

- For MQMB clients, claims that are denied by Medicare because the services are not a benefit of Medicare or because Medicare benefits have been exhausted. (Providers can submit a paper claim to TMHP for coinsurance and deductible reimbursement consideration, and reimbursement consideration for the denied services. The Medicare EOB that contains the relevant claim denial must be submitted to TMHP with the completed claim from within 95 days from the Medicare disposition date and 365 days from the date of service. The denied services will be processed as Medicaid-only services.)

Important: *Claims that are denied by Medicare for administrative reasons must be appealed to Medicare before they are submitted to Texas Medicaid.*

The paper submission must include all of the following:

- The Medicare Remittance Advice (RA) or Remittance Notice (RN) that is issued by Medicare
- The appropriate, completed paper CMS-1500 or UB-04 CMS-1450 paper claim form
- The appropriate TMHP Standardized Medicare and MAP Remittance Advice Notice Form (i.e., MRAN/MAP template). (The MRAN/MAP template is optional when certain conditions are met.)

6.13.5.1 TMHP Standardized Medicare and MAP Remittance Advice Notice Form

Providers that receive any of the following Medicare RAs or RNs from Medicare or a Medicare intermediary are not required to submit the MRAN/MAP template to TMHP:

- Paper RAs or RNs
- Electronic RAs or RNs using the CMS-approved software
 - MREP (professional services)
 - PC-Print (institutional services)

Providers that cannot retrieve the Medicare RA/RN from MREP or PC-Print, or who don't receive a paper Medicare RA/RN from Medicare or a Medicare intermediary, must submit the TMHP MRAN/MAP template.

Providers that submit paper crossover claims must submit only one of the following approved Medicare RA/RN formats along with a completed claim form:

- MREP
- PC-Print
- Paper Medicare RA/RN from Medicare or a Medicare intermediary
- TMHP MRAN/MAP template (if the provider cannot receive the paper Medicare RA/RN or the MREP or PC-Print electronic Medicare RA/RN)

Paper crossover claims that contain multiple Medicare RA/RN forms with conflicting information are returned to the provider or denied.

The following guidelines apply for the submission of the MRAN/MAP templates:

- The Medicare ICN must be included on the form. Claims will be denied if the Medicare internal control number (ICN) is omitted.
- For the TMHP Crossover Professional Claim Type 30 form, the performing provider NPI and TPI must be submitted on each detail line item. A detail line item will be denied if the performing provider NPI or TPI is omitted, if the performing provider NPI is not associated with the TPI according to the performing provider's enrollment information, or if the performing provider is not a member of the group billing provider.

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Table of Contents Sc Medicaid Provider Manual

1. Understanding the eBook Sc Medicaid Provider Manual
 - The Rise of Digital Reading Sc Medicaid Provider Manual
 - Advantages of eBooks Over Traditional Books
2. Identifying Sc Medicaid Provider Manual
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Sc Medicaid Provider Manual
 - User-Friendly Interface
4. Exploring eBook Recommendations from Sc Medicaid Provider Manual
 - Personalized Recommendations
 - Sc Medicaid Provider Manual User Reviews and Ratings
 - Sc Medicaid Provider Manual and Bestseller Lists
5. Accessing Sc Medicaid Provider Manual Free and Paid eBooks
 - Sc Medicaid Provider Manual Public Domain eBooks
 - Sc Medicaid Provider Manual eBook Subscription Services
 - Sc Medicaid Provider Manual Budget-Friendly Options

6. Navigating Sc Medicaid Provider Manual eBook Formats
 - ePub, PDF, MOBI, and More
 - Sc Medicaid Provider Manual Compatibility with Devices
 - Sc Medicaid Provider Manual Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Sc Medicaid Provider Manual
 - Highlighting and Note-Taking Sc Medicaid Provider Manual
 - Interactive Elements Sc Medicaid Provider Manual
8. Staying Engaged with Sc Medicaid Provider Manual
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Sc Medicaid Provider Manual
9. Balancing eBooks and Physical Books Sc Medicaid Provider Manual
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Sc Medicaid Provider Manual
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Sc Medicaid Provider Manual
 - Setting Reading Goals Sc Medicaid Provider Manual
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Sc Medicaid Provider Manual
 - Fact-Checking eBook Content of Sc Medicaid Provider Manual
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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