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**TITLE 405 OFFICE OF THE SECRETARY OF
FAMILY AND SOCIAL SERVICES**

LSA Document #02-278(E)

DIGEST

Temporarily amends 405 IAC 1-18-2 to specify Medicaid reimbursement methodology for Medicare cross-over claims. Temporarily repeals 405 IAC 1-18-3. Authority: IC 4-22-2-37.1; IC 12-8-1-12; Public Law 291-2001, SECTION 48. Effective September 26, 2002.

SECTION 1. 405 IAC 1-18-2, AS ADDED AT 25 IR 2476, SECTION 1, IS TEMPORARILY AMENDED TO READ AS FOLLOWS: (a) Cross-over claims filed by ~~nursing facilities~~ **Medicaid providers** are reimbursed as set out in this section.

(b) If the Medicare payment amount for a claim exceeds or equals the Medicaid allowable amount for that claim, Medicaid reimbursement will be zero (0).

(c) If the Medicaid allowable amount for a claim exceeds the Medicare payment amount for that claim, Medicaid reimbursement is the lesser of:

- (1) the difference between the Medicaid allowable amount minus the Medicare payment amount; or
- (2) the Medicare coinsurance and deductible, if any, for the claim.

~~(d) Cross-over claims filed by providers other than nursing facilities are reimbursed as described in section 3 of this rule:~~

SECTION 2. 405 IAC 1-18-3, AS ADDED AT 25 IR 2476, SECTION 1, IS TEMPORARILY REPEALED.

SECTION 3. **SECTIONS 1 through 2 of this document expire December 25, 2002.**

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