

**SECTION**  
PROGRAM DESCRIPTION

**SUBJECT**  
Third Party Liability (TPL)

**Reference: ARM 37.85.407**

**REQUIREMENT**

According to state and federal law, the state must take all reasonable measures to determine the legal liability of third parties to pay for health care and services covered by Medicaid.

The Medicaid Program is the payor of last resort to other insurance programs. Medicaid does pay before Crime Victim Compensation Funds, Indian Health Services, and Disaster Relief Funds.

If a third party source is known to the provider, the provider must bill the third party before billing Medicaid and indicate any amount received from the third party on the Medicaid claim. Providers must submit a copy of the statement of payment or denial from the resource when billing for any balance.

Examples of third party resources include:

- X Medicare
- X Veterans' Administration Medical Payment
- X Private Insurance
- X TRICARE and TRICARE for Life (formerly Civilian Health and Medical Program of the Uniformed Services-CHAMPUS)
- X Workers' Compensation

**THIRD PARTY LIABILITY QUESTIONS**

Questions about third party policy or claims submission should be directed to the TPL Unit of the Quality Assurance Division or ACS's Provider Relations Section.

**HOME HEALTH REQUIREMENTS**

Medicaid no longer requires a formal denial Explanation of Medical Benefits (EOMB) notice of non-coverage for those home health individuals who are dually eligible for Medicare and Medicaid. In

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lieu of a formal denial of Medicare coverage, Medicaid will allow a self-certification by the provider. The provider will enter by means of a stamp, verbatim, in Field 84 of the UB-92 claim form (REMARKS), the following statement:

FORCE EXC. 261. NONE OF THE SERVICES, EQUIPMENT OR SUPPLIES LISTED ON THIS CLAIM ARE MEDICARE COVERED FOR THIS PATIENT UNDER THIS PLAN OF CARE. _____
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It is the provider's responsibility to assure this statement is true and accurate. The department may, at any time, request the provider demonstrate that Medicare payment was not available for such services. This may include obtaining an actual Medicare denial.

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