



P R O V I D E R B U L L E T I N

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To: All Providers**Subject: Elimination of Crossover Short Forms for Submission
of Medical and Institutional Crossover Claims****Overview**

Effective March 1, 2007, the EDS *Crossover Short Forms* used to submit medical and institutional crossover claims will be eliminated for the following reasons:

- Revised medical and institutional paper claim forms are mandated for use by Centers for Medicare & Medicaid Services (CMS), National Uniform Billing Committee (NUBC), and National Uniform Claim Committee (NUCC) in 2007.
- Use of the short forms is optional, and the number of providers using these forms is minimal.
- Crossover fields are the same on the current and the revised claim forms.

Crossover claims can be submitted electronically through Web interChange or on the appropriate institutional or medical paper claim forms.

Submission of Crossover Claims***Web interChange***

For information about using Web interChange for submitting crossover claims, visit Web interChange at <https://interchange.indianamedicaid.com> and select **Help, Claim Submission Help, Coordination of Benefits Information**, and go to the *Crossover Claims* section for electronic submission instructions.

Paper Claim Forms

Refer to the following publications for detailed billing instructions:

- Bulletin *BT200245*, dated August 13, 2002. Bulletins are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp.
- *IHCP Provider Manual*, March 2005 edition, Chapter 8-Billing Instructions, Pages 8-24, 8-97 and 8-98 for Institutional Crossovers, and page 8-108 for Medical Crossovers. The IHCP Provider Manual is available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/manuals.htm>.

Crossover information must be entered in the following fields for old and new claim forms:

Institutional Crossover Claims

Fields 39-41 of the UB-92 claim form, must contain value code A1 to reflect the Medicare deductible amount; value code A2 to reflect the Medicare coinsurance amount, and value code 06 to reflect the blood deductible amount. Field 50A must show Medicare as the payer. Field 54A must contain the Medicare paid amount (actual dollars received from Medicare). Do not include the Medicare allowed amount or contract adjustment amount in Field 54A. Field 50B must contain the third party liability (TPL) name, and Field 54B must contain the TPL paid amount.

Medical Crossover Claims

Field 22 must contain the total of the coinsurance, deductible, and psych reduction under the heading *Code* (left side of Field 22). Insert the Medicare paid amount in Field 22 under the heading *Original Ref. No.* (right side of Field 22). Field 29 must contain the TPL paid amount. Field 29 is only to be used to report a TPL payment or a payment amount by a Medicare health maintenance organization (HMO), not a Medicare payment.

Note: Bulletin [BT200101](#), dated January 12, 2001, introduced the short forms, and Bulletin [BT200143](#), dated November 7, 2001, provided further clarification.

Contact Information

Providers should direct questions about this article to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.