



**BlueCross BlueShield
of Oklahoma**

Assistance for providers billing corrected Medicare claims

Are you a provider billing corrected claims on services provided to a Medicare primary member? If you answered “yes” to this question, BlueCross and BlueShield of Oklahoma (BCBSOK) is here to help you.

When physicians and/or facilities find it necessary to file corrected claims on services for a Medicare primary member, the corrected claims should be filed direct to Medicare, not BCBSOK. By filing the corrected claims to BCBSOK, your claims may be delayed in processing and/or may result in a denial stating the claim either must be filed to Medicare or the claim is a duplicate to the original claim. BCBSOK has noticed an increase of Medicare primary corrected claims being filed incorrectly to BCBSOK rather than directly to Medicare

When physicians and/or facilities see an out of state Medicare primary member, often times that claim is sent directly to the member’s home plan for secondary processing by Medicare after primary processing has been completed. This is known as a Medicare crossover. Physicians and/or facilities should follow the same process for filing corrected claims for Medicare primary members just as if filing the claim for the first time to Medicare.

Medicare will process the corrected claim and forward that claim direct to the member’s home plan for secondary processing. The physician and/or facility can determine if the claim has been forwarded to the member’s home plan by reviewing the Explanation of Medicare Benefits (EOMB). The EOMB will indicate “Crossover” or “XOVER” which tells the physician and/or facility that the claim was submitted to the member’s home plan for secondary processing.

If you have any questions, you may contact our Provider Customer Service Department at (800) 496-5774 to speak with a Customer Advocate for assistance.