

Crossover Professional Claim Type 30 TMHP Standardized Medicare Advantage Plan (MAP) Remittance Advice Notice Template 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 MAP explanation of benefits (EOB) document is required when submitting the Crossover Professional Claim Type 30 template. All fields (excluding Medicaid information fields) on the form must be completed using the MAP EOB.

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

The TMHP Standardized MAP Remittance Advice Notice template 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	Guidelines
0	MAP (Medicare Part C)	Check the box to indicate that the client has a MAP, Part C Medicare. Note: <i>The Crossover Professional Claim Type 30 TMHP Standardized MAP Remittance Advice Notice Template must only be used for MAP claims. Medicare Part A or Medicare Part B only claims must not be submitted with a template.</i>
1	Billing Provider NPI/API	Enter the National Provider Identifier (NPI) for the billing provider.
2	Billing Provider Taxonomy	Enter the billing provider's taxonomy.
3	Billing Provider Benefit Code	Enter the billing provider's Benefit Code.
4	Billing Provider Address	Enter the billing provider's address, including street, city, state, and ZIP + 4 Code.
5	Medicaid 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 MAP EOB.
7	Client Last Name	Enter the client's last name listed on the MAP EOB.
8	Client First Name	Enter the client's first name listed on the MAP EOB.
9	Medicare ICN	Enter the Medicare Internal Control Number (ICN) listed on the MAP EOB.
10	Medicare HIC Number	Enter the patient's Medicare Health Insurance Claim (HIC) number (Medicare Identification number). Note: <i>Do not use the MAP ID number or any number other than the Medicare HIC number.</i>
11	Details Information	
11a	Perf Prov Taxonomy	Enter the taxonomy code 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	POS	Enter the place of service (POS) listed on the MAP EOB.
11f	Units	Enter the number of units (quantity billed) from the MAP EOB.
11g	CPT	Enter the appropriate Current Procedural Terminology (CPT) procedure code for each procedure/service listed on the MAP EOB. Note: <i>The procedure code that is listed on the TMHP Standardized MAP Remittance Advice Notice Form template may not match the procedure code that is listed on the attached claim form.</i>
11h	Mods	Enter the modifier (when applicable) listed on the MAP EOB for each detail.
11i	Charges	Enter the Medicare charges (billed amount) listed on the MAP EOB for each detail.
11j	Allow	Enter the Medicare allowed amount listed on the MAP EOB for each detail.

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#	Field Description	Guidelines
11k	Ded	Enter the Medicare deductible amount listed on the MAP EOB for each detail.
11l	Coins	Enter the Medicare coinsurance amount listed on the MAP EOB for each detail.
11m	Blood Ded	Enter the blood deductible listed on the MAP EOB, if applicable.
11n	Paid	Enter the Medicare paid amount listed on the MAP EOB for each detail.
11o	Reason Code	Enter Medicare's reason code listed on the MAP EOB for each detail.
12	Totals Information	
12a	Total Charges	Enter the Medicare total charges (billed amount) listed on the MAP EOB. <i>Note: A provider may attach additional template forms (pages) as necessary. The combined total charges for all pages should be listed on the last page. All other forms must indicate "Continue" in this block.</i>
12b	Total Allow	Enter the Medicare total allowed amount listed on the MAP EOB.
12c	Total Ded	Enter the Medicare total deductible amount listed on the MAP EOB.
12d	Total Coins	Enter the Medicare total coinsurance amount listed on the MAP EOB.
12e	Total Blood Ded	Enter the Medicare total blood deductible listed on the MAP EOB, if applicable.
12f	Total Paid	Enter the Medicare total paid amount listed on the MAP EOB.
12g	Total Pages	If the crossover claim contains more than 7 detail line items, use multiple pages to identify up to 28 detail line items for the claim (as necessary). Add the number of the pages in the first blank line and the total page count in 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 capture all of the billed detail line items. If multiple pages are necessary, Boxes 1-10 must be completed on each page that is submitted.
13	Medicare Prev Paid	Enter the Medicare previous paid amount listed on the MAP EOB.

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0 <input type="checkbox"/> MAP (Part C Medicare) Note: <i>The Crossover Professional Claim Type 30 TMHP Standardized MAP Remittance Advice Notice Template must only be used for MAP claims. Medicare Part A or Medicare Part B only claims must not be submitted with a template.</i>															
1 Billing Provider NPI/API:					2 Billing Provider Taxonomy:					3. Billing Provider Benefit Code:					
4. Billing Provider Street:					City:					State: ZIP + 4:					
5 Medicaid Client Number:							6 Medicare Paid Date:								
7 Client Last Name:							8 Client First Name:								
9 Medicare ICN:							10 Client HIC Number:								
11 Detail(s) Information															
Dtl #	a. Perf Prov Taxonomy	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Blood Ded	n. Paid	o. Reason Code	
	b. Perf Prov NPI														
1															
2															
3															
4															
5															
6															
12 Totals Information								a. Total Charges	b. Total Allow	c. Total Ded	d. Total Coins	e. Total Blood Ded	f. Total Paid	g. Total Pages __ of __	
13 Medicare Prev Paid															

Important: By submitting this template to TMHP, the provider attests that the information included in the template exactly matches the MAP EOB. If the information on this crossover claim type template does not exactly match the information on the MAP EOB, the claim may be denied or returned.