

BILLER “B” AWARE – Attention Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds, Ventilator Dependent Care Units, Hospice, and Home Health Agencies

The Medical Services Administration has noted that providers are incorrectly reporting OR not reporting other insurance or Medicare on claims to Medicaid.

When billing Medicaid if there is a primary insurance the appropriate other insurance information must be reported on the claim. Below are some of the most common ways to report specific situations with other insurance:

- 1) If Medicare Part A is exhausted report Occurrence Code A3 indicating the last date that benefits are not available.
- 2) If other insurance does not cover the service, or is no longer available to the beneficiary, or there is an invalid insurance code on the Medicaid Eligibility Card, report Occurrence Code 24 or 25 accordingly.
- 3) Use proper CAS codes to identify the information from the Medicare EOB or commercial insurance EOB.

To ensure proper adjudication of the claim and unnecessary denials, appropriate information must be reported. This should take place on all subsequent claims as well as the initial claim.