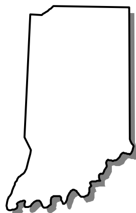
Indiana Health Coverage Programs



PROVIDER BULLETIN

BT200101 JANUARY 12, 2001

To: **All Indiana Health Coverage Programs Providers Billing Medicare Crossover Claims**

Subject: **Overview of New Medical and Institutional Crossover Claim Forms**

Overview

The purpose of this bulletin is to inform providers about the two new crossover claim forms that will be implemented and mandated on March 5, 2001. All medical and institutional crossover claims must be submitted on the new claim form beginning March 5, 2001.

Crossover claims submitted on the regular HCFA-1500 or UB-92 claim forms and received in the mailroom on March 5, 2001, or later will be denied for explanation of benefits (EOB) code 0566 that reads: "***Your crossover claim has not been submitted on the correct form. Verify and resubmit."***

This bulletin provides information on the following topics:

- Background
- Purpose of the crossover claim forms
- Testing
- Helpful hints to correctly bill on the new claim forms
- Benefits to the provider
- Where the new claim forms can be obtained

Background Information

Currently, if a crossover claim does not automatically cross over from the Medicare carrier, providers must submit the claim to the Indiana Health Coverage Programs (IHCP) on paper and attach the

Explanation of Medicare Benefits (EOMB) to the claim. EDS receives an average of 71,961 crossover claims each month. Paper crossover claims arrive in the EDS mailroom and undergo a screening to identify valid claim submissions and ensure the HCFA-1500 or UB-92 claim form matches the attached EOMB. Because there are various types of EOMBs, screening is time consuming and subject to human error. Furthermore, a select group of provider types (such as Federally Qualified Health Centers, Rural Health Clinics and renal dialysis providers) must submit claim forms that do not match the charges on the EOMB.

After claims are screened by the EDS mailroom, they are submitted to the EDS Data Entry Unit for processing. Currently, Data Entry staff must perform a second screening of each claim submitted to them from the mailroom. This second screening is required to ensure that each claim meets the crossover definition and keying requirements.

Additionally, Data Entry staff must currently key information from both the HCFA-1500 or UB-92 claim form and the EOMB. This creates inefficiencies in the Data Entry process.

In the past, providers have requested that they be able to make changes directly on the EOMB and submit that form in lieu of a claim form with the EOMB attached. This suggestion was considered and researched, but due to the various types of EOMBs, it was not possible to come up with a consistent format to add the additional information to the EOMB needed by IHCP to process the paper claim.

Given the current inefficiencies in the paper crossover claim process, EDS and the Office of Medicaid Policy and Planning (OMPP) developed two new claim forms. One form was developed for medical crossover claims (previously submitted on a HCFA-1500 claim form) and one was developed for institutional and outpatient crossover claims (previously submitted on a UB-92 claim form).

The new crossover claim forms remove the need for a second screening by the EDS Data Entry staff. This will increase the number of claims processed each month and allow for faster adjudication turnaround for providers. The new forms will also decrease improperly processed claims because all information will be clearly identified on a single form.

Note: Federally Qualified Health Centers and Rural Health Clinics should bill crossover claims on the new Medical Crossover Data Sheet. Renal dialysis providers should bill crossover claims on the new Medical Crossover Data Sheet and the new UB-92 Crossover Data Sheet depending on the type of service rendered.

Purpose of the Crossover Claim Forms

The new crossover claim forms are designed to give providers a more effective way to submit crossover claims for payment, increase the number of claims adjudicated, and reduce the number of crossover claims returned to the provider requesting a matching EOMB.

The new crossover claim forms cannot be used when Medicare denies a payment. Denied line items must be submitted on an HCFA-1500 claim form or UB-92 claim form with the EOMB attached.

Claims submitted on the new claim form after Medicare has denied a payment will deny for the EOB code 0560 that reads: ***"This is not a crossover claim, since Medicare has not made a payment towards this service. Please file on the correct claim form and resubmit for processing."***

Testing

EDS began testing the new *Inpatient/Outpatient Crossover Data Sheet* in October 1999, and the new *Medical Crossover Data Sheet* in January 2000. A select group of providers volunteered to use the new claim forms to assist us during our testing phase.

During July through October 2000, EDS received 1,432 claims on the new data sheets. EDS audited, tracked, and recorded all claims process and the errors made by providers submitting the data sheets. EDS' review indicated that providers using the new data sheets made only 45 errors. This equates to 97 percent accuracy for the total claims submitted during the four-month span.

EDS' review of the history and testing data also resulted in a list of helpful hints that will assist providers in correctly submitting crossover claims on the new forms.

Helpful Hints for Correct Billing Procedures

HCFA-1500 Crossovers

- **Attach the EOMB.**
- **Locate detailed billing instructions on the back of the data sheet.**
- Submit detail lines on the claim form that match detail lines on the EOMB (with the exception of Federally Qualified Health Centers, Rural Health Clinics, and renal dialysis providers).
- Indicate the correct Psyche (PR-122) amount for each detail line (must be broken down for each detail line with a grand total at the end of all details).
- Indicate amount allowed by Medicare in the Allowed Amount field (not billed amount).
- Indicate coinsurance amount, if applicable.
- Indicate deductible amount, if applicable.
- Indicate the provider paid amount.
- Ensure that the correct recipient detail charges from the EOMB have been entered on the crossover claim form.
- Complete all Medicare information in appropriate fields on the crossover claim form.
- Ensure correct amounts have been indicated.
- Third party liability (TPL) claims cannot be submitted on this claim form. These must be submitted on a HCFA-1500 claim form. This crossover form is to be used to seek payment for Medicare crossover claim payments and Medicare supplemental insurance payments for coinsurance and deductible amounts only.
- Attach Medicare supplemental insurance documentation, if applicable.
- Submit Medicare denied line items on a HCFA-1500 claim form with the Medicare EOMB attached.
- Bill Federally Qualified Health Centers and Rural Health Clinic provider claims on the new *Medical Crossover Data Sheet.*
- Bill renal dialysis provider claims on the new *Medical Crossover Data Sheet* if type of service rendered applies to procedure codes 90935, 90937, 90945, 90947, 90993, 90997, and 90999. All other

type of services should be billed on the *UB-92 Crossover Data Sheet.*

UB-92 Crossovers

- **Attach the EOMB.**
- **Locate detailed billing instructions on the back of the data sheet.**
- Indicate other insurance information in the correct fields (Payer A = Medicare, Payer B = TPL ,and Payer C = Medicaid).
- Indicate coinsurance amount, if applicable
- Indicate deductible amount, if applicable
- Indicate blood deductible amount, if applicable
- Ensure that the correct recipient detail charges from the EOMB have been entered on the crossover claim form.
- Complete all Medicare information in appropriate fields on the crossover claim form.
- Ensure correct amounts have been indicated.
- Do not submit TPL claims on this claim form. These must be submitted on a HCFA-1500 claim form. This crossover form is to be used to seek payment for Medicare crossover claim payments and Medicare supplemental insurance payments for coinsurance and deductible amounts only.
- Attach Medicare supplemental insurance documentation (if applicable).
- Check appropriate box located at the top of the institutional claim form indicating bill type.
- Complete detail information on lines 1-14 for outpatient and home health crossover claims only.
- Complete Base Revenue Code detail for inpatient and long term care crossover claims only
- Submit Medicare denied line items on a UB-92 claim form with Medicare EOMB attached.
- Bill renal dialysis provider claims on the new *UB-92 Crossover Data Sheet* if type of service rendered does not apply to procedure codes 90935, 90937, 90945, 90947, 90993, 90997, and 90999. These procedure codes should be billed on the *Medical Crossover Data Sheet.* All other types of service should be billed on the *UB-92 Crossover Data Sheet.*

Benefits

Prescreening by the EDS mailroom staff will not be decreased when the new crossover claim forms are implemented. When a claim is submitted on the new crossover claim form, it will be instantly recognized as a crossover claim submission and processed.

Providers will indicate Medicare payment information on the crossover claim form; therefore, an additional prescreening of the Medicaid claim and the Medicare EOMB will not be necessary. This will decrease the number of returned claims with a Return-to-Provider (RTP) letter.

The Data Entry staff will no longer key from two separate documents. All necessary information will be submitted on the crossover claim form. This will eliminate the need to search for necessary information on a second document; therefore decreasing the processing time for paper claims and increasing the volume of adjudicated claims.

How to Obtain Forms

Obtain a new crossover claim form from one of the following locations:

- Indiana Medicaid Web site at www.indianamedicaid.com. Print or download a copy from the Web site and save it to disk
- Photocopy the attached forms
- Contact EDS Customer Assistance to request copies

Additional Information

If there are any questions about this bulletin, contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

> *Note: Please visit the* Forms *page of the Indiana Medicaid Web site (www.indianamedicaid.com) to print or download copies of the new Crossover Forms.*