



<http://www.wpsmedicare.com>

Crossover Claims Disposition Indicators

Claims Crossover Disposition Indicator	Definition/Description
A	This claim was selected to be crossed over.
B	This Type of Bill (TOB) excluded.
C	Non-assigned claim excluded.
D	Original Medicare claims fully paid without deductible or coinsurance remaining excluded.
E	Original Medicare claims paid at greater than 100% of the submitted charges without deductible or co-insurance remaining excluded. **Also covers the exclusion of Original Medicare claims paid at greater than 100% of the submitted charges for Part B ambulatory surgical center (ASC) claims, even if deductible or co-insurance applies.
F	100% denied claims, with no additional beneficiary liability excluded.
G	100% denied claims, with additional beneficiary liability excluded.
H	Adjustment claims, monetary, excluded (represents non-mass adjustment claims)
I	Adjustment claims, non-monetary/statistical, excluded (represents non-mass adjustment claims)
J	MSP claims excluded
K	This Claim contains a provider identification number (ID) or provider state that is excluded by the COBA trading partner.
L	Claims from this Contractor ID excluded
M	The beneficiary has other insurance (such as Medigap, supplemental, TRICARE, or other) that pays before Medicaid. Claim excluded by Medicaid.
N	NCPDP claims excluded.
O	All Part A claims excluded.
P	All Part B claims excluded.
Q	All DMERC claims excluded.
R	Adjustment claim excluded because original claim was not crossed over.
S	Adjustment Claims Fully Paid without deductible and co-insurance remaining excluded.
T	Adjustments Claims, 100% Denied, with no additional beneficiary liability excluded.
U	Adjustment Claims, 100% Denied, with additional beneficiary liability excluded.
V	MSP cost-avoided claims excluded.
W	Mass Adjustment Claims-Medicare Physician Fee Schedule (MPFS) update excluded.
X	Mass Adjustment Claims-Other excluded.
Y	Archived adjustment claim excluded.

Claims Crossover Disposition Indicator	Definition/Description
Z	Invalid Claim-based Medigap crossover ID included on the claim.
AA	Beneficiary identified on Medigap insurer eligibility file; duplicate Medigap claim-based crossover voided.
AB	Not Used
AC	All Adjustment Claims excluded.
AD	Adjustment inclusion criteria not met.
AE	Recovery audit contractor (RAC)-initiated adjustment excluded.
BT	Individual COBA ID did not have a matching COIF.
MQ	Claim transferred for Medicaid quality project purposes only.