



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.

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

Claim Type Crossover Inpatient

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	ID Type NPI	Name
Taxonomy		
Institutional Provider ID	ID Type NPI	Name
Taxonomy		
Attending Provider ID		
* Taxonomy		
Operating Provider ID		
Taxonomy		
Other Operating Provider ID		
Taxonomy		

Inpatient Institutional Crossover Claims

Enter as you would an inpatient claim with other coverage, plus:

- Select the Crossover Inpatient Claim Type
- Complete the header-level Medicare Crossover Details
- Attach a copy of the Explanation of Medicare Benefits (EOMB)

Member Information

* Member ID	<input type="text"/>	
Last Name		First Name
Birth Date		
Address	<input type="text"/>	
Address Line 2	<input type="text"/>	
City	<input type="text"/>	

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	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text" value=""/>	Zip Code	<input type="text"/>
Claim Information			
*Covered Dates	<input type="text" value="03/20/2021"/> - <input type="text" value="03/22/2021"/>		
*Admission Date/Hour	<input type="text" value="03/20/2021"/> - <input type="text" value="05:48"/> (hh:mm)	Discharge Hour	<input type="text" value="10:27"/> (hh:mm)
Admission Type	<input type="text" value="1-Emergency"/>	Admission Source	<input type="text" value="1-Non-Health Care Facility Point of Ori"/>
*Admitting Diagnosis Type	<input type="text" value="ICD-10-CM"/>	*Admitting Diagnosis	<input type="text" value="R071-CHEST PAIN ON BREATHING"/>
Patient Status	<input type="text" value="01-DISCHARGED TO HOME C"/>	*Type of Bill	<input type="text" value="111-Hospital"/>
Patient Number	<input type="text"/>	Authorization Number	<input type="text"/>
*Does the provider accept assignment for claim processing?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clinical Lab Services Only		
*Are benefits assigned to the provider by the patient or their authorized representative?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
*Does the provider have a signed statement from the patient releasing their medical information?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
<input checked="" type="checkbox"/> Include Other Insurance	Total Charged Amount \$2,000.00		
Medicare Crossover Details			
Deductible Amount	<input type="text" value="150.00"/>	Co-insurance Amount	<input type="text" value="0.00"/>
Blood Deductible Amount	<input type="text" value="0.00"/>	*Medicare Payment Date	<input type="text" value="03/30/2021"/>
Copay Amount	<input type="text" value="0.00"/>	Allowed Medicare Amount	\$1,150.00
Medicare Payment Amount	<input type="text" value="1000.00"/>		
<input type="button" value="Continue"/> <input type="button" value="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.

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	POA	Action
<u>1</u>	ICD-10-CM	A0104-TYPHOID ARTHRITIS		Remove
<u>2</u>				

2 *Diagnosis Type *Diagnosis Code

Present on Admission

External Cause of Injury Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action
<u>1</u>			

1 *Diagnosis Type *External Cause of Injury Diagnosis Code

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.

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
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 Click to add a new other insurance.

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.

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
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Click to collapse.

***Claim Filing Indicator**

[Add Insurance](#) [Cancel Insurance](#)

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.

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
1	Claim Filing Indicator: 'Medicare Part A'					Remove
<input type="checkbox"/> Click to collapse.						
*Claim Filing Indicator LM-Liability Medical						
*Carrier Name Test		*Carrier Code Test				
*Subscriber Last Name Test		*First Name Test				
Subscriber Address						
City						
State						
Zip Code						
Country						
*Subscriber ID Test						
*Group # Test						
Group Name						
*Payer Responsibility P-Primary		*Relationship to Subscriber 18-Self				
*COB Payer Paid Amount 0.00		*Remittance Date 11/01/2022				
Remaining Patient Liability						
*Release of Information Y-Yes						
Assignment of Benefits						
Outpatient Adjudication Information						
Reimbursement Rate		Claim HCPCS Payable Amount				
Remark CoMS 1						
Remark Code 2						
Remark Code 3						
Remark Code 4						
Remark Code 5						
Non-payable Professional Component Amount						
Claim ESRD Payment Amount						
Inpatient Adjudication Information						
Lifetime Psychiatric Days		Claim DRG Amount				
Remark CoMS 1						
Claim Disproportionate Share Amount		Claim MSP Pass-through Amount				
Claim PPS Capital Amount		PPS-Capital FSP DRG Amount				
PPS-Capital HSP DRG Amount		PPS-Capital DSH DRG Amount				
Old Capital Amount		PPS-Capital IME Amount				
PPS-Operating Hospital Specific DRG Amount		Cost Report Day Count				
PPS-Operating Federal Specific DRG Amount		Claim PPS Capital Outlier Amount				
Claim Indirect Teaching		Non-payable Professional				
Ar Verma, Akanksha (akanksha.verma@gainwelltechnologies.com) is signed in						
Remark Code 2						
Remark Code 3						
Remark Code 4						
Remark Code 5						
PPS-Capital Exception Amount						
<input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/>						

[Link to Carrier Codes](#)

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 than 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

Click to add a new other insurance.

[Back to Step 1](#)[Continue](#)[Cancel](#)

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

Other Insurance Reasons ⊞

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Group Code	Reason	Amount	Units of Service	Action
⊞ Click to collapse.					
	*Group Code				
	*Reason				
	*Amount	0.00	Units of Service		
Add Reason Cancel Reason					
Save Insurance Cancel Insurance					
⊕ Click to add a new other insurance.					
Back to Step 1			Continue Cancel		

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)

Expand All | Collapse All

Diagnosis Codes +

Other Insurance Details -

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date
1	Claim Filing Indicator: 'Medicare Part A'				
2	Test	Test	Test	\$0.00	11/01/2022

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1							

1 *Revenue Code HCPCS/Proc Code

Modifiers

*From Date To Date *Units *Unit Type

Charge Amount

Add **Reset**

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC		11/01/2022	11/01/2022	100.000 Unit		Remove

Condition Codes

Click the **Remove** link to remove the entire row.

#	Condition Code	Action
1		

1 ***Condition Code**

Occurrence Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Occurrence Code	From Date	To Date	Action
1		--	--	

1 ***Occurrence Code** ***From Date** ***To Date**

Value Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Value Code	Amount	Action
1			

1 ***Value Code** ***Amount**

Surgical Procedures

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.

#	Surgical Procedure Type	Surgical Procedure Code	Date	Action
1			--	

1 ***Surgical Procedure Type** ***Surgical Procedure Code**

***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.

[Add](#) [Reset](#)

Attachments -

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<u>1</u>	FT-File Transfer	Medicare EOMB Training, Member M.pdf (65K)		Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Remove

Click to add attachment.

[Back to Step 1](#) [Back to Step 2](#) [Submit](#) [Cancel](#)

Attach a copy of the Medicare carrier's EOMB

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

The screenshot shows the Mississippi Division of Medicaid website interface. At the top left is the logo for the Mississippi Division of Medicaid. To the right is a search bar and a magnifying glass icon. Below the logo is a navigation menu with tabs for Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, and Resources. Underneath the navigation menu is a secondary menu with links for Search Claims, Submit Claim Dental, Submit Claim Inst, Submit Claim Prof, Submit Claim Pharm, and Search Payment History. The main content area shows the breadcrumb trail 'Claims > Claim Receipt' and the date and time 'Wednesday 08/11/2021 12:38 PM CST'. Below this is a form with fields for Provider Name, Location, Role IDs (a dropdown menu), and Taxonomy. The main heading of the page is 'Submit Crossover Inpatient Claim: Confirmation'. Below this heading is a sub-heading 'Crossover Inpatient Claim Receipt'. The main text of the page states: 'Your Crossover Inpatient Claim was successfully submitted. The claim status is Pending In Process. The Claim ID is 2321223000001.' Below this text are instructions: 'Click Print Preview to view the claim details as they have been saved on the payer's system.', 'Click Copy to copy member or claim data.', 'Click Edit to resubmit the claim.', 'Click New to submit a new claim.', and 'Click View to view the details of the submitted claim.' At the bottom of the page are five buttons: Attachment Coversheet(s), Print Preview, Copy, New, and View.

MISSISSIPPI DIVISION OF
MEDICAID

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[Claims](#) > Claim Receipt

Wednesday 08/11/2021 12:38 PM CST

Provider Name Role IDs
Location Taxonomy

Submit Crossover Inpatient Claim: Confirmation

Crossover Inpatient Claim Receipt

Your Crossover Inpatient Claim was successfully submitted. The claim status is Pending In Process.
The Claim ID is **2321223000001**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **Edit** to resubmit the claim.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

[Attachment Coversheet\(s\)](#) | [Print Preview](#) | [Copy](#) | [New](#) | [View](#)