

**Maryland Medicaid CMS 1500
Box 11 – Rejection Reason S
Provider Attestation Form**

The following form is for use by providers billing CMS – 1500 professional claims to Maryland Medicaid. The form is intended to be used by providers who are seeking reimbursement for third party liability (TPL) claims and using rejection reason S (Other Rejection Reason Not Defined Above) in Box 11. Providers who have received a payment or denial from the participant’s third party payer, or other qualifying documentation to indicate use of another rejection reason, should bill using the correct rejection reason.

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:

Provider Name:

Pay to Provider MA Number:

Provider Attestation:

Providers selecting rejection reason “S” must attest the reason for their selection. Select from option one, two or three below to indicate the reason for using rejection S.

1. Child support enforcement beneficiary claim: (Check here)

Before billing a Medicaid claim with rejection reason “S”, 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 has been billed:

Yes No

2. Third party payment applied to patient deductible: (Check Here)

Before billing a Medicaid claim with rejection reason “S”, providers are responsible for certifying the following:

- The provider has billed the responsible third party; and
- The responsible third party applied the payment to the patient deductible

The provider has attached supporting documentation indicating that provider billed the responsible third party, and that the responsible third party applied the requested payment to the patient’s deductible:

Yes No

3. Other (please explain): (Check Here)

Signature:

Date:

By signing this attestation form, the provider acknowledges that the submitted claim meets the criteria indicated above for billing with rejection reason “S”.