

## Medicaid Consumer Liability 5160-1-13.1

A provider may **NOT** collect and/or bill for any difference between the Medicaid payment and the provider's charge, or for the following:



**Fee for missed appointments**

**Unacceptable or untimely  
claim submission**

**Failure to request a prior  
authorization**

**Retroactive Peer Review  
stating lack of medical  
necessity**

## When Can you Bill an Individual?



# If not an ABN, then What?

## 5160-1-13.1 Medicaid recipient liability

Date of service: \_\_\_\_\_

Type of service: \_\_\_\_\_

Name & account number: \_\_\_\_\_

Billing number: \_\_\_\_\_

☐ (C) A provider may bill a Medicaid recipient for a Medicaid covered service in lieu of submitting a claim to the Ohio department of Medicaid (ODM) only if all of the following conditions are met:

- \_\_\_\_\_ (1) The provider explains to the Medicaid recipient that the service is a covered Medicaid service and other Medicaid providers may render the service at no cost to the individual;
- \_\_\_\_\_ (2) Prior to each date of service for the specific service rendered, the provider notifies the Medicaid recipient in writing that the provider will not submit a claim to ODM for the service;
- \_\_\_\_\_ (3) The Medicaid recipient agrees to be liable for payment of the service and signs a written statement to that effect before service is rendered; and
- \_\_\_\_\_ (4) The Medicaid covered service is not a prescription for a controlled substance as defined in section 3719.01 of the Revised Code.

☐ (D) Services that are not covered by the Medicaid program, including services requiring prior authorization that have been denied by ODM, may be billed to a Medicaid recipient when the condition in paragraphs (C)(2) through (C)(4) of this rule are met.

☐ (E) Any individual not covered by Medicaid on the date of service is financially responsible for those services unless the individual qualifies for the hospital care assurance program (HCAP) in accordance with section 5168.14 of the Ohio Revised Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_