Crossover Coding Sheet Instructions

The following table provides the field name and a description for each field number on the Crossover Coding Sheet:

FIELD NUMBER	FIELD NAME AND DESCRIPTION
1	**Member's Name** Enter the member's last name and first name exactly as it appears on the Member Identification card.
2	**Member's ID** Enter the member's ID as it appears on the claim form.
3	**EOMB Date** Enter Medicare's EOMB date.
4	**Line Number** Enter the line number; the line numbers must be in sequential order.
5	**Deductible Amount** Enter deductible amount from Medicare, if applicable.
6	**Medicare Coinsurance** Enter the Medicare coinsurance amount, if any.
7	**Provider Pay Amount** Enter the amount paid from Medicare.
8	**Patient Responsibility** Enter the patient responsibility amount from Medicare.
9	**Co-pay Amt** Enter the Medicare copay amount, if any.