«Medicare/Medi-Cal Crossover Claims: CMS-1500 Billing Examples for Pharmacy»

Page updated: December 2021

«This section illustrates billing examples of Medicare/Medi-Cal crossover claims for pharmacy services on the CMS-1500 and their correlating Medicare Remittance Notice (MRN)/Remittance Advice (RA) examples. Refer to the Medicare/Medi-Cal Crossover Claims: CMS-1500 section in this manual for detailed policy information. Refer to the CMS-1500 Completion 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. If requested information does not fit neatly in the *Additional Claim Information* field (Box 19) of the *CMS-1500* type it on an 8½ x 11-inch sheet of paper and attach it to the claim.»

Hard Copy Billing Examples

The dollar amounts in the following payment examples are for illustration only and do not necessarily represent Medi-Cal or Medicare allowed amounts. The 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 B Carrier: Non-Drug Crossover Claims.»
- «Figures 2a and 2b. Billing Medi-Cal for Part B Services Billed to a Part A Intermediary: Non-Drug Crossover Claims.»

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OTY	STATE	8. RESERVED FOR NUCC USE	ату	STATE
ANYTOWN ZIP CODE TELEPHONE (Include	CA Code		ZIP CODE	TELEPHONE (Include Area Code)
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A OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH	SEX
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b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designate	ed by NUCC)
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346		YES X NO		
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALT	TH BENEFIT PLAN?
			YES X NO	If yes, complete items 9, 9e, and 9d.
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to process this claim. I also request payment of government below.	mont benefits either	to myself or to the party who accepts assignment	services described below.	
SIGNED		DATE	SIGNED	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGN	ANCY (LMP) 15.0	OTHER DATE		TO WORK IN CURRENT OCCUPATION
QUAL.	au	AL MM DD YY	FROM	TO MAN DO 11
17. NAME OF REFERRING PROVIDER OR OTHER SO				RELATED TO CURRENT SERVICES
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Figure 1a: Billing Medi-Cal for Part B Services Billed to a Part B Carrier: Non-Drug Crossover Claims.

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<Figure 1b: Medicare Remittance Notice (MRN) Simplified Example.>>

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958235555		(916	555-5 (555										()		
OTHER INSURED?	NAME (Last	Name, Fi	rst Name, I	Alddie In	tial)	10.15	PATIENTS	COND	TION REL	TED TO:	11. INSURED'S	POLICY	BROUP	OR FECA	NUMBE	R	
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RESERVED FOR N	UCC USE					b. AUTO ACCIDENT? PLACE (State)					b. OTHER CLA	M ID (De	signated	by NUCC)			
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								YES	□ N)							
INSUFANCE PLAN	INSURANCE PLAN NAME OR PROGRAM NAME						CLAIM COO	ES (Dos	ignated by	NUCC)	d. IS THERE AV						
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7. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a										18. HOSPITALS	ATION D	ATES	ELATED T	O CURE	HENT SEP	TVICES	
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Figure 2a: Billing Medi-Cal for Part B Services Billed to a Part A Intermediary: Non-Drug Crossover Claims.

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			PATIENT PAID										
MEDICARE PRIMARY PAYMENT	DEDU	OTIBLE MSP IND											DER URSEMENT
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Figure 2b: Medicare Remittance Advice Simplified Example.>>

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.