471-000-100 Form MCP575, "Casualty Insurance Policy Information Sheet"

Form MCP575, "Casualty Insurance Policy Information Sheet," is sent to providers when a Medicaid claim is denied for third party casualty resources. The claim denial is also reported on the Medicaid Remittance Advice. If a balance remains after the provider has filed claims and received responses from all identified third party casualty resources, the provider may submit a claim adjustment request using the procedures outlined in 471-000-99.

Form MCP575 contains the following information to assist providers in filing claims with the third party casualty resources. The numbers below correspond to the form example in this appendix:

1. Provider Medicaid number, name, and address;

2. Medicaid client's name and Medicaid number;

3. Medicaid claim number denied for third party casualty coverage;

4. Provider's patient account number, if submitted on the Medicaid claim; 5.

Dates of service on the Medicaid claim;

6. Total billed amount on the Medicaid claim;

7. Additional claim processing exceptions (not related to casualty insurance) that must be resolved prior to payment;

8. Casualty carrier information; and

9. Additional information about the casualty case.

For questions regarding Form MCP575, providers may contact Medicaid Inquiry at 1-877-255-3092 (Option 1) or 471-9128 (in Lincoln) from 8:00 a.m. to 5:00 p.m. Central Time, Monday through Friday.

FORM MCP575 S T A T E O F N E B R A S K A REPORT PAGE 10
H E A L T H A N D H U M A N S E R V I C E S PROVIDER PAGE 1
MEDICAID MANAGEMENT INFORMATION SYSTEM - MEDICAL CLAIMS PROCESSING

CASUALTY INSURANCE POLICY INFORMATION SHEET - 03/21/2004

TO: PROVIDER NUMBER:
PROVIDER NAME:
ADDRESS:

1

2

REFERENCE: MEDICAID RECIPIENT:

OUR CLAIM # YOUR ACCOUNT # DATE(S) OF SERVICE BILLED AMOUNT

3 4 5 6

DEAR MEDICAID PROVIDER:

TO BE IN COMPLIANCE WITH STATE AND FEDERAL LAW, TAX MONEY CANNOT BE USED TO PAY MEDICAL BILLS THAT HAVE ANOTHER SOURCE OF PAYMENT. WE ARE, THEREFORE, DENYING PAYMENT ON THIS PATIENT'S INJURY CLAIMS.

IN ORDER TO PROTECT THE VALUE OF YOUR SERVICES, IT IS SUGGESTED THAT YOU CONTACT LEGAL COUNSEL ABOUT THE FILING OF A PHYSICIAN / HOSPITAL LIEN PURSUANT TO SECTION 52-401 OF THE REVISED STATUTES OF NEBRASKA, AND / OR CONTACT THE PATIENT'S ATTORNEY TO REACH AN AGREEMENT ABOUT YOUR PAYMENT.

OTHER PROCESSING EXCEPTIONS, ASIDE FROM INSURANCE, THAT MUST BE RESOLVED PRIOR TO MEDICAID PAYMENT:

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1) EL50 DUPLICATE OF - DOCUMENT (I=INSTREAM, P=PAID, S=SPENDDOWN)
2) IC47 OTHER DIAGNOSIS REVIEW (FL78-81)
3) RV30 SERVICE SUSPENDED FOR REVIEW

8

POLICY 1: INSURANCE CARRIER/ATTORNEY:
ADDRESS:

ADJUSTER NAME: PHONE:

INSURED:

CLAIM NUMBER:
DATE OF LOSS:

9

ADDITIONAL INFORMATION:
MVA.INJURY:BACK(SURGERY).IF SERVICES ARE NOT RELATED TO THIS ACCIDENT, SEND TREATMENT NOTES W/REQUEST FOR REVIEW/RECONSIDERATION ALONG W/THIS FORM.THIS IS THE MED PAY CARRIER. ADJUSTER'S EXT:

*** MULTIPLE POLICIES CONTINUED ON NEXT PAGE ***