		Applicable Payment	Applicable Payment
Area	Claim Type	Methodology by 1500 Claim	Methodology by UB (1450)
		Fee for Service	
		Prior Authorizations must be	
	Professional	present for any waiver type	
Community Choices Waiver	(CMS - 1500)	claims to process.	NA
	Professional (CMS - 1500) &		
Kid Care CHIP - Premium	Institutional	Pays per Managed Care	Pays per Managed Care
Payment Methodology	(CMS - 1450)	Agreement (BCBSWY)	Agreement (BCBSWY)
Kid Care CHIP - Claims Payment Process	Professional (CMS - 1500) & Institutional (CMS - 1450)	Payment methodology for Kid Care CHIP claims is completed by Blue Cross Blue Shield of Wyoming.	Payment methodology for Kid Care CHIP claims is completed by Blue Cross Blue Shield of Wyoming.
	Professional (CMS - 1500) & Institutional		
Organ Transplant	(CMS - 1450)	R - RBRVS	Level of Care - Requires PA
		Lesser of logic - coinsurance and deductible (Only applies to Cross-Over	
	Professional	claims; Medicaid will pay the lesser of the charge either:	
	(CMS - 1500)	Medicare coinsurance +	
	&	Medicare Deductible -OR-	
Organ Transplant Cross-Over	Institutional	Medicaid allowed amount -	
Claim	(CMS - 1450)	Medicare paid)	No additional information.
	Institutional	,	
Ambulatory Sugical Center	(CMS - 1450)	OPPS - Outpatient Services	No additional information.
, ,		Lesser of logic - coinsurance and deductible	
		(Only applies to Cross-Over claims; Medicaid will pay the lesser of the charge either: Medicare coinsurance + Medicare Deductible -OR-	
Ambulatory Surgical Center Cross-Over Claim	Institutional (CMS - 1450)	Medicaid allowed amount - Medicare paid)	No additional information.
	(55		

		A - • Anesthesia base units:	
		o Calculate the time units =	
		claim line units / 15 and add 1	
		·	
		if there is a remainder.	
		o Calculate the allowed charge	
		= (procedure anesthesia base	
		units + time units) * plan	
		anesthesia conversion factor.	
		o Set the allowed charge	
		source to anesthesia.	
		o Post exception 372 and set	
		the allowed charge to zero if	
		the plan's anesthesia	
	Professional	conversion factor is zeros.	
Anesthesiology	(CMS - 1500)		No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Anesthesiology Cross-Over	Professional	Medicaid allowed amount -	
Claim	(CMS - 1500)	Medicare paid)	No additional information.
Claim	(CIVIS - 1300)	iviedicare paid)	No additional information.
		R - RBRVS	
		K KBKV3	
		Modifier specific - can bill for	
		·	
	Drofossional	lines specific to the surgery in addition to the 80 Modifier	
Assistant Company	Professional		No additional information
Assistant Surgeons	(CMS - 1500)	(this is outlined in the manual)	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Assistant Surgeons Cross-Over	Professional	Medicaid allowed amount -	
Claim	(CMS - 1500)	Medicare paid)	No additional information.
Clinic Services (Physician	Professional		
Services/Urgent Care)	(CMS - 1500)	R - RBRVS	No additional information.
	_		

		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cores Over	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Clinic Services Cross-Over	Professional	Medicaid allowed amount -	
Claim	(CMS - 1500)	Medicare paid)	No additional information.
	Professional		
	(CMS - 1500)		
Early and Periodic Screening,	&		
Diagnostic, and Treatment	Institutional		
(EPSDT)	(CMS - 1450)	R - RBRVS	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
	Professional	lesser of the charge either:	
	(CMS - 1500)	Medicare coinsurance +	
Early and Periodic Screening,	&	Medicare Deductible -OR-	
Diagnostic, and Treatment	Institutional	Medicaid allowed amount -	
(EPSDT) Cross-Over Claim	(CMS - 1450)	Medicare paid)	No additional information.
Federally Qualified Health	Institutional		
Centers	(CMS - 1450)	E - Encounter Rate	No additional information.
Federally Qualified Health	Institutional		
Centers Cross-Over Claim	(CMS - 1450)	coinsurance & deductible	No additional information.
		If the drug is state supplied,	
		then only the administration is	
		billed or the serivice is billed	
	Professional	with the SL modifier. If the	
	(CMS - 1500)	drug is private stock then the	
	&	code is set a fee or set by	
	Institutional	invoice and they bill for the	
Immunizations	(CMS - 1450)	administration.	No additional information.
	-		

		Lesser of logic - coinsurance and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
	Professional	lesser of the charge either:	
	(CMS - 1500)	Medicare coinsurance +	
	&	Medicaid Deductible -OR-	
Immunizations Cross-Over	Institutional	Medicaid allowed amount -	
Claim	(CMS - 1450)	Medicare paid)	No additional information.
Claim	Professional	This pays off of RBRVS.	ivo additional information.
Multiple Surgeries	(CMS - 1500)	Modifiers dictate payment.	No additional information.
Multiple Surgeries	(CIVIS - 1300)	, ,	No additional information.
		Lesser of logic - coinsurance and deductible	
		and deductible	
		(Only applies to Cross Over	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare Coinsurance +	
Multiple Companies Coses Over	Duefessianal	Medicare Deductible -OR-	
Multiple Surgeries Cross-Over	Professional	Medicaid allowed amount -	Nia additional information
Claim	(CMS - 1500)	Medicare paid)	No additional information.
		R - RBRVS (a percentage based	
		on "paid to" taxonomy (ex/	
	Duefessianal	physicians at 100%;	
Nove Describion of	Professional	Independant practitioners at	Nia additional information
Nurse Practitioner	(CMS - 1500)	90%)	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Nurse Practitioner Cross-Over	Professional	Medicaid allowed amount -	
Claims	(CMS - 1500)	Medicare paid)	No additional information.
	L .	Pays a per member per month	
Patient Centered Medical	Professional	based on NCQA status	
Home (PCMH)	(CMS - 1500)		No additional information.

		R - RBRVS (a percentage based on "paid to" taxonomy; example/physicians at 100% of billed charges)	
Physician & Other			
Practitioners such as Physician	Professional	Lesser of logic - coinsurance	
Assistants (Professional)	(CMS - 1500)	and deductible	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
Physician & Other		Medicare coinsurance +	
Practitioners such as Physician		Medicare Deductible -OR-	
Assistants(Professional) Cross-	Professional	Medicaid allowed amount -	
Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
	Professional (CMS - 1500)		
	&	Lesser of logic - coinsurance	
Pregnant by Choice - Family	Institutional	and deductible,	
Planning Waiver	(CMS - 1450)	R - RBRVS	No additional information.
		Lesser of logic - coinsurance	
	Professional	and deductible,	
Public Health Nurses	(CMS - 1500)	R - RBRVS	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Public Health Nurses Cross-	Professional	Medicaid allowed amount -	
Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
	Institutional		
Rural Health Clinic	(CMS - 1450)	E-Encounter Rate	No additional information.
Rural Health Clinic Cross-Over	Institutional		
Claim	(CMS - 1450)	coinsurance & deductible	No additional information.
	Institutional		9% of billed charges, each
ESRD	(CMS - 1450)	No additional information.	line billed

TCDD Curry Christ	Institutional	No additional information	lesser of logic - coinsurance and deductible
ESRD Cross-Over Claim	(CMS - 1450)	No additional information.	
Hospice	Institutional (CMS - 1450)	No additional information.	Rates are determined specific to each hospice for each of the allowed rev codes and are redetermined on an annual basis
			Lesser of logic - coinsurance and deductible
Hospice Cross-Over Claim	Institutional (CMS - 1450)	No additional information.	(Only applies to Cross-Over claims; Medicaid will pay the lesser of the charge either: Medicare coinsurance + Medicare Deductible -OR- Medicaid allowed amount - Medicare paid)
ICF-ID (Intermediate Care Facilities/Intellectual Disability)	Institutional (CMS - 1450)	No additional information.	0100 revenue code, similar to NH- rate assigned to ICF/ID provider.
ICF-ID (Intermediate Care Facilities/Intellectual Disability) Cross-Over Claim	Institutional (CMS - 1450)	No additional information.	NA
Inpatient Hospital Claims	Institutional (CMS - 1450)	No additional information.	Level of care
			Lesser of logic - coinsurance and deductible
Inpatient Hospital Claims Cross Over Claim	Institutional (CMS - 1450)	No additional information.	(Only applies to Cross-Over claims; Medicaid will pay the lesser of the charge either: Medicare coinsurance + Medicare Deductible -OR- Medicaid allowed amount - Medicare paid)

			0100 revenue code, per
Nursing Facility/Nursing Home	Institutional		diem rate on file, specific to
Claims	(CMS - 1450)	No additional information.	each NH
			Lesser of logic - coinsurance and deductible
Nursing Facility/Nursing Home Claims Cross-Over Claim	Institutional (CMS - 1450)	No additional information.	(Only applies to Cross-Over claims; Medicaid will pay the lesser of the charge either: Medicare coinsurance + Medicare Deductible -OR- Medicaid allowed amount - Medicare paid)
			0101 rev code that requires
Nursing Home Extraordinary Care Clients (ECC)	Institutional (CMS - 1450)	No additional information.	PA- review required by Optum and Myers and Stauffer
Outpatient Hospital (OPPS -			
Outpatient Prospective	Institutional		
Payment System) Claims	(CMS - 1450)	No additional information.	OPPS
			Lesser of logic - coinsurance and deductible (Only applies to Cross-Over claims; Medicaid will pay the lesser of the charge
Outpationt Hospital (ODDS			either: Medicare
Outpatient Hospital (OPPS - Outpatient Prospective Payment System) Claims Cross-			coinsurance + Medicare Deductible -OR- Medicaid allowed amount - Medicare
Over Claim	(CMS - 1450)	No additional information.	paid)
Psychiatric Residential Treatment Facility (PRTF)	Institutional (CMS - 1450)	No additional information.	0919 rev code, specific rate assigned to each PRTF, PA required, prices off of PA
Swing Bed Facility	Institutional (CMS - 1450)	No additional information.	0100 revenue code, per diem rate on file, specific to each swing bed
<u> </u>			

			Lesser of logic - coinsurance and deductible
			(Only applies to Cross-Over claims; Medicaid will pay the lesser of the charge either: Medicare
			coinsurance + Medicare
			Deductible -OR- Medicaid
Swing Bed Facility Cross-Over	Institutional		allowed amount - Medicare
Claim	(CMS - 1450)	No additional information.	paid)
Care Management Entity	Professional		
(CME)	(CMS - 1500)	F - Fee-sched (Fee Schedule)	
		This pays through a managed care agreement. There is a per diem rate involved, and this group receives an additional premuim payment on top of their per diem.	
Children's Mental Health	Professional	Moving to a fee-for-service	
Waiver	(CMS - 1500)	model.	No additional information.
		*****Note: This is grouped	
		into the Community Choices	
	Professional	Waiver area (see above) so	
Assisted Living Facility	(CMS - 1500)	this no longer stands alone.	NA
Assisted Living Engility Con-	Drofossianal	*****Note: Medicare doesn't	
Assisted Living Facility Cross-	Professional	cover ALF, so there would be	N.A.
Over Claim	(CMS - 1500)	no cross over claims.	NA

			This is managed care. There is a PMPM (per member per month) amount that is paid.
			The PMPM rate is based off of nationally comprable services and is paid at 90% of that amount.
Program for All-Inclusive Care of the Elderly (PACE)	Institutional (CMS - 1450)	NA	There is an amount that Medicaid pays for Medicare eligible clients that is different from the amount that the Managed Care Organization pays on behalf of Medicaid eligible only clients.
			This is managed care. There is a PMPM (per member per month) amount that is paid.
			The PMPM rate is based off of nationally comprable services and is paid at 90% of that amount.
			There is an amount that Medicaid pays for Medicare eligible clients that is different from the amount that the Managed Care
Program for All-Inclusive Care of the Elderly (PACE) Cross-Over Claim	Institutional (CMS - 1450)	NA	Organization pays on behalf of Medicaid eligible only clients.
Comprehensive and Supports			
Waivers for Persons with	Professional	E E. Colondolo	No. of Physical Co.
ID/DD/ABI	(CMS - 1500)	F-Fee Schedule	No additional information.

varies. varies. Physician administered drugs Physician administered (PADs) submitted under the drugs (PADs) submitted medical benefit will be under the medical benefit reimbursed at 100% of the will be reimbursed at 100% Average Sales Price. PADs of the Average Sales Price. without as ASP on the CMS PADs without as ASP on the reference file (wholesalers CMS reference file report their cost of the drug to (wholesalers report their the feds, so the feds can use cost of the drug to the feds, this when pricing PADs so the feds can use this (probably among other when pricing PADs things)) will be reimbursed at (probably among other things)) will be reimbursed an aggregate Wholesale Acquisition Cost (WAC) + 0% at an aggregate Wholesale for the pertinent HCPCS code. Acquisition Cost (WAC) + PADs without an ASP or WAC 0% for the pertinent HCPCS code. PADs without an ASP will be reimbursed at an aggregate AWP (Average or WAC will be reimbursed Wholesale Price) for the at an aggregate AWP HCPCS code. If it is clearly (Average Wholesale Price) for the HCPCS code. If it is demonstrated by the provider Professional that reimbursement at the clearly demonstrated by the (CMS - 1500) ASP, WAC, or AWP rate will provider that & negatively mpact a provider's reimbursement at the ASP,

ability to continue service

(CMS - 1450) delivery, the DHCF may

Institutional

Physician Administered Drugs

WAC, or AWP rate will

negatively mpact a

		varies.	varies.
		Physician administered drugs	Physician administered
		(PADs) submitted under the	drugs (PADs) submitted
		medical benefit will be	under the medical benefit
		reimbursed at 100% of the	will be reimbursed at 100%
		Average Sales Price. PADs	of the Average Sales Price.
		without as ASP on the CMS	PADs without as ASP on the
			CMS reference file
		reference file (wholesalers	
		report their cost of the drug to	(wholesalers report their
		the feds, so the feds can use	cost of the drug to the feds,
		this when pricing PADs	so the feds can use this
		(probably among other	when pricing PADs
		things)) will be reimbursed at	(probably among other
		an aggregate Wholesale	things)) will be reimbursed
		Acquisition Cost (WAC) + 0%	at an aggregate Wholesale
		for the pertinent HCPCS code.	Acquisition Cost (WAC) +
		PADs without an ASP or WAC	0% for the pertinent HCPCS
		will be reimbursed at an	code. PADs without an ASP
		aggregate AWP (Average	or WAC will be reimbursed
		Wholesale Price) for the	at an aggregate AWP
		HCPCS code. If it is clearly	(Average Wholesale Price)
		demonstrated by the provider	for the HCPCS code. If it is
	Professional	that reimbursement at the	clearly demonstrated by the
	(CMS - 1500)	ASP, WAC, or AWP rate will	provider that
	&	negatively mpact a provider's	reimbursement at the ASP,
Physician Administered Drugs	Institutional	ability to continue service	WAC, or AWP rate will
Cross-Over Claim	(CMS - 1450)	delivery, the DHCF may	negatively mpact a
		R - RBRVS (Percentage based	
		on "paid to" taxonomy	
Advanced Practice	Professional	(ex/physicians at 100%)	
Nurses/Psych-MH Specialty	(CMS - 1500)	Fee Schedule	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
Advanced Practice		Medicare Deductible -OR-	
Nurses/Psych-MH Specialty	Professional	Medicaid allowed amount -	
Cross-Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
Applied Behavioral Analysis	Professional		
(ABA)	(CMS - 1500)	Fee schedule	No additional information.
Applied Behavioral Analysis	Professional		
(ABA) Cross-Over Claim	(CMS - 1500)	NA	No additional information.

	Professional	RBRVS	
Behavioral Health	(CMS - 1500)	Fee Schedule	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Behavioral Health Cross-Over	Professional	Medicaid allowed amount -	
Claim	(CMS - 1500)	Medicare paid)	FEE-SCHED (FEE SCHEDULE)
		RBRVS (a percentage based on	
		"paid to" taxonomy (ex/	
	Professional	physician at 100%)	
Clinical Psychologist	(CMS - 1500)	Fee Schedule	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Clinical Psychologist Cross-	Professional	Medicaid allowed amount -	
Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
Community Mental Health			
Center Based (CMHC) SATC	Professional		
Community Health Workers	(CMS - 1500)	Fee Schedule	No additional information.
		RBRVS (% of; like 100%	
Community Mental Health	Professional		
Centers	(CMS - 1500)	Fee Schedule	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Community Mental Health	Professional	Medicaid allowed amount -	
Centers Cross Over Claims	(CMS - 1500)	Medicare paid)	No additional information.
		RBRVS (% of; like 100%	
	Professional	physician)	
Counselors	(CMS - 1500)	Fee Schedule	No additional information.

		RBRVS (% of; like 100%	
	Professional	physician)	
Licensed Practical Nurse	(CMS - 1500)	Fee Schedule	No additional information.
Licensed Practical Nurse Cross-	Professional		
Over Claim	(CMS - 1500)	Not Applicable	No additional information.
		RBRVS (% of; like 100%	
Marriage and Family	Professional	physician)	
Therapists	(CMS - 1500)	Fee Schedule	No additional information.
		RBRVS (% of; like 100%	
	Professional	physician)	
Neuropsychologists	(CMS - 1500)	Fee Schedule	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Neuropsychologists Cross-	Professional	Medicaid allowed amount -	
Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
	Professional	, ,	
Registered Nurse	(CMS - 1500)	Fee Schedule	No additional information.
Registered Nursing Cross-Over	Professional		
Claim	(CMS - 1500)	NA	No additional information.
	Ť	Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Social Worker Cross-Over	Professional	Medicaid allowed amount -	
Claim	(CMS - 1500)	Medicare paid)	No additional information.
		RBRVS (% of; like 100%	
	Professional	physician)	
Social Workers	(CMS - 1500)	Fee Schedule	No additional information.
	Professional		
State Plan Case Management	(CMS - 1500)	Fee	No additional information.
State Plan Case Management	Professional		
Cross-over Claim	(CMS - 1500)	NA	No additional information.
	(3.1.2 2000)	RBRVS (% of; like 100%	
Substance Abuse Treatment	Professional	physician)	
Center/Professionals	(CMS - 1500)	Fee Schedule	No additional information.
25	(3.1.13 1300)	. 22 30.1244.0	additional information.

		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross Over	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
C. balance Ale as Tarakanak		Medicare coinsurance +	
Substance Abuse Treatment	D (Medicare Deductible -OR-	
Center/Professionals Cross-	Professional	Medicaid allowed amount -	
Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
	Professional	_	
Ophthamologist	(CMS - 1500)	Fee	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Ophthamologist Cross-Over	Professional	Medicaid allowed amount -	
Claim	(CMS - 1500)	Medicare paid)	No additional information.
	Professional		
Optician	(CMS - 1500)	Fee	No additional information.
	Professional		
Optician Cross-Over Claim	(CMS - 1500)	Fee	No additional information.
	Professional		
Optometrist	(CMS - 1500)	Fee	No additional information.
	Professional		
Optometrist Cross-Over Claim	(CMS - 1500)	Fee	No additional information.
		Fee	
		Set Fees with Prior	
Severe Malocclusion (SM)	Dental	Authorization	No additional information.
Severe Malocclusion (SM)			
Cross-Over Claim	Dental	NA	No additional information.
Audiology/Hearing Aid	Professional	F	
Equipment	(CMS - 1500)	RBRVS	No additional information.

		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Audiology/Hearing Aid	Professional	Medicaid allowed amount -	
Equipment Cross-Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
Dental	Dental	fee for service	No additional information.
Indian Health Services (IHS)	Professional		
Referred Claim	(CMS - 1500)		
	&		
(Area IHS + non-tribal	Institutional		
providers)	(CMS - 1450)	fee for service	No additional information.
	Professional		
	(CMS - 1500)		
	&		
	Institutional		
	(CMS - 1450)		
	(Transportati		
	on and		
	services out		
	of the		
	reservation	Encounter rate if on an	
	are	insitutional claim, fee for	
	professional -	service for transportation and	
	1	services ourside the 4 walls of	
Indian Health Services Claim	insitutional)	facility	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
	Professional	lesser of the charge either:	
	(CMS - 1500)	Medicare coinsurance +	
	&	Medicare Deductible -OR-	
Indian Health Services Claim	Institutional	Medicaid allowed amount -	
Cross-Over Claim	(CMS - 1450)	Medicare paid)	No additional information.
Ambulance	Professional	_	No additional information
Ambulance	(CMS - 1500)	F	No additional information.

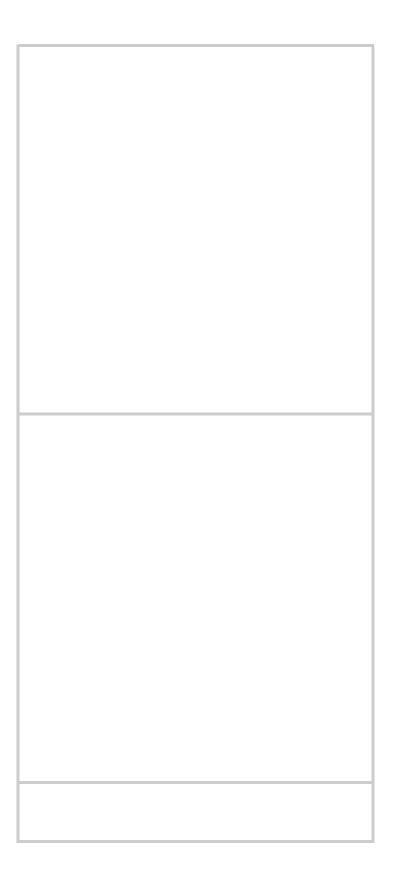
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross Over	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
	In atitutia nal	Medicare Deductible -OR-	
Ambulance Cross-Over Claim	Institutional	Medicard allowed amount -	No additional information
Ambulance Cross-Over Claim	(CMS - 1450) Professional	Medicare paid)	No additional information.
Child Davidana ant Cantan		E DDDVC	No additional information
Child Development Center	(CMS - 1500)	F, RBRVS	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cores Over	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
Child Day also as a Control	D (Medicare Deductible -OR-	
Child Development Center	Professional	Medicaid allowed amount -	No oddii oddia formatia
Cross-Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
China ana atau	Professional	DDDVC F	No additional information
Chiropractor	(CMS - 1500)	RBRVS, F	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross Over	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
	Professional	Medicare Deductible -OR- Medicaid allowed amount -	
Chiranyastay Crass Over Claim			No additional information.
Chiropractor Cross-Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
		Fee (tayonomy and procedure	
Community Emorgon	Drofossional	(taxonomy and procedure -	
Community Emergency Medical Services	Professional	there's a non transport code	No additional information.
ivieuicai services	(CMS - 1500)	(HCPCS))	
		Bill with payment under OPPS - bill on the UB	
		They have restricted revenue	
		They have restricted revenue code.	
Comprehensive Outrotions	Institutional	They have restricted revenue code. this is outlined in the provider	
Comprehensive Outpatient Rehab Facility (CORF) Claim	Institutional (CMS - 1450)	They have restricted revenue code.	No additional information.

		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
Comprehensive Outpatient		Medicare Deductible -OR-	
Rehab Facility (CORF) Cross-	Institutional	Medicaid allowed amount -	
Over Claim	(CMS - 1450)	Medicare paid)	No additional information.
	Professional		
Dietitian	(CMS - 1500)	F, RBRVS	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
	Professional	Medicaid allowed amount -	
Dietitian Cross-Over	(CMS - 1500)	Medicare paid)	No additional information.
	Professional	F	
DME	(CMS - 1500)	Some are paid by invoice	No additional information.
	,	Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
	Professional	Medicaid allowed amount -	
DME Cross-Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
Diviz cross over claim	Institutional	incarca para,	140 additional information.
Home Health	(CMS - 1450)	 F	No additional information.
Trome recutif	(51413 1430)	Lesser of logic - coinsurance	140 additional information.
		and deductible	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either: Medicare coinsurance +	
		Medicare Coinsurance + Medicare Deductible -OR-	
Home Health Cross-Over Claim	Institutional	Medicaid allowed amount - Medicare paid)	No additional information.
			No additional intermetion

	Professional		
		-	
	(CMS - 1500)	F, J	
	&		
Laboratory/X-Ray/Other	Institutional	Claims are paid according to	
diagnositic services	(CMS - 1450)	procedure code pricing.	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
	Professional	lesser of the charge either:	
	(CMS - 1500)	Medicare coinsurance +	
Laboratory/X-Ray/Other	&	Medicare Deductible -OR-	
diagnositic services Cross-Over		Medicaid allowed amount -	
Claim	(CMS - 1450)	Medicare paid)	No additional information.
Physical/Occupational/Speech	Professional	iviculture pulay	140 ddditional information.
		E DDDVC	No additional information.
Therapies	(CMS - 1500)	F, RBRVS	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
		Medicare Deductible -OR-	
Physical/Occupational/Speech	Professional	Medicaid allowed amount -	
Therapies Cross-Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
	Professional		
Prosthetics/Orthotics	(CMS - 1500)	F	No additional information.
		Lesser of logic - coinsurance	
		and deductible	
		(Only applies to Cross-Over	
		claims; Medicaid will pay the	
		lesser of the charge either:	
		Medicare coinsurance +	
n (o		Medicare Deductible -OR-	
Prosthetics/Orthotics Cross	Professional	Medicaid allowed amount -	
Over Claim	(CMS - 1500)	Medicare paid)	No additional information.
_	Professional		
Translator/Interpreter	(CMS - 1500)	F	No additional information.
Translator/Interpreter	(CMS - 1500)		No additional information.
		There are no opportunities for	No additional information.
Translator/Interpreter Translator/Interpreter Cross- Over Claim	(CMS - 1500) Professional (CMS - 1500)		No additional information. No additional information.

Transportation - Providers -	Professional	I	
Taxis	(CMS - 1500)	F	No additional information.
Transportation - Providers -	Professional		
Lodging	(CMS - 1500)	F	No additional information.
Transportation - Providers -	Professional		
Non-taxis	(CMS - 1500)	F	No additional information.
	Professional		
Transportation - Clients	(CMS - 1500)	Mileage Only	No additional information.
		Department of Health sets this	
Commercial Air	NA	up, and is the ticket payer	No additional information.
	(See		
Air Ambulance	Ambulance)	(See Ambulance)	No additional information.
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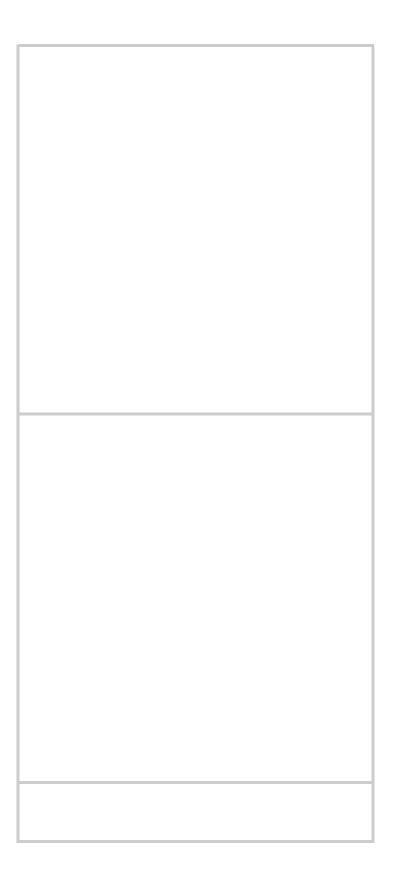
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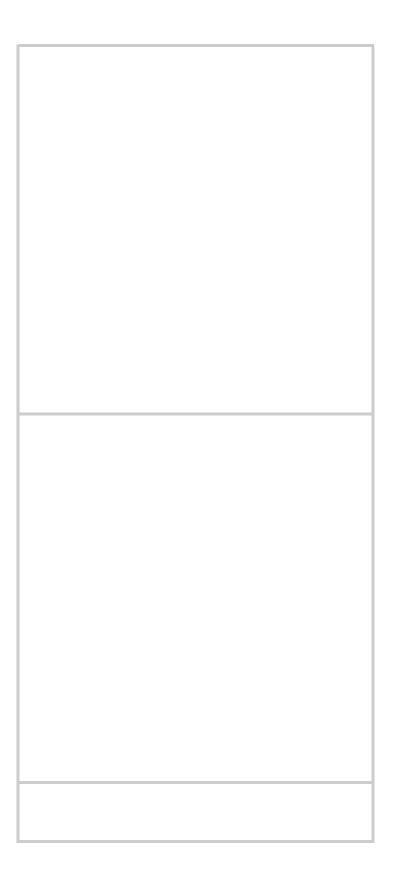
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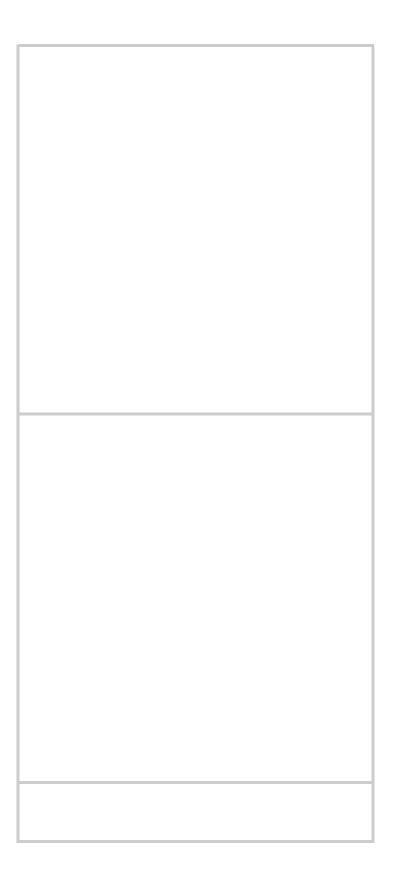
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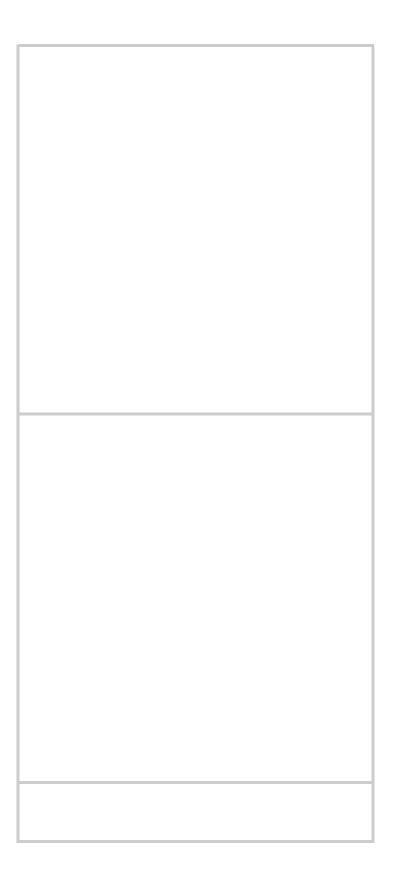
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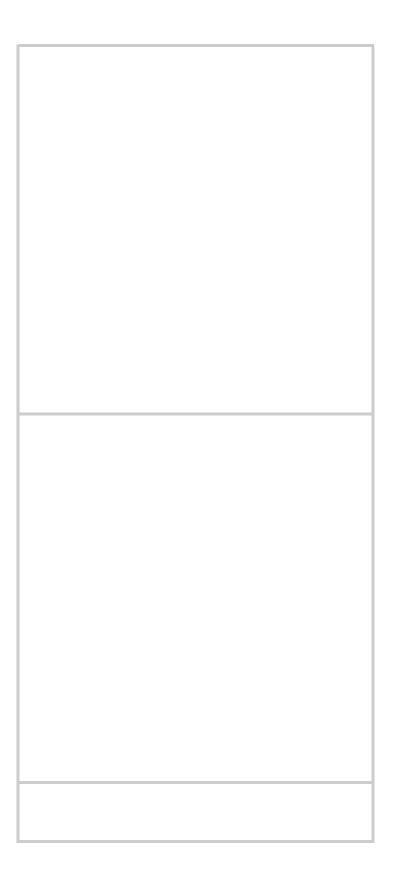
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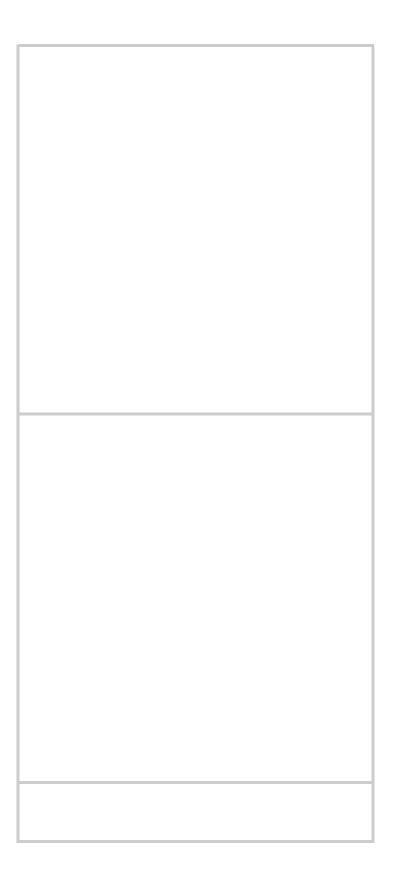
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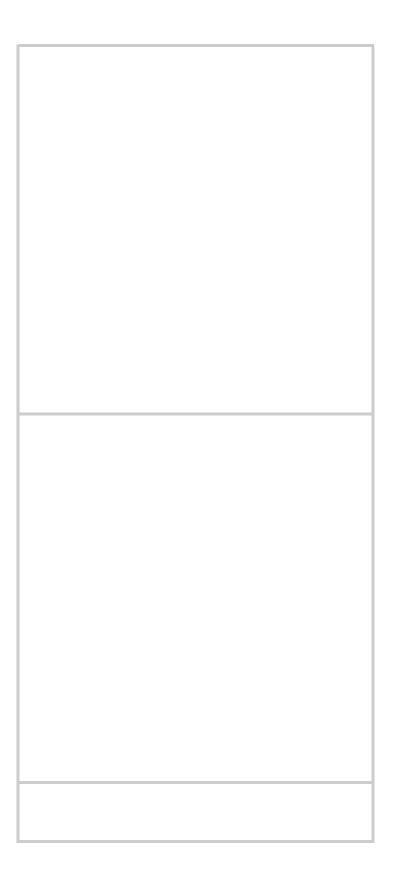
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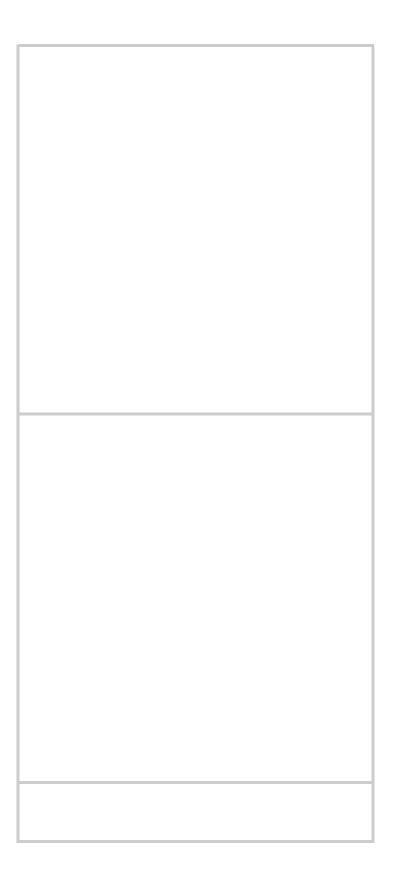
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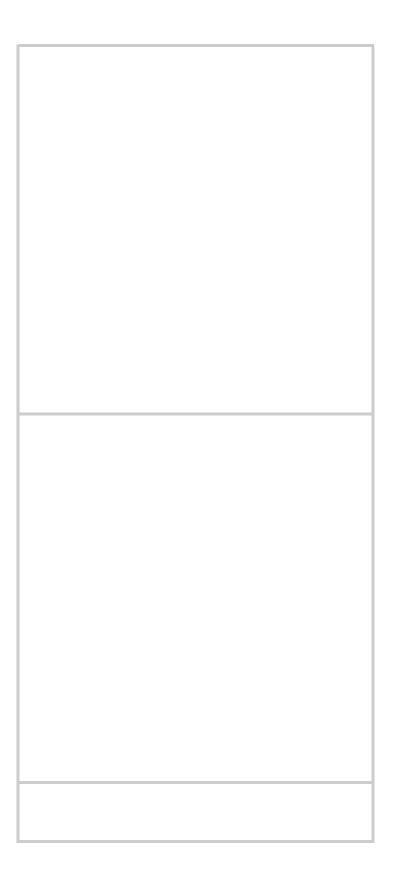
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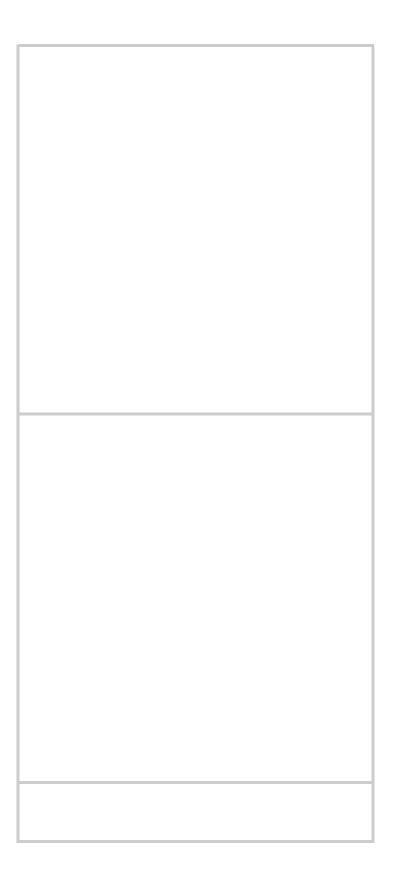
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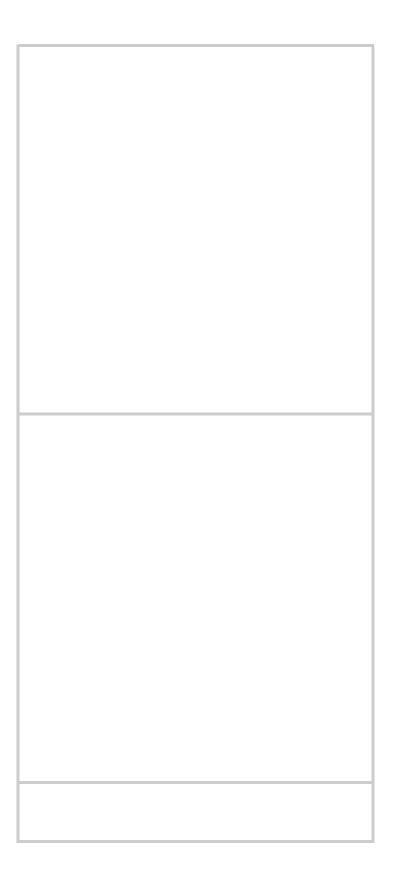
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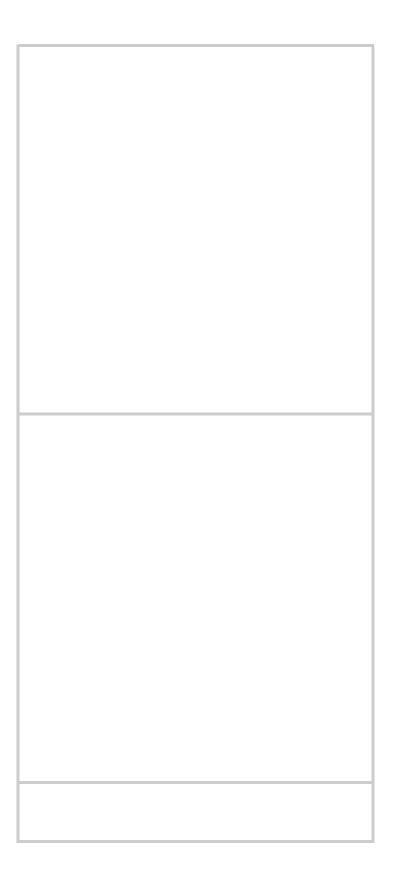
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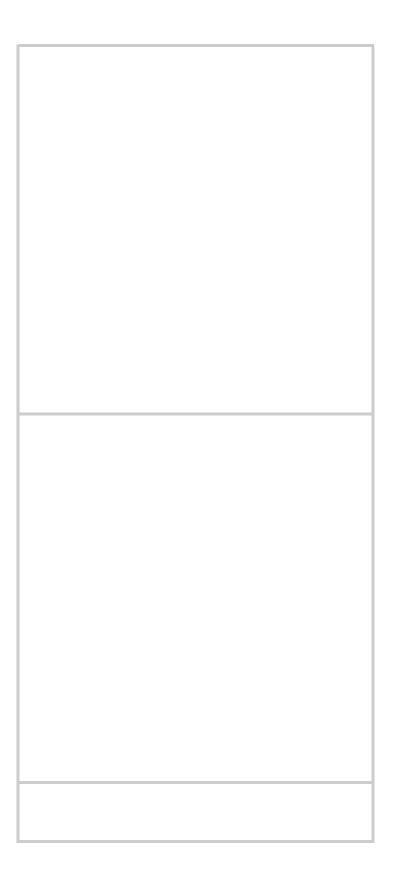
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