



ADMINISTRATIVE RULES OF MONTANA



37.83.830 QUALIFIED MEDICARE BENEFICIARIES, BILLING

- (1) The requirements for billing medicaid are as follows:
 - (a) Claims for qualified medicare beneficiaries must be submitted to medicare first.
 - (i) Claims for medicare Part A insurance services must be submitted to the medicare Part A insurance intermediary for medicare payment and then submitted to medicaid on the appropriate claim form with the medicare explanation of medical benefits (EOMB) attached for payment of the deductibles and coinsurance.
 - (ii) Claims for medicare Part B insurance services must be submitted to the medicare Part B insurance carrier for medicare payment and then submitted to medicaid on the appropriate claim form with the medicare explanation of medical benefits (EOMB) attached for payment of the deductibles and coinsurance. The Part B carrier may, under an agreement with the department, submit the claims by electronic media to medicaid for payment of the deductibles and coinsurance.

Authorizing statute(s): Sec. 53-2-201 and 53-6-113, MCA

Implementing statute(s): Sec. 53-6-101 and 53-6-131, MCA

History: NEW, 1989 MAR p. 835, Eff. 6/30/89; TRANS, from SRS, 2000 MAR p. 197.