

(d) ATTACHMENT 4.22-B

433.139(b)(3)(ii)(C)

55 FR 1423

1. When the probable liability of a third party is established, the State agency denies (cost avoids) the claim. Exceptions to this procedure are those claims as specified in 433.139(b)(3)(i) and (ii) and any approved cost avoidance waiver.
2. Cost avoided services are identified with an Explanation of Benefits Code which is transmitted to the provider with a non-payment remittance advice.
3. When the provider determines that no liable third party exists, they may re-bill the full amount to the Medicaid agency; or, if the provider determines that part of the bill is covered by a third party, the provider may submit the claim to the State agency and the State pays the difference between the Medicaid maximum rate and the amount paid by a third party (or all third parties, if applicable). If the provider collects from the third party (parties) the full amount of the claim or an amount equal to or greater than the Medicaid maximum rate, the State pays nothing.

42 CFR 447.20

- (e) Ohio Administrative Code (OAC) rule 5101:3-1-17.2 (C) requires providers to accept the Medicaid allowable reimbursement for all covered services as payment in full and not seek reimbursement for that service from the patient (with the exception of Medicaid co-payments for certain prescription drugs, dental services, certain vision services and non-emergency emergency department services in accordance with OAC rule 5101:3-1-09), any member of the family, or any other person (not including any liable third party). Further, providers must ascertain and recoup any third party resource(s) available to the recipient prior to billing Medicaid for any balance up to the Medicaid allowable reimbursement.

55 FR 1423

TN No. 07-013

Approval Date: DEC 21 2007

Supersedes TN No. 90-46

Effective Date: 11/1/07