



August 13, 2015

Montana Healthcare Programs Notice

Hospital Inpatient, Hospital Outpatient, FQHC, RHC, and IHS

Effective August 17, 2015

Medicare Crossover Claims With Medicare Non-Covered Charges That Medicaid Allows

These are directions for Medicare crossover claims with non-covered charges that Medicaid allows. Examples would be elective sterilization procedures and certain dental procedures.

The Medicaid claims management system is designed to pay the coinsurance and deductible on Hospital Inpatient, Hospital Outpatient, RHC, IHS, and CAH paper and electronic claims; however, it is not designed to process Medicare non-covered charges that Medicaid allows.

For Rural Health Clinic (RHC) and Indian Health Service (IHS) claims, Medicaid pays an all-inclusive rate only. Therefore, if Medicare paid any part of the claim, Medicaid will only pay the coinsurance and deductible. If Medicare denies the entire claim, but the code is one that Medicaid allows, the provider should send the claim and the Medicare Explanation of Benefits (EOB) showing the denial reason codes to DPHHS for special processing.

For Inpatient Hospital, Outpatient Hospital, and Critical Access Hospital (CAH) claims, Medicaid pays according to the provider type. If a provider is submitting via paper, he/she submits two claims. The first claim is the original claim with the Medicare EOB showing the coinsurance, deductible, and denial reason codes for non-covered charges. This claim should be sent to Xerox for processing. The second claim includes the non-covered charges from Medicare that Medicaid allows and the Medicare EOB showing the denial reason codes. This claim should be sent to DPHHS for special processing.

For Federally Qualified Health Center (FQHC) claims, Medicaid treats Medicare crossover claims as a TPL payment. Medicaid will make a payment only when the Medicare payment is less than the Medicaid specific all-inclusive allowed amount. If Medicare denies the entire claim, but it is a code that Medicaid allows, the provider should send the claim and the Medicare EOB showing the denial reason codes to DPHHS for special processing.

For all provider types, Medicaid pays coinsurance and deductible for members with Qualified Medicare Beneficiary (QMB) coverage.

Contact Information

For special processing required by the State of Montana, please send claims to:

Hospital Services
Health Resources Division
Department of Public Health and Human Services
P.O. Box 202951
Helena, MT 59620-2951

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.