



**Section: Third Party Liability**

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## **6.2 Billing a Third Party Source**

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Mississippi law requires providers participating in the Medicaid program to determine if a beneficiary is covered by a third party source and to file and collect all third party coverage prior to billing Medicaid. This includes those beneficiaries who are also Medicare/ Medicaid eligible. The law further stipulates that providers will be held liable, to the extent of the Medicaid payment, for failure to cooperate when they have knowledge of third party coverage.

Therefore, the Medicaid program requires that claims with third party coverage should not be submitted to the Medicaid fiscal agent until payment or denial notification is received from the third party source. However, in the event there is no response from the third party source in 60 days from the date of filing, the provider may file with Medicaid using the "No Response from the Third Party Source" form (DOM TPL 407) at the end of this section, and in the Appendix.

When a provider bills a third party insurer and does not receive a prompt response, the provider should:

- Submit a written inquiry to the insurance company if no response has been received within 30 to 40 days from the date of original claim submission.
- File the claim with DOM's fiscal agent if no response has been received in 60 days from the date of the original claim submission. You must attach a completed copy of form DOM TPL 407. This form must be signed and dated by the provider or the billing clerk. The claim is processed according to the Medicaid payment policies.

The fiscal agent forwards copies of the "No Response" attachments to the DOM Office of Recovery for research. If the research reveals that no claim had been filed with the third party source or that the delay was solely due to the provider's failure to supply adequate information, the Medicaid payment for the services are voided on the provider's next payment register with the message, "Bill Third Party Source."

TPL EDIT OVERRIDE ATTACHMENT:  
NO RESPONSE

This is to certify that a claim has been filed with the third party source named below with follow-up as required and that no response has been received in at least 60 days.

Name of Medicaid beneficiary: \_\_\_\_\_

Medicaid ID number: \_\_\_\_\_

TPL Source Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of Original Billing: \_\_\_\_\_

Date of Follow-up: \_\_\_\_\_

I understand that the Division of Medicaid will research this matter. If no claim has been received by the TPL source, the Medicaid payment will be voided via the payment register with a message to bill the third party.

\_\_\_\_\_  
Signature of Provider or Billing Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number