

## Medicare Secondary Claims Regulation Requirements

Effective October 2013, the Blue Cross and Blue Shield Association (BCBSA) implemented new regulations governing the submission process of Medicare Secondary claims.

- Wait 30 days from the Medicare Explanation of Benefits (EOB) date before submitting your secondary claim.
- If you are submitting a secondary claim electronically (professional providers only), you must include the Medicare EOB or remittance advice date.
- Out-of-area member claims for covered services are now rejected by the member's home plan. When you receive a rejection notification, you must resubmit these claims to CareFirst for processing through BlueCard®.
- Medicare claims billed using a 'GY' modifier can be submitted directly to CareFirst without prior submission to Medicare. These claims are not impacted by the 30 day requirement and do not require the inclusion of a Medicare EOB.

Learn more at [www.carefirst.com/electronicclaims](http://www.carefirst.com/electronicclaims) > *Claims Filing* > *Medicare Secondary Claims*.