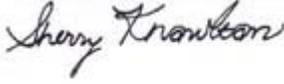


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Medicare Part B Crossover	BY  Sherry Knowlton Deputy Secretary for Medical Assistance Programs
NUMBER:	99-94-07	
ISSUE DATE:	May 5, 1994	
EFFECTIVE DATE:	June 6, 1994	

PURPOSE:

The Department of Public Welfare is pleased to announce the implementation of Medicare Part B Crossover, effective June 6, 1994. This process will allow providers to submit a single invoice when billing for individuals with both Medicare and Medical Assistance coverage.

SCOPE:

All Outpatient Providers who participate in both Medicare Part B and the Medical Assistance Program.

BACKGROUND:

Beginning June 6, 1994, claims submitted to Pennsylvania Blue Shield for Medicare Part B covered services, and claims submitted to The Travelers for both durable medical equipment, and for individuals who have Medicare coverage through the Railroad Retirement Board will automatically be sent to the Department. Claims processing will determine if a payment is due under the Medical Assistance Program.

DISCUSSION:

You will receive notice from the carriers that the claim has been crossed over. When forwarding payments to providers, the Medical Assistance claims processing system uses address codes to identify service addresses. Each service address has a corresponding payment address. The Department will attempt to identify the service address and corresponding payment address applicable to your claim using the Department's provider file. The Department will attempt to match the zip code of the service address on the Medicare claim to a service address zip code on your Medical Assistance records. Your payment will be sent to the payment address associated with the service address of the first match found. If a zip code match is not found, the Department will direct payment to the first active address listed on your provider record. For information on addresses and address codes listed on the Department's files, refer to the address code information sent to you on the Provider Notice Information Form that you received when you enrolled in the Medical Assistance Program. Updated copies of this form are also sent to you if you change any address information. If you prefer that your crossover payments be sent elsewhere, you must request a change by writing to:

Department of Public Welfare
 Division of Outpatient Programs
 Support Services Section
 P.O. Box 8045
 Harrisburg, Pennsylvania 17105

PROCEDURE:

In most instances, you will only need to send a claim to the Medicare carrier. However, claims for hysterectomies, sterilizations, and abortions, must be sent to the Department on a paper invoice with the appropriate supporting documentation or attachment as outlined in the Billing Information Section of your provider handbook. If you are submitting these claims on the HCFA-1500, you must include a copy of the Explanation of Medicare Benefits (EOMB).

All crossover claims are subject to Medical Assistance regulations and policies which may differ from Medicare. Consult your provider handbook for the policies and regulations that apply to your provider type. At this time, the Department is waiving the copayment requirements for crossover claims; these claims will not be subject to copayment.

If a claim is denied by the Medicare carrier, it will not be sent to the Department for further processing. However, services denied by Medicare are not necessarily denied by Medical Assistance. If you submit a claim to the Medicare carrier and the payment is denied, and if the service is covered by Medical Assistance, you may submit a claim to the Department for processing. Other instances when claims will not be forwarded to Medical Assistance include claims paid in full by Medicare and non-assigned claims. Claim adjustments and claims for pharmaceutical services will not be forwarded for crossover processing even though you may receive notification from the carriers that they have sent these claims to the Department. You should continue to submit these claims to the Department using your current billing method (paper, tape, diskette, or modem).

Payments for crossover claims will appear on your Remittance Advice with Remittance Advice Explanation Code 747. If within 60 days of the date of the notice from the carrier the claim does not appear on a Remittance Advice, and all other liabilities have been exhausted, you should submit a claim to the Department through your regular method of billing.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free inquiry line for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.