

Special Instructions for Submitting Claims on the CMS-1500 for Members with Medicare Coverage

Refer to [Subchapter 5, Part 7](#) of your MassHealth provider manual for instructions on claims for members with Medicare coverage.

Important: The table below lists specific fields on the CMS-1500 that must be completed for claims where the member has **Medicare** in addition to MassHealth. In addition to completing all applicable fields, all TPL claims must be submitted with the appropriate Explanation of Medicare Benefits (EOMB) and/or other necessary TPL documentation. Providers must ensure that the appropriate carrier code is clearly written on each EOB.

Scenario: MassHealth member, Rhonda Rocket, sees her provider for medical services. Rhonda also has Medicare and supplemental insurance coverage. The total charge for her claim is \$100. The combined total payment by Medicare and the other insurer was \$30. Medicare paid \$5 and the other insurer paid \$25.

Field #	Field Name	TPL Required Information	Example
1	Unnamed	For crossover claims only, check "Medicare."	Medicare
1a	Insured's I.D. Number	For crossover claims only, enter the member's Medicare ID number.	111111111c1
4	Insured's Name	If the member has Medicare, enter the insured's name in the following order: last name, first name, middle initial.	Last, First, Middle Initial
6	Patient Relationship to Insured	Enter an X in the correct box to indicate the patient's relationship to the insured. Only one box can be marked.	X <input type="checkbox"/> Self
10d	Reserved for Local Use	If submitting a crossover claim, enter the complete 12-character member identification (ID) number that is printed on the MassHealth card.	111122223333

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Field #	Field Name	TPL Required Information	Example
11	Insured's Policy Group or FECA Number	Enter the Medicare policy or group number as it appears on the Medicare card.	XX12345
11a	Insured's Date of Birth, Sex	Date of birth of the Medicare subscriber	01/01/1940 X <input type="checkbox"/> F
11c	Insurance Plan or Program Name	Enter the seven-digit MassHealth TPL carrier code for Medicare Part B (0085000).	Medicare carrier code 0085000
11d	Is There Another Health Benefit Plan?	Check box indicating whether the patient has insurance in addition to MassHealth and Medicare . If this box is checked "yes", complete Fields 9 and 9a-9d with applicable commercial health plan information.	X <input type="checkbox"/> Yes
9	Other Insured's Name	If 11d is checked "yes," enter the name of the subscriber, if different from that in Field 2.	Last, First, Middle Initial
9a	Other Insured's Policy or Group Number	If 11d is checked "yes," enter the group or policy number for the commercial insurance plan.	00054321
9b	Other Insured's Date of Birth, Sex	If 11d is checked "yes," enter the date of birth and gender of the policyholder noted in Field 9.	01/01/1940 X <input type="checkbox"/> F
9d	Insurance Plan Name or Program Name	If 11d is checked "yes," enter the seven-digit MassHealth TPL	ABC Corp. carrier code 9991001

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Field #	Field Name	TPL Required Information	Example
		carrier code.	
27	Accept Assignment? Yes or No	<i>For Medicare Claims:</i> Enter an X in the appropriate box to indicate whether the provider accepts assignment.	<input checked="" type="checkbox"/> Yes
29	Amount Paid	Enter the total amount paid by all insurers other than MassHealth.	\$30.00
Attachment	TPL Attachment	In addition to completing all applicable fields, all TPL claims must be submitted with the appropriate Explanation of Medicare Benefits (EOMB) and/or other necessary TPL documentation.	EOB 1 – Medicare carrier code 0085000 EOB 2 – ABC Corp. carrier code 9991001