

PROVIDER BULLETIN

07-32

December 20, 2007

TO: Hospitals participating in the Nebraska Medicaid Program.

FROM: Vivianne M. Chaumont, Director
Division of Medicaid & Long-Term Care
Department of Health and Human Services

RE: THIRD PARTY LIABILITY - BILLING MEDICAID WHEN THE PRIMARY
INSURANCE IS EQUAL TO OR GREATER THAN THE MEDICAID
ALLOWABLE

Please share this information with administrative, clinical and billing staff.

If the primary insurer payment is equal to or greater than the Nebraska Medicaid allowable amount, no payment is made by Medicaid. In this instance, the provider is not required to send the claim to Medicaid for processing. Providers cannot bill clients for any balance.

However, in the event that there is a reversal of payment by the primary insurance, to secure a provider's right to Medicaid consideration for payment, a claim must be filed within 12 months from the service date.

Even though a claim is not submitted, providers have an obligation to investigate and report the existence of other insurance or liability. If the provider becomes aware of any additional third party resources, the provider shall contact the COB/TPL Unit and report the new sources.