Medicare Learning Network
MLN Matters®
CMS
Information for Medicare Fee-for-Service Health Care Professionals

News Flash - The Centers for Medicare & Medicaid Services (CMS) reminds all providers, physicians, and suppliers to allow sufficient time for the Medicare crossover process to work—approximately 15 work days after Medicare's reimbursement is made, as stated in MLN Matters Article SE0909 (http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0909.pdf) — before attempting to balance bill their patients' supplemental insurers. That is, do not balance bill until you have received written confirmation from Medicare that your patients' claims will not be crossed over, or you have received a special notification letter explaining why specified claims cannot be crossed over. Remittance Advice Remark Codes MA18 or N89 on your Medicare Remittance Advice (MRA) represent Medicare's intention to cross your patients' claims over.

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Implementation Date: April 5, 2010

Repeal of Section 20.10, Publication 100-03, National Coverage Determinations (NCD) Manual, Cardiac Rehabilitation Programs

Note: This article is no longer available.