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## Medicare/Medi-Cal Crossover Claims: Long Term Care Billing Examples

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Page updated: January 2024

This section illustrates billing examples of Medicare/Medi-Cal crossover claims submitted on a *UB-04* claim form and correlating Remittance Advice (RA) examples for Long Term Care (LTC) services. Refer to the *Medicare/Medi-Cal Crossover Claims: Long Term Care* section in this manual for detailed policy information. Refer to the *UB-04 Completion: Long Term Care Services* section of this manual for instructions to complete claim fields not explained in the following examples. 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.

### **Hard Copy Billing Examples**

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

- *Figure 1a.* Billing Medi-Cal for Part A Services Billed to a Part A Contractor.
- *Figure 1b.* Billing Medi-Cal for a Recipient whose Part A Services Have Been Exhausted
- *Figure 2a.* Billing Medi-Cal for Part B Services Billed to a Part A Contractor.
- *Figure 2b.* Billing Medi-Cal for Part B services billed to a Part A Contractor with Share of Cost
- *Figure 3a.* Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 1.
- *Figure 3b.* Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 2

### **Medicare RA Examples**

Sample Medicare RAs on the following pages are partial examples of applicable fields only.

## **Billing Medi-Cal for Part A Services Billed to a Part A Contractor**

**Figure 1a.** Billing Medi-Cal for Part A Services Billed to a Part A Contractor.

This is a sample only. Please adapt to your billing situation. The total charges of \$3789.68 (Box 47, Line 23) are the Medicare covered charges less the contract adjustment amount from the Medicare RA. There is a \$50 Medi-Cal Share of Cost (SOC) (Box 39a [value code 23 and value code amount]). The Medicare paid amount of \$2977.68 is entered in the *Prior Payments* field (Box 54a). The Medicare payment and SOC amounts are subtracted from the total charges (\$3789.68 minus \$50 minus \$2977.68), leaving the *Estimated Amount Due* field (Box 55b) as \$762.00.

**Note:** «If the last date of service is the discharge date, it is not included when calculating the coinsurance days. Due to Medicare consolidated billing and contract adjustments, Medicare allowed amounts may appear excessive, but are not uncommon for crossover claims.»

1 GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA	2		3a PAT. CNTRL. # b. MED. REC. # 123456		4 TYPE OF BILL 211		
8 PATIENT NAME a. DOE, JOHN			9 PATIENT ADDRESS a.				
10 BIRTHDATE 100134	11 SEX M	12 DATE 100124	13 HR	14 TYPE 5	15 SRC 3	16 DHR 4	
17 STAT 30	18		19		20		
31 OCCURRENCE CODE 50		32 OCCURRENCE DATE 102724	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	
37 OCCURRENCE SPAN FROM		38 OCCURRENCE SPAN THROUGH		39 OCCURRENCE SPAN FROM		40 OCCURRENCE SPAN THROUGH	
39 VALUE CODES AMOUNT a. 23		40 VALUE CODES AMOUNT b. 5000		41 VALUE CODES AMOUNT c. 24		42 VALUE CODES AMOUNT d. 01	
42 REV. CD. 0101	43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS 9	47 TOTAL CHARGES 378968	48 NON-COVERED CHARGES
001		PAGE OF		CREATION DATE		TOTALS	378968
50 PAYER NAME MEDICARE A LTC MEDI-CAL		51 HEALTH PLAN ID	52 FILL SPO.	53 ASG. SBN.	54 PRIOR PAYMENTS 297768	55 EST. AMOUNT DUE 378968	56 NPI 0123456789
56 INSURED'S NAME		59 P. REL.	60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 DX D1D1D1D 0		67		68		69	
70 ADMIT. REASON DX	71 PPS CODE	72 ECI	73		74		75
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI 0234567891	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	80	81
80 REMARKS		81 CC	82	83	84	85	86

Figure 1a. Billing Medi-Cal for Part A Services Billed to a Part A Contractor

**Figure 1b.** Billing Medi-Cal for a Recipient whose Part A Services Have Been Exhausted

This is a sample only. Please adapt to your billing situation.

A recipient whose Part A benefits have been exhausted is illustrated by the absence of “Medicare A” in the *Payer Name* field (Box 50a) and the absence of a Medicare Paid amount in the *Prior Payments* field (Box 54a). Only “LTC Medi-Cal” is listed in the *Payer Name* field (Box 50a).

After 100 days, the recipient’s claim becomes a straight Medi-Cal claim. Therefore, the net amount of \$3456.30 is entered in the *Estimated Amount Due* field (Box 55a), equals the total charges (Box 47, Line 23) and is billed to Medi-Cal. The total charges are calculated for straight Medi-Cal claims by multiplying the appropriate Medi-Cal daily rate for the revenue code (Box 42, Line 1) and the Designated State Level Medicaid Rate Code (Boxes 39a [value code 24 and value code amount]) combination by the total number of days. Enter the total number of days in the *Service Units* field (Box 46, Line 1).

1	GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA	2		3	234567	4	211
5	100124	6	103024	7		8	
9	DOE, JANE	10	100135	11	F	12	100124
13	5	14	3	15	4	16	30
17	50	18	102724	19		20	
21	24	22	01	23		24	
25		26		27		28	
29		30		31		32	
33		34		35		36	
37		38		39		40	
41		42		43		44	
45	0101	46		47	30	48	345630
49		50		51		52	
53	001	54	PAGE	55	OF	56	CREATION DATE
57		58		59		60	TOTALS
61		62		63		64	345630
65		66		67		68	
69		70		71		72	
73		74		75		76	
77		78		79		80	
81		82		83		84	
85		86		87		88	
89		90		91		92	
93		94		95		96	
97		98		99		100	

Figure 1b. Billing Medi-Cal for a Recipient whose Part A Services Have Been Exhausted

The Medi-Cal payment on Part A LTC crossover claims is the full coinsurance less any SOC.

### Formula for Calculating Part A Crossover Amounts

The formulas for calculating Part A crossover amounts are as follows:

#### Total Charges

Medicare covered charges minus the contract adjustment amount, if any (from EOMB/RA).

#### Share of Cost (Medi-Cal)

On a Part A LTC claim, patient liability only applies to the Medi-Cal SOC. There is no Medicare deductible. If the patient has a "0" SOC, leave blank. If a patient has a SOC, enter the amount being applied to this claim in the *Value Codes and Amount* fields.

#### Prior Payments

Medicare paid amount (from EOMB/RA).

#### Estimated Amount Due

Total Charges minus SOC minus Prior Payments.

**Note:** LTC SOC is cleared solely by the facility in which the recipient resides. Claims (for LTC recipients) from other than the LTC facility should contain no SOC information. Refer to the *Share of Cost (SOC)* section in the Part 1 manual for detailed instructions on clearing a recipient's SOC.

MEDICARE CONTRACTOR 1234 B STREET ANYTOWN, CA 95555-555 555-555-5555									
05000	GARDEN GROVE CARE CENTER		SKILLED NURSING		PAID DATE: 10/15/2024	REMIT#: 01061	PAGE 1		
PATIENT NAME	PATIENT CNTRL#	RC	REM	DRG#	DRG OUT AMT	COINSURANCE	PAT REFUND	CONTRACT ADJ	
MEDICARE ID #	ICNUMBER	RC	REM	OUT CD CAPCD		COVD CHGS	ESRD NET ADJ	PER DIEM RATE	
FROM DT THRU DT	NACHG HICHG TOB	RC	REM	PROF COMP	MSP PAYMT	NCOVD CHGS	INTEREST	PROC CD AMT	
CLAIM STATUS IDE#	COST COMDY NCOMDY	RC	REM	DRG AMT	DEDUCTIBLE	DENIED CHGS		NET REIMBURS	
DOE, JANE	648648					992.00		415.03	
9ZZ9ZZ9ZZ99	2091882184	.00		.00		4204.71	.00	405.00	
10/01/2024 10/09/2024		.00		.00		.00	.00	.00	
	214								
1	8	8		.00		.00	.00	2977.68	

**Figure 1c.** Medicare Remittance Advice (RA) for Part A Figure 1a Example

Use the *Medicare Remittance Advice* when completing the *UB-04* claim form for a Part A LTC crossover claim.

## **Billing Medi-Cal for Part B Services Billed to a Part A Contractor**

### ***Figure 2a.*** Billing Medi-Cal for Part B services billed to a Part A Contractor

This is a sample only. Please adapt to your billing situation.

The total charges of \$2939.17 (Box 47, Line 23) is the amount allowed by Medicare. The recipient has a Medicare deductible of \$100.00 (Box 39a [value code A1 and value code amount]). The sum of the Medicare paid amount of \$2227.39 and the contract adjustment amount of \$77.56 (\$2304.95) is entered in the *Prior Payments* field (Box 54a). The coinsurance of \$534.22 from the Medicare RA, which is entered in the *Value Codes and Amount* field (Box 40a [value code A2 and value code amount]), plus the Medicare deductible of \$100.00 equals the net amount of \$634.22 billed to Medi-Cal in the *Estimated Amount Due* field (Box 55b).

1 GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA	2		3a PAT. CNTRL. # b. MED. REC. # 5 FED. TAX NO.		123456		4 TYPE OF BILL 211														
8 PATIENT NAME a			9 PATIENT ADDRESS a			6 STATEMENT COVERS PERIOD FROM 100124			7 THROUGH 102824												
b DOE, JOHN																					
10 BIRTH-DATE 100134	11 SEX M	12 DATE 100124	13 PR 5	14 TYPE 3	15 SRC 4	16 DHR 30	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29	30	
31 OCCURRENCE DATE 50	32 OCCURRENCE CODE 112724	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	37 OCCURRENCE DATE	38 OCCURRENCE CODE	39 OCCURRENCE DATE	40 OCCURRENCE CODE	41 OCCURRENCE DATE	42 OCCURRENCE CODE	43 OCCURRENCE DATE	44 OCCURRENCE CODE	45 OCCURRENCE DATE	46 OCCURRENCE CODE	47 OCCURRENCE DATE	48 OCCURRENCE CODE	49 OCCURRENCE DATE	50 OCCURRENCE CODE	51 OCCURRENCE DATE	52 OCCURRENCE CODE
39 CODE A1	40 VALUE CODES AMOUNT 10000	41 CODE A2	42 VALUE CODES AMOUNT 53422	43 CODE	44 VALUE CODES AMOUNT	45 CODE	46 VALUE CODES AMOUNT	47 CODE	48 VALUE CODES AMOUNT	49 CODE	50 VALUE CODES AMOUNT	51 CODE	52 VALUE CODES AMOUNT	53 CODE	54 VALUE CODES AMOUNT	55 CODE	56 VALUE CODES AMOUNT	57 CODE	58 VALUE CODES AMOUNT	59 CODE	60 VALUE CODES AMOUNT
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63
001	PAGE	OF	CREATION DATE	TOTALS	293917																
50 PAYER NAME A MEDICARE B C LTC MEDI-CAL	51 HEALTH PLAN ID	52 PBL INFO	53 ASB EBN	54 PRIOR PAYMENTS 230495	55 EST AMOUNT DUE 63422	56 NPI 0123456789	57 OTHER PRV ID	58	59	60	61	62	63	64	65	66	67	68	69	70	71
56 INSURED'S NAME	59 PBL	60 INSURED'S UNIQUE ID 90000000A95002	61 GROUP NAME	62 INSURANCE GROUP NO.	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	66	67	68	69	70	71	72	73	74	75	76	77	78	79
66 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 EQ	73	74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI 0234567891	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	80 REMARKS	81 CC a	81 CC b	81 CC c	81 CC d	82	83	84	85	86	87
80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101

Figure 2a. Billing Medi-Cal for Part B Services Billed to a Part A Contractor



**Figure 2b.** Billing Medi-Cal for Part B services billed to a Part A Contractor with Share of Cost.

This is a sample only. Please adapt to your billing situation.

The total charges of \$959.25 (Box 47, Line 23) is the amount allowed by Medicare. There is a Medicare deductible of \$100.00 (Box 40a [value code A1 and value code amount]). The sum of the Medicare paid amount of \$643.43 and the contract adjustment amount of \$77.56 (\$720.99) is entered in the *Prior Payments* field (Box 54a). The SOC of \$200.00 is entered in the *Value Codes and Amount* field (Box 39a [value code 23 and value code amount]). The coinsurance from the Medicare RA, which is entered in the *Value Codes and Amount* field (Box 41a [value code A2 and value code amount]) plus the Medicare deductible minus the SOC equals the net amount of \$38.26 billed to Medi-Cal in the *Estimated Amount Due* field (Box 55b).

1 GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA		2		3A PAT. CONTR. # B MED. REC. # 5 FPD. TAX NO. <b>234567</b>		4 TYPE OF BILL <b>211</b>							
8 PATIENT NAME <b>DOE, JANE</b>				9 PATIENT ADDRESS									
10 BIRTHDATE <b>100135</b>	11 SEX <b>F</b>	12 DATE <b>100124</b>	13 HR <b>5</b>	14 TIME <b>3</b>	15 SEC <b>4</b>	16 DHR <b>30</b>	17 STAT						
31 OCCURRENCE CODE <b>50</b>		32 OCCURRENCE DATE <b>112724</b>		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37	
38 VALUE CODES AMOUNT <b>a 23 2000</b>		39 VALUE CODES AMOUNT <b>A1 1000</b>		40 VALUE CODES AMOUNT <b>A2 13826</b>									
42 REV. CD.	43 DESCRIPTION			44 HCPCS / RATE / H/P/S CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49				
<b>001</b>		<b>PAGE OF</b>		<b>CREATION DATE</b>		<b>TOTALS</b>		<b>95925</b>					
59 PAYER NAME <b>MEDICARE B LTC MEDI-CAL</b>				51 HEALTH PLAN ID		60 HILL INFO	61 4091 BBI	64 PRIOR PAYMENTS <b>72099</b>		65 EST. AMOUNT DUE <b>3826</b>	66 NPI <b>0123456789</b>		
59 INSURED'S NAME				60 INSURED'S UN Q/E ID <b>90000000A95002</b>		61 GROUP NAME		62 INSURANCE GROUP NO.					
63 TREATMENT AUTHORIZATION CODES						64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME				
66 DX <b>67 A B C D E F G H I J K L M N O P Q</b>													
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 LCR		73		74			
74 PRINCIPAL PROCEDURE CODE DATE		9. OTHER PROCEDURE CODE DATE		10. OTHER PROCEDURE CODE DATE		75		76 ATTENDING NPI <b>0234567891</b>		77 OPERATING NPI		78	
80 REMARKS		81CC a		b		c		78 OTHER NPI		79 OTHER NPI		80	
80 REMARKS													
80 REMARKS													
80 REMARKS													
80 REMARKS													

Figure 2b: Billing Medi-Cal for Part B services billed to a Part A Contractor with Share of Cost

The Medi-Cal payment on Part B crossover claims is calculated as the full coinsurance plus the deductible less any Medi-Cal SOC.

### Formula for Calculating Part B Crossover Amounts

The formula for calculating Part B crossover amounts is as follows:

#### Total Charges

Medicare allowed amount (from EOMB/RA).

#### Medicare Deductible/Share of Cost (Medi-Cal)

On a Part B claim, recipient liability applies to the Medicare deductible. However, if a recipient also has a SOC, enter the SOC in the *Value Codes and Amount* field of the claim.

If a portion of the Medicare claim is applied to the recipient’s annual deductible, enter the deductible applied in the *Value Codes and Amount* field (from EOMB/RA); if no deductible is applied to this claim, leave blank.

#### Prior Payments

Medicare paid amount plus any “contract adjusted amount” (from EOMB/RA).

#### Estimated Amount Due

The coinsurance plus Medicare deductible minus any SOC being applied to this claim.

MEDICARE CONTRACTOR 1234 B STREET ANYTOWN, CA 95555-5555 555-555-5555									
05999	GARDEN GROVE CARE CENTER		PART B	PAID DATE: 11/01/2024	REMIT#: 500	PAGE 1			
PATIENT NAME	PATIENT CNTRL#	RC	REM	DRG#	DRG OUT AMT	COINSURANCE	PAT REFUND	CONTRACT ADJ	
MEDICARE ID #	ICNNUMBER	RC	REM	OUT CD CAPCD		COVD CHGS	ESRD NET ADJ	PER DIEM RATE	
FROM DT THRU DT	NACHG HICHG TOB	RC	REM	PROF COMP	MSP PAYMT	NCOVD CHGS	INTEREST	PROC CD AMT	
CLAIM STATUS IDE#	COST_CQDY NCOQDY	RC	REM	DRG AMT	DEDUCTIBLE	DENIED CHGS		NET REIMBURS	
DOE, JOHN	1234JS								
9ZZ9Z9ZZ99	202071029402					534.22		77.56	
10/01/2024 10/28/2024	QC N221				100.00	2939.17		.85	
								2861.61	
								2227.39	
DOE, JANE	654811								
9ZZ99Z9ZZ99	20207102890602					138.26		77.56	
10/01/2024 10/28/2024	QC N221				100.00	959.25		.85	
								881.69	
								643.43	

**Figure 2c.** Medicare Remittance Advice (RA) for Part B Figure 2a and 2b Examples

Use the Medicare RA to assist in completing the *UB-04* claim form for a LTC Part B crossover claim.

## **Billing Medi-Cal for Part B Overlapping Dates of Service**

This is a sample only. Please adapt to your billing situation.

Occasionally, two Part B claims are billed for the same recipient with overlapping dates of service (for example, physical therapy and speech therapy). To avoid denial of the claim as a duplicate in these situations, use the *Remarks* area to identify the reason for the overlapping dates of service.

**Figure 3a.** Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 1 and

**Figure 3b.** Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 2

In these examples, the provider is billing for speech therapy on Claim 1 (Figure 3a) and physical therapy on Claim 2 (Figure 3b). The recipient is the same and the dates of service overlap.

In the *Remarks* area, the biller writes: “This is not a duplicate claim. Claim for Doe, Jane DOS 101024 through 102224 is for speech therapy. Claim for Doe, Jane, DOS 100124 through 101724 is for physical therapy. See Medicare documentation attached.”

Similarly, if the provider is billing the speech therapy and physical therapy claims at different times and one claim has already been processed, instead of attaching the Medicare documentation, the provider can attach a copy of the previously submitted claim.

1 GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA		2			3a PAT CNTL # b. MED REC #	234567	4 TYPE OF BILL		211																														
8 PATIENT NAME					9 PATIENT ADDRESS																																		
b DOE, JANE																																							
10 BIRTH DATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22 23 24 25 26 27 28 29					30 ACCT STATE																						
100135	F	101024	5	3	4		30																																
31 OCCURRENCE DATE		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 OCCURRENCE DATE		41 OCCURRENCE DATE		42 OCCURRENCE DATE		43 OCCURRENCE DATE		44 OCCURRENCE DATE		45 OCCURRENCE DATE		46 OCCURRENCE DATE		47 OCCURRENCE DATE		48 OCCURRENCE DATE		49 OCCURRENCE DATE			
50 112724																																							
56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74			
42 REV. CC.		43 DESCRIPTION		44 HCPCS / RATE / HIRPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON COVERED CHARGES		49																									
001		PAGE OF		CREATION DATE		TOTALS		12500																															
50 PAYER NAME		51 HEALTH PLAN ID		52 FILL INFO		53 APO BEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID		58 NPI		59 NPI		60 NPI		61 NPI		62 NPI		63 NPI		64 NPI		65 NPI		66 NPI		67 NPI		68 NPI		69 NPI	
MEDICARE B LTC MEDI-CAL								10000		2500		0123456789																											
60 INSURED'S NAME		61 PBL		62 INSURED'S UNIQUE ID		63 GROUP NAME		64 INSURANCE GROUP NO.																															
				90000000A95002																																			
65 TREATMENT AUTHORIZATION CODES		66 DOCUMENT CONTROL NUMBER		67 EMPLOYER NAME																																			
68 ADMIT DX		69 PATIENT REASON DX		70 PROCEDURE CODE		71 OTHER PROCEDURE CODE		72 ICD		73 ECR		74 ATTENDING		75 NPI		76 QUAL		77 QUAL		78 QUAL		79 QUAL		80 QUAL		81 QUAL		82 QUAL		83 QUAL		84 QUAL		85 QUAL		86 QUAL			
												0234567891				QUAL		QUAL		QUAL		QUAL		QUAL		QUAL		QUAL		QUAL		QUAL		QUAL		QUAL			
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 OTHER PROCEDURE CODE		81 OTHER PROCEDURE CODE		82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE		86 OTHER PROCEDURE CODE		87 OTHER PROCEDURE CODE		88 OTHER PROCEDURE CODE		89 OTHER PROCEDURE CODE		90 OTHER PROCEDURE CODE		91 OTHER PROCEDURE CODE		92 OTHER PROCEDURE CODE			
80 REMARKS		81 CC		82 CC		83 CC		84 CC		85 CC		86 CC		87 CC		88 CC		89 CC		90 CC		91 CC		92 CC		93 CC		94 CC		95 CC		96 CC		97 CC		98 CC		99 CC	
THIS IS NOT A DUPLICATE CLAIM. CLAIM FOR DOE, JANE DOS 101024 THROUGH 102224 IS FOR SPEECH THERAPY. CLAIM FOR DOE, JANE DOS 100124 THROUGH 101724 IS FOR PHYSICAL THERAPY. SEE MEDICARE DOCUMENTATION ATTACHED.																																							
UB-64 045-1450 © 2009 NUBC		OMB APPROVAL PENDING		NUBC		LTC6213257		THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.																															

Figure 3a. Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 1

1 <b>GARDEN GROVE CARE CENTER</b> <b>6748 GARDEN GROVE HWY</b> <b>ANYTOWN, CA</b>	2		3A PAT. CNTL. # B. MED. REC. # 234567		4 TYPE OF BILL 211															
8 PATIENT NAME a <b>DOE, JANE</b>			9 PATIENT ADDRESS a																	
10 BIRTHDATE <b>100135</b>	11 SEX <b>F</b>	12 DATE	13 ADMISSION 13 HR	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 CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37	38	39	40	41	42	43	44	45	46	47	48	49		
<b>50</b>	<b>112724</b>																			
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49													
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
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14																				
15																				
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23	<b>001</b>	PAGE	OF	CREATION DATE	TOTALS	9500														
A	50 PAYER NAME <b>MEDICARE B</b> <b>LTC MEDI-CAL</b>	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. SBN	54 PRIOR PAYMENTS <b>7600</b>	55 EST. AMOUNT DUE <b>1900</b>	56 NPI <b>0123456789</b>	57 OTHER PRV ID												
B	58 INSURED'S NAME	59 P/REL	60 INSURED'S UNIQUE ID <b>90000000A95002</b>	61 GROUP NAME	62 INSURANCE GROUP NO.															
C	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME																	
A	66	67	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	
B	68 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 EDI	73	74	75	76 ATTENDING NPI <b>0234567891</b>	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	QUAL	QUAL	QUAL	QUAL	QUAL	QUAL	QUAL	QUAL	
C	74	75	76	77	78	79	80	LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST	
A	80 REMARKS <b>THIS IS NOT A DUPLICATE CLAIM. CLAIM FOR DOE, JANE DOS 101024 THROUGH 102224 IS FOR SPEECH THERAPY. CLAIM FOR DOE, JANE DOS 100124 THROUGH 101724 IS FOR PHYSICAL THERAPY. SEE MEDICARE DOCUMENTATION ATTACHED.</b>	81 CC a	b	c	d															
B	UB-04 CMS-1450 © 2005 NUBC	OMB APPROVAL PENDING	NUBC Nubc 10000 Any Center LIC8213257																	

Figure 3b. Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 2

## **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.