
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.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		33 PAT. CNTL. # 12345		4 TYPE OF BILL 111	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS		5 FED. TAX NO. 100115		6 STATEMENT COVERS PERIOD FROM 100715	
10 BIRTH-DATE 08241980		11 SEX F		12 DATE 100115		13 HR. TYPE 05	
14 SRC 1		15 DHR 11		16 DHR 01		17 STAT	
31 OCCURRENCE DATE 50 120815		32 OCCURRENCE CODE		33 OCCURRENCE DATE		34 OCCURRENCE CODE	
35 OCCURRENCE DATE		36 OCCURRENCE CODE		37 OCCURRENCE DATE		38 OCCURRENCE CODE	
39 VALUE CODES AMOUNT A1 99200		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT	
43 DESCRIPTION		44 HPOS / RATE / HPPS CODE		45 SERV. DATE		46 SERV. UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50	
001 PAGE OF		CREATION DATE		TOTALS		967250	
50 PAYER NAME MEDICARE I/P MEDI-CAL		51 HEALTH PLAN ID 54321		52 PRIOR PAYMENTS 304952		53 EST. AMOUNT DUE 967250	
54 INSURER'S NAME JANE DOE		55 INSURER'S UNIQUE ID 123456789X 90000000A95001		56 GROUP NAME		57 INSURANCE GROUP NO.	
58 TREATMENT AUTHORIZATION CODES		59 DOCUMENT CONTROL NUMBER		60 EMPLOYER NAME		61	
62 ADMIT CODE D1D1D1D		63 PATIENT REASON DX A B C D E F G H		64 ICD CODE a b c		65 EQ a b c	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI 1234567890		77 OPERATING NPI	
78 OTHER NPI 2345678901		79 OTHER NPI		80 REMARKS		81	

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

UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 95823-5555		MEDICARE REMITTANCE ADVICE									
NPI: 0123456789 Reimbursement Rate: 032 Claim Type: Inpatient Date: 12/08/15 Remittance Number: 032 Page 1											
PATIENT NAME	MEDICARE ID NUMBER	BILL FROM	DATES FROM THRU	COV DAYS	NC DAYS	BILLED CHARGES	DEDUCTIBLE	COINSURANCE	BLOOD DED	NC CHARGE	PROV REIMB
PATIENT CONTROL NO.		MED-COV CHARGES									
DOE J	<u>9779779779</u>	100115	100715	7	0	9672.50	992.00	0.00	0.00	0.00	3049.52
	12345		5782.98								

Medicare Deductible
Medicare 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.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3A PCT CNTL # 12345		3B TYPE OF BILL 111	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS					
10 BIRTH-DATE 08241980		11 SEX F		12 DATE 100115 05 1		13 ADMISSION 13 HRL 14 TYPE 15 SRC 11 01 Y1	
31 OCCURRENCE DATE 50 120315		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35		36		37		38	
42 REV CD 219 271 410		43 DESCRIPTION		44 HOPCS/RATE /HPCS CODE		45 SERVS DATE	
						46 SERVS UNITS	
						47 TOTAL CHARGES	
						48 NON-COVERED CHARGES	
						49	
001 PAGE OF		CREATION DATE		TOTALS		3750 50	
60 PAYER NAME MEDICARE /IP MEDI-CAL		61 HEALTH PLAN ID 54321		62 PRIOR PAYMENTS 54 60		63 EST. AMOUNT DUE 1467 60	
						64 OTHER PRTY ID 3695 40	
65 INSURED'S NAME JANE DOE		66 INSURED'S UNIQ ID 123456789X 90000000A95001		67 GROUP NAME		68 INSURANCE GROUP NO.	
69 TREATMENT AUTHORIZATION CODES 01234567890		70 DOCUMENT CONTROL NUMBER		71 EMPLOYER NAME			
72							
73							
74							
75							
76 ATTENDING LAST FIRST MFI 0123456789							
77 OPERATING LAST FIRST MFI 9876543210							
78 OTHER LAST FIRST MFI 1234567890							
79 OTHER LAST FIRST MFI							
80 REMARKS PATIENT TRANSFERRED FROM NON-CONTRACT HOSPITAL ON 1/1/15. MEDICARE BENEFITS EXHAUSTED 1/22/15. SEE ATTACHED COPY OF DOCUMENT SHOWING PART A EXHAUSTED AND RA FOR ANCILLARY SERVICES (PART B PAYMENT).							

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

UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 95823-5555				MEDICARE REMITTANCE ADVICE						
NPI: 0123456789 Reimbursement Rate: 046 Claim Type: Ancillary Date: 12/03/15 Remittance Number: 022 Page 1										
PATIENT NAME	<u>MEDICARE ID NUMBER</u>	BILL FROM	DATES THRU	VSTS	BILLED CHARGES	LAB CHGS	LAB REIMB	PATIENT LIABILITY		
								DED	COINS	BLOOD PROVIDER HCPC REIMBURSEMENT
	PATIENT CONTROL NO.	MED-COV CHARGES			PATIENT PAID					
DOE J	<u>97797797799</u>	100115	100715		1467.60	0.00	0.00	0.00	13.65	54.60
	12345	516.92			0.00					

Do **NOT** submit a crossover claim for Part B deductible and/or coinsurance on an inpatient stay. Medicare Part B Payment

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.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3A PART CONT # 12345		4 TYPE OF BILL 121	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS		5 FED TAX NO		6 STATEMENT COVERS PERIOD FROM 100115 THROUGH 100715	
10 BIRTH-DATE 08241980	11 SEX F	12 DATE 100115	13 ADMISSION HR 05	14 TYPE 1	15 SRC 11	16 DMR 01	17 STAT 01
31 OCCURRENCE DATE 50 112615	32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	37 OCCURRENCE DATE	38 OCCURRENCE CODE
39 VALUE CODES AMOUNT a 23 150 00		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT	
43 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HPCS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
080	OTHER ACUTE CARE ONCOLOGY		100115	7	2725 00		
272	STERILE MEDICAL SUPPLIES				844 00		
481	CARDIAC CATHETERIZATION				1854 85		
730	ELECTROCARDIOGRAM, GEN				150 00		
323	DIAGNOSTIC ARTERIOGRAPHY				950 00		
250	PHARMACY, GEN				25 00		
255	PHARMACY, INCIDENT TO RADI				95 00		
410	RESPIRATORY SERVICES, GEN				625 95		
420	PHYSICAL THERAPY, GEN				585 50		
450	EMERGENCY ROOM, GEN				396 04		
001 PAGE OF		CREATION DATE		TOTALS		8251 34	
50 PAYER NAME MEDICARE I/P MEDI-CAL		51 HEALTH PLAN ID 54321		52 PRIOR PAYMENTS 1153 88		53 EST AMOUNT DUE 6142 67 OTHER 6947 46	
58 INSURED'S NAME JANE DOE		59 REL 60 INSURED'S UNIQUE ID 123456789X 90000000A95001		61 GROUP NAME		62 INSURANCE GROUP NO	
63 TREATMENT AUTHORIZATION CODES 01234567890		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 ADMIT CODE 0		67 PATIENT REASON DX A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		68		69	
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 OTHER PROCEDURE CODE DATE		77 ATTENDING NPI 1234567890 LAST FIRST	
78 OTHER CODE DATE		79 OTHER CODE DATE		80 OTHER CODE DATE		77 OPERATING NPI LAST FIRST	
81 REMARKS SEE ATTACHED MEDICARE RA. PATIENT HAS PART-B ONLY COVERAGE.		82		83		78 OTHER NPI 2345678901 LAST FIRST	
84		85		86		79 OTHER NPI LAST FIRST	

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

UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 95823-5555			MEDICARE REMITTANCE ADVICE							
NPI: 0123456789 Reimbursement Rate: 046 Claim Type: Ancillary Date: 11/26/15 Remittance Number: 44 Page 1										
PATIENT NAME	MEDICARE ID NUMBER	BILL FROM	DATES THRU	VSTS	BILLED CHARGES	LAB CHGS	LAB REIMB	PATIENT LIABILITY		
PATIENT CONTROL NO.		MED-COV CHARGES		PATIENT PAID		PROVIDER HCPC REIMBURSEMENT				
DOE J	<u>97797797799</u> 12345	100115	100715		6142.67 0.00	0.00	0.00	0.00	288.47	1153.88

Do **NOT** submit a crossover claim for Part B deductible and/or coinsurance on an inpatient stay.

Medicare Part B Payment

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.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555													30 PAT CONTL # 12345												4 TYPE OF BILL 121							
8 PATIENT NAME DOE, JANE													9 PATIENT ADDRESS												5 STATEMENT COVERS PERIOD FROM 100115 THROUGH 101915							
10 BIRTH DATE 08241980			11 SEX F			12 DATE 100115 05 1			13 ADMISSION 11 01			14 TYPE 15 SRC 16 CHR 17 STAT 18 19 20 21															22 CONDITION CODES 23 24 25 26 27 28			29 ACCT STATE 30		
31 OCCURRENCE DATE 50 110315			32 OCCURRENCE DATE			33 OCCURRENCE DATE			34 OCCURRENCE DATE			35 CODE			36 OCCURRENCE SPAN FROM THROUGH			37 OCCURRENCE SPAN FROM THROUGH			38											
39 CODE				40 VALUE CODES AMOUNT				41 CODE				42 VALUE CODES AMOUNT				43 CODE				44 VALUE CODES AMOUNT												
42 REV. CD	43 DESCRIPTION											44 HOPS / RATE / HPPS CODE				45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49												
200	INTENSIVE CARE, GENERAL												4	6970 00																		
200	INTENSIVE CARE, GENERAL												4	7044 00																		
201	INTENSIVE CARE, SURGICAL												2	3390 00																		
202	INTENSIVE CARE, MEDICAL												8	6250 90																		
361	OPER ROOM SVCS, MINOR SURG													5542 00																		
360	OPER ROOM, GENERAL													1291 01																		
250	PHARMACY, GENERAL													7121 00																		
251	PHARMACY, GENERIC DRUGS													2930 01																		
272	MED/SUR SUP/DEV, STER SUPPLY													8526 00																		
270	MED/SUR SUP/DEV, GENERAL													4987 10																		
460	PULMONARY FUNCTION, GENERAL													3030 10																		
321	RADIOLOGY, DIA, ANGIO													1059 95																		
340	NUCLEAR MEDICINE GENERAL													1144 00																		
382	BLOOD, WHOLE BLOOD													330 00																		
413	RES SVCS HYPER OXY THER													240 00																		
208	INTENSIVE CARE, TRAUMA													1050 00																		
470	AUDIOLOGY, GENERAL													976 00																		
471	AUDIOLOGY, DIAGNOSTIC													879 00																		
472	AUDIOLOGY, TREATMENT													1374 00																		
410	RESPIRATORY SVCS GENERAL													1123 10																		
420	PHYSICAL THERAPY GENERAL													1741 10																		
001	PAGE 1 OF 2											CREATION DATE	TOTALS	66999 27																		
50 PAYER NAME MEDICARE I/P MEDI-CAL				51 HEALTH PLAN ID 54321				52 BILL INFO		53 REASR BN		54 PRIOR PAYMENTS 5000 00				55 EST. AMOUNT DUE 25894 20		56 NPI 0123456789		57 OTHER PIV ID												
58 INSURED'S NAME JANE DOE				59 FREL				60 INSURED'S UNIQUE ID 123456789X 90000000A95001				61 GROUP NAME				62 INSURANCE GROUP NO																
63 TREATMENT AUTHORIZATION CODES 01234567890						64 DOCUMENT CONTROL NUMBER						65 EMPLOYER NAME																				
66 POC 0																																
69 ADMIT DR		70 PATIENT REASON DR		71 PRINCIPAL PROCEDURE CODE		72 OTHER PROCEDURE CODE		73 OTHER PROCEDURE CODE		74 OTHER PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI 1234567890		77 QUAL																
P1P1P1P		100315												LAST		FIRST																
														77 OPERATING NPI 2345678901		QUAL																
														LAST		FIRST																
														78 OTHER NPI 3456789012		QUAL																
														LAST		FIRST																
														79 OTHER NPI		QUAL																
														LAST		FIRST																
80 REMARKS CLAIM 1 OF 2: SPLIT BILLING DUE TO MORE THAN 22 LINES (PART B PAYMENT). MEDICARE PART B PAID \$6732.49. CLAIM 1 \$5000.00 + CLAIM 2 \$1732.49 = TOTAL \$6732.49. SEE ATTACHED MEDICARE RA.																																
81 CC a b c d																																

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

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		3 RAT OURL # 12345		7 TIME OF REL 121	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS		6 FED TAX NO 100115 101915	
10 BIRTH DATE 08241980	11 SEX F	12 DATE 100115	13 ADMISSION NO 05	14 TYPE 1	15 SRC 11
16 CHR 01		17 STAT 01		CONDITION CODES	
31 OCCURRENCE DATE 50 110315		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE	
37 OCCURRENCE DATE		38 OCCURRENCE DATE		39 OCCURRENCE DATE	
40 REV CD		41 DESCRIPTION		42 HCPCS / RATE / HPPS CODE	
43 SERV DATE		44 SERV UNITS		45 TOTAL CHARGES	
46 NON-COVERED CHARGES		47		48	
302 LABORATORY IMMUN				9000 00	
301 LABORATORY CHEMISTRY				5347 11	
410 RESPIRATORY SVCS GEN				8572 00	
412 RESPIRATORY INHAL SVCS				6922 90	
359 CT SCAN OTHER				2397 00	
730 EKG ECG GENERAL				2977 00	
001 PAGE 2 OF 2		CREATION DATE		TOTALS 35216 01	
50 PAYER NAME MEDICARE I/P MEDI-CAL		51 HEALTH PLAN ID 54321		52 PRIOR PAYMENTS 1732 49	
53 EST. AMOUNT DUE 25894 20		54 OTHER 33482 62		55 NPI 0123456789	
56 INSURED'S NAME JANE DOE		57 INSURED'S UNIQUE ID 123456789X 900000000A95001		58 GROUP NAME	
59 INSURANCE GROUP NO		60 TREATMENT AUTHORIZATION CODES 01234567890		61 DOCUMENT CONTROL NUMBER	
62 EMPLOYER NAME		63 D1D1D1D 0		64	
65		66		67	
68		69		70	
71		72		73	
74 PRINCIPAL PROCEDURE DATE P1P1P1P 100315		75 OTHER PROCEDURE DATE		76 OTHER PROCEDURE DATE	
77 ATTENDING NPI 1234567890		78 LAST		79 QUAL	
80 OPERATING NPI 2345678901		81 LAST		82 QUAL	
83 OTHER NPI 3456789012		84 LAST		85 QUAL	
86 OTHER NPI		87 LAST		88 QUAL	
89 REMARKS CLAIM 2 OF 2: SPLIT BILLING DUE TO MORE THAN 22 LINES (PART B PAYMENT). MEDICARE PART B PAID \$6732.49. CLAIM 1 \$5000.00 + CLAIM 2 \$1732.49 = TOTAL \$6732.49. SEE ATTACHED MEDICARE RA.		90		91	
92		93		94	
95		96		97	
98		99		00	

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

UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 95823-5555				MEDICARE REMITTANCE ADVICE								
NPI: 0123456789 Reimbursement Rate: 046 Claim Type: Ancillary Date: 11/03/15 Remittance Number: 933 Page: 1												
PATIENT NAME	<u>MEDICARE ID NUMBER</u>	BILL FROM	DATES THRU	VSTS	BILLED CHARGES	LAB CHGS	LAB REIMB	PATIENT LIABILITY			PROVIDER HCPC REIMBURSEMENT	
	PATIENT CONTROL NO.	MED-COV CHARGES			PATIENT PAID			DED	COINS	BLOOD		
DOE J	97297297299 12345	100115	101915		25894.20 0.00	15347.10	15347.10	0.00	0.00		1683.12	6732.49

Do **NOT** submit a crossover claim for Part B deductible and/or coinsurance on an inpatient stay. Medicare Part B Payment

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.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		31 PAT CNTL # 12345		4 TYPE OF BILL 111	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS					
10 BIRTH-DATE 08241980		11 SEX F		12 DATE 100115 05 1		13 ADMISSION 13 HR 14 TYPE 15 SRC 11 01	
16 OCCURRENCE DATE 50 022816		17 OCCURRENCE DATE		18 OCCURRENCE DATE		19 OCCURRENCE DATE	
39 CODE A1		40 VALUE CODES AMOUNT 992 00		41 CODE A2		42 VALUE CODES AMOUNT 12400 00	
43 REV CD		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV DATE	
46 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
001		PAGE OF		CREATION DATE		TOTALS 98720 00	
50 PAYER NAME MEDICARE I/P MEDI-CAL		51 HEALTH PLAN ID 54321		52 PRIOR PAYMENTS 85328 00		53 EST. AMOUNT DUE 98720 00 13392 00	
54 INSURED'S NAME JANE DOE		55 INSURED'S UNIQUE ID 123456789X 90000000A95001		56 GROUP NAME		57 INSURANCE GROUP NO	
58 TREATMENT AUTHORIZATION CODES		59 DOCUMENT CONTROL NUMBER		60 EMPLOYER NAME			
61 D1D1D1D		62 A B C D E F G H		63 J K L M N O P Q		64	
65 ADMIT DATE		66 PATIENT REASON DC		67 PRINCIPAL PROCEDURE CODE		68 OTHER PROCEDURE CODE	
69 OTHER PROCEDURE DATE		70 OTHER PROCEDURE DATE		71 OTHER PROCEDURE DATE		72 OTHER PROCEDURE DATE	
73 ATTENDING NPI 1234567890		74 LAST		75 FIRST		76 QUAL	
77 OTHER NPI 2345678901		78 LAST		79 FIRST		80 QUAL	
81 OTHER NPI		82 LAST		83 FIRST		84 QUAL	
85 OTHER NPI		86 LAST		87 FIRST		88 QUAL	

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

UPTOWN MEDICAL CENTER 140 SECOND STREET ANYOTWN, CA 95823-555		MEDICARE REMITTANCE ADVICE										
NPI: 0123456789		Reimbursement Rate: 100		Claim Type: Inpatient		Date: 02/28/16		Remittance Number: 032		Page: 1		
PATIENT NAME	MEDICARE ID NUMBER	BILL FROM	DATES THRU	COV DAYS	NC DAYS	BILLED CHARGES	DEDUCTIBLE	COINSURANCE REG	LT	BLOOD DED	NC CHARGE	PROV REIMB
DOE J	PATIENT CONTROL NO. 9729729799 12345	MED COV CHARGES 100115 98720.00	010916	100	0	98720.00	992.00	7440.00	4960.00	0.00	0.00	85328.00

Regular Coinsurance
Days 61-90 (30 days @ \$219)

LTR Days Coinsurance
Days 91-100 (10 days @ \$438)

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
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.