

# Medicare B Supplemental Claims Submission Reference Guide

## Submit Supplemental Claims Electronically

Most Medicare Part B supplemental claims automatically crossover to BCBSIL. Crossover is the most efficient and cost effective method to receive payment for Medicare Supplemental claims because you do not have to submit a separate claim with the Medicare EOMB to BCBSIL. However, in some cases when patients have not updated their BCBSIL membership information\* the claims will not automatically crossover. BCBSIL is now offering an electronic alternative to obtain the supplemental payment when claims do not crossover.

Follow the timeline described below to determine when a claim should crossover. (This guideline assumes the primary Medicare claim was submitted in the HIPAA compliant 837 format. Start with the **date** you receive your Explanation of Medicare Benefits:

**Day 1**—Receive payment and EOMB from Medicare indicating the claim has been forwarded to BCBS for supplemental payment.

**Days 4—19** Receive the supplemental Crossover payment from BCBSIL (Crossover claims are highlighted with a message on the PCS; the Provider Claim Summary)

**Day 20**—If no payment or denial indicated on the PCS (Provider Claim Summary) is received; file the supplemental portion electronically to BCBSIL using the guidelines on the following matrix.

**Note: For non-HIPAA compliant claims and paper submissions, please add 14 days to this timeline.**

\*The crossover process requires the patient to provide BCBSIL with the HICN Number assigned by Medicare. Where claims do not crossover for a patient or do so inconsistently please advise them to provide BCBSIL with their HICN# by contacting Customer Service number on the back of their BCBSIL Identification Card.

ANSI 837P Format—Version 4010 A1			Source	
Loop	Segment	Value	Paper EOB	835
<b>Claim Level Data Elements</b>				
<b>2000B</b>	SBR01	S (Secondary)	NA	NA
	SBR09	BL (BLUE SHIELD)	NA	NA
<b>2010BB</b>	NM109	BCBS/HCSC PAYER ID NO.	NA	NA
		G00621 – IL G84980 – TX G00790 – NM		
<b>2300 - Claim Information</b>	CLM07	A,B,C, or P	24	2100 NA
<b>2320 - Other Subscriber Information</b>	SBR01	P	NA	CLP02
	SBR02	18	NA	NA
	SBR05	MB, MI, MP, or CP (INDICATING MEDICARE AS PRIMARY PAYER)	NA	NA
	SBR09	MB - MEDICARE PART B	NA	CLP06
<b>2320 - Payer Amount Paid</b>	AMT01	D	<b>NA</b>	<b>NA</b>
		AMOUNT PAID	19	CLP04
<b>2330A - Other Subscriber Name</b>	NM101	IL	NA	NA
	NM102	1	NA	NA
	NM103	OTHER SUBSCRIBER LAST NAME	20	NM103
	NM104	OTHER SUBSCRIBER FIRST NAME	20	NM104
	NM105	MIDDLE INITIAL	20	NM105
	NM108	MEMBER ID # QUALIFIER "MI"	NA	NM108
	NM109	OTHER INSURED IDENTIFIER (MEDICARE HIC NUMBER)	21	NM109
<b>2330B - Other Payer Name</b>	NM101	PR	NA	NA
		2	NA	NA
		PAYER NAME (MEDICARE)	1	N102
		PI	NA	
		MEDICARE PART B PAYER ID NUMBER (i.e., C00952)	NA	N104
<b>2330B - Other Payer Secondary Identifier</b>	REF01	2U (PAYER IDENTIFICATION NUMBER)	NA	
		MEDICARE'S ASSIGNED CLAIM CONTROL NUMBER FROM THE EOMB	23	REF02

ANSI 837P Format—Version 4010 A1			Source	
Loop	Segment	Value	Paper EOB	835
<b>Line Level Data Elements</b>				
				2110
<b>2400 - Service Line</b>	AMT01	AAE	NA	AMT01
	AMT02	Approved Amount	15	AMT02
<b>2430 - Line Adjudication Information</b>	SVD01	PAYER ID NUMBER (SAME AS IN LOOP 2330B - NM109)	NA	
	SVD02	SERVICE LINE AMOUNT PAID BY PRIMARY PAYER (MEDICARE) "Zero" is acceptable value for this element	19	SVC03
	SVD03-1	HC		SVC01-1
	SVD03-2	PROCEDURE CODE PRIMARY PAYER ADJUDICATED THIS SERVICE UNDER.	12	SVC01-2
	SVD03-3	MODIFIER 1 PRIMARY PAYER ADJUDICATED THIS SERVICE	13	SVC01-3
<b>2430 - Line Adjudication Information (CONT'D)</b>	SVD03-4	MODIFIER 2 PRIMARY PAYER ADJUDICATED THIS SERVICE	13	SVC01-4
	SVD03-5	MODIFIER 3 PRIMARY PAYER ADJUDICATED THIS SERVICE	13	SVC01-5
	SVD03-6	MODIFIER 4 PRIMARY PAYER ADJUDICATED THIS SERVICE	13	SVC01-6
	SVD05	UNITS OF SERVICE PRIMARY PAYER PAID FOR THIS SERVICE	11	SVC05
				2110
	CAS01	CLAIM ADJUSTMENT GROUP CODE		CAS01
	CAS02	CLAIM ADJUSTMENT REASON CODE (CARC)		CAS02
		DEDUCTIBLE	16	
		CO-PAY	17	
		ALL OTHERS	18	
	CAS03 - MA	MONETARY AMOUNT	19	CAS03
	CAS04 - QTY	QUANTITY	11	CAS04
	CAS05 - CARC	AS NECESSARY		CAS05
	CAS06 - MA	AS NECESSARY		CAS06
	CAS07 - QTY	AS NECESSARY		CAS07
	CAS08 - CARC	AS NECESSARY		CAS08
	CAS09 - MA	AS NECESSARY		CAS09
	CAS10 - QTY	AS NECESSARY		CAS10
	CAS11 - CARC	AS NECESSARY		CAS11
	CAS12 - MA	AS NECESSARY		CAS12
	CAS13 - QTY	AS NECESSARY		CAS13
	CAS14 - CARC	AS NECESSARY		CAS14
	CAS15 - MA	AS NECESSARY		CAS15
	CAS16 - QTY	AS NECESSARY		CAS16
	CAS17 - CARC	AS NECESSARY		CAS17
	CAS18 - MA	AS NECESSARY		CAS18
	CAS19 - QTY	AS NECESSARY		CAS19