
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.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3 PAT CHL # 123456789		4 TYPE OF BILL 131	
8 PATIENT NAME DOE, JOHN		9 PATIENT ADDRESS		5 FED TAX NO 100116		6 STATEMENT COVERS PERIOD FROM 100116	
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 ADMISSION 13 NR 14 TYPE 15 SRC	
14 DNR		15 STAT		16		17	
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254		255		256		257	
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262		263		264		265	
266		267		268		269	
270		271		272		273	
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598		599		600		601	
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606		607		608		609	
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618		619		620		621	
622		623		624		625	
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822		823		824		825	
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830		831		832		833	
834		835		836		837	
838		839		840		841	
842		843		844		845	
846		847		848		849	
850		851		852		853	
854		855		856		857	
858		859		860		861	
862		863		864		865	
866		867		868		869	
870		871		872		873	
874		875		876		877	
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886		887		888		889</	

Medicare National Standard Intermediary Remittance Advice											
Uptown Medical Center 140 Second Street Anytown, CA 95823-1000 01101				FPE: 10/30/16 PAID: 12/30/16 CLM#: 152 TOB: 131		MEDICARE CONTRACTOR 5151-B Camillo Ruiz CAMARILLO, CA 93012-8645 805-367-1163					
-											
PATIENT: DOE, JOHN				SVC FROM: 10/01/2016				PCN: 123456789			
MEDICARE ID: 8ZZ8ZZ8ZZ88				THRU: 10/01/2016				MRN: 000193638			
PAT STAT: 07 CLAIM STAT: 1								ICN: 12345678901234			
-											
CHARGES:		PAYMENT DATA:		-DRG		0.340		-REIM RATE			
* 2052.00		-REPORTED 0.00				-DRG AMOUNT 0.00		-MSP			
PRIM PAYER											
0.00 -NCVD/DENIED		0.00 -DRG/OPER/CAP				0.00		-PROF			
COMPONENT											
0.00 -CLAIM ADJS		1849.65 -LINE ADJ AMT				0.00		-ESRD AMOUNT			
2492.00 -COVERED		0.00 -OUTLIER (C)				642.35		-PROC CD			
AMOUNT											
DAYS/VISITS:		0.00 -CAP OUTLIER				447.77		-ALLOW/REIM			
0 -COST REPT		0.00 -CASH DEDUCT				0.00		-Q/R AMOUNT			
0 -COVD/UTIL		0.00 -BLOOD DEDUCT				0.00		-INTEREST			
0 -NON-COVERED		194.58 -COINSURANCE				0.00		-CONTRACT ADJ			
0 -COVD VISITS		0.00 -PAT REFUND				0.00		-PER DIEM AMT			
0 -NCOV VISITS		0.00 -MSP LIAB MET				447.77		-NET REIM AMT			
ADJ REASON CODES: QA 93		0									
REMARK CODES:						MA01		N114			
-											
REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK
0540	10/16	A0426		HN QN	1	2012.00	365.69	CO	42	1488.09	
								PR	2	158.22	
0540	10/16	A0425		HN QN	12	480.00	82.08	CO	42	361.56	
								PR	2	36.36	

Figure 1b: Medicare Remittance Advice Example.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CNTRL. # b. MED. REC. # 5 FED. TAX NO.		123456789		4 TYPE OF BILL 753	
8 PATIENT NAME a				9 PATIENT ADDRESS a				6 STATEMENT COVERS PERIOD FROM 100115	
b DOE, JANE				c				7 THROUGH 100315	
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION		14 TYPE	
15 SRC		16 DHR		17 STAT		18		19	
20		21		22		23		24	
25		26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH		38		39	
50		102015							
39 CODE		40 VALUE CODES AMOUNT		41 CODE		42 VALUE CODES AMOUNT		43	
A1		2672		A2		3690			
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				AA					
AB				AC					
AD				AE					
AF				AG					
AH				AI					
AJ				AK					
AL				AM					
AN				AO					
AP				AQ					
AR				AS					
AT				AU					
AV				AW					
AX				AY					
AZ				BA					
BB				BC					
BD				BE					
BF				BG					
BH				BI					
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BP				BQ					
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BX				BY					
BZ				CA					
CB				CC					
CD				CE					
CF				CG					
CH				CH					
CI				CI					
CJ				CJ					
CK				CK					
CL				CL					
CM				CM					
CN				CN					
CO				CO					
CP				CP					
CQ				CQ					
CR				CR					
CS				CS					
CT				CT					
CU				CU					
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CX				CX					
CY				CY					
CZ				CZ					
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GZ				GZ					
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IO				IO					
IP				IP					
IQ				IQ					
IR				IR					
IS				IS					
IT				IT					
IU				IU					
IV				IV					
IW				IW					
IX				IX					
IY				IY					
IZ				IZ					
JA				JA					
JB				JB					
JC				JC					
JD				JD					
JE				JE					

Medicare National Standard Intermediary Remittance Advice											
Uptown Medical Center 140 Second Street Anytown, CA 95823-1000 01101				FPE: 10/30/15 PAID: 12/30/15 CLM#: 152 TOB: 131		MEDICARE CONTRACTOR 5151-B Camillo Ruiz CAMARILLO, CA 93012-8645 805-367-1163					
PATIENT: DOE, JANE MEDICARE ID: 9ZZ9ZZ9ZZ99				SVC FROM: 10/01/2015 THRU: 10/03/2015		PCN: 123456789 MRN: 000193638 ICN: 12345678901234					
PAT STAT: 30 CLAIM STAT: 1											
CHARGES:				PAYMENT DATA:		-DRG		0.800 -REIM RATE			
* 272.00				-REPORTED 0.00				-DRG AMOUNT 0.00 -MSP			
PRIM PAYER											
0.00 -MCVD/DENIED				0.00 -DRG/OPER/CAP				0.00 -PROF			
COMPONENT											
0.00 -CLAIM ADJS				60.78 -LINE ADJ AMT				0.00 -ESRD AMOUNT			
272.00 -COVERED				0.00 -OUTLIER (C)				211.22 -PROC CD			
AMOUNT											
DAYS/VISITS:				0.00 -CAP OUTLIER				147.60 -ALLOW/REIM			
0 -COST REPT				26.72 -CASH DEDUCT				0.00 -G/R AMOUNT			
0 -COVD/UTIL				0.00 -BLOOD DEDUCT				0.00 -INTEREST			
0 -NON-COVERED				36.90 -COINSURANCE				0.00 -CONTRACT ADJ			
0 -COVD VISITS				0.00 -PAT REFUND				0.00 -PER DIEM AMT			
0 -NCOV VISITS				0.00 -MSP LIAB MET				147.60 -NET REIM AMT			
ADJ REASON CODES:											
REMARK CODES:											
MA01											
REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK
0410	10/01	G0237			3	123.00	66.84	CO	42	29.35	
								PR	2	16.71	
									1	12.10	
0410	10/03	G0237			3	123.00	66.84	CO	42	29.35	
								PR	2	16.71	
									1	12.10	
0410	10/01	G0238			1	22.00	22.00	CO	42	2.08	
								PR	2	3.48	
									1	2.52	

Figure 2b: Medicare Remittance Advice Example.

1 UPTOWN MEDICAL CENTER		2		3a PAT. CNTR. # 123456789		4 TYPE OF BILL 131	
140 SECOND STREET				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 100115 THROUGH 101615	
ANYTOWN CA 958235555							
8 PATIENT NAME a		9 PATIENT ADDRESS a					
b DOE, JANE							
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21	
31 OCCURRENCE DATE 50 112115		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38	
39 VALUE CODES AMOUNT A2 4099		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT			
42 REV. CD		43 DESCRIPTION		44 HOPS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
0420		DESCRIPTION		G0283GP		100115 1 10100	
0420		DESCRIPTION		G0283GP		100215 1 10100	
0420		DESCRIPTION		G0283GP		100315 1 10100	
0420		DESCRIPTION		G0283GP		100815 1 10100	
0420		DESCRIPTION		G0283GP		100915 1 10100	
0420		DESCRIPTION		G0283GP		101115 1 10100	
0420		DESCRIPTION		G0283GP		101615 1 10100	
0420		DESCRIPTION		97018GP		100115 1 6650	
0420		DESCRIPTION		97018GP		100215 1 6650	
0420		DESCRIPTION		97035GP		100115 1 8300	
0420		DESCRIPTION		97018GP		100215 1 8300	
0420		DESCRIPTION		97110GP		100315 1 10900	
0420		DESCRIPTION		97110GP		100815 1 10900	
0420		DESCRIPTION		97110GP		100915 1 10900	
001		PAGE 1 OF 2		CREATION DATE		TOTALS 133300	
50 PAYER NAME MEDICARE		51 HEALTH PLAN ID 01001		52 REL. INFO		53 ASG. BEN.	
O/P MEDI-CAL				54 PRIOR PAYMENTS 16378		55 EST. AMOUNT DUE 133300	
						56 NPI 0123456789	
						57 OTHER PRV ID	
58 INSURED'S NAME JANE DOE		59 P. REL.		60 INSURED'S UNIQUE ID 123456789X		61 GROUP NAME	
				900000000A95001		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 DX D1D1D1D		67		68		69	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 OTHER PROCEDURE DATE		77 ATTENDING NPI 0123456789	
78 LAST		79 FIRST		80 LAST		81 FIRST	
77 OPERATING NPI		78 QUAL		79 LAST		80 FIRST	
78 OTHER NPI		79 QUAL		80 LAST		81 FIRST	
79 OTHER NPI		80 QUAL		81 LAST		82 FIRST	
80 REMARKS		81 OCC. a		82 b		83 c	
SPLIT BILLED - CLAIM 1 OF 2. DEDUCTIBLE = 0. TOTAL=2317.00. MCARE=416.44. COINS=105.59. CLAIM 1=1333.00. MCARE=163.78. COINS=40.99. CLAIM 2=984.00. MCARE=252.66. COINS=64.60		84 d		85		86	
UB-04 CMS-1450 © 2005 NUBC		CMB APPROVAL PENDING		NUBC® NUBC Information LLC 9213257		THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.	

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).

Medicare National Standard Intermediary Remittance Advice											
Uptown Medical Center 140 Second Street Anytown, CA 95823-1000 01101				FPE:	10/30/16	MEDICARE CONTRACTOR					
				PAID:	12/30/16	5151-B Camillo Ruiz					
				CLM#:	152	CAMARILLO, CA 93012-8645					
				TOB:	131	805-367-1163					

PATIENT: DOE, JOHN				SVC FROM: 10/01/2016				PCN: 123456789			
MEDICARE ID: 8ZZ8ZZ8ZZ88				THRU: 10/16/2016				MRN: 000193638			
PAT STAT: 30 CLAIM STAT: 1								ICN: 12345678901234			

CHARGES:		PAYMENT DATA:		-DRG		0.290		-REIM RATE			
* 2317.00		-REPORTED 0.00				-DRG AMOUNT 0.00		-MSP			
PRIM PAYER		0.00		-DRG/OPER/CAP		0.00		-PROF			
133.00 -NCVD/DENIED		0.00		-LINE ADJ AMT		0.00		-ESRD AMOUNT			
COMPONENT		0.00		-OUTLIER (C)		0.00		-PROC CD			
0.00 -CLAIM ADJS		0.00									
2174.00 -COVERED		0.00									
AMOUNT		0.00		-CAP OUTLIER		416.44		-ALLOW/REIM			
DAYS/VISITS:		0.00		-CASH DEDUCT		0.00		-G/R AMOUNT			
0 -COST REPT		0.00		-BLOOD DEDUCT		0.00		-INTEREST			
0 -COVD/UTIL		0.00		-COINSURANCE		1763.23		-CONTRACT ADJ			
0 -NON-COVERED		105.59		-PAT REFUND		0.00		-PER DIEM AMT			
0 -COVD VISITS		0.00		-MSP LIAB MET		416.44		-NET REIM AMT			
0 -NCOV VISITS		0.00									
ADJ REASON CODES:											
REMARK CODES: MA01											

REV	DATE	HCRPS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK
CODES											
0420	10/01	G0238		GP	1	101.00	9.70	CO	42	88.87	<div>Claim 1 of 2</div>
								PR	2	2.43	
0420	10/02	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/03	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/08	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/09	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/11	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/16	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/01	97018		GP	1	66.50	0.00	CO	B13	66.50	
0420	10/02	97018		GP	1	66.50	0.00	CO	B13	66.50	
0420	10/01	97018		GP	1	83.00	10.63	CO	42	69.69	
								PR	2	2.66	
0420	10/03	97110		GP	1	109.00	24.86	CO	42	77.92	
								PR	2	6.22	
0420	10/08	97110		GP	1	109.00	24.86	CO	42	77.92	
								PR	2	6.22	
0420	10/09	97110		GP	1	109.00	24.86	CO	42	77.92	
								PR	2	6.22	
0420	10/11	97110		GP	1	109.00	24.86	CO	42	77.92	
								PR	2	6.22	
0420	10/16	97110		GP	2	218.00	49.73	CO	42	133.84	
								PR	2	12.43	
0420	10/03	97140		GP	2	191.50	45.93	CO	42	134.06	
								PR	2	11.49	
0420	10/08	97140		GP	2	191.50	45.93	CO	42	134.06	
								PR	2	11.49	
0420	10/09	97140		GP	2	191.50	45.93	CO	42	134.06	
								PR	2	11.49	
0420	10/11	97140		GP	1	82.50	22.98	CO	42	52.78	
								PR	2	11.48	

Claim
1 of 2

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

Medicare National Standard Intermediary Remittance Advice

Uptown Medical Center 140 Second Street Anytown, CA 95823-1000 01101	FEE: 10/30/16 PAID: 12/30/16 CLM#: 152 TOB: 131	MEDICARE CONTRACTOR 5151-B Camillo Ruiz CAMARILLO, CA 93012-8645 805-367-1163
-------------------------------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------------------------------------

PATIENT: DOE, JOHN MEDICARE ID: 8ZZ8ZZ8ZZ88	SVC FROM: 10/01/2016 THRU: 10/16/2016	PCN: 123456789 MRN: 000193638 ICN: 12345678901234
PAT STAT: 30 CLAIM STAT: 1		

CHARGES:	PAYMENT DATA:	-DRG	0.290 -REIM RATE
* 2317.00	-REPORTED 0.00		-DRG AMOUNT 0.00 -MSP
PRIM PAYER 133.00 -MCVD/DENIED	0.00 -DRG/OPER/CAP		0.00 -PROF
COMPONENT 0.00 -CLAIM ADJS	0.00 -LINE ADJ AMT		0.00 -ESRD AMOUNT
2174.00 -COVERED	0.00 -OUTLIER (C)		0.00 -PROC CD
AMOUNT			
DAYS/VISITS:	0.00 -CAP OUTLIER		416.44 -ALLOW/REIM
0 -COST REPT	0.00 -CASH DEDUCT		0.00 -G/R AMOUNT
0 -COVD/UTIL	0.00 -BLOOD DEDUCT		0.00 -INTEREST
0 -NON-COVERED	105.59 -COINSURANCE		1765.23 -CONTRACT ADJ
0 -COVD VISITS	0.00 -PAT REFUND		0.00 -PER DIEM AMT
0 -NCOV VISITS	0.00 -MSP LIAB MET		416.44 -NET REIM AMT

ADJ REASON CODES:

REMARK CODES:	MA01
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REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK
0420	10/01	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/02	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/03	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/08	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/09	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/11	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	06/16	G0238		GP	1	101.00	9.70	CO	42	88.87	
								PR	2	2.43	
0420	10/01	97018		GP	1	66.50	0.00	CO	B15	66.50	
0420	10/02	97018		GP	1	66.50	0.00	CO	B15	66.50	
0420	10/01	97018		GP	1	83.00	10.65	CO	42	69.69	
								PR	2	2.66	
0420	10/03	97110		GP	1	109.00	24.86	CO	42	77.92	
								PR	2	6.22	
0420	10/08	97110		GP	1	109.00	24.86	CO	42	77.92	
								PR	2	6.22	
0420	10/09	97110		GP	1	109.00	24.86	CO	42	77.92	
								PR	2	6.22	
0420	10/11	97110		GP	1	109.00	24.86	CO	42	77.92	
								PR	2	6.22	
0420	10/16	97110		GP	2	218.00	49.73	CO	42	155.84	
								PR	2	12.43	
0420	10/03	97140		GP	2	191.50	45.95	CO	42	134.06	
								PR	2	11.49	
0420	10/08	97140		GP	2	191.50	45.95	CO	42	134.06	
								PR	2	11.49	
0420	10/09	97140		GP	2	191.50	45.95	CO	42	134.06	
								PR	2	11.49	
0420	10/11	97140		GP	1	82.50	22.98	CO	42	52.78	
								PR	2	11.48	

Claim

2 of 2

Claim
2 of 2

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
«	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.