

# Medicare Crossover Process

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## August 01, 2018

CMS reminds all providers, physicians, and suppliers to allow sufficient time for the Medicare crossover process to work—approximately 15 work days after Medicare’s reimbursement is made, before attempting to balance bill their patients’ supplemental insurers.

That is, do not balance bill until you have received written confirmation from Medicare that your patients’ claims will not be crossed over, or you have received a special notification letter explaining why specified claims cannot be crossed over.

Remittance Advice Remark Codes **MA18** or **N89** on your Medicare Remittance Advice (MRA) represent Medicare’s intention to cross your patients’ claims over.