



Section: CMS-1500 Claim Form Instructions

2.2 Filing Medicare Part B Crossover Claims on the CMS-1500

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 CMS-1500 form to file crossover claims. Complying with these instructions will expedite claims adjudication.

- Submit a legible copy of the CMS-1500 claim form that was submitted to Medicare. If there is no copy of the Medicare claim or Medicare was billed electronically, prepare a CMS-1500 claim form according to Medicare guidelines.
- In field 1, enter Xs in the boxes labeled “Medicare” and “Medicaid.”
- Ensure that the beneficiary’s nine-digit Medicaid number is in field 1a.
- Enter the NPI number of the billing provider who is the one to which Medicaid payment will be made in field 33. If field 33 contains a group NPI provider number, enter the 10-digit NPI of the servicing/ rendering provider in field 24j.
- Circle the corresponding claim information on the Explanation of Medicare Benefits (EOMB). Attach the EOMB to the back of the claim.

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.