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## **Medicare/Medi-Cal Crossover Claims: Vision Care Medi-Cal Pricing Examples**

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Page updated: August 2020

This section illustrates Medi-Cal payment examples of Medicare/Medi-Cal claims for vision care services billed on the *CMS-1500* claim form and correlating *Remittance Advice Details* (RAD) examples. Refer to the *Medicare/Medi-Cal Crossover Claims: Vision Care* section in this manual for billing information.

*Welfare and Institutions Code*, Section 14109.5, limits Medi-Cal's payment of the deductible and coinsurance to an amount which, when combined with the Medicare payment, should not exceed the amount paid by Medi-Cal for similar services. This limit is applied to the sum-total of the claim. Therefore, the combined Medicare/Medi-Cal payment for all services of a claim may not exceed the amount allowed by Medi-Cal for all services of the claim. For examples of Medi-Cal payments, see "Crossover Claim Payment Examples" on a following page in this section.

### **Payment on Crossover Claims**

Medicare deductible and coinsurance amounts that are hard copy billed to the California MMIS Fiscal Intermediary are reimbursed in the same manner as if they were automatically transferred from the Part B carriers. Medi-Cal payment is based upon the Medi-Cal allowable amount, minus any payment a provider has received from Medicare and from private insurance.

### **Payment on Medicare Non-Covered, Exhausted or Denied Services**

Medicare non-covered, exhausted (where Medicare service limitations apply) or denied services billed directly by a provider to Medi-Cal as straight Medi-Cal claims are paid based upon the Medi-Cal allowable amount.

### **Remittance Advice Details (RAD)**

The Medi-Cal *Remittance Advice Details* (RAD) reflects each crossover service processed. In most cases, the procedure code listed on the RAD is the Medi-Cal procedure code. If Medi-Cal is unable to correlate the Medicare procedure code, the Medicare procedure code is reflected on the RAD. In addition, the Medicare Allowed, Medi-Cal Allowed, Computed MCR AMT (Medicare payment) and Medi-Cal Paid amounts are shown. If Medi-Cal reduces or denies payment consideration for total claim services, an appropriate RAD message will be displayed.

Claims automatically submitted to Medi-Cal by a Part B carrier that result in a zero Medi-Cal payment are not reflected on the *Remittance Advice Details* (RAD). However, automatic crossover claims with one or more procedures processed as a 444 cutback are reflected on the RAD. This alerts providers that they may rebill the 444 cutback procedures. (See “Charpentier Rebilling” in the *Medicare/Medi-Cal Crossover Claims: Vision Care* section of this manual.)

## RAD Messages

The most common RAD codes and messages relating to crossovers are listed below (refer to the RAD codes and messages sections in the Part 1 manual for a complete list):

««RAD Messages Table»»

| Code  | Message   |
|-------|---|
| 002 * | The recipient is not eligible for benefits under the Medi-Cal program or other special programs.  |
| 371 * | Line detail crossover submitted incorrectly on Medi-Cal claim; submit only copy of Medicare claim and EOMB to:<br><br>Crossover Unit<br>P.O. Box 15700<br>Sacramento, CA 95852-1700 |
| 372   | This crossover must be billed with line-specific information. Resubmit with line item information.  |
| 395   | This is a Medicare non-covered benefit. Rebill Medi-Cal on an original claim form except for aid code “80,” QMB (Qualified Medicare Beneficiary Program) recipients.                |
| 442   | Medicare payment meets or exceeds Medi-Cal maximum reimbursement.   |
| 443   | Medi-Cal payment may not exceed the maximum amount allowed by Medi-Cal.   |
| 444 † | For non-physician claims, see Charpentier billing instructions in the provider manual. Medi-Cal automated system payment does not exceed the Medicare allowed amount.               |

## **Crossover Claim Payment Examples**

The dollar amounts in the following payment examples are for illustration only and do not necessarily represent Medi-Cal or Medicare allowed amounts. Payment of crossover services is made in accordance with *Welfare and Institutions Code*, Section 14109.5.

Medi-Cal payment examples are:

- *Figures 1a and 1b.* 395 Medicare Non-Covered Benefit.
- *Figures 2a and 2b.* 442 Cutback (Zero Pay).
- *Figures 3a and 3b.* 443 Cutback With Deductible.
- *Figures 4a and 4b.* 443 Cutback With No Deductible.
- *Figures 5a and 5b.* Medicare Allowed Amount Adopted by Medi-Cal.

### 395 Medicare Non-Covered Benefit

| PROC CODE    | PROVIDER BILLED | MEDICARE ALLOWED | DEDUCT | COMPUTED MEDICARE AMOUNT                | COINSUR  | BILLED TO MEDI-CAL      | MEDI-CAL ALLOWED   | COMPUTED MEDI-CAL AMOUNT                            | DEDUCT PLUS COINSUR     | PAID AMOUNT  | RAD CODE |
|--------------|-----------------|------------------|--------|---|--|-------------------------|--|---|-------------------------|--|----------|
|              |                 |                  |        | "Medicare Allowed" minus "Deduct" X 80% | "Medicare Allowed" minus "Deduct" minus "Computed Medicare Amount" | "Deduct" plus "Coinsur" | Medi-Cal price on file or "Medicare Allowed", whichever is less. ("Medicare Allowed" is adopted and shown on the RAD if no Medi-Cal price is on file.) | "Medi-Cal Allowed" minus "Computed Medicare Amount" | "Deduct" plus "Coinsur" | The lesser of "Computed Medi-Cal Amount" or "Deduct plus Coinsur" (negative = 0) |          |
| V2111        | 60.00           | 48.58            | 0.00   | 38.86                                   | 9.72   | 9.72                    | 25.74  |   |                         |  | 442      |
| V2600        | 20.00           | 0.00             | 0.00   | 0.00                                    | 0.00   | 0.00                    | 0.00   |   |                         |  | 395      |
| Claim Totals | 80.00           | 48.58            | 0.00   | 38.86                                   | 9.72   | 9.72                    | 25.74  | -13.12  | 9.72                    | 0.00   |          |

Figure 1a: Sample Pricing for RAD Code 395 (Medicare Non-Covered Benefit).

**CA MEDI-CAL**  
Remittance Advice  
Details

To: JESSICA COLE, O.D.  
1234 MAIN STREET  
ANYTOWN, CA 92345-3000

REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES

| PROVIDER NUMBER<br>0123456789 |                             | CLAIM TYPE<br>MCARE CROSSOVER |   | WARRANT NO<br>39248026 |                   | ACS SEQ. NO<br>020226134 |      | DATE<br>12/18/07 |                  | PAGE: 1 OF 2 PAGES       |             |            |
|-------------------------------|-----------------------------|-------------------------------|---|------------------------|-------------------|--------------------------|------|------------------|------------------|--------------------------|-------------|------------|
| RECIPIENT NAME                | RECIPIENT MEDI-CAL I.D. NO. | CLAIM CONTROL NUMBER          | SERVICE DATES<br>FROM TO<br>MMDDYY MMDDYY |                        | ACCOM/ PROC. CODE | PATIENT ACCOUNT NUMBER   | DAYS | MEDICARE ALLOWED | MEDI-CAL ALLOWED | COMPUTED MEDICARE AMOUNT | PAID AMOUNT | RAD CODE   |
| ROSS JAMES                    | 90000000A95001              | 2264840214301                 | 113007<br>113007                          | 113007<br>113007       | V2111             |                          |      | 48.58<br>0.00    | 25.74<br>0.00    |                          |             | 442<br>395 |
|                               | TOTAL                       |                               |   |                        | V2600             |                          |      | 48.58            | 25.74            | 38.86-                   | 0.00        |            |
| BLOOD DEDUCT                  | 0.00                        | DEDUCT 0.00                   | COINS                                     | 9.72                   | CUTBACK           | 9.72                     | SOC  | 0.00             |                  |                          |             |            |

EXPLANATION OF DENIAL/ADJUSTMENT CODES  
THIS IS A MEDICARE NON-COVERED BENEFIT. REBILL MEDI-CAL ON ORIGINAL CLAIM FORM, EXCEPT AID CODE 80 - QMB RECIPIENTS. MEDICARE PAYMENT MEETS OR EXCEEDS MEDI-CAL MAXIMUM REIMBURSEMENT.

Figure 1b: RAD Code 395 Example.

The Medi-Cal payment on this example is \$0.00, which is the lesser of the computed Medi-Cal amount and the deductible plus coinsurance.

Line 2 of this example has a 395 RAD code. This is a Medicare non-covered benefit. To seek Medi-Cal reimbursement for this service, this claim line must be billed separately as a straight Medi-Cal claim. All 395 service lines on a single crossover claim should be billed together as a straight Medi-Cal claim.

Do not rebill any 395 service lines for Qualified Medicare Beneficiary (QMB) recipients, who are not eligible for Medi-Cal.

### 442 Cutback (Zero Pay)

| PROC CODE    | PROVIDER BILLED | MEDICARE ALLOWED | DEDUCT | COMPUTED MEDICARE AMOUNT                | COINSUR  | BILLED TO MEDI-CAL      | MEDI-CAL ALLOWED   | COMPUTED MEDI-CAL AMOUNT                            | DEDUCT PLUS COINSUR     | PAID AMOUNT   | RAD CODE |
|--------------|-----------------|------------------|--------|---|--|-------------------------|--|---|-------------------------|---|----------|
|              |                 |                  |        | "Medicare Allowed" minus "Deduct" X 80% | "Medicare Allowed" minus "Deduct" minus "Computed Medicare Amount" | "Deduct" plus "Coinsur" | Medi-Cal price on file or "Medicare Allowed", whichever is less. ("Medicare Allowed" is adopted and shown on the RAD if no Medi-Cal price is on file.) | "Medi-Cal Allowed" minus "Computed Medicare Amount" | "Deduct" plus "Coinsur" | The lesser of "Computed Medi-Cal Amount" or "Deduct plus Coinsur"<br><br>(negative = 0) |          |
| V2100        | 50.00           | 31.56            | 0.00   | 25.25                                   | 6.31   | 6.31                    | 18.30  |   |                         |   | 442      |
|              |                 |                  |        |   |  |                         |  |   |                         |   |          |
|              |                 |                  |        |   |  |                         |  |   |                         |   |          |
|              |                 |                  |        |   |  |                         |  |   |                         |   |          |
| Claim Totals | 50.00           | 31.56            | 0.00   | 25.25                                   | 6.31   | 6.31                    | 18.30  | -6.95   | 6.31                    | 0.00  | 442      |

Figure 2a: Sample Pricing for 442 Cutback (Zero Pay).

| CA MEDI-CAL Remittance Advice Details  |   |                      |                |              |                   |                        |      |                  |                  |                          |             | TO: JESSICA COLE, O.D.<br>1234 MAIN STREET<br>ANYTOWN, CA 92345-3000 |  |                        |  |                          |  |                  |  |                    |  |
|--|---|----------------------|----------------|--------------|-------------------|------------------------|------|------------------|------------------|--------------------------|-------------|--|--|------------------------|--|--------------------------|--|------------------|--|--------------------|--|
| PROVIDER NUMBER<br>0123456789          |   |                      |                |              |                   |                        |      |                  |                  |                          |             | CLAIM TYPE<br>MCARE CROSSOVER  |  | WARRANT NO<br>39248026 |  | ACS SEQ. NO<br>020226134 |  | DATE<br>12/18/07 |  | PAGE: 1 OF 2 PAGES |  |
| RECIPIENT NAME                         | RECIPIENT MEDI-CAL I.D. NO.                                       | CLAIM CONTROL NUMBER | SERVICE DATES  |              | ACCOM. PROC. CODE | PATIENT ACCOUNT NUMBER | DAYS | MEDI-CAL ALLOWED | MEDI-CAL ALLOWED | COMPUTED MEDICARE AMOUNT | PAID AMOUNT | RAD CODE   |  |                        |  |                          |  |                  |  |                    |  |
|  |   |                      | FROM<br>MMDDYY | TO<br>MMDDYY |                   |                        |      |                  |                  |                          |             |  |  |                        |  |                          |  |                  |  |                    |  |
| BRIGHT LULA                            | 90000000A95001  | 2264850214301        | 073007         | 073007       | V2100             |                        |      | 31.56            | 18.30            |                          |             |  |  |                        |  |                          |  |                  |  |                    |  |
| BLOOD DEDUCT                           | TOTAL DEDUCT<br>0.00  | 0.00                 | COINS          | 6.31         | CUTBACK           | 6.31                   | SOC  | 31.56<br>0.00    | 18.30            | 25.25-                   |             | 442  |  |                        |  |                          |  |                  |  |                    |  |
| EXPLANATION OF DENIAL/ADJUSTMENT CODES |   |                      |                |              |                   |                        |      |                  |                  |                          |             |  |  |                        |  |                          |  |                  |  |                    |  |
| 442                                    | MEDI-CAL PAYMENT MEETS OR EXCEEDS MEDI-CAL MAXIMUM REIMBURSEMENT. |                      |                |              |                   |                        |      |                  |                  |                          |             |  |  |                        |  |                          |  |                  |  |                    |  |

Figure 2b: RAD Code 442 Example.

In this example, the amount paid by Medicare exceeded the Medi-Cal maximum reimbursement, resulting in a zero Medi-Cal payment. This example is for illustration only. An automatic crossover claim resulting in a zero Medi-Cal payment will not be reflected on the RAD.

## 443 Cutback With Deductible (Ophthalmologist – Hard Copy Billing)

| PROC CODE    | PROVIDER BILLED | MEDICARE ALLOWED | DEDUCT | COMPUTED MEDICARE AMOUNT                | COINSUR  | BILLED TO MEDI-CAL      | MEDI-CAL ALLOWED   | COMPUTED MEDI-CAL AMOUNT                            | DEDUCT PLUS COINSUR     | PAID AMOUNT   | RAD CODE |
|--------------|-----------------|------------------|--------|---|--|-------------------------|--|---|-------------------------|---|----------|
|              |                 |                  |        | "Medicare Allowed" minus "Deduct" X 80% | "Medicare Allowed" minus "Deduct" minus "Computed Medicare Amount" | "Deduct" plus "Coinsur" | Medi-Cal price on file or "Medicare Allowed", whichever is less.<br>(*"Medicare Allowed" is adopted and shown on the RAD if no Medi-Cal price is on file.) | "Medi-Cal Allowed" minus "Computed Medicare Amount" | "Deduct" plus "Coinsur" | The lesser of "Computed Medi-Cal Amount" or "Deduct plus Coinsur"<br><br>(negative = 0) |          |
| 92004        | 120.00          | 116.85           | 100.00 | 13.48                                   | 3.37   | 103.37                  | 57.79  |   |                         |   |          |
| 92015        | 22.00           | 0.00             | 0.00   | 0.00                                    | 0.00   | 0.00                    | 0.00   |   |                         |   |          |
| Claim Totals | 142.00          | 116.85           | 100.00 | 13.48                                   | 3.37   | 103.37                  | 57.79  | 44.31   | 103.37                  | 44.31   | 443      |

Figure 3a: Sample Pricing for 443 Cutback (With Deductible).

| CA MEDI-CAL Remittance Advice Details  |   |                      |               |        |                   |                        |      |                  |                  |                          | TO: JOHN DOLE, M.D.<br>1000 ELM STREET<br>ANYTOWN, CA 92345-3000 |          |
|--|---|----------------------|---------------|--------|-------------------|------------------------|------|------------------|------------------|--------------------------|--|----------|
| PROVIDER NUMBER: 0123456789 CLAIM TYPE: MCARE CROSSOVER WARRANT NO: 39248026 ACS SEQ. NO: 020226134 DATE: 12/18/07 |   |                      |               |        |                   |                        |      |                  |                  |                          | PAGE: 1 OF 2 PAGES   |          |
| RECIPIENT NAME   | RECIPIENT MEDI-CAL I.D. NO.   | CLAIM CONTROL NUMBER | SERVICE DATES |        | ACCOM/ PROC. CODE | PATIENT ACCOUNT NUMBER | DAYS | MEDI-CAL ALLOWED | MEDI-CAL ALLOWED | COMPUTED MEDICARE AMOUNT | PAID AMOUNT  | RAD CODE |
|  |   |                      | FROM          | TO     |                   |                        |      |                  |                  |                          |  |          |
| BRIGHT LULA  | 90000000A95001  | 2264840214301        | 073007        | 073007 | 92004             |                        |      | 116.85           | 52.79            |                          |  |          |
| BLOOD DEDUCT   | TOTAL DEDUCT 0.00   | 100.00               | COINS         | 3.37   | CUTBACK           | 54.06                  | SOC  | 116.85           | 57.79            | 13.48-                   | 44.31  | 443      |
| EXPLANATION OF DENIAL/ADJUSTMENT CODES   |   |                      |               |        |                   |                        |      |                  |                  |                          |  |          |
| 443  | MEDI-CAL PAYMENT MAY NOT EXCEED THE MAXIMUM AMOUNT ALLOWED BY MEDI-CAL. |                      |               |        |                   |                        |      |                  |                  |                          |  |          |

Figure 3b: RAD Code 443 Example.

The Medi-Cal payment on this claim is \$44.31, which is the lesser of the computed Medi-Cal amount and the deductible and coinsurance. Billing for HCPCS code 92015 is not a crossover claim. It must be hard copy billed as a straight Medi-Cal claim.

### 443 Cutback With No Deductible (Optometrist – Automatic Crossover)

| PROC CODE    | PROVIDER BILLED | MEDICARE ALLOWED | DEDUCT | COMPUTED MEDICARE AMOUNT                | COINSUR  | BILLED TO MEDI-CAL      | MEDI-CAL ALLOWED   | COMPUTED MEDI-CAL AMOUNT                            | DEDUCT PLUS COINSUR     | PAID AMOUNT  | RAD CODE |
|--------------|-----------------|------------------|--------|---|--|-------------------------|--|---|-------------------------|--|----------|
|              |                 |                  |        | "Medicare Allowed" minus "Deduct" X 80% | "Medicare Allowed" minus "Deduct" minus "Computed Medicare Amount" | "Deduct" plus "Coinsur" | Medi-Cal price on file or "Medicare Allowed", whichever is less. ("Medicare Allowed" is adopted and shown on the RAD if no Medi-Cal price is on file.) | "Medi-Cal Allowed" minus "Computed Medicare Amount" | "Deduct" plus "Coinsur" | The lesser of "Computed Medi-Cal Amount" or "Deduct plus Coinsur" (negative = 0) |          |
| 92014        | 59.00           | 59.00            | 20.00  | 31.20                                   | 7.80   | 27.80                   | 39.44  |   |                         |  |          |
| Claim Totals | 59.00           | 59.00            | 20.00  | 31.20                                   | 7.80   | 27.80                   | 39.44  | 8.24  | 27.80                   | 8.24   | 443      |

Figure 4a: Sample Pricing for 443 Cutback (With No Deductible).

| CA MEDI-CAL Remittance Advice Details  |   |                      |               |            |                   |                        |      |                  |                  |                          | TO: JESSICA COLE, O.D.<br>1234 MAIN STREET<br>ANYTOWN, CA 92345-3000 |          |
|--|---|----------------------|---------------|------------|-------------------|------------------------|------|------------------|------------------|--------------------------|--|----------|
| PROVIDER NUMBER                        |   |                      |               |            |                   |                        |      |                  |                  |                          | REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES                 |          |
| 0123456789                             |   | CLAIM TYPE           |               | WARRANT NO |                   | ACS SEQ. NO            |      | DATE             |                  | PAGE: 1 OF 2 PAGES       |  |          |
| 0123456789                             |   | MCARE CROSSOVER      |               | 39248026   |                   | 020226134              |      | 12/18/07         |                  |                          |  |          |
| RECIPIENT NAME                         | RECIPIENT MEDI-CAL I.D. NO.   | CLAIM CONTROL NUMBER | SERVICE DATES |            | ACCOM/ PROC. CODE | PATIENT ACCOUNT NUMBER | DAYS | MEDICARE ALLOWED | MEDI-CAL ALLOWED | COMPUTED MEDICARE AMOUNT | PAID AMOUNT  | RAD CODE |
|  |   |                      | FROM          | TO         |                   |                        |      |                  |                  |                          |  |          |
|  |   |                      | MMDDYY        | MMDDYY     |                   |                        |      |                  |                  |                          |  |          |
| LAWRENCE T                             | 90000000A95001  | 2264850214301        | 073007        | 073007     | 92014             |                        |      | 59.00            | 39.44            | 31.20<br>0.00            |  |          |
| BLOOD DEDUCT                           | TOTAL<br>0.00   | DEDUCT 0.00          | COINS         | 24.80      | CUTBACK           | 16.54                  |      | 59.00            | 39.44            | 31.20                    | 8.24   | 443      |
| EXPLANATION OF DENIAL/ADJUSTMENT CODES |   |                      |               |            |                   |                        |      |                  |                  |                          |  |          |
| 443                                    | MEDI-CAL PAYMENT MAY NOT EXCEED THE MAXIMUM AMOUNT ALLOWED BY MEDI-CAL. |                      |               |            |                   |                        |      |                  |                  |                          |  |          |

Figure 4b: RAD Code 443 Example.

In this example, the deductible and coinsurance amount, \$27.80, exceeds the computed Medi-Cal amount, \$8.24, resulting in a cutback.

### Medicare Allowed Amount Adopted by Medi-Cal

| PROC CODE    | PROVIDER BILLED | MEDICARE ALLOWED | DEDUCT | COMPUTED MEDICARE AMOUNT                | COINSUR  | BILLED TO MEDI-CAL      | MEDI-CAL ALLOWED   | COMPUTED MEDI-CAL AMOUNT                            | DEDUCT PLUS COINSUR     | PAID AMOUNT   | RAD CODE |
|--------------|-----------------|------------------|--------|---|--|-------------------------|--|---|-------------------------|---|----------|
|              |                 |                  |        | "Medicare Allowed" minus "Deduct" X 80% | "Medicare Allowed" minus "Deduct" minus "Computed Medicare Amount" | "Deduct" plus "Coinsur" | Medi-Cal price on file or "Medicare Allowed", whichever is less.<br>(*"Medicare Allowed" is adopted and shown on the RAD if no Medi-Cal price is on file.) | "Medi-Cal Allowed" minus "Computed Medicare Amount" | "Deduct" plus "Coinsur" | The lesser of "Computed Medicare Amount" or "Deduct plus Coinsur"<br><br>(negative = 0) |          |
| 92326        | 100.00          | 85.25            | 0.00   | 68.20                                   | 17.05  | 17.05                   | 85.25  |   |                         |   |          |
| Claim Totals | 100.00          | 85.25            | 0.00   | 68.20                                   | 17.05  | 17.05                   | 85.25  | 17.05   | 17.05                   | 17.05   |          |

Figure 5a: Sample Pricing Example for Medicare Allowed Amount Adopted by Medi-Cal.

| CA MEDI-CAL Remittance Advice Details                |                             |                      |               |            |                  |                        |         |                  |                  | TO: JOHN DOLE, M.D.<br>1000 ELM STREET<br>ANYTOWN, CA 94400-9876 |             |          |
|--|-----------------------------|----------------------|---------------|------------|------------------|------------------------|---------|------------------|------------------|--|-------------|----------|
| REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES |                             |                      |               |            |                  |                        |         |                  |                  | PAGE: 1 OF 1 PAGES   |             |          |
| PROVIDER NUMBER                                      |                             | CLAIM TYPE           |               | WARRANT NO |                  | ACS SEQ. NO            |         | DATE             |                  |  |             |          |
| 0123456789   |                             | MCARE CROSSOVER      |               | 39248026   |                  | 080138635              |         | 12/18/07         |                  |  |             |          |
| RECIPIENT NAME                                       | RECIPIENT MEDI-CAL I.D. NO. | CLAIM CONTROL NUMBER | SERVICE DATES |            | ACCOM PROC. CODE | PATIENT ACCOUNT NUMBER | DAYS    | MEDICARE ALLOWED | MEDI-CAL ALLOWED | COMPUTED MEDICARE AMOUNT   | PAID AMOUNT | RAD CODE |
| MITCHELL PA  | 90000000A95001              | 2264840214301        | FROM          | TO         |                  |                        |         | 85.25            | 85.25            |  |             |          |
|  | TOTAL                       |                      | MMDDYY        | MMDDYY     |                  |                        |         | 85.25            | 85.25            | 68.20-   | 17.05       |          |
| BLOOD DEDUCT   | 0.00                        | DEDUCT 0.00          |               |            | COINS            | 17.05                  | CUTBACK | 0.00             | SOC              |  |             |          |
| EXPLANATION OF DENIAL/ADJUSTMENT CODES               |                             |                      |               |            |                  |                        |         |                  |                  |  |             |          |

Figure 6b: RAD Example of Medicare Allowed Amount Adopted by Medi-Cal.

Medi-Cal adopts Medicare’s allowed amount and shows that amount on the RAD when Medi-Cal has no price on file. The full deductible and/or coinsurance are paid.



**«Legend»**

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

| <b>Symbol</b> | <b>Description</b>   |
|---------------|--|
| «             | 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.  |
| *             | If denial code 002 or 371 is received from Medi-Cal, the claim should be resubmitted to the California MMIS Fiscal Intermediary Crossover Unit with a copy of the Medicare claim, the MRN/RA, and the RAD reflecting the denial. It is <u>not</u> necessary to submit a CIF under these crossover circumstances. |
| †             | Refer to “Charpentier Rebilling” in the <i>Medicare/Medi-Cal Crossover Claims: CMS-1500</i> section of this manual.  |