



TO: General Acute Care Hospitals
RE: Inpatient Medicare Exhausted Claims

The purpose of this bulletin is to notify hospitals of a change related to inpatient hospital claims when Medicare Part A is exhausted. Effective with dates of admission on or after January 1, 2015, Medicaid's payment will be limited to the full coinsurance and/or deductible on an inpatient Medicare crossover claim where Medicare has been exhausted.

If you have any questions regarding this bulletin, please contact the HP Provider Assistance Center at 1-800-842-8440.

When Medicare is exhausted during a hospital stay, it is no longer acceptable to cut back the dates of service on the crossover claim and then separately bill Medicaid directly, via an inpatient claim, for dates of service after Medicare has been exhausted. Therefore, the Medicare inpatient crossover claim should be submitted in its entirety to include the total stay. Medicaid's payment will only be for the Medicare coinsurance and/or deductible. Please note that this change is not related to the implementation of APR-DRG for Inpatient Hospital Services effective January 1, 2015.

Medicaid will continue to consider the Part B covered charges of an inpatient stay when Medicare is exhausted. There are no billing changes for these outpatient crossover claims.

Medicare billing instructions are located on the Web site, www.ctdssmap.com, by selecting "Information", then "Publications", and scrolling to the Provider Manual section. From the Chapter 11 drop down box, choose "Institutional Other Insurance/Medicare Billing Guide".

