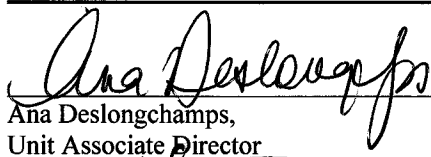


**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE**

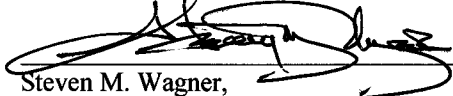
Revised Date: 10/01/2014

Effective Date:

04/01/2015


Ana Deslongchamps,
Unit Associate Director


Frank Stout
Assoc Dean/Asst VP, Finance and Administration


Steven M. Wagner,
MPIP Managing Director

Department: **BAC-Billing and Collections**

TITLE: **FSC SELECTION FOR MEDICARE/MEDICAID DUAL-ELIGIBLE MEMBERS**

Policy#: **BAC 16**

Policy: The purpose of this policy is to outline the procedure of FSC selection for Medicare/Medicaid dual-eligible members. Various Medicare Advantage Plans (MAPs) are contracted with the Texas Health and Human Services Commission (HHSC) to provide healthcare coverage and process claims for dual-eligible members. Contracted MAPs are responsible for payment of the Medicare allowable and the Medicaid cost-share. A Dual-Eligible MAP Guide is distributed to the MPIP business office and departments on a yearly basis and as needed upon request.

Procedures

- 1) MPIP Billing and Collections managers maintain and update a FSC selection guide for contracted HHSC dual-eligible MAPs. A contract matrix is maintained by the Texas Medicaid & Health Partnership (TMHP) and is located on the TMHP website. It includes the contract number, CMS code, plan ID, plan name and type, and the counties served.
- 2) Member eligibility is verified on the TMHP TexMed Connect website and, if applicable, includes a MAP CMS Code and plan ID. This information is cross-referenced with the TMHP contract matrix and the appropriate primary and secondary FSCs are selected as outlined on the MAP guide.
- 3) Non-contracted office visit co-payments are billable to TMHP by departments on a separate claim form using the CPT codes referenced on the MAP guide and are subject to a 95-day filing deadline. Non-contracted MAP co-insurances and deductibles are billed by MPIP on a Medicare Remittance Advice Notice (MRAN) after the MAP payment has been received. The MRAN is located on the TMHP website.

RESPONSIBILITIES

- 1) Billing and Collections managers 1 and 2: maintain and update FSC Guide

DUAL-ELIGIBLE MAP GUIDE-MPIP VERSION

****Please note: 'Contracted' refers to the listed MAPs contracted status with TMHP, *not* TTUHSCs contracted status with these plans.

	CMS Code	Plan ID	Primary Reg. FSC	Secondary Reg. FSC	Guidelines to follow:
Contracted HHSC Dual Eligible MAPs					
Amerigroup	H5817	✓ 009	850	847	MPIP: When payment is received for these programs only, please FSC at invoice level as noted below: FSC at 847CLM N
Care Improvement Plus	F6801	✓ 011	814	847	FSC at 847CLM N
HealthSpring	H4528	✓ 001,014,016	245	847	FSC at 847CLM N
Humana	H4510	021, 022, 801, 802, 803	813	847	FSC at 847CLM N
Molina Healthcare of Texas	H7678	001, 002	873	847	
United Healthcare Dual Complete Focus (Formerly Physicians Health Choice of TX)	H4527	✓ 006	861	847	FSC at 847CLM N
United Healthcare	H4522	✓ 007	819	847	FSC at 847CLM N
WellCare	H1264	✓ 007	840	847	FSC at 847CLM N

	CMS Code	Plan ID	Primary Reg. FSC	Secondary Reg. FSC	Guidelines to follow:
Non-Contracted HHSC Dual Eligible MAPs					
Aetna Medicare Advantage	N/A	N/A	846	309	MPIP: When payment is received for these programs <i>only</i> , please FSC at invoice level as noted below: FSC at 309CLM N
Care1st	N/A	N/A	872	309	FSC at 309CLM N
Care Improvement Plus	H0084,	003,	814	309	FSC at 309CLM N
	F6801	008, 009			
Medicare HMO - Non Contracted	N/A	N/A	245	309	FSC at 309CLM N

*Office visit co-pays: bill to TMHP on a separate claim form using the following codes:

CP003-Medicare HMO copay, professional	\$10.00	Bill out with 303
CP004-Medicare PPO copay, professional	\$10.00	Bill out with 303
CP007-Medicare HMO copay, outpatient	\$50.00	Bill out with 303
CP008-Medicare PPO copay, outpatient	\$50.00	Bill out with 303

NOTE: Co-Insurance and Deductibles are billed by MPIP employees on MRAN with claim form and copy of primary EOB. Workfile 1640: Adjust co-pay with code 45.

To determine if a MAP is contracted with TMHP:

1. Verify patient eligibility on the TMHP website.
2. Under the Medicare Segments, review the CMS Code/Contract Number and Plan ID Number.
3. If this plan IS listed within the HHSC contracted list, the MAP is responsible for co-pay/co-insurance payment.
4. If the plan is NOT found on the HHSC contracted list, TMHP is responsible for co-pay/co-insurance payment, and the Department will bill copay on a separate claim as indicated above *

DUAL-ELIGIBLE MAP GUIDE-DEPARTMENT VERSION

******Please note: 'Contracted' refers to the listed MAPs contracted status with TMHP, not TTUHSCs contracted status with these plans.**

	Primary FSC	Secondary FSC	Plan ID	CMS Code
Contracted HHSC Dual Eligible MAPs				
Amerigroup	850	847	009	H5817
Care Improvement Plus	814	847	011	R6801
HealthSpring	245	847	001, 014, 036	H4528
Humana	813	847	021, 022, 801, 802, 803	H4510
Molina Healthcare of Texas	873	847	001, 002	H7678
United Healthcare Dual Complete Focus - (Formerly Physicians Health Choice of TX)	861	847	006	H4527
United Healthcare	819	847	007	H4522
WellCare	840	847	007	H1264
Non-Contracted HHSC Dual Eligible MAPs				
Aetna Medicare Advantage	846	309	N/A	N/A
Care1st	872	309	N/A	N/A
Care Improvement Plus	814	309	003, 008, 009	N0084, R6801
Medicare HMO - Non Contracted	245	309	N/A	N/A
*Office visit co-pays: bill to TMHP on a separate claim form using the following codes:				
CP003-Medicare HMO copay, professional	\$10.00		Bill out with 303	
CP004-Medicare PPO copay, professional	\$10.00		Bill out with 303	
CP007-Medicare HMO copay, outpatient	\$50.00		Bill out with 303	
CP008-Medicare PPO copay, outpatient	\$50.00		Bill out with 303	
NOTE: Co-insurance and Deductibles are billed by MHP employees on MRAN with claim form and copy of primary EOB.				
To determine if a MAP is contracted with TMHP:				
1. Verify patient eligibility on the TMHP website.				
2. Under the Medicare Segments, review the CMS Code/Contract Number and Plan ID Number.				
3. If this plan is listed within the HHSC contracted list, the MAP is responsible for co-pay/co-insurance payment.				
4. If the plan is NOT found on the HHSC contracted list, TMHP is responsible for co-pay/co-insurance payment, and the Department will bill copay on a separate claim as indicated above *				

TMHP CONTRACT MATRIX

Medicare Advantage Special Needs Plan MCO	HHSC Contract Number	CMS Code	Plan ID	Plan Name	Type	Counties Served
Humana Health Plan of Texas	529-14-0008-00004	H4510	012	Humana Gold Plus HMO	MAP	Aransas, Bee, Jim Wells, Kieberg, Nueces, San Patricio
Humana Health Plan of Texas	529-14-0008-00004	H4510	015	Humana Gold Plus HMO	MAP	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson
Humana Health Plan of Texas	529-14-0008-00004	H4510	018	Humana Gold Plus HMO	MAP	Collin, Dallas, Denton, Ellis, Kaufman, Rockwall, Tarrant
Humana Health Plan of Texas	529-14-0008-00004	H4510	022	Humana Gold Plus HMO	MAP	El Paso
Humana Health Plan of Texas	529-14-0008-00004	H4510	027	Humana Gold Plus HMO	MAP	Hayes, Travis, Williamson
Humana Health Plan of Texas	529-14-0008-00004	H4510	028	Humana Gold Plus HMO	MAP	Harris, Fort Bend, Montgomery
Humana Health Plan of Texas	529-14-0008-00004	H4510	029	Humana Gold Plus HMO (SNP-CHF/DM)	MAP	Kieberg, Nueces, San Patricio
Humana Health Plan of Texas	529-14-0008-00004	H4510	030	Humana Gold Plus HMO (SNP-CHF/DM)	MAP	Atascosa, Bandera, Bexar, Comal, Kendall, Wilson
Humana Health Plan of Texas	529-14-0008-00004	H4510	032	Humana Gold Plus HMO	MAP	Anderson, Camp, Cherokee, Franklin, Freestone, Gregg, Hardin, Harrison, Henderson, Hopkins, Houston, Jefferson, Marion, Morris, Navarro, Panola, Rusk, Shelby, Smith, Trinity, Upshur, Van Zandt, Wood
Humana Health Plan of Texas	529-14-0008-00004A	H4510	801	Humana Group Medicare HMO	MAP	Aransas, Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson, Collin, Dallas, Denton, Ellis, Kaufman, Rockwall, Tarrant, Bastrop, Caldwell, Hays, Travis, Williamson, El Paso, Bee, Jim Wells, Kieberg, Nueces, San Patricio,

Medicare Advantage Special Needs Plan MCO	HHSC Contract Number	CMS Code	Plan ID	Plan Name	Type	Counties Served
Humana Health Plan of Texas	529-14-0008-00004A	H4510	802	Humana Group Medicare HMO	MAP	Aransas, Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson, Collin, Dallas, Denton, Ellis, Kaufman, Rockwall, Tarrant, Bastrop, Caldwell, Hays, Travis, Williamson, El Paso, Bee, Jim Wells, Kieberg, Nueces, San Patricio,
Humana Health Plan of Texas	529-14-0008-00004A	H4510	803	Humana Group Medicare HMO	MAP	Aransas, Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson, Collin, Dallas, Denton, Ellis, Kaufman, Rockwall, Tarrant, Bastrop, Caldwell, Hays, Travis, Williamson, El Paso, Bee, Jim Wells, Kieberg, Nueces, San Patricio,
Insurance Company of Scott and White	529-14-0008-00008	H8237	001	SeniorCare Health Options	MAP	Bell, Blanco, Bosque, Brazos Burleson, Colorado, Comanche, Coryell, Dewitt, Erath, Falls, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Jackson, Lampasas, Lavaca, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson
Molina Healthcare of Texas, Inc	529-14-0008-00003	H7678	001	Molina Medicare Options Plus	MAP	Bexar, Collin, Dallas, Harris Cameron, El Paso, Hidalgo, Webb
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H5378	184	Today's Options Advantage Plus 950E (PPO)	MAP	Cherokee, Henderson, Smith, Van Zandt
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H5378	190	Today's Options Advantage Plus 950B (PPO)	MAP	Bexar
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	001	Today's Options Premier 500 (PFFS)	MAP	Bee, Bexar, Kenedy, Nueces
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	011	Today's Options Premier 900 (PFFS)	MAP	Bee, Bexar, Kenedy, Nueces
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	012	Today's Options Premier 900 (PFFS)	MAP	Rains
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	013	Today's Options Premier 900 (PFFS)	MAP	Anderson, Hockley, Lubbock, Potter, Randall, Rusk
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	016	Today's Options Premier 900 (PFFS)	MAP	Collin, Dallas, Harris, Rockwall
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	021	Today's Options Premier Plus250A (PFFS)	MAP	Bee, Bexar, Kenedy, Nueces
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	024	Today's Options Premier Plus550A (PFFS)	MAP	Anderson, Hockley, Lubbock, Potter, Randall, Rusk

Medicare Advantage Special Needs Plan MCO	HHSC Contract Number	CMS Code	Plan ID	Plan Name	Type	Counties Served
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	031	Today's Options Premier Plus 950 B (PFFS)	MAP	Bee, Bexar, Kenedy, Nueces
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	031	Today's Options Premier Plus 950 B (PFFS)	MAP	Rains
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	033	Today's Options Premier Plus 950 D (PFFS)	MAP	Anderson, Hockley, Lubbock, Potter, Randall, Rusk
Pyramid Life Insurance / Today's Options	529-14-0008-00001	H6169	036	Today's Options Premier Plus 950B (PFFS)	MAP	Collin, Dallas, Harris, Rockwall
SelectCare Health Plans	529-14-0008-00005	H5656	001	TexanPlus Classic (HMO)	MAP	Collin, Dallas, Rockwall, Tarrant
SelectCare Health Plans	529-14-0008-00005	H5656	003	TexanPlus Value (HMO)	MAP	Collin, Dallas, Rockwall, Tarrant
SelectCare Health Plans	529-14-0008-00005B	H5656	017	TexanPlus Choice (HMO-POS)	MAP	Collin, Dallas, Rockwall, Tarrant
SelectCare of Texas	529-14-0008-00006	H4506	003	TexanPlus Classic (HMO)	MAP	Austin, Brazoria, Chambers, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77564, 77568, 77573, 77574, 77590, 77591, 77592), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
SelectCare of Texas	529-14-0008-00006	H4506	010	TexanPlus Value (HMO)	MAP	Austin, Brazoria, Chambers, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77564, 77568, 77573, 77574, 77590, 77591, 77592), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
SelectCare of Texas	529-14-0008-00006	H4506	806	City of Houston Group Retirees (HMO)	MAP	Austin, Brazoria, Chambers, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77564, 77568, 77573, 77574, 77590, 77591, 77592), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
SelectCare of Texas	529-14-0008-00006	H4506	029	City of Houston Group Retirees (HMO)	MAP	Austin, Brazoria, Chambers, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77564, 77568, 77573, 77574, 77590, 77591, 77592), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller

Medicare Advantage Special Needs Plan MCO	HHSC Contract Number	CMS Code	Plan ID	Plan Name	Type	Counties Served
Texas HealthSpring	529-14-0008-00002	H4513	001	HealthSpring Preferred	MAP	Angelina, Brazoria, Cameron, Chambers, Fort Bend, Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Tyler, Walker, Waller and Willacy, Galveston
Texas HealthSpring	529-14-0008-00002	H4513	009	HealthSpring Advantage	MAP	Angelina, Brazoria, Cameron, Chambers, Fort Bend, Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Tyler, Walker, Waller and Willacy, Galveston
Texas HealthSpring	529-14-0008-00002	H4528	001	HealthSpring Preferred	MAP	El Paso, Collin, Dallas, Denton, Ellis, Hood, Johnson, Parker, Rockwall, Tarrant, Wise, Chambers, Fort Bend, Galveston, Harris, Liberty
Texas HealthSpring	529-14-0008-00002	H4528	014	HealthSpring Achieve	MAP	El Paso, Collin, Dallas, Denton, Ellis, Hood, Johnson, Parker, Rockwall, Tarrant, Wise, Chambers, Fort Bend, Galveston, Harris, Liberty
Texas HealthSpring	529-14-0008-00002	H4528	016	HealthSpring Advantage	MAP	El Paso, Collin, Dallas, Denton, Ellis, Hood, Johnson, Parker, Rockwall, Tarrant, Wise, Chambers, Fort Bend, Galveston, Harris, Liberty
Texas HealthSpring	529-14-0008-00002	H2165	018	HealthSpring Preferred	MAP	Cherokee, Grayson, Gregg, Hale, Hockley, Henderson, Lubbock, Rains, Rusk, Smith, Upshur, Van Zandt, Wood
Texas HealthSpring	529-14-0008-00002	H7811	001	Health Spring Preferred	MAP	Armstrong, Careson, DeafSmith, Oldham, Potter, Randall
Texas HealthSpring	529-14-0008-00002	H7811	002	Health Spring Preferred	MAP	Gree, Harrison, Henderson
Amerigroup	529-14-0007-00005A	H5817	009	Amerigroup SNP +RX	SNP	Bexar, Brazoria, Denton, El Paso, Denton, Harris, Hudspeith, Lubbock, Medina, Montgomery, Tarrant, Travis
Care Improvement Plus	529-14-0007-00010	R6801	011	Dual Advantage	SNP	All Counties
FirstCare	529-14-0008-00007	H4525	003	FirstCare Advantage Select	SNP	Crosby, Ector, Floyd, Garza, Hale, Hockley, Jones, Lamb, Lubbock, Lynn, Midland, Taylor, Terry
Humana Health Plan of Texas	529-14-0007-00002A	H4510	021	Humana Gold Plus HMO	SNP	El Paso
Humana Health Plan of Texas	529-14-0007-00002A	H4510	023	Humana Gold Plus HMO	SNP	Bowie, Cass, Collin, Dallas, Delta, Denton, Ellis, Fannin, Gregg, Harrison, Henderson, Kaufman, Red River, Rockwall, Tarrant, Titus, Wise
Humana Health Plan of Texas	529-14-0007-00002A	H4510	024	Humana Gold Plus HMO	SNP	Aranas, Atascosa, Bandera, Bee, Bexar, Comal, Guadalupe, Jim Wells, Kendall, Kleberg, Medina, Nueces, San Patricio, Wilson

Medicare Advantage Special Needs Plan MCO	HHSC Contract Number	CMS Code	Plan ID	Plan Name	Type	Counties Served
Humana Health Plan of Texas	529-14-0007-00002A	H4510	031	Humana Gold Plus HMO	SNP	Fort Bend, Harris, Montgomery
Insurance Company of Scott and White	529-14-0007-00009	H8237	002	SeniorCare Health Options	SNP	Bell, Bosque, Brazos, Burleson, Coryell, Falls, Freestone, Grimes, Hamilton, Hill, Lampasas, Limestone, Madison, McLennan, Milam Mills, Robertson, San Saba, Somervell, Washington
Molina Healthcare of Texas, Inc	529-14-0007-00012	H7678	002	Molina Medicare Options	SNP	Bexar, Collin, Dallas, Harris, Cameron, El Paso, Hidalgo, Webb
Physicians Health Choice	529-14-0007-00003	H4527	003	Physicians Health Choice Select Plan	SNP	Hays, Travis Williamson
Physicians Health Choice	529-14-0007-00003	H4527	004	Physicians Health Choice Select Plan	SNP	Aransas, Kleberg, Nueces, San Patricio
Physicians Health Choice	529-14-0007-00003	H4527	006	Physicians Health Choice Select Plan	SNP	El Paso
Physicians Health Choice	529-14-0007-00003	H4527	015	Physicians Health Choice Select Plan	SNP	Cameron, Hidalgo, Willacy
Superior	529-14-0007-00001A	H5294	001	Advantage by Superior HealthPlan	SNP	Bexar, Nueces, Dallas, Rockwall, Collin
Texas HealthSpring	529-14-0007-00006	H4513	010	HealthSpring TotalCare	SNP	Angelina, Brazoria, Cameron, Chambers, Fort Bend, Galveston, Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Tyler, Walker, Waller, Webb, Willacy
Texas HealthSpring	529-14-0007-00006	H4528	002	Bravo Select	SNP	Bexar, Collin, Dallas, Denton, Ellis, El Paso, Hood, Johnson, Parker, Rockwall, Tarrant, Wise
Texas HealthSpring	529-14-0007-00008	H2165	19	HealthSpring TotalCare	SNP	Cherokee, Grayson, Gregg, Hale Hockley, Henderson, Lubbock, Rains, Rusk, Smith, Upshur, Van Zandt, Wood
UnitedHealthcare Insurance Company	529-14-0007-00007A	H4522	007	United HealthCare Community Plan DH	SNP	El Paso
UnitedHealthcare Community Plan of Texas, LLC	529-14-0007-00011	H4514	001	United HealthCare Community Plan DH	SNP	Brazoria, Caldwell, Fort Bend, Galveston, Harris, Hays, Montgomery, Travis, Waller, and Williamson
UnitedHealthcare Benefits of Texas, Inc	529-14-0007-00013	H4590	020	United HealthCare Community Plan DH	SNP	Colin, Dallas, Denton, Ellis, Johnson, Kaufman, Rockwall, Tarrant, Atascosa, Bexar, Comal, Guadalupe, Kendall, Wilson, Bee, Jim Wells, Kleberg Nueces, San Patricio
WellCare	529-14-0007-00004	H1264	007	WellCare Access	SNP	Bexar, Brazoria, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Johnson, Lubbock, Montgomery, San Jacinto, Tarrant

MEDICARE REMITTANCE ADVICE NOTICE (MRAN)

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form Instructions

Providers that bill professional services on the CMS-1500 paper claim form may submit the Crossover Professional Claim Type 30 template with a copy of a completed claim form. The Remittance Advice (RA) or Remittance Notice (RN) from Medicare, the CMS-approved software Medicare Remit Easy Print (MREP), or the MAP is required when submitting the Crossover Professional Claim Type 30 template. All fields (including Medical Information fields) on the form must be completed using the RA or RN that was received from Medicare or the MAP.

Important: All details from the Medicare or MAP RA or RN must be included in the template even if a deductible or coinsurance is not due.

The TMHP Standardized MRAN Submission Form must be typed or computer-generated. Handwritten forms will not be accepted and will be returned to the provider.

The following are the requirements for the Crossover Professional Claim Type 30 template:

#	Field Description	Comments
1	Billing Provider NPI/AIN	Enter the National Provider Identifier (NPI) for the billing provider.
2	Billing Provider TIN	Enter the Medicaid Texas Provider Identifier (TPI) number of the billing provider.
3	Billing Provider Name	Enter the billing provider's name.
4	Billing Provider Medicare ID	Enter the Medicare Provider ID number of the billing provider listed on the Medicare or MAP MRAN.
5	Medical Client Number	Enter the client's nine-digit Medicaid number from the Medicaid identification form.
6	Medicare Paid Date	Enter the Medicare Paid Date listed on the Medicare or MAP MRAN.
7	Client Last Name	Enter the client's last name listed on the Medicare or MAP MRAN.
8	Client First Name	Enter the client's first name listed on the Medicare or MAP MRAN.
9	Medicare ICH	Enter the Medicare Internal Control Number (ICH) listed on the Medicare or MAP MRAN.
10	Medicare HIC Number	Enter the patient's Medicare Health Insurance Claim (HIC) number (Medicare identification number). Note: Do not use the MAP ID number or any number other than the Medicare HIC number.
Procedure Information		
11a	Perf Prov TP	Enter the Texas Provider Identifier (TPI) number of the performing provider.
11b	Perf Prov NPI	Enter the National Provider Identifier (NPI) for the performing provider.
11c	From DOS	Enter the first date of service (DOS) for each procedure in a MM/DD/YYYY format.
11d	To DOS	Enter the last DOS for each procedure in a MM/DD/YYYY format.
11e	POB	Enter the place of service (POS) listed on the MAP Remittance Advice/Remittance Notice.
11f	Units	Enter the number of units (quantity billed) from the Medicare or MAP MRAN.
11g	CPT	Enter the appropriate Current Procedural Terminology (CPT) procedure code for each procedure/service listed on the Medicare or MAP MRAN. Note: The procedure code that is listed on the Standardized MRAN template may not match the procedure code that is listed on the attached claim form.
11h	Modc	Enter the modifier (when applicable) listed on the Medicare or MAP MRAN for each detail.
11i	Charge	Enter the Medicare charges (billed amount) listed on the Medicare or MAP MRAN for each detail.
11j	Allow	Enter the Medicare allowed amount listed on the Medicare or MAP MRAN for each detail.
11k	Ded	Enter the Medicare deductible amount listed on the Medicare or MAP MRAN for each detail.
11l	Coins	Enter the Medicare coinsurance amount listed on the Medicare or MAP MRAN for each detail.

FORM 91

Effective 01/01/2013 / Revised 08/2014

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form Instructions

11m	Field	Enter the Medicare paid amount listed on the Medicare or MAP MRAN for each detail.
11n	Reason Code	Enter Medicare's reason code listed on the Medicare or MAP MRAN for each detail.
Total Information		
12a	Total Charges	Enter the Medicare total charges (billed amount) listed on the Medicare or MAP MRAN. Note: A provider may attach additional template form(s) as necessary. The combined total charges for all pages should be listed on the last page. All other forms must indicate "Continue" in this field.
12b	Total Allow	Enter the Medicare total allowed amount listed on the Medicare or MAP MRAN.
12c	Total Ded	Enter the Medicare total deductible amount listed on the Medicare or MAP MRAN.
12d	Total Coins	Enter the Medicare total coinsurance amount listed on the Medicare or MAP MRAN.
12e	Total Paid	Enter the Medicare total paid amount listed on the Medicare or MAP MRAN.
12f	Total Pages	If the crossover claim contains more than 7 detail line items, use multiple pages to identify up to 25 detail line items for the claim (as necessary). Add the number of the pages in the first blank line and the total page count on the second blank line (e.g., "1 of 3", "2 of 3", "3 of 3"). This field is only required if multiple pages were necessary to complete all of the billed detail line items. If multiple pages are necessary, Items 1-10 must be completed on each page that is submitted.
13	Medicare Pre-Paid	Enter the Medicare pre-paid amount listed on the Medicare or MAP MRAN.

Crossover Professional Claim Type 30
TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/ABI:						2 Billing Provider TPI:							
3 Billing Provider Name:						4 Billing Provider Medicare ID:							
5 Medicaid Client Number:						6 Medicare Paid Date:							
7 Client Last Name:						8 Client First Name:							
9 Medicare ICD:						10 Client HIC Number:							
11 Service Information													
DB #	a. Part Prov TPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mode	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
	b. Part Prov NPI												
1													
2													
3													
4													
5													
6													
7													
12 Totals Information								i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Total Pages
													___ of ___
13 Medicare Prev Paid													

Important: By submitting these forms to TMHP, the provider attests that the information included in the form exactly matches the Medicare RA or RN that was received from Medicare or the MAP. If the information on this crossover claim type form does not exactly match the information on the RA or RN, the claim may be denied.

FORM 41

Effective 6/1/2012 / Revised 10/7/2014