471-000-70 Nebraska Medicaid Billing Instructions for Medicare Crossover Claims

CLAIMS FOR INDIVIDUALS WITH MEDICARE COVERAGE

Claims for Medicare-covered services must be submitted to Medicare prior to consideration by Medicaid. Medicare will either approve or deny the service.

Note: For clients who do not have Medicare Part A coverage or who have exhausted Medicare Part A benefits, all Medicare Part B covered services must be submitted to Medicare prior to billing Medicaid for inpatient hospital services.

Services approved by Medicare are electronically forwarded to Nebraska Medicaid for processing. These are considered "Medicare crossover claims."

- If Medicare coinsurance or deductible amounts are due, Nebraska Medicaid will process the service for payment of coinsurance and deductible amounts unless the client has applicable third party resources (e.g., Medicare supplemental, private health/casualty insurance). In this situation, the claim will be denied and must be submitted to the third party payer before Medicaid consideration of payment.

- If Medicare coinsurance or deductible amounts are paid in full, no further payment from Nebraska Medicaid is due.

Services denied by Medicare may be electronically forwarded to Medicaid for processing, but are not processed as crossover claims.

- If the service is denied because Medicare documentation, medical necessity, or similar requirements were not met, it cannot be paid by Nebraska Medicaid.

- If the service is denied as non-covered, it will not be processed for payment as a Medicare crossover claim. Claims for Medicare non-covered services (those excluded from the Medicare benefit package) may be submitted to Nebraska Medicaid without first submitting the claim to Medicare.

HOW TO SUBMIT MEDICARE CROSSOVER CLAIMS TO NEBRASKA MEDICAID

Medicare electronically forwards claims for Nebraska Medicaid-eligible clients to Nebraska Medicaid for processing. A Medicare Remittance Advice Remark Code will indicate when the claim has been forwarded. Each Medicare provider identification number is linked to a *single* Nebraska Medicaid provider number for processing crossover claims. If the claim has been forwarded by Medicare, do not submit a duplicate claim to Nebraska Medicaid unless it has been at least 60 days from the date of the Medicare Remittance Advice.

If the claim was not forwarded by Medicare, the provider may use one the following methods to submit crossover claims directly to Nebraska Medicaid –

1. Submit the claim using the standard electronic Institutional or Professional Health Care Claim (ASC X12N 837) to Nebraska Medicaid with the Medicare coordination of benefits segments populated. (For instructions on submitting electronic claims, see 471-000-50); or

2. Submit a copy of the paper claim (CMS-1500 or CMS-1450) initially submitted to Medicare with an attached copy of the Medicare remittance advice. Do not alter the claim data as submitted to Medicare, with the following exception: add the client's 11-digit Medicaid identification number and the Medicaid provider number in the appropriate fields. Submit to:

   Department of Health and Human Services
   Medicaid Claims Processing
   P. O. Box 95026
   Lincoln, NE 68509-5026

Note to Pharmacies: Claims for Medicare-covered drug products submitted to the Medicare DME Regional Carrier (DMERC) in NCPDP format are not forwarded to Nebraska Medicaid. Pharmacies must submit a paper CMS-1500 claim to Nebraska Medicaid with the attached Medicare remittance advice to receive Medicaid payment of coinsurance and deductible for these claims. (This does not apply to claims for medical equipment and supplies submitted to the DMERC on the professional claim (CMS-1500 or ASC X12N 837). These claims are forwarded to Nebraska Medicaid.)

NEBRASKA MEDICAID CLAIM INQUIRIES

The status of claims can be obtained by using the standard electronic Health Care Claim Status Request and Response transaction (ASC X12N 276/277). For electronic transaction submission instructions, see 471-000-50.

Providers may also contact Medicaid Inquiry at 1-877-255-3092 or 471-9128 (in Lincoln) from 8:00 a.m. to 5:00 p.m. Monday through Friday.