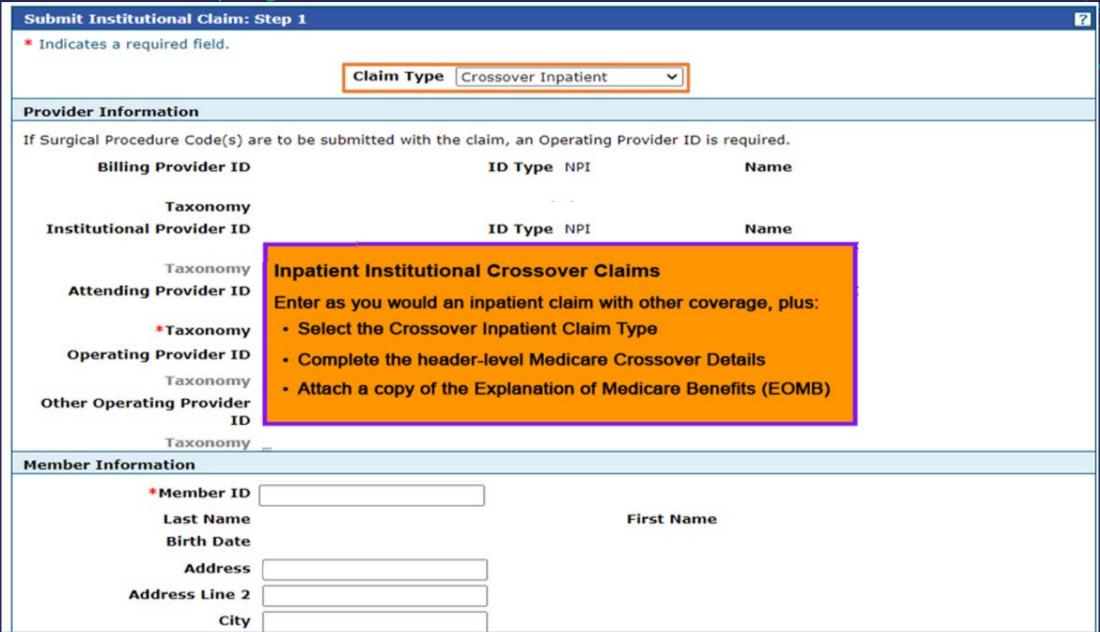




## **Submitting an Inpatient Institutional Crossover Claim**

If you are entering an Inpatient Crossover claim, for claim type, select Crossover Inpatient.

NOTE: Everything with a red asterisk \* needs to be filled out.



Fill out Medicare Crossover Details. Once all the information on step 1 is completed, click Continue to move on to Step 2.

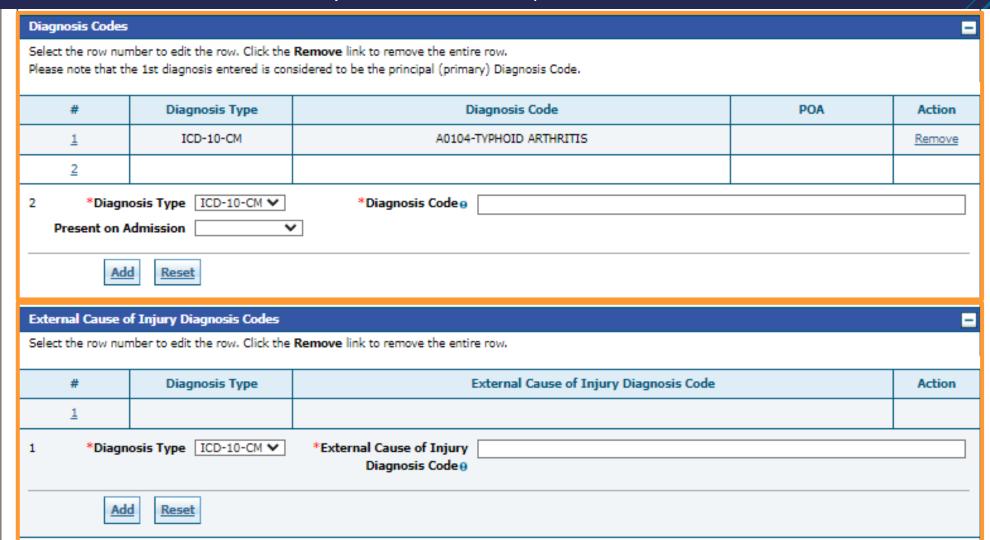
NOTE: The Include Other Insurance check box displays checked if you selected Crossover Inpatient as the Claim Type.

Address Line 2			
City			
State		Zip Code 0	
Claim Information			
*Covered Dates 0	03/20/2021 📰 - 03/22/	/2021	
*Admission Date/Hour 0	03/20/2021 📰 - 05:48	(hh:mm) Discharge Hour 0	10:27 (hh:mm)
Admission Type 0	1-Emergency	Admission Source 0	1-Non-Health Care Facility Point of Ori
*Admitting Diagnosis Type	ICD-10-CM ➤	*Admitting Diagnosis 0	R071-CHEST PAIN ON BREATHING
Patient Status 0	01-DISCHARGED TO HOME	*Type of Bill 0	111-Hospital
Patient Number		Authorization Number	
*Does the provider accept	assignment for claim proce	essing?   Yes No Clinical La	b Services Only
*Are benefits assigned to th			
	authorized represen	0 0	
*Does the provider have a s	igned statement from the easing their medical inforn	•	
Include Other Insurance			Total Charged Amount \$2,000.00
Include other insurance			Total charges Amount \$2,000.00
Medicare Crossover Details			
Deductible Amount	150.00	Co-insurance Am	nount 0.00
Blood Deductible Amount	0.00	*Medicare Payment D	Date • 03/30/2021   III
Copay Amount	0.00	Allowed Medicare Am	
Medicare Payment Amount	1000.00		
			Continue Cancel

Enter the Diagnosis Code then click Add. Add the External Cause of Injury Diagnosis Codes if applicable.

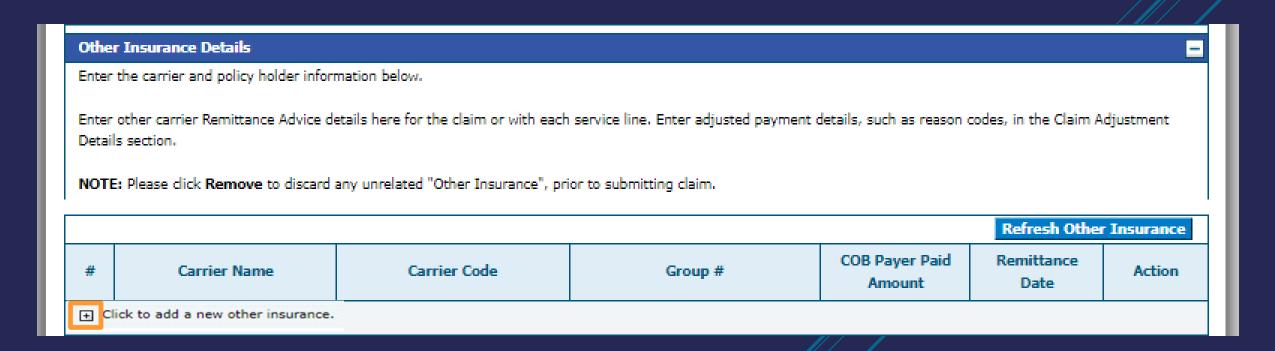
Scroll down to the Other Insurance Detail panel. Click the plus Icon to add other insurance.

NOTE: If other insurance already exist, it will show up under the Other Insurance Details section.



Scroll down to the Other Insurance Detail panel. Click the plus Icon to add other insurance.

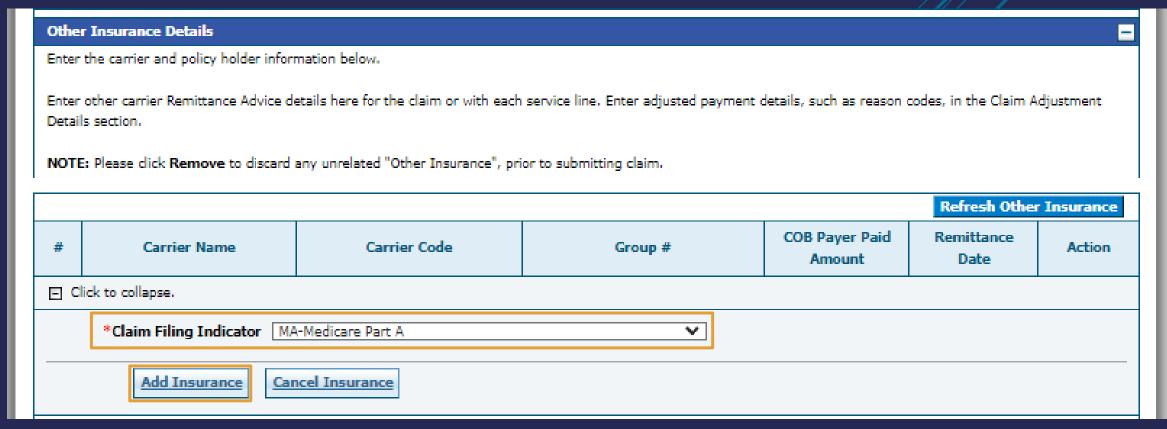
NOTE: If other insurance already exist, it will show up under the Other Insurance Details section.



The fields you will need to fill out for the Other Insurance Details section depends on your selection in the Claim Filing Indicator dropdown. If you select 16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B) for the Claim Filing Indicator then the additional fields will not be displayed, and you can click on Add Insurance. If you select anything besides 16, MA, or MB you will need to fill out additional fields to complete the Other Insurance Details section.

The next slide will show an example of LM (Liability Medical) being selected for the Claim Filing Indicator and the additional fields that display.

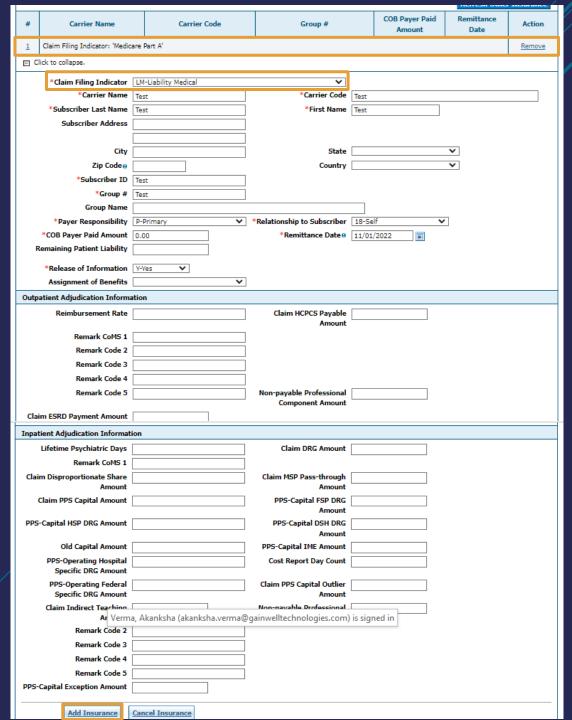
NOTE: If there is other insurance information already populated that is out of date, click the Remove button under the Action column. Then you can add the correct other insurance information.



The image shows LM (Liability Medical) being selected for the Claim Filing Indicator and MA (Medicare Part A) already added as row # 1.

Fill out the additional fields as needed.

Once the information is entered for this section scroll down and click Add Insurance.



After the other insurance has been added, click the number 2 hyperlink to proceed to the other insurance sub panel.

NOTE: Users can only view the Other Insurance Reasons sub panel if the Claim Filing Indicator is anything other then 16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B). The user MUST click on the number hyperlink after adding insurance in order to view it.

## Other Insurance Details

Enter the carrier and policy holder information below.

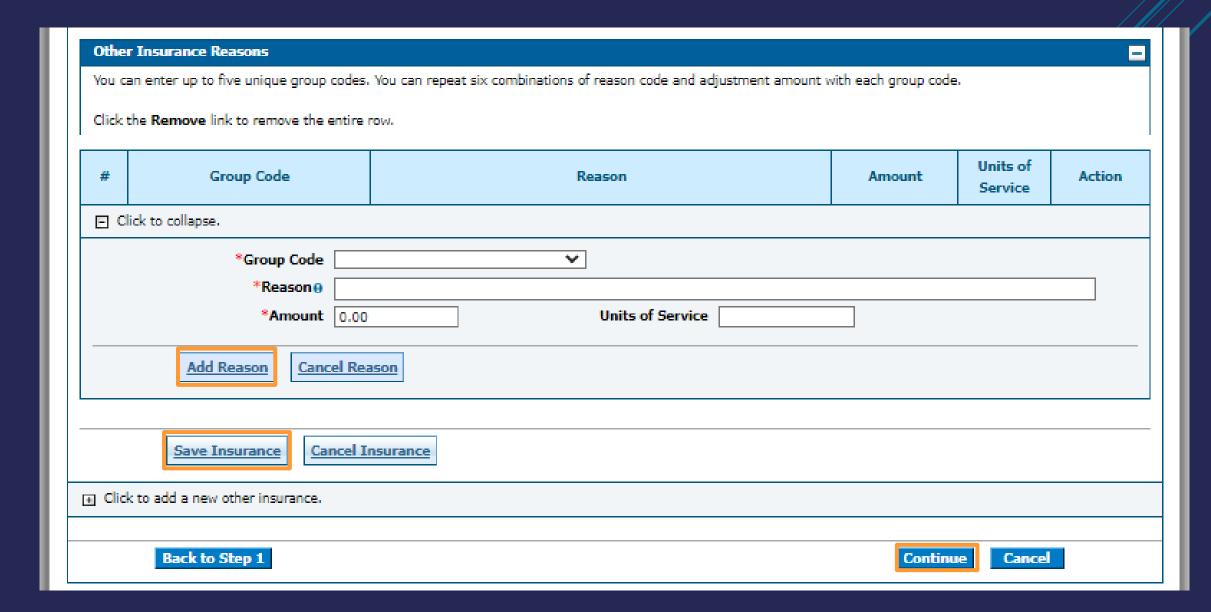
Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.

					Refresh Other	Insurance
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
1	Claim Filing Indicator: 'Medicare	Part A'				Remove
2	Test	Test	Test	\$0.00	11/08/2022	Remove
⊕ d	lick to add a new other insurance.					
	Back to Step 1			Cont	inue Cancel	

Go to Top

Scroll down to enter other insurance reasons. Once completed, click Add Reason, then Save Insurance and move onto the next section.

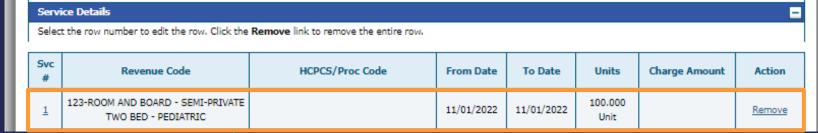


Fill out the required information for the Service Details section.

Once all information is filled out click Add.

The row added displays under the Service Details panel. (See bottom image)



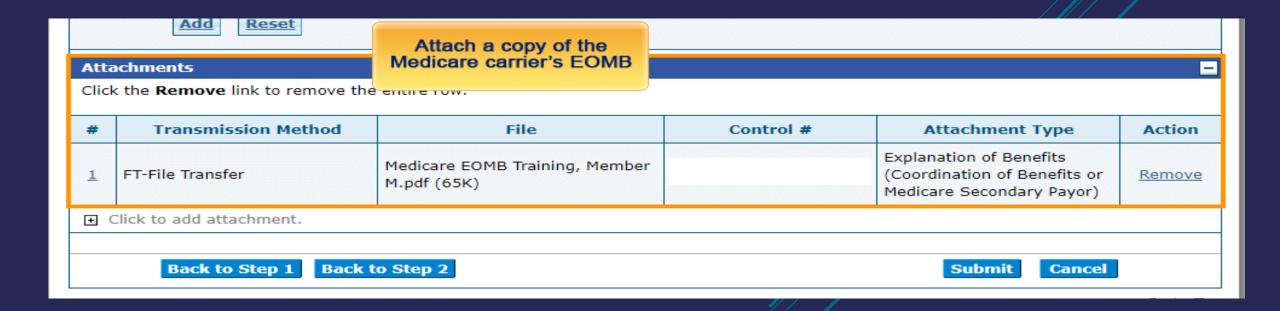


	we link to remove the entire row.					
#		Condition Code				Action
1						
*0	ondition Code 0					
	add David					
	Add					
currence C	odes					[
ect the row	number to edit the row. Click the <b>Remove</b> link to remove	the entire row.				
#	Occurrence Code	From Da	ate	To	) Date	Action
1		_				
*0c	currence Code 0	*From Date 0		т *То	Date⊕	<b>III</b>
	<u>Reset</u>					
lue Codes						
act the cour	number to edit the row. Click the Remove link to remove	the entire row				_
ect the row	namber to each the four check the Kembre link to remove	the entire row.				
#	Value Co			Ar	nount	Action
				Ar	mount	Action
#	Value Co	de		Ar	mount	Action
#				Ar	nount	Action
# 1	Value Co	de		Ar	mount	Action
# 1	Value Co  *Value Codeθ  Add Reset	de		Ar	mount	Action
# 1 1 Proceed the row	*Value Code  *Value Code  Reset  edures  number to edit the row. Click the Remove link to remove to	*Amount the entire row.			nount	Action
# 1 1 Proceed the row	Value Co  *Value Codeθ  Add Reset  edures	*Amount the entire row.	al Procedure Cod		mount	Action
# 1 1 Proceed the row	*Value Code  *Value Code  Reset  edures  number to edit the row. Click the Remove link to remove to	*Amount  the entire row. be the principal (primary) Surgic	al Procedure Code		Date	Action
# 1 rgical Proceed the row ase note that	*Value Code @  *Value Code @  *Add Reset  **Reset  **Reset  **Reset  **Remove link to remove to the 1st surgical procedure code entered is considered to	*Amount  the entire row. be the principal (primary) Surgic				
# 1 rgical Proceed the row as note than # 1	*Value Code 0  Add Reset  Reset  adures  number to edit the row. Click the Remove link to remove to the 1st surgical procedure code entered is considered to Surgical Procedure Type	*Amount  the entire row. be the principal (primary) Surgic			Date	
# 1 rgical Proceed the row as note than # 1	*Value Code @  Add Reset  edures number to edit the row. Click the Remove link to remove to the 1st surgical procedure code entered is considered to  Surgical Procedure Type	the entire row. be the principal (primary) Surgical Pro			Date	
# 1 rgical Proceed the row as enote than # 1	*Value Code  *Value Code  *Value Code  *Reset  *Procedure Section    *Procedure Section    *Value Code  *Valu	the entire row. be the principal (primary) Surgical Pro			Date	

Fill out the required fields marked with the red asterisk and click Add when applicable for each panel. Click Continue once completed.

Attach a copy of the EOMB in the Attachments panel by clicking the plus sign. Once the attachment is added click submit.

You will then be directed to the conformation page and click Confirm.



The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.

