

*Note: The numbers in parentheses that precede some article titles are for EDS internal use only.*

## **(697) Denial of Crossover Denied Details**

For Medicare Part B claims, Medicare sends denied service lines. IndianaAIM does not recognize the denied service lines on an otherwise paid claim. To obtain IHCP payment for these denied service lines, providers must send an adjustment request for the IHCP to deny the Medicare denied service lines. Then, the provider must submit a new IHCP claim for the denied service lines. As of June 22, 2005, the System will recognize and deny the Medicare service lines on Part B crossover claims and eliminate the need for providers to adjust the crossover claim.

As instructed in [Companion Guide: 837 Institutional Claims and Encounters Transaction](#), [Companion Guide: 837 Professional Claims and Encounters Transaction](#), and [Companion Guide: 837 Dental Claims Transaction](#), providers must submit the Medicare amounts (including Medicare paid, coinsurance, and deductible) at the service line for Medicare Part B crossover claims. Service lines sent without this information will be considered denied by Medicare; therefore, denied by the IHCP.

**Vendor Testing Start Date: June 06, 2005**

**Production Release Date: June 22, 2005**

### **Impact**

#### **837(I,P)**

No Impact. Refer to the [Companion Guide: 837 Institutional Claims and Encounters Transaction](#) and [Companion Guide: 837 Professional Claims and Encounters Transaction](#) that reflect the modifications as they are implemented.

#### **835 Remittance Advice (RA) Transaction**

Denied Medicare details for Part B claims will be reported as denied by the IHCP.

#### **276/277 Claim Status Request and Response Transactions**

Denied Medicare details for Part B claims will be reported as denied by the IHCP.