

**CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.**

## Medicare/Medi-Cal Crossover Claims: CMS-1500 Billing Examples for Allied Health

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This section illustrates billing examples of Medicare/Medi-Cal crossover claims for allied health services on the *CMS-1500* claim and correlating *Medicare Remittance Notice* (MRN) 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-9-CM codes or dollar amounts. If requested information does not fit neatly in the *Reserved for Local Use* field (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

### Hard Copy Billing Examples

The following 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.

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Figure 1a. Billing Medi-Cal for Part B Services Billed to a Part B Carrier.

JANE SMITH  
 1027 MAIN STREET  
 ANYTOWN, CA 95823-5555

11/21/07

Medicare Remittance Notice NORIDIAN											
BENEFICIARY NAME H.I.C. NO./EX NO. CONTROL NUMBER	SERVICE		PLACE TYPE	PROCEDURE	AMOUNT BILLED	AMOUNT ALLOWED	SEE NOTE	DEDUCTIBLE	COINSURANCE	PAYMENT	INTEREST
	FROM MO-DAY	TO DAY-YR		CODE-MODIFIER							
JOHN DOE 90000000A95001 123456789X	11 19 07 11 19 07	11 19 07 11 19 07	12P 12P	A4310 A4340	90.05 107.00	67.90 100.00		0.00 0.00	13.58 20.00	54.32 80.00	
CLAIM TOTALS					197.05	167.90		0.00	33.58	134.32	0.00

Figure 1b. Simplified MRN Example.