

**Bulletin Number:** MSA 05-02

**Distribution:** Practitioner, Federally Qualified Health Centers, Medical Supplier, Vision, Rural Health Clinics, Local Health Departments

**Issued:** January 1, 2005

**Subject:** Crossover Claims with AdminaStar (Coordination of Benefits)

**Effective:** Upon Receipt

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

In the near future, Michigan Department of Community Health (MDCH) will begin accepting crossover claims for DMEPOS\* claims processed by AdminaStar, the durable medical equipment regional carrier (DMERC) for Michigan. The claims must be submitted on the ASC X12N 837P version 4010A1 format. The selected provider types included in this group for crossover claims are:

**Medical Suppliers**

**Prosthetists**

**Orthotists**

If AdminaStar processes a provider's regular Part B claims (e.g., physician services) or vision claims, these will also be part of the crossover process to Medicaid.

The crossover process will allow 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 deductible to the Medicare carrier (AdminaStar), and also have it processed for Medicaid reimbursement. A remittance advice (RA) will be generated from AdminaStar with the details of the Medicare payment and Remark Code MA07 (the claim information has also been forwarded to Medicaid for review). If this remark does not appear on the AdminaStar RA, a separate claim will have to be submitted to MDCH.

The following types of claims will be excluded from the crossover process between AdminaStar and MDCH:

- Totally denied claims
- Adjusted claims (replacement or void/cancel claims)
- Claims reimbursed at 100 percent from AdminaStar
- Claims for dates of service outside Medicaid's effective and end dates
- DMEPOS claims from any DMERC carrier other than AdminaStar

Providers must resolve denied claims with AdminaStar, unless the service is an excluded benefit for Medicare but covered by Medicaid. In those cases, the excluded Medicare service can be billed directly to Medicaid. Providers must continue to submit DMEPOS claims from any DMERC carrier other than AdminaStar, and any claims Medicare has adjusted, directly to MDCH. In addition, any claim submitted to AdminaStar in the NCPDP format will not be processed by MDCH.

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\* Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

## SPECIAL INSTRUCTIONS FOR CROSSOVER CLAIMS

The Medicaid provider ID number must be reported *in addition* to the Medicare provider ID on the claim sent to AdminaStar. 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.

When submitting claims in the 837 4010A1 format, enter the Medicaid provider ID by repeating Loop ID 2010AA REF01 and REF02 on a crossover claim as follows:

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

AdminaStar will pass this information 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 in the claim sent to Medicare, Michigan Medicaid will not be able to process the claim. Michigan Medicaid will not be able to process paper claims submitted to Medicare as the Medicaid provider ID will not be included on the crossover 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 the Medicare payment information.

## QUESTIONS

Any questions regarding this bulletin should be directed to: Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231; or e-mail [ProviderSupport@michigan.gov](mailto: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.

## MANUAL MAINTENANCE

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

## APPROVED



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Medical Services Administration