

PROVIDER ALERT

Update to Third Party Liability Requirements After 100 Days for Medical Support Enforcement Beneficiaries

November 2, 2023

Effective October 27, 2023, to align with Centers for Medicare and Medicaid Services (CMS) [requirements](#), Optum Maryland has updated the billing process for Professional and Institutional providers billing medical support enforcement beneficiary claims, when the following circumstances apply:

- Services are rendered to a medical support enforcement beneficiary, where a non-custodial parent has healthcare coverage that can be used as a third-party payor of claims for a beneficiary patient.
- The provider has first billed the non-custodial parent's insurance, and
- **Not received payment from the non-custodial parent's insurance after 100 days from the date of service.**

Please see the billing requirements for Professional and Institutional Providers, below:

Professional Providers billing medical support enforcement beneficiary claims:

Providers are required to complete the [Maryland Medicaid CMS 1500 Box-11 Rejection Reason S Provider Attestation](#) and submit this form along with the appropriate documentation to the address given below when submitting their claim.

- Proper documentation will include:
 - Proof of claim submission to the third-party payor
 - Completed [Maryland Medicaid CMS 1500 Box 11 – Rejection Reason S Provider Attestation Form](#)

Institutional Providers billing medical support enforcement beneficiary claims:

Providers are required to complete the [Maryland Medicaid UB04 Medical Support Enforcement Third Party Claim Billing Provider Attestation Form](#) and submit this form along with the appropriate documentation to the address given below when submitting their claim.

- Proper documentation will include:
 - Proof of claim submission to TPL

- Completed [Maryland Medicaid UB04 Medical Support Enforcement Third Party Claim Billing Provider Attestation Form](#).
- Providers are NOT required to use any of the existing TPL override occurrence codes (24 or 25) listed in the UB04 Billing Guidance.

Important Notes:

- Before submitting the form and documentation, use the authorization backdating request process to ensure an approved authorization is in the system. When completing the authorization backdating request, enter the reason “*100-day other insurance attestation.*”
- For both Professional and Institutional providers, the claim must have been submitted at least 100 days after the date of service to qualify for payment.
- For both Professional and Institutional providers, a new form must be completed and submitted by providers for each relevant claim.
- Providers who fail to either correctly complete the attestation form or attach appropriate documentation as required to verify claim submission to the third-party, will have their claims denied. The provider has up to 12 months from the date of service to submit a clean claim with the necessary forms and documentation.
- Please submit completed forms and documentation to:

Optum Maryland
P.O. Box 30531
Salt Lake City, UT 84130

If you have questions regarding the information in this alert, please contact Optum Maryland Customer Services at 1-800-888-1965.

Thank you,

Optum Maryland Team