

Crossover Inpatient Hospital Claim Type 50

TMHP Standardized Medicare Advantage Plan (MAP)

Remittance Advice Notice Template Instructions

Providers that bill inpatient crossover claims on the UB-04 CMS-1450 paper claim form may submit the Crossover Inpatient Hospital Claim Type 50 template with a copy of a completed claim form. The MAP explanation of benefits (EOB) is required when submitting the Crossover Inpatient Hospital Claim Type 50 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 Inpatient Hospital Claim Type 50 template:

#	Field Description	Guidelines
0	MAP (Medicare Part C)	Check the box to indicate that the client has a MAP, Part C Medicare. Note: The Crossover Inpatient Hospital Claim Type 50 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.
1	Medicare Paid Date	Enter the Medicare Paid Date listed on the MAP EOB.
2	Provider Name	Enter the billing provider's name.
	NPI/API, Taxonomy, Provider Benefit Code	Enter the National Provider Identifier (NPI)/Atypical Provider Identifier (API), Taxonomy and Benefit Code for the billing provider.
3	Street Address	Enter the billing provider's street address.
4	City	Enter the billing provider's city.
	State	Enter the billing provider's state.
	ZIP + 4 Code	Enter the billing provider's ZIP + 4 Code.
5	Bill Type	Enter the Medicare Bill Type listed on the MAP EOB. Note: The Medicare Bill Type may not match the type of bill (TOB) listed on the claim form.
6	From DOS	Enter the first date of service (DOS) for all procedures in a MM/DD/YYYY format.
7	Through DOS	Enter the last DOS for all procedures in a MM/DD/YYYY format.
8	Client Last Name	Enter the patient's last name listed on the MAP EOB.
9	Client First Name	Enter the patient's first name listed on the MAP EOB.
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.
11	Medicare ICN	Enter the Medicare Internal Control Number (ICN) listed on the MAP EOB.
12	Total Charges	Enter the Medicare total charges (billed amount) listed on the MAP EOB.
13	Covered Charges	Enter the covered charges listed on the MAP EOB.
14	Non Covered Charges/Reason Code	Enter the noncovered charges listed on the MAP EOB followed by the reason code.
15	DRG Amount	Enter the diagnosis-related group (DRG) amount listed on the MAP EOB for inpatient claims, if applicable. Note: Outpatient claims do not require a DRG amount.
16	Deductible	Enter the Medicare deductible amount listed on the MAP EOB.
17	Blood Deductible	Enter the blood deductible listed on the MAP EOB for inpatient claims, if applicable.
18	Coinsurance	Enter the Medicare coinsurance amount listed on the MAP EOB.
19	Medicare Paid Amount	Enter the Medicare paid amount listed on the MAP EOB.
20	DRG Code	Enter the DRG code listed on the MAP EOB for inpatient claims, if applicable. Note: Outpatient claims do not require a DRG code.

Crossover Inpatient Hospital Claim Type 50
TMHP Standardized Medicare Advantage Plan (MAP)
Remittance Advice Notice Template

0	<input type="checkbox"/> MAP (Part C Medicare) Note: The Crossover Inpatient Hospital Claim Type 50 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.			
1	Medicare Paid Date:			
2	Provider Name:	NPI/API:	Taxonomy:	Provider Benefit Code:
3	Street Address:			
4	City:	State:	ZIP + 4 Code:	
5	Bill Type			
6	From DOS			
7	Through DOS			
8	Client Last Name			
9	Client First Name			
10	Medicare HIC			
11	Medicare ICN			
12	Total Charges			
13	Covered Charges			
14	Non Covered Charges/Reason Code			
15	DRG Amount			
16	Deductible			
17	Blood Deductible			
18	Coinsurance			
19	Medicare Paid Amount			
20	DRG Code			

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