

Maryland Medicaid UB-04 Medical Support Enforcement Third Party Claim Billing Provider Attestation Form

The following form is for use by providers billing UB-04 institutional claims to Maryland Medicaid. The form is intended to be used by providers seeking reimbursement for third party liability (TPL) claims for which the provider has not received payment, and no existing occurrence code is applicable. Providers who have received payment from the participant's third party payer, a date of coverage denial from any insurer, confirmation that coverage is no longer available to the patient,, or other qualifying documentation to indicate the use of an existing occurrence code, should bill using the appropriate occurrence code.

Providers should complete the below portion of the form and submit, alongside any required supporting documentation, when billing their applicable claim. Failure to complete this attestation form, or include the required documentation, will result in denial of the claim.

Provider Information:

has been billed:

Signature:

Provider Name:

Provider Attestation: Providers billing without an occurrence code must attest the reason for their selection. Select below to indicate the reason for billing without a code: 1. Child support enforcement beneficiary claim: (Check here) Before billing a Medicaid claim with out an occurrence code, providers are responsible for certifying that the following criteria have been met in accordance with 42 CFR § 433.139: • The claim is for services rendered to a child support enforcement beneficiary; • The provider has billed the responsible third party; and • The provider has waited 100 days from the date of service and has not received a response from the third party. The provider has attached supporting documentation indicating that the responsible third party

No

Date:

By signing this attestation form, the provider acknowledges that the submitted claim meets the criteria indicated above for billing without an occurrence code.

Yes