# Medicare/Medi-Cal Crossover Claims: Inpatient Services Billing Examples

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This section illustrates billing examples of Medicare/Medi-Cal crossover claims for inpatient services on the *UB-04* claim and correlating *Remittance Advice Details* (RAD) examples. Refer to the *Medicare/ Medi-Cal Crossover Claims: Inpatient Services* section in this manual for billing information.

#### **Hard Copy Billing Examples**

The following examples show how to bill hard copy Medicare/Medi-Cal crossover claims:

- Figures 1a and 1b. Billing Medi-Cal for Part A-Only Services Billed to a Part A Intermediary; With Part A Payment.
- Figures 2a and 2b. Billing Medi-Cal for Part A Benefits Exhausted.
- Figures 3a and 3b. Billing Medi-Cal for Part B-Only Services Billed to a Part A Intermediary.
- Figures 4a and 4b. Billing for More Than 22 Line Items With Part B Payment.
- Figures 5a and 5b. Billing Medi-Cal for Medicare Remittance Advice With Lifetime Reserve (LTR) Days.

#### **Medicare RA Examples**

Sample *Medicare National Standard Intermediary Remittance Advices* (Medicare RAs) on the following pages are partial examples of applicable fields only.

### Part A Payment

Figures 1a and 1b. Billing Medi-Cal for Part A-only services billed to a Part A intermediary; with Part A payment.

The Part A deductible is entered in the *Value Codes and Amounts* (Box 39 thru 41 A thru D) fields on the *UB-04* claim with code "A1" or "B1." The payment is entered in the appropriate *Prior Payment* field (Box 54) that corresponds to *Payer Name* field (Box 50).

The Part A deductible and payment are circled on the sample Medicare RA for easy identification.

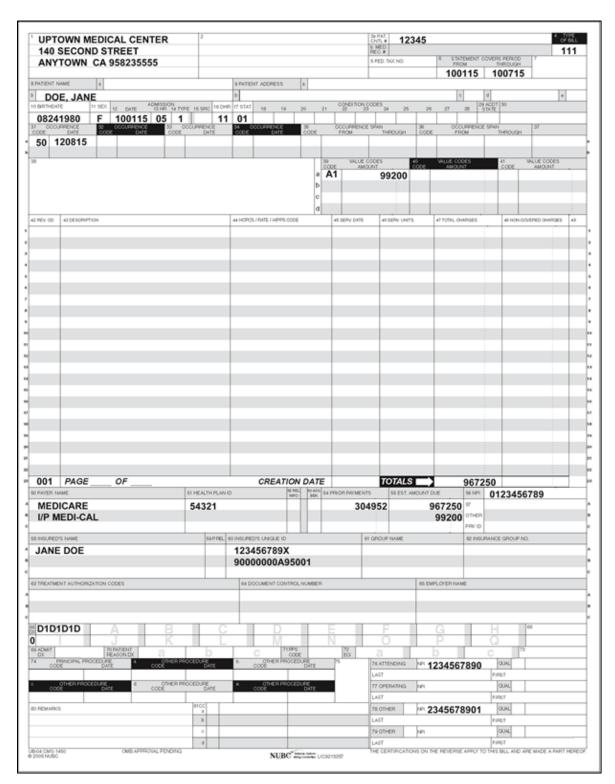


Figure 1a: Billing Medi-Cal for Part A-Only Services Billed to a Part A Intermediary; With Part A Payment

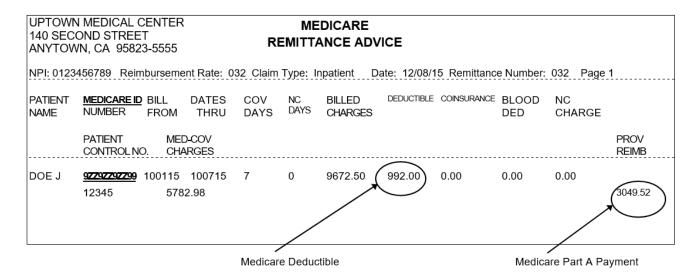


Figure 1b: Simplified Medicare RA With Part A Payment

#### Part A Benefits Exhausted

Figures 2a and 2b. Billing Medi-Cal for Part A benefits exhausted.

A TAR is required to bill Medi-Cal for Part A benefits exhausted. The Part B payment is entered in the *Prior Payment* field (Box 54) on the *UB-04* claim. (Inpatient Medicare Part A coinsurance and deductible in this example were previously billed on a separate *UB-04* claim for Part A covered days.)

The Part B payment is circled on the sample Medicare RA for easy identification.

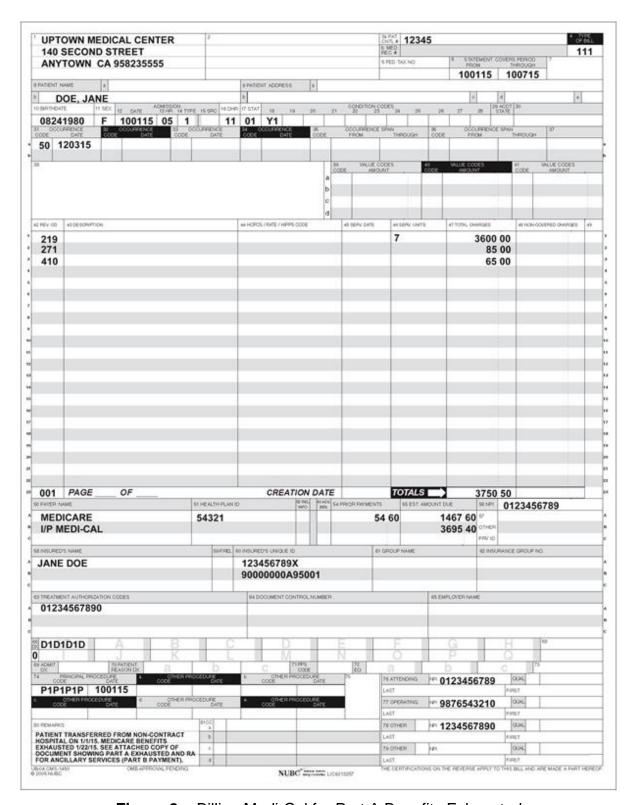


Figure 2a: Billing Medi-Cal for Part A Benefits Exhausted

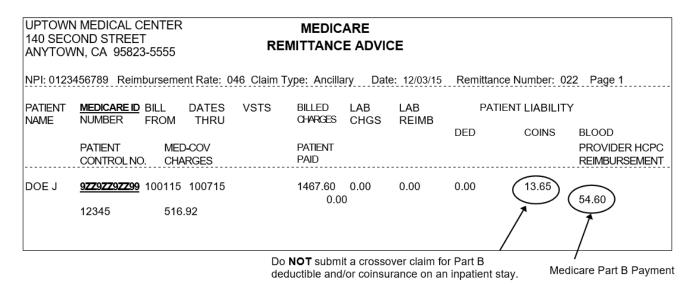


Figure 2b: Simplified Medicare RA With Part A Benefits Exhausted

### **Part B-Only Eligibility**

Figures 3a and 3b. Billing Medi-Cal for Part B-only services billed to a Part A intermediary.

A TAR is required to hard copy bill Medi-Cal for Part B-only services. The Part B payment is entered in the *Prior Payments* (Box 54) field on the *UB-04* claim form. Medicare coverage is stated in the *Remarks* field (Box 80) of the claim.

The Part B payment is circled on the sample Medicare RA for easy identification. This example shows a Share of Cost (Value Code 23) of \$150.

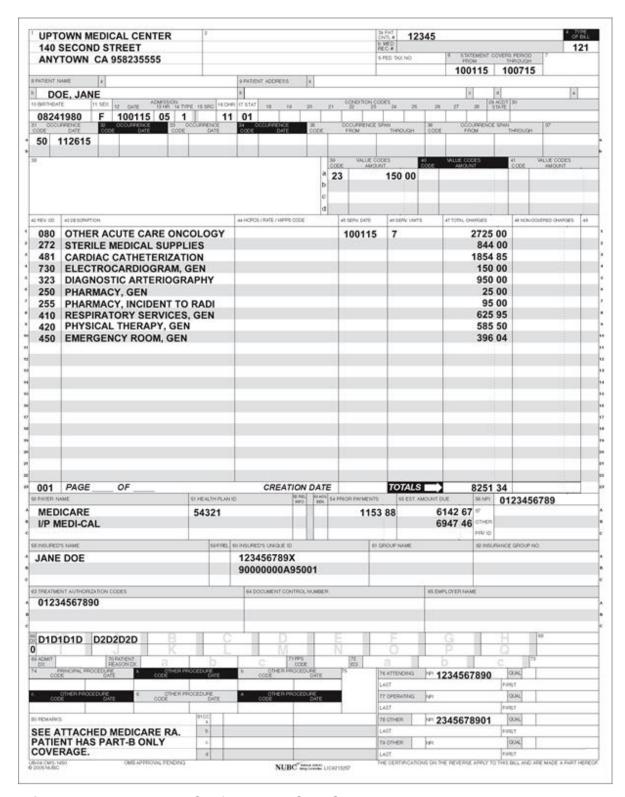


Figure 3a: Billing Medi-Cal for Part B-Only Services Billed to a Part A Intermediary

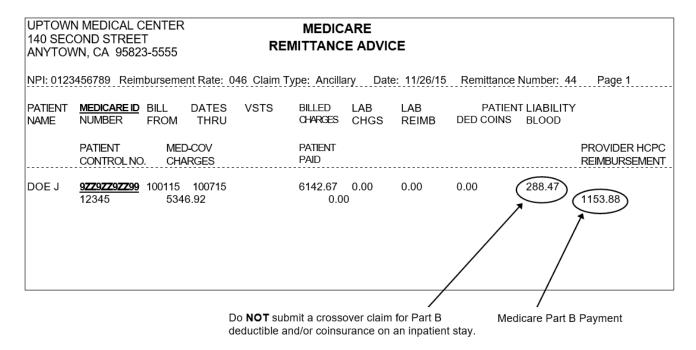


Figure 3b: Simplified Medicare RA With Part B-Only Services

#### Split Billing: More Than 22 Line Items With Part B Payment

Figures 4a and 4b. Billing for more than 22 line items with Part B payment.

When billing on multiple claim forms to accommodate more than 22 line items, the Part B payment is divided and entered separately on each claim form. A portion is billed in the *Prior Payments* field (Box 54) of the Medicare line of the first claim form and the remainder is billed in the *Prior Payments* field of the Medicare line of the second form. Do not enter the full Part B paid amount on one claim form only or on all subsequent claim forms. The Part B payment amount entered on each split-billed claim is arbitrary as long as the sum of the amounts equals the total Medicare RA Part B payment.

#### Remarks Field

In the following example, two claim forms are needed because 28 line items are being billed. The number of claims is indicated in the *Description* field (Box 43, line 23) and the *Remarks* field (Box 80) of the claim (for example, Page 1 of 2, Page 2 of 2). The *Remarks* field (Box 80) also requires a statement explaining the reason for split billing, the total Part B payment amount and the Part B amounts entered on each form.

The Part B payment is circled on the sample Medicare RA for easy identification.

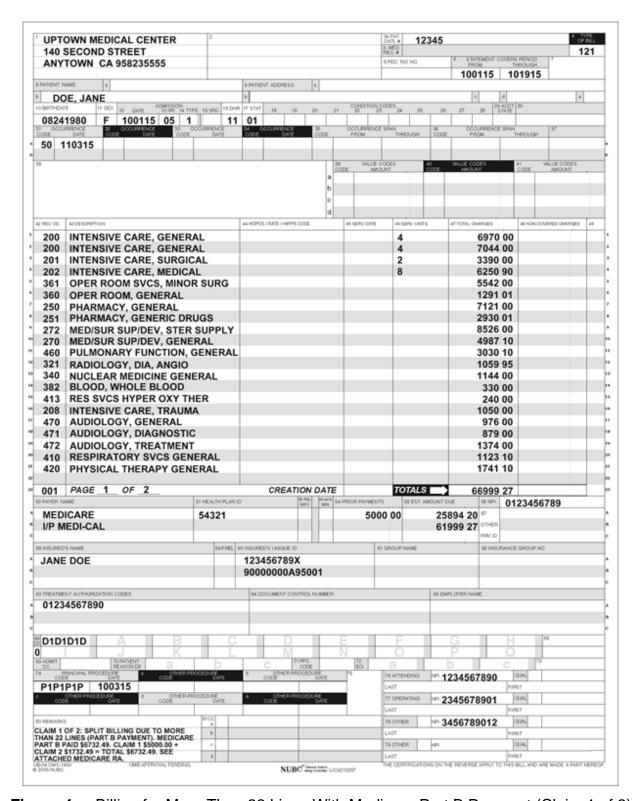


Figure 4a: Billing for More Than 22 Lines With Medicare Part B Payment (Claim 1 of 2)

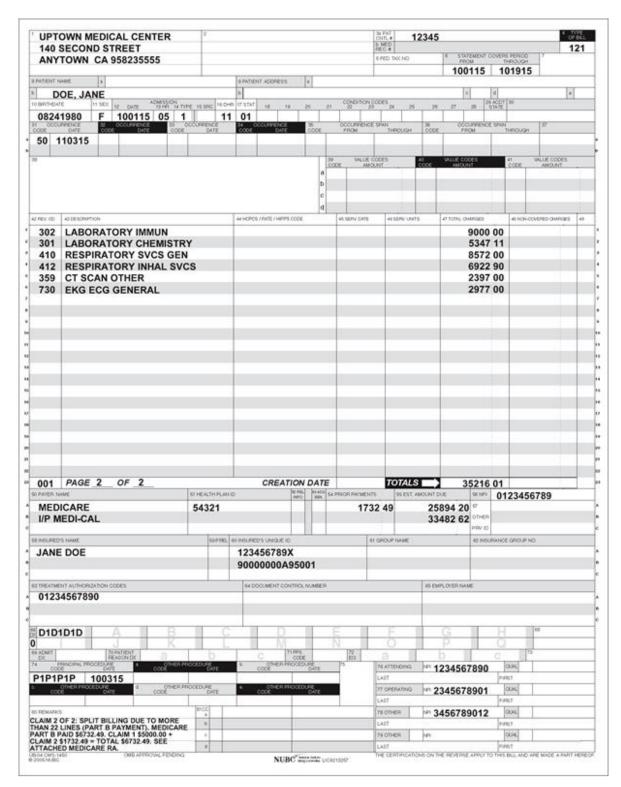


Figure 4a (continued): Billing for More Than 22 Lines With Medicare Part B Payment (Claim 2 of 2)

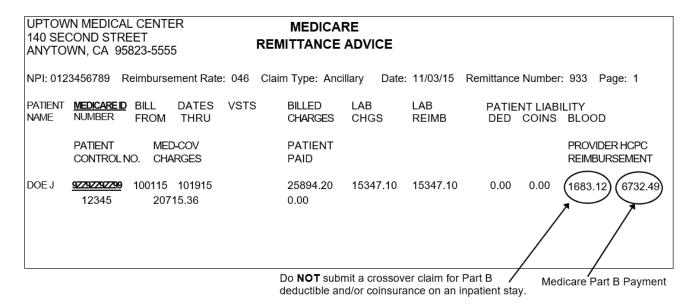


Figure 4b: Simplified Medicare RA With Split Billing

#### Medicare Lifetime Reserve (LTR) Days Coinsurance

Figures 5a and 5b. Billing Medi-Cal for Medicare Lifetime Reserve (LTR) days coinsurance.

The Medicare deductible amount is shown first in the *Value Codes* and *Amounts* fields (Boxes 39 thru 41 A thru D) of the *UB-04* claim. The "A1" designates Medicare deductible. Then the sum of the regular coinsurance and LTR days' coinsurance amounts is entered in field 40. The "A2" designates primary coinsurance.

The Medicare deductible and regular and LTR days' coinsurance amounts are circled on the sample Medicare RA for easy identification.

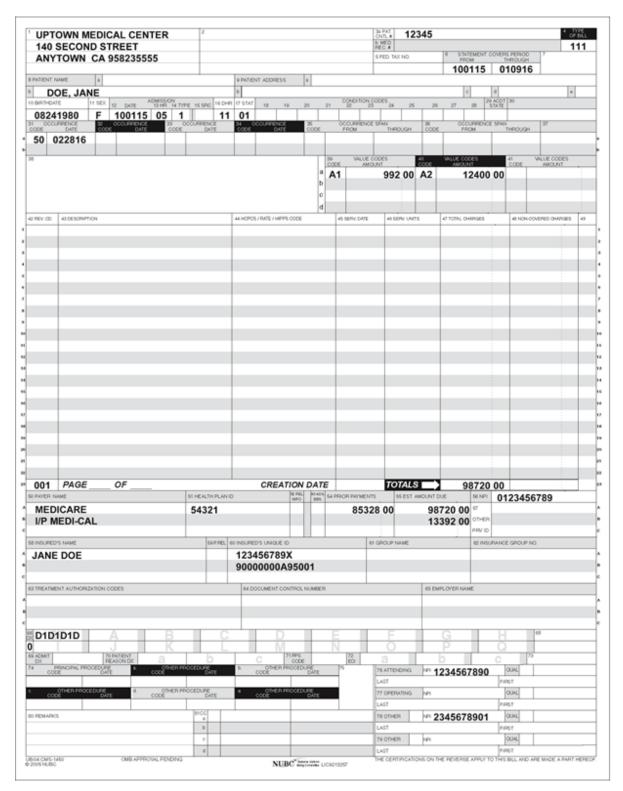
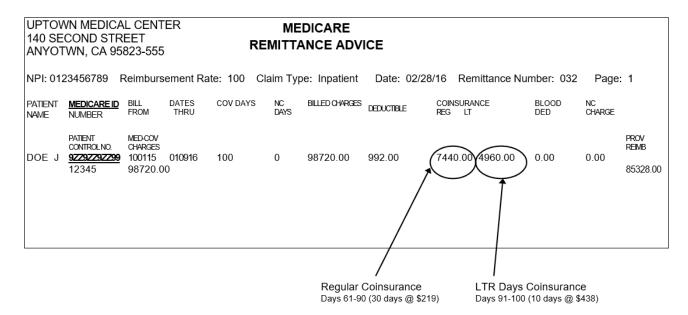


Figure 5a: Billing Medi-Cal for Medicare Lifetime Reserve (LTR) Days Coinsurance



**Figure 5b:** Simplified Medicare RA With Lifetime Reserve (LTR) Days This example shows deductible rates and coinsurance rates.

## «Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
<b>((</b>	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
<b>&gt;&gt;</b>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.