

- 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.

Sc Medicaid Provider Manual

Harron Walker



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