

Section: UB-04 Claim Form Instructions

3.1 Filing Medicare Part A Crossover Claims on the UB-04

Beneficiaries that are both Medicare and Medicaid eligible require a slightly different approach to claims submission. This section includes detailed instructions on how to use the UB-04 form to file crossover claims. Complying with these instructions will expedite claims adjudication.

- Submit a legible copy of the UB-04 claim form that was submitted to Medicare. If there is no copy of the Medicare claim or Medicare was billed electronically, prepare a UB-04 claim form according to Medicare guidelines.
- Enter the word “CROSSOVER” in field 2.
- Enter the beneficiary’s Medicare number in field 50A.
- Enter the beneficiary’s 9-digit Medicaid number in field 50B.
- Enter the 10-digit NPI number in field 56.
- **Optional:** Enter the 8-digit Medicaid provider number in field 57A.
- Circle the corresponding claim information on the Explanation of Medicare Benefits (EOMB). Attach the EOMB to the back of the claim.
- Only TPL (**carriers other than Medicare and Medicaid**) payments should be reported in field 54 of the UB-04. Entering prior payments from Medicare and/or Medicaid will result in a reduced or zero payment.

The Medicare Explanation of Medicare Benefits (EOMB) must be completely legible and copied in its entirety. The only acceptable alterations or entries on a Medicare EOMB are as follows:

- The provider may line out patient data not applicable to the claim submitted.
- The provider may line out any claim line that has been previously paid by Medicaid that the provider chooses not to bill Medicaid, or that has been paid in full by Medicare.
- If the claim lines on the EOMB have been lined out, the “claim totals” line on the EOMB must be changed to reflect the deleted line(s).

The claim lines or “recipient section” on the EOMB that are being submitted for reimbursement must be circled and never highlighted.

****REMINDER****

Medicaid policy requires crossover claims be submitted within 180 days of the Medicare paid date. Claims submitted in excess of 180 days from the Medicare paid date will be denied for timely filing.