

Applying Medicare to ProviderConnect Billings – SAMPLE #1

How to apply Medicare allowed rates to publicly funded SUD services.

Note these are only examples of Medicare allowed rates please refer to actual Medicare EOB's.

Medicaid pays the lesser of Column F or Column G. If Column G is less than Column F, Medicaid pays the amount in Column G.

CPT Code	CMHSP Contracted Rate (A)	Medicare Allowed Rate (B)	"Write Off – Medicare" Payor [Difference between CMHSP Contracted Rate and Medicare Allowed Rate] (C)	"Medicare" Payor [Amount Medicare Paid] (D)	Amounts to be added/deducted from CMHSPs charges in ProviderConnect C+D(E)	Column F A-E (Medicaid Liability*)	Column G A-D ("CMHSP Contracted Rate" minus "Medicare Payor") (Medicaid Liability)
90853	\$25.00	\$23.52	\$1.48	\$11.76	\$13.24	\$11.76	\$13.24
90837	\$95.00	\$72.64	\$22.36	\$36.32	\$58.68	\$36.32	\$58.68
90791	\$140.00	\$112.17	\$27.83	\$89.74	\$117.57	\$22.43	\$50.26

Example of Medicare EOB:

PERF	PROV	SERV DATE	POS	NQS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD								
A.)	SMITH, JOHN			HIC	33333333		ACNT 018110			ICN 1004343011271	ASG Y HAD MA01 HA07									
	333333333	7/7/2005			90853		55.00	23.52	0.00	2.94	CO-42	31.48 11.76								
											PR-122	8.82								
	PT RESP	11.76			CLAIM TOTALS		55.00	23.52	0.00			40.30 11.76								
	CLAIM INFORMATION FORWARDED TO: MI DEPT OF											11.76	NET							
B.)	SMITH, JOHN			HIC	33333333		ACNT 018110			ICN 1004343011271	ASG Y HAD MA01 HA07									
	333333333	7/6/2005			90837		120.00	72.64	0.00	9.08	CO-42	47.36 36.32								
											PR-122	27.24								
	PT RESP	36.32			CLAIM TOTALS		120.00	72.64	0.00	9.08		74.60 36.32								
	CLAIM INFORMATION FORWARDED TO: MI DEPT OF											36.32	NET							
C.)	SMITH, JOHN			HIC	33333333		ACNT 018110			ICN 1004343011271	ASG Y HAD MA01 HA07									
	333333333	7/5/2005			90791		175.00	112.17	0.00	22.43	CO-42	62.83 89.74								
	PT RESP	22.43			CLAIM TOTALS		175.00	112.17	0.00	22.43		62.83 89.74								
	CLAIM INFORMATION FORWARDED TO: MI DEPT OF											89.74	NET							
TOTALS:												# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
												CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ	AMT
												3	350.00	208.33	0.00	34.45	177.73	137.82	0.00	137.82

*This total is allowed to equal the following on the EOB: **DEDUCTIBLE + COINSURANCE + PR-122**

Applying Medicare to ProviderConnect Billings – SAMPLE #2

Note these are only examples of Medicare allowed rates please refer to actual Medicare EOB's.

Medicaid pays the lesser of Column F or Column G. If Column G is less than Column F, Medicaid pays the amount in Column G.

CPT Code	CMHSP Contracted Rate (A)	Medicare Allowed Rate (B)	“Write Off – Medicare” Payor [Difference between CMHSP Contracted Rate and Medicare Allowed Rate] (C)	“Medicare” Payor [Amount Medicare Paid] (D)	Total Amounts to be added/deducted from Charges in ProviderConnect C+D (E)	Column F A-E (Medicaid Liability *)	Column G A-D ("CMHSP Contracted Rate" minus "Medicare Payor") (Medicaid Liability)
90853	\$25.00	\$30.00	-\$5.00	\$15.81	\$10.81	\$14.19	\$9.19
90837	\$100.00	\$87.70	\$12.30	\$0	\$12.30	\$87.70	\$100.00
90837	\$100.00	\$87.70	\$12.30	\$53.42	\$65.72	\$34.28	\$46.58

Example of Medicare EOB:

	PERF PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD		
A.)	SMITH, JOHN				HIC 333333333		ACNT 018110				ICN 1004343011271 ASG Y HAD MA01 HA07			
	333333333	7/7/2012			90853		55.00	30.00	0.00	2.94	CO-42 31.48	15.81		
											PR-122 11.25			
	PT RESP	11.76			CLAIM TOTALS		55.00	30.00	0.00		42.73	15.81		
	CLAIM INFORMATION FORWARDED TO: MI DEPT OF											15.81	NET	
B.)	SMITH, JOHN				HIC 333333333		ACNT 018110				ICN 1004343011271 ASG Y HAD MA01 HA07			
	333333333	7/6/2012			90837		130.00	87.70	71.26	0	CO-45 42.30	0		
											PR-122 16.44			
	PT RESP	87.70			CLAIM TOTALS		130.00	87.70	71.26	0	58.74	0		
	CLAIM INFORMATION FORWARDED TO: MI DEPT OF											0	NET	
C.)	SMITH, JOHN				HIC 333333333		ACNT 018110				ICN 1004343011271 ASG Y HAD MA01 HA07			
	333333333	7/5/2012			90837		130.00	87.70	4.48	13.36	CO-45 42.30	53.42		
											PR-122 16.44			
	PT RESP	34.28			CLAIM TOTALS		130.00	87.70	4.48	13.36	58.74	53.42		
	CLAIM INFORMATION FORWARDED TO: MI DEPT OF											58.74	53.42	NET

*This total is allowed to equal the following on the EOB: **DEDUCTIBLE + COINSURANCE + PR-122**