



BlueCareSM
TennCare *Select*
CoverKids

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Last Updated Oct. 2024

Frequently Asked Questions for Providers Medicare Crossover Claims

We now process crossover claims from Medicare and Dual-Special Needs Plans (DSNPs). Previously, the Division of TennCare processed these claims for the Medicare and DSNP copay, coinsurance and deductible (cost-share amount).

For all claims starting with a date of service of Jan. 1, providers no longer need to submit a crossover claim for Medicare or DSNP cost share. Providers can submit one claim to Medicare or the member's DSNP. That claim will automatically cross over to us, and we'll process the copay, coinsurance and deductible amounts using Division of TennCare pricing methods.

We've developed these FAQs to share more information about this transition and what it will mean for you. We hope you find the information helpful.

Q. When did we begin processing Medicare and DSNP crossover claims?

We began processing claims from traditional Medicare on Jan. 1, 2024, and we began processing claims from DSNPs on March 1, 2024. At that time, all DSNP claims with a date of service of Jan. 1, 2024, or later began crossing over to us to process the cost-share amount.

Q. How can I identify a crossover claim on my remittance advice?

Crossover claims are identified by unique claim number prefixes:

- CCX indicates a claim that crossed over from Medicare.
- BBX indicates a claim that crossed over from a DSNP.
- SPX indicates a claim we copied from a provider-submitted secondary claim to process the cost-share amount.

Q. Will I have to submit a secondary claim for Medicaid services not covered by Medicare?

Yes, you'll need to submit a secondary claim until further notice. When processing a secondary claim for Medicaid services, we won't include cost share in the reimbursement. We process cost-share amounts on crossover claims.

Q. If I don't get a response on the primary claim submitted to Medicare or the patient's DSNP, should I submit a crossover claim? How long should I wait for that response?

Please wait at least 60 days before submitting a crossover claim. If you submit one that doesn't cross over from Medicare or a patient's DSNP, we'll process Medicaid services not covered by Medicare or the DSNP as secondary benefits, and the claim number will begin with "BTC." We'll process the cost-share amount on a different claim with a claim number that begins with "SPX."

Note: If you don't see the cost-share amount reflected on an SPX claim number, please call the Provider Service line for your patient's plan.

Q. What's the difference between a crossover claim and a secondary claim?

Providers submit a secondary claim to process any Medicaid services not covered by a primary payer. A crossover claim is one that automatically crosses over from Medicare or a DSNP so we can process Medicare/DSNP cost share.

Q. If I decide to submit a crossover claim or secondary claim, can I do so electronically?

Yes. Electronic submission is the preferred method for all claims. You can submit claims electronically through our Secure File Gateway or our Availity® provider portal. Please see our BlueCare Tennessee Provider Administration Manual (PAM) for additional details about electronic billing.

Q. Are the billing guidelines for crossover claims different from secondary claims?

No, please submit crossover claims electronically with the primary payer's explanation of benefits (EOB) information the same way you would if submitting a secondary claim for Medicaid services. As with secondary claims, you must enter the correct primary insurance indicator code in the SBR009 segment within the X12 format. We accept the following insurance indicators for Medicare payers.

- 16 – Health Maintenance Organization (HMO) Medicare Risk
- HM – HMO
- MA – Medicare Part A
- MB – Medicare Part B

Additionally, it's important to enter the correct primary payer policy number or Medicare Beneficiary Identifier (MBI) when providing the primary payer EOB information. We'll deny claims submitted with an incorrect or invalid policy number/MBI.

Q. Can I submit paper claims?

We only accept paper claims if you're unable to submit an electronic claim due to technical difficulties or other temporary extenuating circumstances.

Q. How much will BlueCare Tennessee pay towards the Medicare/DSNP copay, coinsurance and deductible amounts?

We're using the same pricing methods TennCare used before the transition to price the copay, coinsurance and deductible amounts.

Q. What happens if my patient is covered by BlueCare/TennCareSelect but has a DSNP other than BlueCare Plus?

The patient's DSNP will send the claim to us for processing.

Q. Who will be responsible for the coinsurance and deductible if a patient is a Qualified Medicare Beneficiary-only (QMB-only) member?

TennCare assigns QMB-only members to TennCareSelect, and claims cross over from Medicare or the DSNP to TennCareSelect for copay, coinsurance and deductible processing.

Please note: TennCareSelect is only responsible for the Medicare/DSNP cost-share amount. QMB-only members don't have Medicaid benefits under the TennCare program. So, TennCareSelect isn't responsible for paying any Medicaid services filed on the crossover claim that aren't covered by Medicare or a DSNP. For these members, TennCare is responsible for the Medicare premiums, and TennCareSelect will process the claims containing the copay, coinsurance and deductible amounts.

Q. What if I need to file a crossover claim for a QMB-only member?

After waiting a minimum of 60 days for the claim to cross over from Medicare or a DSNP, please submit the claim to TennCareSelect. We'll deny the Medicaid services listed on the claim because these members don't have Medicaid benefits. As previously stated, we'll then process the cost-share amounts on a different claim with a claim number beginning with SPX.

Q. What if a QMB-only member needs a new QMB ID card?

Until further notice, please refer these members to TennCare for a new card.

Q. What's BlueCare Tennessee's Payer ID number?

Our Payer ID number is 00390.

Q. Which Subscriber ID should I use when billing claims?

If billing a claim to Medicare, please use the member's Medicare number (also referred to as the Medicare

Beneficiary Identifier (MBI)). If billing a claim to the member's DSNP, please use the Subscriber ID listed on the member's DSNP card. If filing a secondary claim to BlueCare Tennessee, please file the claim with the member's BlueCare or TennCare*Select* Member ID number.

Q. Do I need a Medicaid number to get paid for the Medicaid-covered services I bill on claims?

Yes. TennCare requires all providers to register for a Tennessee Medicaid number to get reimbursed for Medicaid-covered services and any cost-share amounts.

Q. The dates of service on my claim span from 2023 to 2024. Who is responsible for paying the copay, coinsurance and deductible amounts?

TennCare is responsible for paying these amounts on institutional claims spanning from 2023 to 2024. For professional claims with spanning dates of service, TennCare will process the claims containing the copay, coinsurance and deductible amounts for 2023. We'll be responsible for all dates of service in 2024.

Q. Do current timely filing guidelines apply to crossover claims that don't crossover from Medicare or a DSNP?

No, providers must submit a crossover claim for the cost-share amounts within the greater of 180 days of the date on the Medicare/DSNP EOB or 365 days of the date service. Please note, this extended time frame applies to crossover claims only. You can find the timely filing guidelines for other claim types in the [BlueCare Tennessee Provider Administration Manual](#).

Q. If a Medicaid-covered service requires prior authorization, will I need to request prior authorization for claims that cross over from Medicare and the DNSPs?

Yes. If a Medicaid-covered service requires prior authorization and the services aren't covered by Medicare or a DSNP, providers must get prior authorization from us.

Q. How can I get my RA/835 and payments?

Please contact one of our Provider Service lines listed below for assistance.

Q. Who should I contact if I have additional questions?

Please call the Provider Service line for your patient's plan:

BlueCare Provider Service – 1-800-468-9736

TennCare*Select* Provider Service – 1-800-276-1978

CoverKids Provider Service – 1-800-924-7141