Optum

Assurance Reimbursement Management™

Medicare Crossover Remit file map (1913)

The Medicare Crossover Remit file (1913) is a delimited file that provides visibility into the remit information returned on secondary claims that were crossed over to their payers by Medicare. The secondary remits are stored in the database, but because no secondary claim exists, they are *unmatched remits* and cannot be seen.

This report matches the secondary back to the Medicare primary claim whose payment created the crossover. Among other things it contains the amount Medicare billed on the secondary claim and the date the claim was crossed over by Medicare.

- The file uses Remit Filter to select remits.
- The file is a standard delimited file whose delimiters are controlled by Report Options or Auto-Modules.
- Data is from the remits indicated unless the Claim Data column contains an X.
- The payer of the primary (or parent) claim must be Medicare.
- The payer of the secondary (or child) claim can be any payer
- If more than one remit is attached to the claim:
  - The report shows the most recent remit that is not a takeback.
  - The number of remits on the claim is shown in column 2

Col	Col Name	CFI?	Payer	Description	Location in Sec remit
1	Duplicate Indicator			"DUP" when more than one matching primary was found.	
2	Remit Count			The number of remits attached to the claim.	
3	Remit Payment Date		Sec Remit	Remit effective date	BPR16
4	Payment Number		Sec Remit	Payment number (EFT)	TRN02
5	CCN		Sec Remit	Claim control number	CLP07
6	NPI	X		Box 56	
7	Type	X		Inpatient / Outpatient Based on Box 4, Type of Bill 1500s always Outpatient	
8	Last Name		Medicare Remit	Patient last name	NM1*QC or NM1*74
9	First Name		Medicare Remit	Patient first name	NM1*QC or NM1*74
10	HIC Number	X	Sec Remit	Insured ID for secondary ins. (Payer Activity tab)	NM1*QC or NM1*74

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11	Payer ID			Payer's ID for the Provider	NM1*PE
12	Patient #		claim or remit	Patient Control Number	CLP01
13	From Date		claim or remit	Statement from	DTM*232
14	Thru Date		claim or remit	Statement thru	DTM*233
15	Medicare Bill Date	X		Date claim released to clearinghouse (History tab)	
16	Medicare Remit payment date	X	Medicare Remit	Remit effective date (Payer Activity tab)	
17	Medicare Remit payment number	X	Medicare Remit	Payment number (EFT) (Payer Activity tab)	
18	Bill Date		Sec Remit	Bill date (Date rcvd at secondary payer)	DTM-050
19	Medicare Total Charges	X	Medicare Remit	Total charges on the claim (Payer Activity tab)	
20	Medicare Co-Insurance Amount	X	Medicare Remit	Co-insurance (Payer Activity tab)	
21	Medicare Blood Deductible Amount	X	Medicare Remit	Blood deductible (Payer Activity tab)	
22	Medicare Co-Pay Amount	X	Medicare Remit	Patient responsibility - Co-Payment (Payer Activity tab)	
23	Medicare Deductible	X	Medicare Remit	Patient responsibility - Deductible (Payer Activity tab)	
24	Medicare Allowed Amount	X	Medicare Remit	Total billed - Amt paid - excluded amount (Payer Activity tab)	
25	Medi-Cal SCPI Allowed Amount		Medi-Cal SCPI	Medi-Cal Allowable Amount. Populated when secondary payer is Medi-Cal.	
26	Medicare Paid Amount	X	Medicare Remit	Paid amount (Payer Activity tab)	CLP04
27	Billed Amount		Sec Remit	Medicare Paid + Excluded Amount	CLP03
28	Allowed Amount		Sec Remit	Amount paid by secondary payer	CLP04
29	SOC (Share of Cost)		Sec Remit	Amount 178 (Patient hasn't met spend-down requirements)	CAS*178*CO
30	Paid Amount		Sec Remit	Amount paid by secondary payer	CLP04
31	Cutback/Non-Covered		Sec Remit	Amount (119 = Benefit max has been reached)	CAS*119*CO
32	CAS Info		Sec Remit	Delimited string of claim level CAS codes Delimiter = ~	119*CO*$$.$$~178*CO*$$.$$

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