

Bulletin Number: MSA 06-07

Distribution: Practitioners (MD, DO, DPM, DC, CNM, CRNA, NP, PT, Oral Surgeons), Optometrists, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Medical Clinics, Local Health Departments, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision

Issued: February 2006

Subject: Medicare Part B Crossover Claims

Effective: Upon Receipt

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, MOMS

The purpose of this bulletin is to provide updated information and instructions related to crossover claims for beneficiaries dually eligible for Medicare and Medicaid.

The Michigan Department of Community Health (MDCH) has been accepting Medicare Part B crossover claims from Wisconsin Physician Service (WPS) since August 2004 and from AdminaStar since June 2005. Soon, MDCH will be accepting Medicare crossover claims from all Medicare Part B and DMERC contractors through the COBC (Coordination of Benefits Contractor). The COBC is a national claims crossover contractor who will consolidate the Medicare crossover claims process for all trading partners who receive such claims. Claims will still be submitted to, and adjudicated by, the designated carrier then routed to the COBC for crossing over to the appropriate trading partner.

The crossover process allows providers to submit a single claim for individuals dually eligible for Medicare and Medicaid, or qualified Medicare beneficiaries eligible for Medicaid payment of co-insurance and/or deductible, to the Medicare carrier and have the same claim processed for Medicaid reimbursement. When the provider receives the Medicare remittance advice, Remark Code MA07 (the claim information has also been forwarded to Medicaid for review) will appear on any claim "crossed over" to the Medicaid program. This reduces administrative burden for the provider as well as for the Medicaid program.

A Medicare crossover claim without the Michigan Medicaid provider ID number cannot be processed by MDCH. Now that MDCH will be receiving crossover claims submitted to all Medicare carriers, providers must be sure to include their Michigan Medicaid provider ID number on **every** Medicare claim for dually eligibles. Michigan Medicaid must have the Medicaid provider ID number reported on the claim to Medicare in order to process the claim as a crossover.

New Instructions for Reporting the Medicaid Provider ID on a Medicare Claim

The Medicaid 9-digit provider ID number must be reported *in addition* to the Medicare provider ID on an electronic (4010A1) claim sent to any Medicare carrier. If you use a clearinghouse, you must work with your vendor to determine where to enter the Medicaid provider ID on the format you submit to your vendor for claims sent to Medicare first.

If you report only a Billing Provider ID (Loop 2010AA) to Medicare because the billing and rendering provider are the same, then report the Medicaid provider ID number in a repeat of Loop 2010AA as follows:

- Loop 2010AA REF01: enter "1D" for Medicaid
- Loop 2010AA REF02: enter the 9-digit Medicaid provider ID number (2-digit provider type followed by the 7-digit number)

If you must report a Billing Provider ID (loop 2010AA) *and* a Rendering Provider ID (loop 2310B) to Medicare because the rendering provider is *different than the billing provider*, then report the Medicaid provider ID in a repeat of Loop 2310B as follows:

- Loop 2310B REF 01: enter "1D" for Medicaid
- Loop 2310B REF 02: enter the 9-digit Medicaid provider ID number (2-digit provider type followed by the 7-digit number)

This information will be passed on to Michigan Medicaid, and it will be the basis of identifying the provider for purposes of Michigan Medicaid claims processing. If the Medicaid provider ID is not included on the claim sent to Medicare, Michigan Medicaid will **not** be able to process the claim.

Once payment is received from Medicare and the MA07 remark code appears on the Medicare RA, providers should expect to see the claim appearing on the Medicaid RA within 30 days. If the claim does not appear within that time, a claim should be submitted directly to MDCH showing all of the Medicare payment information.

Paper claims submitted to Medicare for Medicare/Medicaid dual eligibles cannot be processed by MDCH as a crossover claim since the paper claim format does not accommodate more than one provider identifier.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Medicaid Provider Manual, Coordination of Benefits Chapter, Crossover Claims Section.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, PO Box 30731, Lansing, MI 48909-8231; or e-mail ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and a telephone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approved



Paul Reinhart, Director
Medical Services Administration