STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

CONDITIONS FOR DIRECT PAYMENT FOR PHYSICIANS' AND DENTISTS' SERVICES

If medically necessary, Medicaid covered services are provided to a person whose disability application is pending beyond the time limits as set out in applicable state or federal regulations or in appeal. Once eligibility is established, if the provider refuses to request Medicaid reimbursement, the recipient may seek Medicaid reimbursement directly by submitting documentation sufficient to determine the type of service, date of service, the amount paid for the service, and necessity for the service. Claims must be filed within one year after the final determination of eligibility. Medicaid reimbursement to the recipient shall not exceed the amount that would be paid to the provider.

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