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## Medicare/Medi-Cal Crossover Claims: Outpatient Services Medi-Cal Pricing Examples

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This section illustrates Medi-Cal payment examples of Medicare/Medi-Cal claims for outpatient services billed on the *UB-04* claim and correlating *Remittance Advice Details* (RAD) examples. These are Part B services billed to a Part A intermediary. Refer to the *Medicare/Medi-Cal Crossover Claims: Outpatient Services* 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 payment, 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 based upon the Medi-Cal allowable amount, minus any payment a provider has received from Medicare and from private insurance. Crossover claims are subject to the Comparative Pricing Methodology. The total Medi-Cal reimbursement for the claim shall not exceed the coinsurance and deductible amount billed on the claim.

### **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. These are not crossover claims.

### **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.

## RAD Messages

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

«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 (Explanation of Medicare Benefits) to: Crossover Unit P.O. Box 15700 Sacramento, CA 95852-1700
372	This crossover must be billed with line-specific information. Please 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.
9019	Information on the claim does not match what is being billed.

## **Crossover Claim Payment Examples**

The information within the following payment examples are for illustration only and do not necessarily represent current Medi-Cal or Medicare policy. Payments of crossover services are 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.* 444 Cutback (Charpentier Rebill).
- *Figures 6a and 6b.* Medicare Allowed Amount Adopted by Medi-Cal.

**395 Medicare Non-Covered Benefit**

**Figure 1a.** Sample Pricing for RAD Code 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)	
E0155	65.00	55.18	0.00	44.14	11.04	11.04	51.18				
E0273	50.00	0.00	0.00	0.00	0.00	0.00	0.00				0395
Claim Totals	115.00	55.18	0.00	44.14	11.04	11.04	51.18	11.04	11.04	11.04	

**Figure 1b.** RAD Code 395 Example.

**CA-MEDI-CAL**  
Remittance-Advice-Details

TO: CALIFORNIA HOSPITAL  
1999 ELM STREET  
ANYTOWN, CA 95422-6726

REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES

PROVIDER-NUMBER	CLAIM-TYPE	WARRANT-NO	ACS-SEQ-NO	DATE	PAGE						
1234567890	MCARE-CROSSOVER	39288020	26666617	8/29/07	1 OF 1						
RECIPIENT NAME	RECIPIENT MEDICAL I.D. NO.	CLAIM CONTROL NUMBER	SERVICE DATES FROM TO	ADDMY PROC CODE	PATENT CONTROL NUMBER	SAB	MEDICARE ALLOWED	MEDI-CAL ALLOWED	COMPUTED MEDICARE AMOUNT	PAID AMOUNT	SAB CODE
APPROVES DOC	989000049007	782888123200	07/30/07 07/30/07	99280 990420 C		0001 0001	9.20	8.53			385
10,000 DEC DUC	0.00	782888123200	07/30/07 07/30/07	1.00 COINS		0 C/BACK	3.20 0.88	1.00 SOC 0.99	7.68	1.00	483
EXPLANATION OF DENIAL/ADJUSTMENT-REASON											
0395 THIS IS A MEDICARE NON-COVERED-BENEFIT. REBILL MEDI-CAL ON AN ORIGINAL CLAIM FORM, EXCEPT AID CODE 60 - GMB-RECIPIENT											

The Medi-Cal payment in this example is \$1.07, which is the lesser of the computed Medi-Cal amount and the deductible plus coinsurance.

Line 1 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.

This example also resulted in a 443 cutback because the deductible and coinsurance amounts exceed the maximum amount allowed by Medi-Cal.

**442 Cutback (Zero Pay)**

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

PROC CODE	PROVIDER BILLED	MEDICARE ALLOWED	DEDUCT From RA	MEDICARE PAYMENT From RA	COINSUR From RA	BILLED TO MEDI-CAL "Deduct" plus Coinsur"	MEDI-CAL ALLOWED 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.)	COMPUTED MEDI-CAL AMOUNT "Medi-Cal Allowed" minus "Medicare Payment"	DEDUCT PLUS COINSUR "Deduct" plus "Coinsur"	PAID AMOUNT The lesser of "Computed Medi-Cal Amount" or "Deduct plus Coinsur"  (negative = 0)	RAD CODE
73030TC	130.10	130.10					22.92				
73060TC	115.30	115.30					18.34				
Claim Totals	245.40	245.40	0.00	196.32	49.08	49.08	41.26	-155.06	49.08	0.00	442

**Figure 2b.** RAD Code 442 Example.

CA MEDI-CAL Remittance Advice Details										TO: ST. JOE'S HOSPITAL 1999 DAK STREET ANYTOWN, CA 92002-6726		
PROVIDER NUMBER 1234567890		CLAIM TYPE MCARE CROSSOVER		WARRANT NO 39248926		ACS SEQ. NO 26666617		DATE 08/29/07		PAGE: 1 OF 1 PAGES		
RECIPIENT NAME	RECIPIENT MEDICAL I.D. NO.	CLAIM CONTROL NUMBER	SERVICE DATES FROM TO MM/DD MM/DD		ACCOM. PROC. CODE	PATIENT CONTROL NUMBER	DAYS	MEDICARE ALLOWED	MEDI-CAL ALLOWED	COMPUTED MEDICARE AMOUNT	PAID AMOUNT	RAD CODE
APPROVES (RECONCILE TO FINANCIAL SUMMARY)												
DOC	90089006A9975	02-3924816700	07/15/07	07/15/07	73060TC	4000366	9991	130.10	22.92			
			07/15/07	07/15/07	73060TC		9991	115.30	18.34			
BLOOD DUCT	TOTAL 9.00 DEDUCT	12-3924816700	07/15/07	07/15/07	CUTBACK	49.08	900	245.40	41.26	196.32		442
EXPLANATION OF DENIAL/ADJUSTMENT CODES												
442	MEDICARE PAYMENT MEETS OR EXCEEDS MEDI-CAL MAXIMUM REIMBURSEMENT.											

In this example, the Medicare payment of \$196.32 exceeds the Medi-Cal maximum reimbursement of \$41.26, resulting in zero payment from Medi-Cal.

### 443 Cutback With Deductible

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

PROC CODE	PROVIDER BILLED	MEDICARE ALLOWED	DEDUCT	MEDICARE PAYMENT	COINSUR	BILLED TO MEDI-CAL	MEDI-CAL ALLOWED	COMPUTED MEDI-CAL AMOUNT	DEDUCT PLUS COINSUR	PAID AMOUNT	RAD CODE
			From RA	From RA	From RA	"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 "Medicare Payment"	"Deduct" plus "Coinsur"	The lesser of "Computed Medi-Cal Amount" or "Deduct plus Coinsur"  (negative = 0)	
77067	108.01	108.01					70.87				
Claim Totals	108.01	108.01	100.00	6.41	1.60	101.60	70.87	64.46	101.60	64.46	443

**Figure 3b.** RAD Code 443 Example.

CA MEDI-CAL Remittance Advice Details										TO: VALLEY HOSPITAL 1000 SMITH STREET ANYTOWN, CA 98888-4444		
PROVIDER NUMBER		CLAIM TYPE		WARRANT NO		ACS SEQ. NO		DATE		PAGE: 1 OF 1 PAGES		
0123456789		MCARE CROSSOVER		39248026		20000617		09/29/07		REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES		
RECIPIENT NAME	RECIPIENT MEDI-CAL I.D. NO.	CLAIM CONTROL NUMBER	SERVICE		ACCOM. PROC. CODE	MEDICAL REC NUM/PATIENT ACCT#	DAY	MEDICARE ALLOWED	MEDI-CAL ALLOWED	COMPUTED MEDICARE AMOUNT	PAID AMOUNT	RAD CODE
			FROM	TO								
			MM DD	MM DD YY								
APPROVES DOE	(RECONCILE TO FINANCIAL SUMMARY) 90000000A9007 1	0123825312500	082707	082707	77067	M847585914	0001	108.01	70.87	6.41-	64.46	0443
BLOOD DEDUCT	0.00	DEDUCT 100.00	COINS	1.60	CUTBACK	37.14	SOC	0.00				
EXPLANATION OF DENIAL/ADJUSTMENT CODES												
443	MEDI-CAL PAYMENT MAY NOT EXCEED THE MAXIMUM AMOUNT ALLOWED BY MEDI-CAL.											

In this example, the deductible and coinsurance amount (\$101.60) exceeds the Medi-Cal maximum amount (\$70.87), resulting in a cutback.

**443 Cutback With No Deductible**

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

PROC CODE	PROVIDER BILLED	MEDICARE ALLOWED	DEDUCT From RA	MEDICARE PAYMENT From RA	COINSUR From RA	BILLED TO MEDI-CAL "Deduct" plus "Coinsur"	MEDI-CAL ALLOWED 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.)	COMPUTED MEDI-CAL AMOUNT "Medi-Cal Allowed" minus "Medicare Payment"	DEDUCT PLUS COINSUR "Deduct" plus "Coinsur"	PAID AMOUNT The lesser of "Computed Medi-Cal Amount" or "Deduct plus Coinsur"  (negative = 0)	RAD CODE
L1020TC	75.00	75.00					15.36				
L74150	850.00	850.00					205.48				
Claim Totals	925.00	925.00	0.00	166.50	185.00	185.00	220.84	54.34	185.00	54.34	443

**Figure 4b.** RAD Code 443 Example.

<b>CA MEDI-CAL</b> Remittance Advice Details										TO: ST. JAMES HOSPITAL P.O. BOX 400 ANYTOWN, CA 90108-3456		
REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES												
PROVIDER NUMBER 0123456789		CLAIM TYPE MCARE CROSSOVER		WARRANT NO 38248026		ACS SEQ. NO 020441377		DATE 10/18/07		PAGE: <u>5</u> OF 8 PAGES		
RECIPIENT NAME	RECIPIENT MEDI-CAL I.D. NO.	CLAIM CONTROL NUMBER	SERVICE DATES		ACCOM/ PROC. CODE	PATIENT CONTROL NUMBER	DAYS	MEDI-CAL ALLOWED	MEDI-CAL ALLOWED	COMPUTED MEDICARE AMOUNT	PAID AMOUNT	RAD CODE
			FROM MMDDYY	TO MMDDYY								
DDE	90000000A90071	0213824804500	092707	092707	L1020TC	M847003140	0001	75.00	15.36			
			092707	092707	L74150		0001	850.00	205.48			
	TOTAL	0213824804500	062700	062700				925.00	220.84	166.50	54.34	0443
BLOOD DEDUCT	0.00 DEDUCT	0.00	COINS	185.00	CUTBACK	130.66	SOC	<u>0.00</u>				
EXPLANATION OF DENIAL/ADJUSTMENT CODES												
443	MEDI-CAL PAYMENT MAY NOT EXCEED THE MAXIMUM AMOUNT ALLOWED BY MEDI-CAL.											

The Medi-Cal payment on this claim is \$54.34, which is the lesser of the computed Medi-Cal amount and the deductible and coinsurance.



### 444 Cutback (Charpentier Rebill)

**Figure 5a.** Sample Pricing for 444 Cutback (Charpentier Rebill).

PROC CODE	PROVIDER BILLED	MEDICARE ALLOWED	DEDUCT	MEDICARE PAYMENT	COINSUR	BILLED TO MEDI-CAL	MEDI-CAL ALLOWED	COMPUTED MEDI-CAL AMOUNT	DEDUCT PLUS COINSUR	PAID AMOUNT	RAD CODE
			From RA	From RA	From RA	"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 Medicare Payment"	"Deduct" plus "Coinsur"	The lesser of "Computed Medi-Cal Amount" or "Deduct plus Coinsur"  (negative = 0)	
71020TC	152.50	152.50					15.36				
99283	358.64	358.64					29.99				
E0144	4.76	4.76					111.32				444
Claim Totals	515.90	515.90	0.00	118.66	103.18	103.18	156.67	38.01	103.18	38.01	442

**Figure 5b.** RAD Code 444 Example.

**CA MEDI-CAL**  
Remittance Advice Details

TO: DOWNTOWN HOSPITAL  
705-1-51  
ANYTOWN, CA 92345-3000

REFER TO PROVIDER MANUAL FOR DEFINITION OF RAD CODES

PROVIDER NUMBER	CLAIM TYPE	WARRANT NO	ACS SEQ. NO	DATE	PAGE: 7 OF 8 PAGES						
0123456789	MCARE CROSSOVER	39248026	020226134	10/29/07							
RECIPIENT NAME	RECIPIENT MEDI-CAL I.D. NO.	CLAIM CONTROL NUMBER	SERVICE DATES FROM TO	ACCOMPLISHMENT PROC. CODE	PATIENT CONTROL NUMBER	DAY	MEDICARE ALLOWED	MEDI-CAL ALLOWED	COMPUTED MEDICARE AMOUNT	PAID AMOUNT	RAD CODE
DOE	90000000A90071	0210823711000	090907 090907	71020TC	R11355111	0001	152.50	15.36			
			090907 090907	99283		0001	358.64	29.99			
			090907 090907	E0144		000	4.76	4.76			0444
	TOTAL	0210823711000	090907 090907	CUTBACK	103 18	SOC	515.90	50.11	50.11	0.00	0442
BLOOD DEDUCT	0.00	DEDUCT 0.00	COINS	103 18	EXPLANATION OF DENIAL/ADJUSTMENT CODES						
444	FOR NON-PHYSICIAN CLAIMS, SEE CHARPENTIER BILLING INSTRUCTION IN THE PROVIDER MANUAL. (MEDI-CAL/MEDICARE REIMBURSEMENT)										

The third line in this example has a 444 RAD code. This indicates the provider may rebill Medi-Cal for supplemental payment for Medicare/Medi-Cal Part B services, excluding physician services. This supplemental payment applies to crossover claims when Medi-Cal's allowed rates or quantity limitations exceed the Medicare allowed amount. Refer to "Charpentier Rebilling" in the *Medicare/Medi-Cal Crossover Claims: Outpatient Services* section of this manual.

In addition to RAD code 444, this claim also resulted in a 442 cutback.

**Medicare Allowed Amount Adopted by Medi-Cal**

**Figure 6a.** Sample Pricing Example for Medicare Allowed Amount Adopted by Medi-Cal.

PROC CODE	PROVIDER BILLED	MEDICARE ALLOWED	DEDUCT From RA	MEDICARE PAYMENT From RA	COINSUR From RA	BILLED TO MEDI-CAL "Deduct" plus "Coinsur"	MEDI-CAL ALLOWED 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.)	COMPUTED MEDI-CAL AMOUNT "Medi-Cal Allowed" minus "Computed Medicare Amount"	DEDUCT PLUS COINSUR "Deduct" plus "Coinsur"	PAID AMOUNT The lesser of "Computed Medi-Cal Amount" or "Deduct plus Coinsur"  (negative = 0)	RAD CODE
47533	468.25	468.25	0.00				468.25				
Claim Totals	468.25	468.25	0.00	65.56	93.65	93.65	468.25	402.69	93.65	93.65	

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

CA MEDI-CAL Remittance Advice Details										TO: MEMORIAL HOSPITAL FILE 954074 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		9/17/07				
RECIPIENT NAME	RECIPIENT MEDI-CAL I.D. NO.	CLAIM CONTROL NUMBER	SERVICE DATES		ACCOM/ PROC. CODE	PATIENT CONTROL NUMBER	DAYS	MEDICARE ALLOWED	MEDI-CAL ALLOWED	COMPUTED MEDICARE AMOUNT	PAID AMOUNT	RAD CODE
FROM	TO											
MMDDYY	MMDDYY											
DOE	90000000A90071	0213820787200	081207	081207	47533		0001	488.25	488.25	65.56-	93.65	
BLOOD DEDUCT	0.00	DEDUCT	0.00	COINS	93.65	CUTBACK	0.00	SOC	0.00			
EXPLANATION OF DENIAL/ADJUSTMENT CODES												

Medi-Cal adopts Medicare’s allowed amount and shows that amount on the RAD when:

- Medi-Cal has no price on file
- Medi-Cal’s rate is higher than Medicare
- Medicare paid 100 percent for the service
- Medi-Cal policy for a service requires payment at the Medicare rate

## **«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 a 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.
†	The 395 RAD code will only appear on a Part B crossover claim that was first billed to a Part B carrier. Part A intermediaries do not provide detailed information to show which services they did not cover in their payments.
§	Refer to “Charpentier Rebilling” in the <i>Medicare/Medi-Cal Crossover Claims: Outpatient Services</i> section of this manual.