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

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 <u>subtracted</u> 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.››
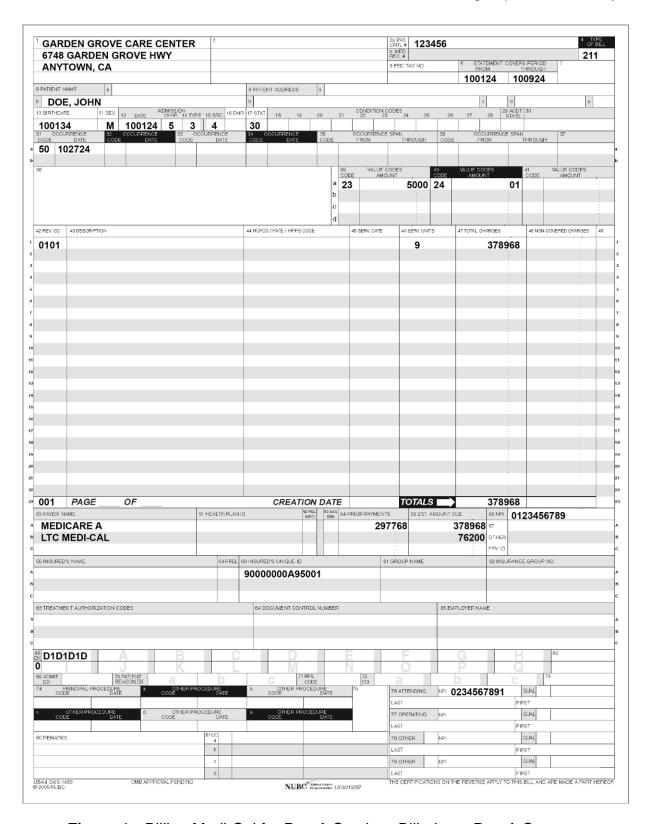
**Figure 1a.** Billing Medi-Cal for Part A Services Billed to a Part A Contractor

**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).
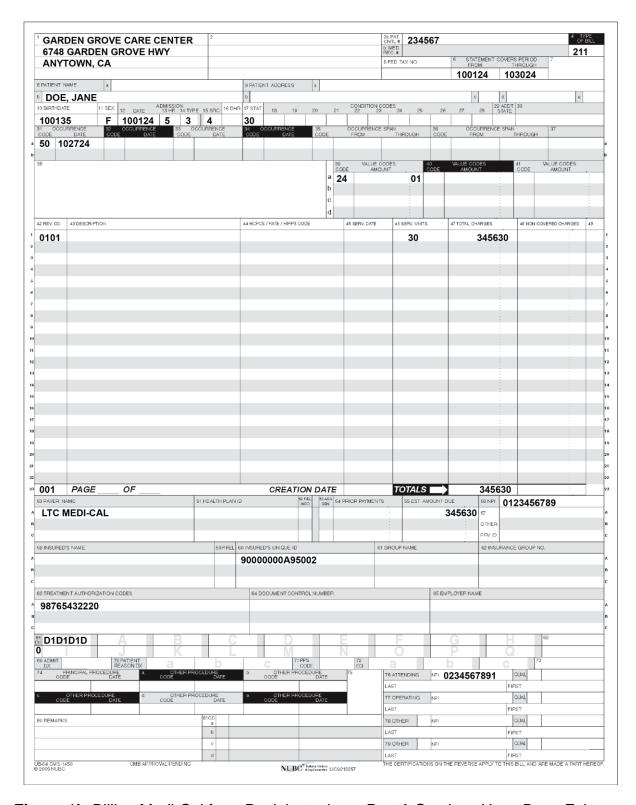
| 1 GARDEN GROVE CARE CENTER<br>6748 GARDEN GROVE HWY<br>ANYTOWN, CA | 2 | | 3a PAT. CNTL # 234567 | | 4 TYPE OF BILL |
|---|---|---|---|---|---|
| | | | b. MED. REC. # | | 211 |
| | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM 100124 THROUGH 103024 | | 7 |

| 8 PATIENT NAME a | | 9 PATIENT ADDRESS a | | | | |
|---|---|---|---|---|---|---|
| b DOE, JANE | | b | | c | d | e |

| 10 BIRTHDATE | 11 SEX | 12 DATE | ADMISSION 13 HR 14 TYPE 15 SRC | 16 DHR | 17 STAT | 18 19 20 21 | CONDITION CODES 22 23 24 25 26 27 28 | 29 ACDT STATE | 30 |
|---|---|---|---|---|---|---|---|---|---|
| 100135 | F | 100124 5 3 | 4 | | 30 | | | | |

| 31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37 |
|---|---|---|---|---|---|---|
| a 50 102724 | | | | | | |
| b | | | | | | |

| 38 | | 39 CODE VALUE CODES AMOUNT | 40 CODE VALUE CODES AMOUNT | 41 CODE VALUE CODES AMOUNT |
|---|---|---|---|---|
| | a | 24 01 | | |
| | b | | | |
| | c | | | |
| | d | | | |

| 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 0101 | | | | 30 | 345630 | | 1 |
| 2 | | | | | | | 2 |
| 3 | | | | | | | 3 |
| ... | | | | | | | |
| 23 001 | PAGE ___ OF ___ | CREATION DATE | TOTALS ➡ | | 345630 | | 23 |

| 50 PAYER NAME | 51 HEALTH PLAN ID | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI 0123456789 |
|---|---|---|---|---|---|---|
| A LTC MEDI-CAL | | | | | 345630 | 57 OTHER PRV ID |
| B | | | | | | |
| C | | | | | | |

| 58 INSURED'S NAME | 59 P REL | 60 INSURED'S UNIQUE ID | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
|---|---|---|---|---|
| A | | 90000000A95002 | | |
| B | | | | |
| C | | | | |

| 63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME |
|---|---|---|
| A 98765432220 | | |
| B | | |
| C | | |

| 66 DX D1D1D1D 0 | A B C D E F G H | 68 |
|---|---|---|
| | I J K L M N O P Q | |

| 69 ADMIT DX | 70 PATIENT REASON DX a b c | 71 PPS CODE | 72 ECI | 73 |
|---|---|---|---|---|

| 74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75 | 76 ATTENDING NPI 0234567891 QUAL |
|---|---|---|---|---|
| | | | | LAST FIRST |
| c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE | | 77 OPERATING NPI QUAL |
| | | | | LAST FIRST |
| 80 REMARKS | 81CC a b c d | | | 78 OTHER NPI QUAL |
| | | | | LAST FIRST |
| | | | | 79 OTHER NPI QUAL |
| | | | | LAST FIRST |

UB-04 CMS-1450
© 2005 NUBC
OMB APPROVAL PENDING
NUBC National Uniform Billing Committee LIC9213257
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

**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 # | ICN NUMBER | 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  COVDY  NCOVDY | 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).
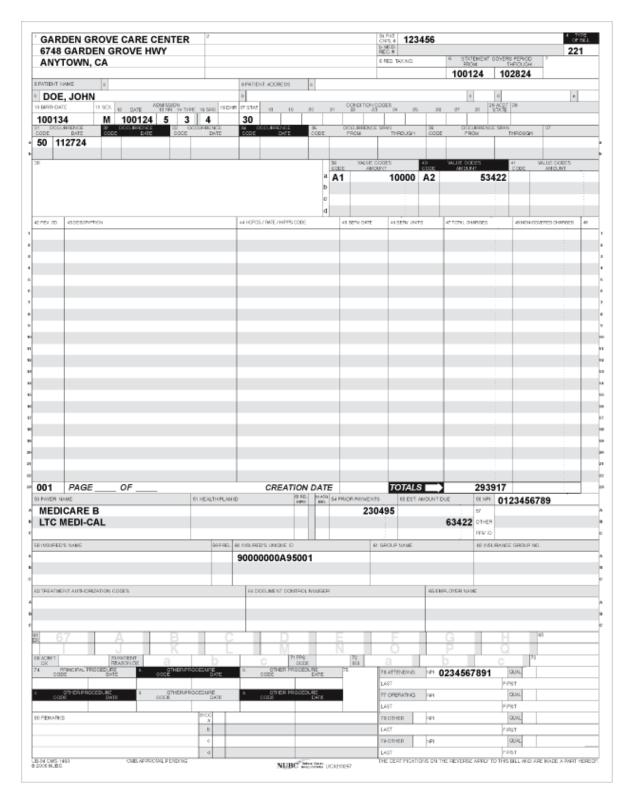
**Figure 2a.** Billing Medi-Cal for Part B Services Billed to a Part A Contractor

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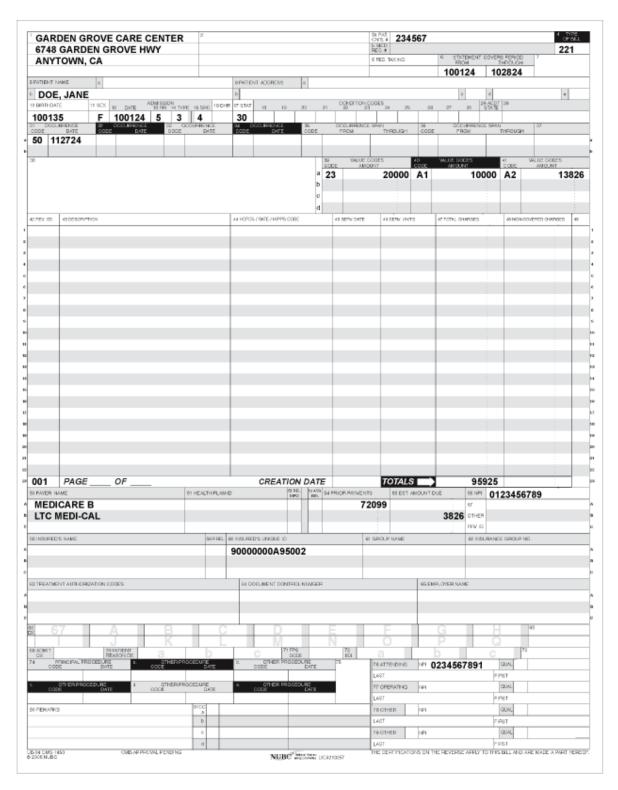
**Figure 2b:** Billing Medi-Cal for Part B services billed to a Part A Contractor with Share of Cost

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          PART B     PAID DATE:            REMIT#:  500              PAGE 1
           CARE CENTER                      11/01/2024
PATIENT NAME      PATIENT CNTRL#    RC     REM     DRG#            DRG OUT AMT   COINSURANCE    PAT REFUND      CONTRACT ADJ
MEDICARE ID #     ICN NUMBER        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  COVDY NCOVDY RC    REM     DRG AMT         DEDUCTIBLE   DENIED CHGS                     NET REIMBURS
DOE, JOHN         1234JS
9ZZ9ZZ9ZZ99       202071029402                                                 534.22                          77.56
10/01/2024 10/28/2024      QC      N221                                         2939.17                         .85
                                                                   100.00                                      2861.61
                                                                                                              2227.39

DOE, JANE         654811
9ZZ99Z9ZZ99       20207102890602                                               138.26                          77.56
10/01/2024 10/28/2024      QC      N221                                         959.25                          .85
                                                                   100.00                                      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.
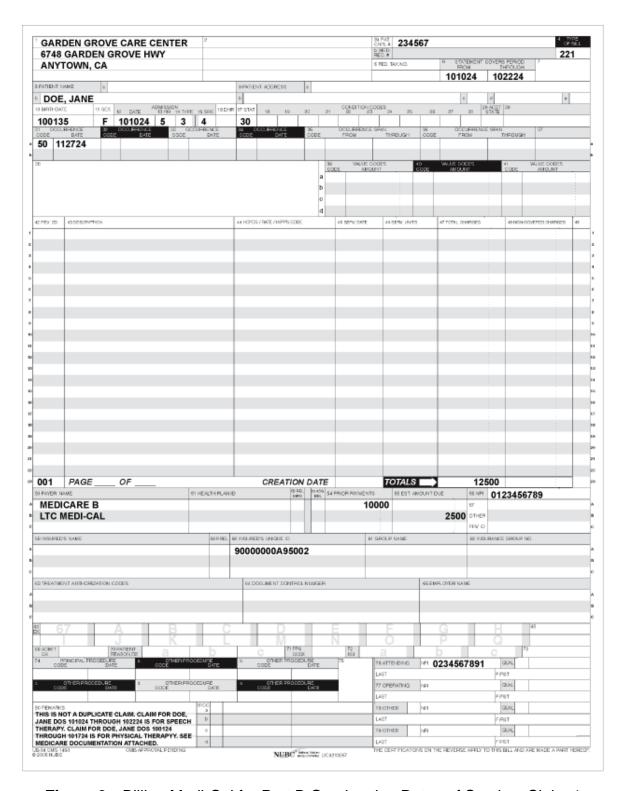
**Figure 3a**. Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 1
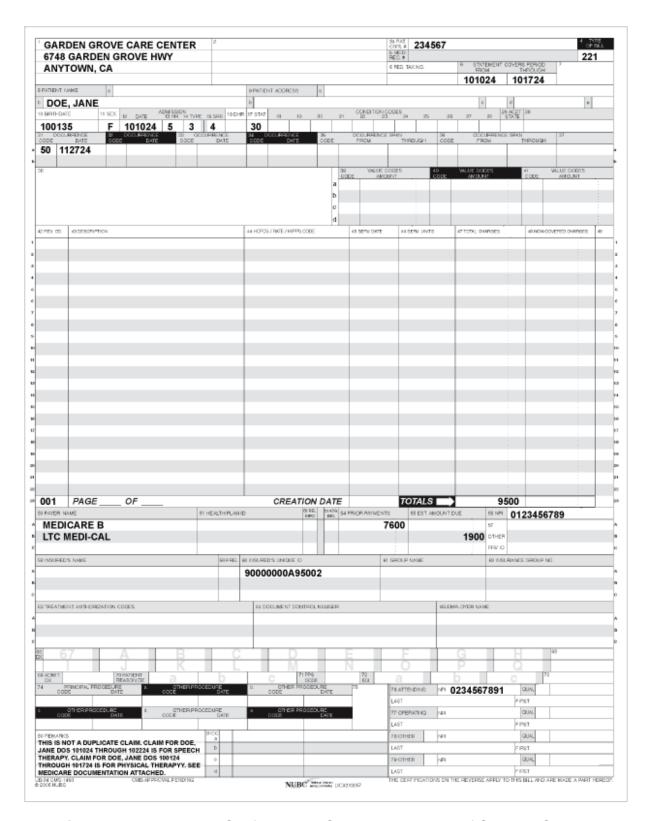
**Figure 3b.** Billing Medi-Cal for Part B Overlapping Dates of Service, Claim 2

## <u>Legend</u>

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. |