, but correctable, MassHealth claim. The Division made this change as the result of input received from our providers.

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***Current Procedure***

When resubmitting a denied claim that is beyond the initial 90-day billing deadline, a provider is required to reference the transaction control number (TCN) of the original denied claim. The purpose of the TCN is to ensure that the Division's claims processing system recognizes that the original claim had been submitted in a timely manner.

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***New Procedure***

The Division has enhanced its claims processing system to automatically search the claims-history database to confirm that the claim was initially submitted in a timely manner.

A former TCN is not necessary for a resubmitted claim received on or after June 1, 2003, when both of the following conditions apply:

- 1) the original claim was submitted within the initial 90-day billing deadline and subsequently appeared as "Denied" on a remittance advice (RA); and
  - 2) the member number (also known as RID), pay-to-provider number, revenue code or service code, claim type, or service date is not changing.
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***New Procedure***  
(cont.)

If your claim, resubmitted on or after June 1, 2003, meets the above criteria, you do not have to resubmit each line with a TCN. Do not check off the resubmittal block.

This new procedure applies to both paper and electronic submissions. The Division anticipates that this new process will simplify your billing to MassHealth.

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***Exceptions***

**If you are changing the service date or the revenue code or service code, you must check the resubmittal block and reference the TCN of the denied claim.**

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***90-Day Waivers***

The new procedure does **not** eliminate 90-day waiver requests.

**If the claim type, member number, or pay-to-provider number is changed and the date of service is more than 90 days old, you must request a 90-day waiver.**

Refer to the billing instructions in Subchapter 5 of your provider manual for more information.

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***Adjustments***

The new procedure does **not** change the current adjustment process. Providers **must** still reference the previously paid TCN when requesting an adjustment to a paid claim.

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***Questions***

If you have any questions about this bulletin, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

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