

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

Medicare/Medi-Cal Crossover Claims: Inpatient Services Billing Examples

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This section illustrates billing examples of Medicare/Medi-Cal crossover claims for inpatient services on the *UB-04* claim and correlating *Remittance Advice Details* (RAD) examples. Refer to the *Medicare/Medi-Cal Crossover Claims: Inpatient Services* section in this manual for billing information.

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 A-Only Services Billed to a Part A Intermediary; With Part A Payment.
- *Figures 2a and 2b.* Billing Medi-Cal for Part A Benefits Exhausted.
- *Figures 3a and 3b.* Billing Medi-Cal for Part B-Only Services Billed to a Part A Intermediary.
- *Figures 4a and 4b.* Billing for More Than 22 Line Items With Part B Payment.
- *Figures 5a and 5b.* Billing Medi-Cal for Medicare *Remittance Advice* With Lifetime Reserve (LTR) Days.

Medicare RA Examples

Sample *Medicare National Standard Intermediary Remittance Advices* (Medicare RAs) on the following pages are partial examples of applicable fields only.

Part A Payment

Figures 1a and 1b. Billing Medi-Cal for Part A-only services billed to a Part A intermediary; with Part A payment.

The Part A deductible is entered in the *Value Codes and Amounts* (Box 39 – 41 A – D) fields on the *UB-04* claim with code "A1" or "B1." The payment is entered in the appropriate *Prior Payment* field (Box 54) that corresponds to *Payer Name* field (Box 50).

The Part A deductible and payment are circled on the sample Medicare RA for easy identification.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555										2										3 PAT. CNTL.# 12345					4 TYPE OF BILL 111																																																																																																																							
8 PATIENT NAME a										9 PATIENT ADDRESS a										5 FED. TAX NO.					6 STATEMENT COVERS PERIOD FROM THROUGH 102307 103007					7																																																																																																																		
b DOE JANE										c										d					e																																																																																																																							
10 BIRTHDATE 08241980										11 SEX F										12 DATE 102307										13 HPI 05					14 TYPE 1					15 SRC 11					16 DHR 01					17 STAT 01					18					19					20					21					22					23					24					25					26					27					28					29 ACCT STATE					30																													
31 OCCURRENCE DATE 50 120807										32 OCCURRENCE DATE										33 OCCURRENCE DATE										34 OCCURRENCE DATE					35 CODE					36 OCCURRENCE SPAN FROM THROUGH					37					38					39					40					41					42					43					44					45					46					47					48					49																																							
39 CODE A1										39 VALUE CODES AMOUNT 99200										40 CODE					40 VALUE CODES AMOUNT					41 CODE					41 VALUE CODES AMOUNT					42					43					44					45					46					47					48					49																																																																					
42 REV. CD.										43 DESCRIPTION										44 HCPCS / RATE / HIPPS CODE										45 SERV. DATE					46 SERV. UNITS					47 TOTAL CHARGES					48 NON-COVERED CHARGES					49																																																																																														
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50 PAYER NAME A MEDICARE C I/P MEDI-CAL										51 HEALTH PLAN ID 54321										52 REL INFO					53 ASO BEN					54 PRIOR PAYMENTS 304952					55 EST. AMOUNT DUE 967250					56 NPI 0123456789					57 OTHER PRV ID 99200																																																																																																			
58 INSURED'S NAME A JANE DOE C										59 P.REL										60 INSURED'S UNIQUE ID 123456789X 90000000A95001										61 GROUP NAME					62 INSURANCE GROUP NO.																																																																																																													
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																																																																																																												
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69 ADMIT DX										70 PATIENT REASON DX										71 FPS CODE					72 ECI					73																																																																																																																		
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UB-04 CMS-1450 © 2005 NUBC OMB APPROVAL PENDING NUBC™ FORM 10/04/05 LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 1a. Billing Medi-Cal for Part A-Only Services Billed to a Part A Intermediary; With Part A Payment.

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UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 95823-5555		MEDICARE REMITTANCE ADVICE									
NPI: 0123456789 Reimbursement Rate: 032 Claim Type: Inpatient Date: 12/08/07 Remittance Number: 032 Page 1											
PATIENT NAME	HIC NUMBER	BILL FROM	DATES THRU	COV DAYS	NC DAYS	BILLED CHARGES	DEDUCTIBLE	COINSURANCE	BLOOD DED	NC CHARGE	
	PATIENT CONTROL NO.	MED-COV CHARGES								PROV REIMB	
DOE J	123456789X 12345	102307 5782.98	103007	7	0	9672.50	992.00	0.00	0.00	0.00	3049.52

Medicare Deductible
Medicare Part A Payment

Figure 1b. Simplified Medicare RA With Part A Payment.

**Part A Benefits
Exhausted**

Figures 2a and 2b. Billing Medi-Cal for Part A benefits exhausted.

A TAR is required to bill Medi-Cal for Part A benefits exhausted. The Part B payment is entered in the *Prior Payment* field (Box 54) on the *UB-04* claim. (Inpatient Medicare Part A coinsurance and deductible in this example were previously billed on a separate *UB-04* claim for Part A covered days.)

The Part B payment is circled on the sample Medicare RA for easy identification.

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1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3 PAT. CNTL.# 12345		4 TYPE OF BILL 111	
8 PATIENT NAME a		9 PATIENT ADDRESS a		5 FED. TAX NO		6 STATEMENT COVERS PERIOD FROM 102307 THROUGH 103007	
b DOE JANE		c		d		e	
10 BIRTHDATE 08241980		11 SEX F		12 DATE 102307		13 ADMISSION 05	
14 TYPE 1		15 SRC 11		16 DHR 01		17 STAT Y1	
31 OCCURRENCE DATE CODE 50		32 OCCURRENCE DATE CODE 120307		33 OCCURRENCE DATE CODE		34 OCCURRENCE DATE CODE	
35 OCCURRENCE DATE CODE		36 OCCURRENCE DATE CODE		37 OCCURRENCE DATE CODE		38	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42	
42 REV. CD. 219		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
271						46 SERV. UNITS 7	
410						47 TOTAL CHARGES 3600 00	
						48 NON-COVERED CHARGES 85 00	
						65 00	
23 001		PAGE OF		CREATION DATE		TOTALS 3750 50	
50 PAYER NAME A MEDICARE I/P MEDI-CAL		51 HEALTH PLAN ID B 54321		52 REL. INFO		53 ASO BEN	
54 PRIOR PAYMENTS C 54 60		55 EST. AMOUNT DUE C 1467 60		56 NPI C 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME A JANE DOE		59 P. REL. B		60 INSURED'S UNIQUE ID C 123456789X 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO. C		63 TREATMENT AUTHORIZATION CODES A 01234567890		64 DOCUMENT CONTROL NUMBER B		65 EMPLOYER NAME C	
66 DX 4140		67		68		69	
69 ADMIT DX CODE 35511		70 PATIENT REASON DX CODE 102307		71 FPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE DATE CODE a		75 OTHER PROCEDURE DATE CODE b		76 ATTENDING NPI 0123456789		77 QUAL	
77 OTHER PROCEDURE DATE CODE c		78 OTHER PROCEDURE DATE CODE d		77 OPERATING NPI 9876543210		78 QUAL	
80 REMARKS PATIENT TRANSFERRED FROM NON-CONTRACT HOSPITAL ON 1/11/07. MEDICARE BENEFITS EXHAUSTED 1/22/07. SEE ATTACHED COPY OF DOCUMENT SHOWING PART A EXHAUSTED AND RA FOR ANCILLARY SERVICES (PART B PAYMENT).		81 CC a		78 OTHER NPI 1234567890		79 QUAL	
		81 CC b		79 OTHER NPI		80 QUAL	
		81 CC c				81 QUAL	
		81 CC d				82 QUAL	

Figure 2a. Billing Medi-Cal for Part A Benefits Exhausted.

UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 95823-5555				MEDICARE REMITTANCE ADVICE							
NPI: 0123456789 Reimbursement Rate: 046 Claim Type: Ancillary Date: 12/03/07 Remittance Number: 022 Page 1											
PATIENT NAME	HIC NUMBER	BILL FROM	DATES THRU	VSTS	BILLED CHARGES	LAB CHGS	LAB REIMB	PATIENT DED	LIABILITY		
									PATIENT CONTROL NO.	MED-COV CHARGES	PATIENT PAID
DOE J	123456789X	10230	103007		1467.60	0.00	0.00	0.00		13.65	54.60
	12345	7			0.00						
											516.92

Do **NOT** submit a crossover claim for Part B deductible and/or coinsurance on an inpatient stay.

Medicare Part B Payment

Figure 2b. Simplified Medicare RA With Part A Benefits Exhausted.

Part B-Only Eligibility

Figures 3a and 3b. Billing Medi-Cal for Part B-only services billed to a Part A intermediary.

A TAR is required to hard copy bill Medi-Cal for Part B-only services. The Part B payment is entered in the *Prior Payments* (Box 54) field on the *UB-04* claim form. Medicare coverage is stated in the *Remarks* field (Box 80) of the claim.

The Part B payment is circled on the sample Medicare RA for easy identification. This example shows a Share of Cost (Value Code 23) of \$150.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTL # 12345		4 TYPE OF BILL 121	
8 PATIENT NAME DOE JANE		9 PATIENT ADDRESS		5 FED. TAX NO. 102307		6 STATEMENT COVERS PERIOD FROM 103007	
10 BIRTHDATE 08241980		11 SEX F		12 DATE OF ADMISSION 102307		13 TYPE 05	
14 SRC 1		15 DHR 11		16 STAT 01		17	
31 OCCURRENCE CODE 50		32 OCCURRENCE DATE 112607		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE		38 OCCURRENCE DATE	
39 VALUE CODES 23		40 VALUE CODES 150 00		41 VALUE CODES		42 VALUE CODES	
43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE 102307		46 SERV. UNITS 7	
47 TOTAL CHARGES 2725 00		48 NON-COVERED CHARGES		49		50	
080 OTHER ACUTE CARE ONCOLOGY				102307		7	
272 STERILE MEDICAL SUPPLIES						844 00	
481 CARDIAC CATHETERIZATION						1854 85	
730 ELECTROCARDIOGRAM, GEN						150 00	
323 DIAGNOSTIC ARTERIOGRAPHY						950 00	
250 PHARMACY, GEN						25 00	
255 PHARMACY, INCIDENT TO RADI						95 00	
410 RESPIRATORY SERVICES, GEN						625 95	
420 PHYSICAL THERAPY, GEN						585 50	
450 EMERGENCY ROOM, GEN						396 04	
001 PAGE OF		CREATION DATE		TOTALS		8251 34	
50 PAYER NAME MEDICARE I/P MEDI-CAL		51 HEALTH PLAN ID 54321		52 REL INFO		53 ASG BEN	
54 PRIOR PAYMENTS 1153 88		55 EST. AMOUNT DUE 6142 67		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME JANE DOE		59 P-REL		60 INSURED'S UNIQUE ID 123456789X 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES 01234567890		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX 431		67 DX 40290		68		69	
70 PATIENT REASON DX		71 FPS CODE		72 EQ		73	
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 ATTENDING NPI 1234567890		77 QUAL	
78 LAST		79 FIRST		80 OPERATING NPI		81 QUAL	
82 LAST		83 FIRST		84 OTHER NPI 2345678901		85 QUAL	
86 LAST		87 FIRST		88 OTHER NPI		89 QUAL	
90 LAST		91 FIRST		92 OTHER NPI		93 QUAL	
94 LAST		95 FIRST		96 OTHER NPI		97 QUAL	
98 LAST		99 FIRST		100 OTHER NPI		101 QUAL	
102 LAST		103 FIRST		104 OTHER NPI		105 QUAL	
106 LAST		107 FIRST		108 OTHER NPI		109 QUAL	
110 LAST		111 FIRST		112 OTHER NPI		113 QUAL	
114 LAST		115 FIRST		116 OTHER NPI		117 QUAL	
118 LAST		119 FIRST		120 OTHER NPI		121 QUAL	
122 LAST		123 FIRST		124 OTHER NPI		125 QUAL	
126 LAST		127 FIRST		128 OTHER NPI		129 QUAL	
130 LAST		131 FIRST		132 OTHER NPI		133 QUAL	
134 LAST		135 FIRST		136 OTHER NPI		137 QUAL	
138 LAST		139 FIRST		140 OTHER NPI		141 QUAL	
142 LAST		143 FIRST		144 OTHER NPI		145 QUAL	
146 LAST		147 FIRST		148 OTHER NPI		149 QUAL	
150 LAST		151 FIRST		152 OTHER NPI		153 QUAL	
154 LAST		155 FIRST		156 OTHER NPI		157 QUAL	
158 LAST		159 FIRST		160 OTHER NPI		161 QUAL	
162 LAST		163 FIRST		164 OTHER NPI		165 QUAL	
166 LAST		167 FIRST		168 OTHER NPI		169 QUAL	
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254 LAST		255 FIRST		256 OTHER NPI		257 QUAL	
258 LAST		259 FIRST		260 OTHER NPI		261 QUAL	
262 LAST		263 FIRST		264 OTHER NPI		265 QUAL	
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298 LAST		299 FIRST		300 OTHER NPI		301 QUAL	
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306 LAST		307 FIRST		308 OTHER NPI		309 QUAL	
310 LAST		311 FIRST		312 OTHER NPI		313 QUAL	
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318 LAST		319 FIRST		320 OTHER NPI		321 QUAL	
322 LAST		323 FIRST		324 OTHER NPI		325 QUAL	
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334 LAST		335 FIRST		336 OTHER NPI		337 QUAL	
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458 LAST		459 FIRST		460 OTHER NPI		461 QUAL	
462 LAST		463 FIRST		464 OTHER NPI		465 QUAL	
466 LAST		467 FIRST		468 OTHER NPI		469 QUAL	
470 LAST		471 FIRST		472 OTHER NPI		473 QUAL	
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570 LAST		571 FIRST		572 OTHER NPI		573 QUAL	
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614 LAST		615 FIRST		616 OTHER NPI		617 QUAL	
618 LAST		619 FIRST		620 OTHER NPI		621 QUAL	
622 LAST		623 FIRST		624 OTHER NPI		625 QUAL	
626 LAST		627 FIRST		628 OTHER NPI		629 QUAL	
630 LAST		631 FIRST		632 OTHER NPI		633 QUAL	
634 LAST		635 FIRST		636 OTHER NPI		637 QUAL	
638 LAST		639 FIRST		640 OTHER NPI		641 QUAL	
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690 LAST		691 FIRST		692 OTHER NPI		693 QUAL	
694 LAST		695 FIRST		696 OTHER NPI		697 QUAL	
698 LAST		699 FIRST		700 OTHER NPI		701 QUAL	
702 LAST		703 FIRST		704 OTHER NPI		705 QUAL	
706 LAST		707 FIRST		708 OTHER NPI		709 QUAL	
710 LAST		711 FIRST		712 OTHER NPI		713 QUAL	
714 LAST		715 FIRST		716 OTHER NPI		717 QUAL	
718 LAST		719 FIRST		720 OTHER NPI		721 QUAL	
722 LAST		723 FIRST		724 OTHER NPI		725 QUAL	
726 LAST		727 FIRST		728 OTHER NPI		729 QUAL	
730 LAST		731 FIRST		732 OTHER NPI		733 QUAL	
734 LAST		735 FIRST		736 OTHER NPI		737 QUAL	
738 LAST		739 FIRST		740 OTHER NPI		741 QUAL	
742 LAST		743 FIRST		744 OTHER NPI		745 QUAL	
746 LAST		747 FIRST		748 OTHER NPI		749 QUAL	
750 LAST		751 FIRST		752 OTHER NPI		753 QUAL	
754 LAST		755 FIRST		756 OTHER NPI		757 QUAL	
758 LAST		759 FIRST</					

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UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 95823				MEDICARE REMITTANCE ADVICE						
NPI: 0123456789 Reimbursement Rate: 046 Claim Type: Ancillary Date: 11/26/07 Remittance Number: 44 Page 1										
PATIENT NAME	HIC NUMBER	BILL FROM	DATES THRU	VSTS	BILLED CHARGES	LAB CHGS	LAB REIMB	PATIENT DED COINS	LIABILITY BLOOD	
PATIENT CONTROL NO.		MED-COV CHARGES		PATIENT PAID		PROVIDER HCPC REIMBURSEMENT				
DOE J	123456789X 12345	102307	103007		6142.67 0.00	0.00	0.00	0.00	288.47	1153.88

Do **NOT** submit a crossover claim for Part B deductible and/or coinsurance on an inpatient stay.

Medicare Part B Payment

Figure 3b. Simplified Medicare RA With Part B-Only Services.

**Split Billing:
More Than 22 Line Items
With Part B Payment**

Figures 4a and 4b. Billing for more than 22 line items with Part B payment.

When billing on multiple claim forms to accommodate more than 22 line items, the Part B payment is divided and entered separately on each claim form. A portion is billed in the *Prior Payments* field (Box 54) of the Medicare line of the first claim form and the remainder is billed in the *Prior Payments* field of the Medicare line of the second form. Do not enter the full Part B paid amount on one claim form only or on all subsequent claim forms. The Part B payment amount entered on each split-billed claim is arbitrary as long as the sum of the amounts equals the total Medicare RA Part B payment.

Remarks Field

In the following example, two claim forms are needed because 28 line items are being billed. The number of claims is indicated in the *Description* field (Box 43, line 23) and the *Remarks* field (Box 80) of the claim (for example, Page 1 of 2, Page 2 of 2). The *Remarks* field (Box 80) also requires a statement explaining the reason for split billing, the total Part B payment amount and the Part B amounts entered on each form.

The Part B payment is circled on the sample Medicare RA for easy identification.

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1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CNTL.# b. MED. REC.#		12345		4 TYPE OF BILL 121																																	
5 FED. TAX. NO.				6 STATEMENT FROM		7 COVERS PERIOD THROUGH		100107 101907																																	
8 PATIENT NAME a			9 PATIENT ADDRESS a			c			d																																
b DOE JANE			e			f			g																																
10 BIRTHDATE 08241980		11 SEX F		12 DATE 100107		13 HR.		14 TYPE 05		15 SRC 1		16 DHR 11		17 STAT 01		18		19		20		21		22		23		24		25		26		27		28		29 ACCT STATE		30	
31 OCCURRENCE DATE 50		32 OCCURRENCE DATE 110307		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42		43		44		45		46		47		48		49					
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																											
1 200		INTENSIVE CARE, GENERAL						4		6970 00				1																											
2 200		INTENSIVE CARE, GENERAL						4		7044 00				2																											
3 201		INTENSIVE CARE, SURGICAL						2		3390 00				3																											
4 202		INTENSIVE CARE, MEDICAL						8		6250 90				4																											
5 361		OPER ROOM SVCS, MINOR SURG								5542 00				5																											
6 360		OPER ROOM, GENERAL								1291 01				6																											
7 250		PHARMACY, GENERAL								7121 00				7																											
8 251		PHARMACY, GENERIC DRUGS								2930 01				8																											
9 272		MED/SUR SUP/DEV, STER SUPPLY								8526 00				9																											
10 270		MED/SUR SUP/DEV, GENERAL								4987 10				10																											
11 460		PULMONARY FUNCTION, GENERAL								3030 10				11																											
12 321		RADIOLOGY, DIA, ANGIO								1059 95				12																											
13 340		NUCLEAR MEDICINE GENERAL								1144 00				13																											
14 382		BLOOD, WHOLE BLOOD								330 00				14																											
15 413		RES SVCS HYPER OXY THER								240 00				15																											
16 208		INTENSIVE CARE, TRAUMA								1050 00				16																											
17 470		AUDIOLOGY, GENERAL								976 00				17																											
18 471		AUDIOLOGY, DIAGNOSTIC								879 00				18																											
19 472		AUDIOLOGY, TREATMENT								1374 00				19																											
20 410		RESPIRATORY SVCS GENERAL								1123 10				20																											
21 420		PHYSICAL THERAPY GENERAL								1741 10				21																											
22														22																											
23		001		PAGE 1 OF 2		CREATION DATE		TOTALS		66999 27				23																											
50 PAYER NAME A MEDICARE B I/P MEDI-CAL C		51 HEALTH PLAN ID 54321		52 REL. INFO		53 ASG. BEN.		54 PRIOR PAYMENTS 5000 00		55 EST. AMOUNT DUE 25894 20 61999 27		56 NPI 0123456789		57 OTHER PRV ID																											
58 INSURED'S NAME A JANE DOE B C		59 PPEL		60 INSURED'S UNIQUE ID 123456789X 90000000A95001		61 GROUP NAME		62 INSURANCE GROUP NO.																																	
63 TREATMENT AUTHORIZATION CODES A 01234567890 B C		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME																																					
66 DX 4117		67		68																																					
69 ADMIT DATE 70 PATIENT REASON DX		71 PPS CODE		72 ECI		73																																			
74 PRINCIPAL PROCEDURE DATE 3611		75 OTHER PROCEDURE DATE 100307		76 ATTENDING NPI 1234567890		77 OPERATING NPI 2345678901		78 OTHER NPI 3456789012		79 OTHER NPI																															
80 REMARKS CLAIM 1 OF 2: SPLIT BILLING DUE TO MORE THAN 22 LINES (PART B PAYMENT). MEDICARE PART B PAID \$6732.49. CLAIM 1 \$5000.00 + CLAIM 2 \$1732.49 = TOTAL \$6732.49. SEE ATTACHED MEDICARE RA. UB-04 CMS-1450 © 2005 NUBC		81 CC a b c d		82		83		84		85																															

Figure 4a. Billing for More Than 22 Lines With Medicare Part B Payment (Claim 1 of 2).

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CNTRL # b. MED. REC. # 12345		4 TYPE OF BILL 121	
8 PATIENT NAME a DOE JANE				9 PATIENT ADDRESS a			
10 BIRTHDATE 08241980		11 SEX F	12 DATE OF ADMISSION 100107 05		13 ICD-9-CM TYPE 1	14 SRC 11	15 DHR 01
31 OCCURRENCE DATE 50 110307		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42	
42 REV. CD		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 302		LABORATORY IMMUN				9000 00	
2 301		LABORATORY CHEMISTRY				5347 11	
3 410		RESPIRATORY SVCS GEN				8572 00	
4 412		RESPIRATORY INHAL SVCS				6922 90	
5 359		CT SCAN OTHER				2397 00	
6 730		EKG ECG GENERAL				2977 00	
7							
8							
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17							
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19							
20							
21							
22							
23		001 PAGE 2 OF 2		CREATION DATE		TOTALS 35216 01	
50 PAYER NAME A MEDICARE B I/P MEDI-CAL		51 HEALTH PLAN ID 54321		52 REL. INFO		53 ASG BEN.	
54 PRIOR PAYMENTS 1732 49		55 EST. AMOUNT DUE 25894 20		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME A JANE DOE		59 P.FEL.		60 INSURED'S UNIQUE ID 123456789X 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES A 01234567890		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX 4111		67		68		69	
69 ADMIT DX 3611		70 PATIENT REASON DX 100307		71 PPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE DATE 3611		75 OTHER PROCEDURE DATE 100307		76 ATTENDING NPI 1234567890		77 OPERATING NPI 2345678901	
78 OTHER NPI 3456789012		79 OTHER NPI		80 REMARKS CLAIM 2 OF 2: SPLIT BILLING DUE TO MORE THAN 22 LINES (PART B PAYMENT). MEDICARE PART B PAID \$6732.49. CLAIM 1 \$5000.00 + CLAIM 2 \$1732.49 = TOTAL \$6732.49. SEE ATTACHED MEDICARE RA.		81 CC a b c d	
82		83		84		85	

Figure 4a (cont.). Billing for More Than 22 Lines With Medicare Part B Payment (Claim 2 of 2).

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UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 95823-555				MEDICARE REMITTANCE ADVICE							
NPI: 0123456789 Reimbursement Rate: 046 Claim Type: Ancillary Date: 11/03/07 Remittance Number: 933 Page: 1											
PATIENT NAME	HIC NUMBER	BILL FROM	DATES THRU	VSTS	BILLED CHARGES	LAB CHGS	LAB REIMB	PATIENT LIABILITY			
								DED	COIN	BLOOD	
								S			
PATIENT CONTROL NO.		MED-COV CHARGES		PATIENT PAID			PROVIDER HCPC REIMBURSEMENT				
DOE J	123456789X	100107	101907		25894.20	15347.10	15347.10	0.00	0.00	1683.12	6732.49
	12345		20715.36		0.00						

Do **NOT** submit a crossover claim for Part B deductible and/or coinsurance on an inpatient stay. Medicare Part B Payment

Figure 4b. Simplified Medicare RA With Split Billing.

**Medicare Lifetime Reserve
(LTR) Days Coinsurance**

Figures 5a and 5b. Billing Medi-Cal for Medicare Lifetime Reserve (LTR) days coinsurance.

The Medicare deductible amount is shown first in the *Value Codes* and *Amounts* fields (Boxes 39 – 41 A – D) of the *UB-04* claim. The “A1” designates Medicare deductible. Then the sum of the regular coinsurance and LTR days’ coinsurance amounts is entered in field 40. The “A2” designates primary coinsurance.

The Medicare deductible and regular and LTR days’ coinsurance amounts are circled on the sample Medicare RA for easy identification.

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1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CNTL. # b. MED. REC. # 12345		4 TYPE OF BILL 111	
8 PATIENT NAME a DOE JANE		9 PATIENT ADDRESS a					
10 BIRTHDATE 08241980	11 SEX F	12 DATE OF ADMISSION 060107	13 ICD-9 TYPE 05	14 ICD-9 SRC 1	15 DHR 11	16 STAT 01	17
31 OCCURRENCE DATE 50 102807		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38	
39 VALUE CODES AMOUNT a A1 992 00		40 VALUE CODES AMOUNT A2 12400 00		41 VALUE CODES AMOUNT		42	
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
001 PAGE OF		CREATION DATE		TOTALS		98720 00	
50 PAYER NAME MEDICARE I/P MEDI-CAL		51 HEALTH PLAN ID 54321	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS 85328 00	55 EST. AMOUNT DUE 98720 00	56 NPI 0123456789
58 INSURED'S NAME JANE DOE		59 PIEL	60 INSURED'S UNIQUE ID 123456789X 90000000A95001		61 GROUP NAME	62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 DX 496		67		68		69	
69 ADMIT DX	70 PATIENT REASON DX	71 ICD-9 CODE	72 ICD-9 CODE	73	74	75	76
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI 1234567890		77 QUAL	
77 OTHER PROCEDURE DATE		78 OTHER PROCEDURE DATE		79 OTHER NPI 2345678901		80 QUAL	
80 REMARKS		81		82		83	

Figure 5a. Billing Medi-Cal for Medicare Lifetime Reserve (LTR) Days Coinsurance.

UPTOWN MEDICAL CENTER 140 SECOND STREET ANYOTWN, CA 95823-555			MEDICARE REMITTANCE ADVICE									
NPI: 0123456789			Reimbursement Rate: 100	Claim Type: Inpatient	Date: 10/28/07	Remittance Number: 032	Page: 1					
PATIENT NAME	HIC NUMBER	BILL FRO M	DATES THRU	COV DAYS	NC DAYS	BILLED CHARGES	DEDUCTIBLE	COINSURANCE REG	LT	BLOOD DED	NC CHARGE	PROV REIMB
DOE J	PATIENT CONTROL NO. 123456789X 12345	MED-COV CHARGES 060107 090907 98720.00		100	0	98720.00	992.00	7440.00	4960.00	0.00	0.00	85328.00
							Regular Coinsurance Days 61-90 (30 days @\$219)					
									LTR Days Coinsurance Days 91-100 (10 days @ \$438)			

Figure 5b. Simplified Medicare RA With Lifetime Reserve (LTR) Days.
This example shows deductible rates and coinsurance rates.