



Provider Bulletin

New Hampshire Medicaid

05/16/2022

Prior Authorization and Third Party Liability (TPL) for FFS Medicaid

The intent of this notice is to clarify third party liability (TPL) as it applies to Medicaid Fee-for-Service (FFS) service authorization requests. A “third party” means a health carrier that is or may be liable to pay all or part of the expenses for medical care furnished to a member. In the case where a client has primary coverage, Medicaid is the payer of last resort under federal law. All third party obligations must be exhausted before claims can be submitted to the fiscal agent in accordance with 42 CFR 433.139.

Providers must submit service authorizations to Medicaid FFS only after receiving a written determination from the primary payer as to whether the service will be covered and must include that written determination in the service authorization request submitted to Medicaid FFS.

In the event that a primary payer denies coverage of a Medicaid covered service, the provider may submit a service authorization to Medicaid FFS only after verifying with the primary payer that the initial service authorization request to the primary payer was complete and accurate, including all documentation, and is therefore a “true” denial. Again, the written denial from the primary payer must be included with the service authorization request sent to Medicaid for review.

If at any time the member changes private insurance carriers, providers are required to obtain a new service authorization from the new private insurance and submit the written determination to DHHS to update the Medicaid FFS service authorization.

If you have any questions or concerns on the contents of this notice, please contact Jordan McCormick at Jordan.M.McCormick@dhhs.nh.gov.

Thank you,
NH Medicaid Provider Relations