

Revision: HCFA-AT-81-34 (BPP)

State/Territory: Nebraska

Citation

4.21 Prohibition Against Reassignment of Provider Claims

42 CFR 447.10(c)
AT-78-90
46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

TN No. MS-81-10

Supersedes

Approval Date Dec 10 1981

Effective Date Oct 1 1981

TN No. MS-75-1