

## INSTRUCTIONS FOR COMPLETING THE CMS 1500 MEDICARE ATTACHMENT

Please complete and attach the Medicare Attachment, instead of attaching a copy of the Medicare EOB, to the CMS 1500. This attachment form will assist providers in submitting claims successfully for Medicare deductible and/or co-insurance. There are 6 lines provided on this form that correlate to the 6 claim lines on the CMS 1500. When submitting claims on the CMS 1500 for Medicare deductible and/or co-insurance this Medicare attachment must be completed and submitted with the CMS 1500 claim form.

**Please DO NOT staple or paper clip this form to the claims.**

Billing provider and Recipient information section must be completed as indicated on the claim.

- Other insurance-Check yes or no. If you are checking yes also enter the payment in the amount field. If there is no payment, please attach the other insurance EOB.
- Medicare Paid Date – Enter Medicare EOMB date from the Medicare EOB. If you have more than one EOB for the same claim, enter the oldest Medicare EOMB Date.
- Total Medicare Paid Amount - Enter the SUM of the Medicare paid amounts from the Medicare EOB for the details that apply to the crossover claim.
- Medicare Deductible – Enter the DEDUCTIBLE amount for each applicable detail.
- Medicare Co-insurance – Enter the CO-INSURANCE amount for each applicable detail.
- Medicare Paid Amount – Enter the Medicare Paid Amount for each applicable detail. If you have more than one payment for the same claim, combine the payments.
- Medicare ICN – please enter the ICN for the applicable detail from the Medicare EOB. If you have more than one EOB for the same claim, enter the ICN from the oldest Medicare EOB.
- For Mental Health claims, please add the co-insurance amount and the PR-122 line amount together and enter the sum in the Co-insurance field.
- For Medicare Part C – please add co-pay to the co-insurance amount and enter the sum in the Co-insurance field.