## Medicare/Medi-Cal Crossover Claims: UB-04 Billing Examples

Page updated: August 2020

This section illustrates billing examples of Medicare/Medi-Cal crossover claims for Part B services billed to Part A contractors submitted hard copy on a *UB-04 Claim Form* and correlating *Remittance Advice* (RA) examples. Refer to the *Medicare/Medi-Cal Crossover Claims: UB-04* section in this manual for detailed policy information. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

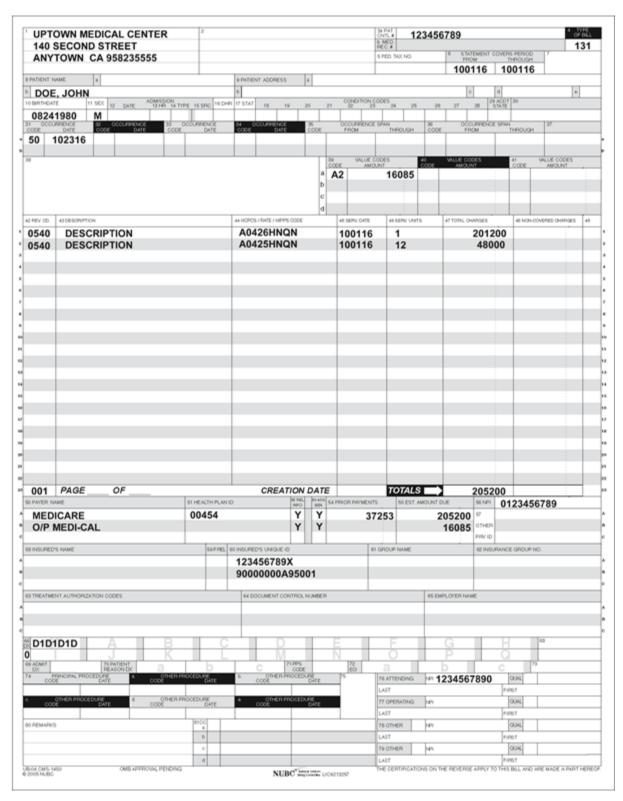
**Note:** A crossover claim reflects what was billed to Medicare, but only Medi-Cal-required fields are used for claims processing.

Billing Tips: When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the *Remarks* area of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

## **Hard Copy Billing Examples**

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

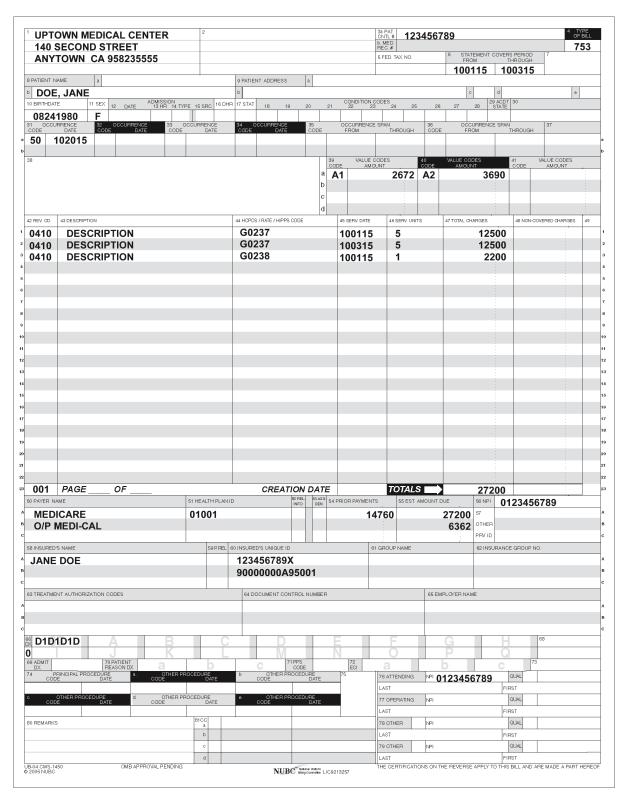
- Figures 1a and 1b. Billing Medi-Cal for Part B Services Billed to a Part A Contractor, Medical Transportation Services.
- Figures 2a and 2b. Billing Medi-Cal for Part B Services Billed to a Part A Contractor, Rehab Services.
- Figures 3a, 3b, 3c and 3d. Billing for More Than 15 Line Items for Part B Services Billed to a Part A Contractor With Deductible and/or Coinsurance.



**Figure 1a:** Billing Medi-Cal for Part B Services Billed to a Part A Contractor Example, Medical Transportation Services.

Medicare 1	National S	tandard :	Intermediary	Remittance	Advice		
Uptown Medical Center	1	FPE:	10/30/16	MEDICARE	CONTRACTOR		
140 Second Street		PAID:	12/30/16	5151-B C	amillo Ruis		
Anytown, CA 95823-1000		CLM#:	152	CAMARILL	amillo Ruiz D, CA 93012-8645		
01101		TOB:	131	805-367-	1163		
PATIENT: DOE, JOHN				DOM:	123456789		
		erro PROV	10/01/2016				
MEDICARE ID: 9ZZ9ZZ9Z298 PAT STAT: 07 CLAIM STAT: 1		THRU.	10/01/2016	TCN-	12345678901234		
-							
CHARGES:	PAYMENT	DATA:	-DRG		0.340 -REIM RATE MOUNT 0.00 -MSP		
	-REPORTED	0.00		-DRG AN	COUNT 0.00 -MSP		
PRIM PAYER							
0.00 -MCVD/DENIED COMPONENT	0.00	-DRG/OPES	R/CAP		0.00 -PROF		
0.00 -CLAIM ADJS	1949 65	-TIME AD	TAME		0.00 -ESRD AMOUNT		
2492.00 -COVERED		-OUTLIER			2.35 -PROC CD		
AMOUNT			1-/				
DAYS/VISITS:	0.00	-CAP OUT	LIER	44	7.77 -ALLOW/REIM		
0 -COST REPT	0.00	-CASH DEI	DUCT	0.00 -G/R AMOUNT			
0 -COST REPT 0 -COVD/UTIL	0.00	-Brood Di			0.00 -INTEREST		
0 -NON-COVERED	194.58				0.00 -CONTRACT ADJ		
0 -COVD VISITS			מאנ		0.00 -PER DIEM ANT		
0 -NCOV VISITS		-MSP LIAM	B MET	44	7.77 -NET REIM AMT		
ADJ REASON CODES: OA 93	0						
REMARK CODES:				MA01	N114		
REV DATE HCPCS APC/HIPPS CODES	MODS GO	Y CHARGES	ALLOW/REIM	GC RSN 2	ANOUNT REMARK		
0540 10/16 20426	HN QN 1	2012.00	365.69	CO 42 14	488.09		
				PR 2	138.22		
0540 10/16 20425	HN QN 12	480.00					
				PR 2	36.36		

Figure 1b: Medicare Remittance Advice Example.



**Figure 2a:** Billing Medi-Cal for Part B Services Billed to a Part A Contractor Example, Rehab Services.

Medicare Natio	nal Standard Inter	nmediary Rem	ittance Advice	•
Uptown Medical Center	FPE:	10/30/15	MEDICARE CO	NTRACTOR
140 Second Street	PAID:	12/30/15	5151-B Cami	llo Ruiz
140 Second Street Anytown, CA 95823-1000	CLM#:	152	CAMARILLO,	CA 93012-8645
01101			805-367-116	
PATIENT: DOE, JANE			PCN: 123	3456789
MEDICARE ID: 9ZZ9ZZ9ZZ98 PAT STAT: 30 CLAIM STAT: 1	SVC FROM:	10/01/2015	MRN: 000	193638
PAT STAT: 30 CLAIM STAT: 1	THRU:	10/03/2015	ICN: 123	345678901234
CHARGES:	PAYMENT DATA:	-DRG	0.80	O -REIM RATE
PRIM PAYER			-DRG AMOUN	T 0.00 -MSP
0.00 -NCVD/DENIED	0.00 -DRG/OPER/	CAP	0.0	0 -PROF
0.00 -CLAIM ADJS 272.00 -COVERED	60.78 -LINE ADJ	AMT	0.0	O -ESRD AMOUNT
272.00 -COVERED	0.00 -OUTLIER	(C)	211.2	2 -PROC CD
AMOUNT				
AMOUNT DAYS/VISITS:  0 -COST REPT 0 -COVD/UTIL 0 -NON-COVERED 0 -COVD VISITS	0.00 -CAP OUTL	ER	147.6	0 -ALLON/REIM
0 -COST REPT	26.72 -CASH DEDI	JCT	0.0	O -G/R AMOUNT
0 -COVD/UTIL	0.00 -BLOOD DEI	OUCT	0.0	0 -INTEREST
0 -NON-COVERED	36.90 -COINSURA	VCE	0.0	0 -CONTRACT ADJ
0 -COVD VISITS	0.00 -PAT REFU	ND NO	0.0	0 -PER DIEM AMT 0 -NET REIM AMT
0 -NCOV VISITS ADJ REASON CODES:	0.00 -MSP LIAB	MET	147.6	O -NET REIM ANT
REMARK CODES:			мао1	
REV DATE HCPCS APC/HIPPS CODES	MODS QTY CHARGES	ALLOW/REIM	GC RSN ANO	INT REMARK
0410 10/01 G0237	5 125.00	55.84	CO 42 29.	35
2022	2 225.00	*****	PR 2 16.	.71
			PR 2 16.	.10
0410 10/03 G0237	5 125.00	66.84	CO 42 29.	.35
			PR 2 16.	.71
0410 10/01 G0238	1 22.00	22.00	CO 42 2.	.08
			PR 2 3.	
			1 2.	. 52

Figure 2b: Medicare Remittance Advice Example.

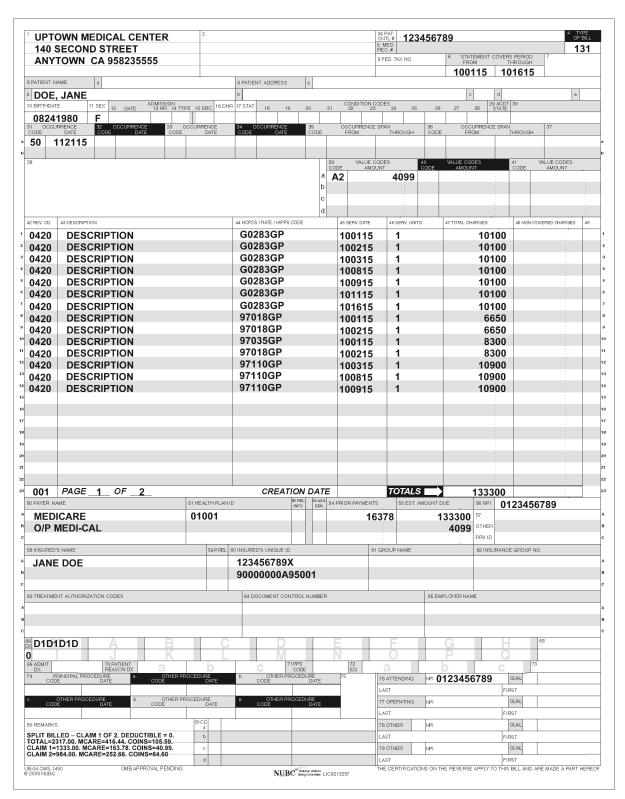
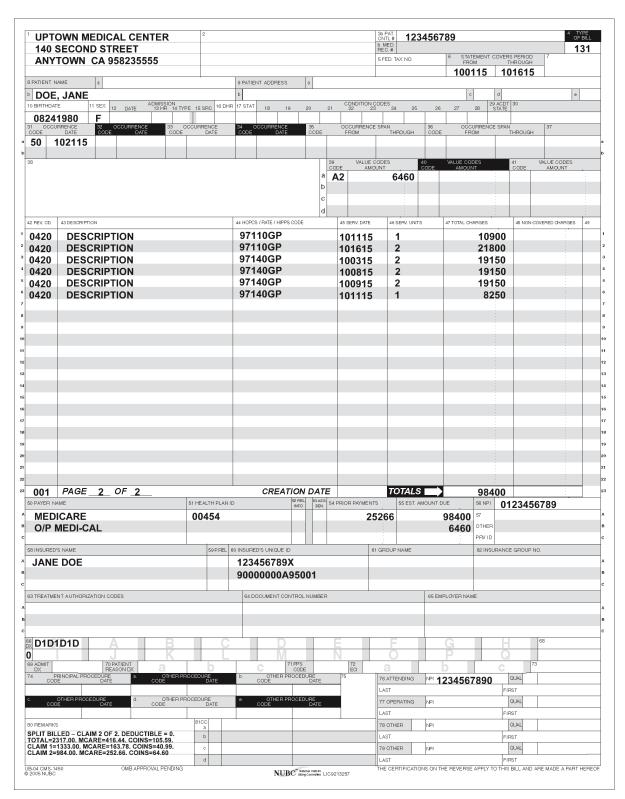


Figure 3a: Billing for More Than 15 Line Items for Part B Services Billed to Part A Contractors. Split Bill Claim 1 of 2. (see also Figure 3b).



**Figure 3b:** (continued from 3a). Billing for More Than 15 Line Items for Part B Services Billed to Part A Contractors. Split Bill Claim 2 of 2. (see also Figure 3c).

		Med	icare Nat	ional S	tand	ard Inte	rmediary Re	mitt	ance	Advice		
Uptow	m Medi	cal Cer	nter		F	PE:	10/30/16 12/30/16	1	MEDICA	RE CONTE	RACTO	R
Anyto 01101		95823	3-1000				152 131			LLO, CA 57-1163	930	12-8645
ME	NT: DOE EDICARE	ID: 9ZZ8	SZZBZZBB STAT: 1				10/01/2016		30	CN: 12345 RN: 00019 CN: 12345	3638	1234
CHARGE		2217 00				DATA:			772	0.290 AMOUNT		
PRIM I	PAYER	2227.00		-2220		0.00			-200	. 2000001		-7132
COMPOS	MENT		ENIED			-DRG/OPER				0.00		
2		-CLAIM 2				-LINE ADJ -OUTLIER				0.00		AMOUNT
AMOUNT			_		0.00	-0012121	(0)			0.00	PROL	
DAYS/	VISITS:					-CAP OUTL				416.44		
		-cost Ri -covd/U				-CASH DED -BLOOD DE	DILOR			0.00		
			VERED	10	5.59	-COINSURA	NCE			1765.23	-CONT	RACT AD
		-covp v:			0.00	-PAT REFU	ND					DIEM AM
ADJ RE	EASON C		ISITS		0.00	-MSP LIAB	MET			416.44	-NET	REIM AN
REMARI	K CODES	:						мао	1			
REV		HCPCS	APC/HIPPS	RODS	QT	CHARGES	ALLOW/REIM_	GC	RSN	AMOUNT	REN	CARK
	10/01	G0238		GP	1	101.00	9.70	CO		88.87 2.43		
0420	10/02	G0238		GP			9.70	PR	2	2.43		
0420	10/03	G0238		GP	1		9.70	PR	2	88.87 2.43		
0420	10/08	G0238		GP	1	101.00	9.70	CO		88.87 2.43		
0420	10/09	G0238		GP	1	101.00	9.70	CO		88.87 2.43	Ir	Claim
0420	10/11	G0238		GP	1	101.00	9.70	CO PR		88.87 2.43		
	10/16			GP			9.70	PR	2	88.87 2.43	L	1 of 2
	10/01			GP GP	1	66.30 66.30				66.50 66.50	- 1	
	10/01						10.65			69.69		
								PR	2	2.66		
0420	10/03	97110		GP	1	109.00	24.86	CO PR	42	77.92 6.22		
0420	10/08	97110		GP	1	109.00	24.86		42	77.92 6.22	- 1	
0420	10/09	97110		GP	1	109.00	24.86		42	77.92 6.22	•	
0420	10/11	57110		GP	1	109.00	24.86	LU	42	11.52		
0420	10/16	97110		GP	2	218.00	49.73	PR CO PR	2 42 2	6.22 155.84 12.43		
0420	10/03	97140		GP	2	191.30	45.95		42	134.06		
0420	10/08	97140		GP	2	191.50	45.95		42	134.06		
		97140		GP	2	191.50	45.95					
0420	10/09	3/140			2	191.50	43.33	PR		134.06		

Figure 3c: Medicare Remittance Advice Example Split Bill Claim 1 of 2.

		Medicare Nati	ional S	tano	dard Inter	mediary Re	mitt	ance A	dvice		
Uptor	Uptown Medical Center 140 Second Street Anytown, CA 95823-1000			1	FPE:	10/30/16		MEDICARE CONTRACTOR			R
140 5	Second	Street		1	PAID:	12/30/16		5151-B	Camill	o Rui	Z
01101	L			2	rob:	131		805-36	7-1163		
PATIE	NT: DOE	JOHN			OUC PROV.			PC	N: 12345	6789	
PAT S	TAT: 30	ID: 9ZZ9ZZ9ZZ98 CLAIM STAT: 1			THRU:	10/16/2016		IC	N: 12345	678901	1234
CHARG			PA	MENT	DATA:	-DRG			0.290	-REIM	RATE
PRIM	PAYER	2317.00						-DRG	AMOUNT		
COMPO	MENT	-MCVD/DENIED							0.00	-PROF	
					-LINE ADJ						AMOUNT
		-COVERED	1	0.00	-OUTLIER	(C)			0.00	-PROC	CD
DAYS/	T VISI <b>7</b> S:			0.00	-CAP OUTL	ER			416.44	-ALLO	I/REIM
	0	-COST REPT -COVD/UTIL -MON-COVERED -COVD VISITS		0.00	-CASH DEDU	CT			0.00	-G/R 3	MOUNT
	0	-COVD/UTIL		0.00	-BLOOD DEI	DUCT			0.00	-INTER	REST
	0	-NON-COVERED	10	5.59	-COINSURAN	CE			1765.23	-CONTE	RACT ADJ
		-NCOV VISITS		0.00	-MSP LIB	MET			415.44	-PER D	DIEM ANT
ADJ R	EASON C				7121 2172				120.11		LIN ANI
	K CODES	:					жао				
CODES		HCPCS APC/HIPPS									ARK
0420	10/01	G0238					PR	2	2.43		
0420	10/02	G0238	GP	1	101.00	9.70	CO	42	88.87		
0420	10/03	G0238	GP	1	101.00	9.70	00	42	88.87		
0420	10/08	G0238	GP	1	101.00	9.70	00	42	88.87		
0420	10/09	G0238	GP	1	101.00	9.70	CO	42	88.87		
0420	10/11	G0238	GP	1	101.00	9.70	CO	42	88.87		
0420	06/16					9.70	PR	2	2.43		
							PR	2	2.43		
		97018	GP GP	1	66.30	0.00	CO	B15	66.50		
		97018 97018	GP		83.00	10.63	50	42	66.50	1	
	20,02	5.020					PR	2	2.66		
0420	10/03	97110	CP	1	109.00	24.86	CO	42	77.92		
0420	10/08	97110	GP	1	109.00	24.86	PR CO	2 42	6.22 77.92		
0420	10/09	97110	GP	1	109.00	24.86	PR CO	2 42	6.22 77.92		
0420	10/11	97110	GP	1	109.00	24.86	CO	42	77.92		
0420	10/16	97110	GP	2	218.00	49.73	PR	2 42	6.22 135.84		
0420	10/03	97140	GP	2	191.30	45.93	PR	2 42	12.43 134.06		
0420	10/08	97140	GP	2	191.30	45.95	PR	42	11.49		Claim
0420	10/09	97140	GP	2	191.30	45.95	PR	2 42	11.49		2 of 2
	10/11	97140	GP	1	82.50	22.98	PR	2	11.49	, ,	
· · · ·	/			•	32.50	22.50	PR	2	11.48	_	

Figure 3d: Medicare Remittance Advice Example Split Bill Claim 2 of 2.

## «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.