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 [   ]

Last Name   **First Name**

Birth Date

Address [   ]

Address Line 2 [   ]

City [   ]

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.

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
1	ICD-10-CM	A0104-TYPHOID ARTHRITIS		Remove
2				

2   *Diagnosis Type [ICD-10-CM ∨]   *Diagnosis Code❶ [_____]
Present on Admission [_____∨]

[Add] [Reset]

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
1			

1   *Diagnosis Type [ICD-10-CM ∨]   *External Cause of Injury Diagnosis Code❶ [_____]

[Add] [Reset]

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
⊞	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

⊟ Click to collapse.

*Claim Filing Indicator   MA-Medicare Part A ▾

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.

Link to Carrier Codes

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
1	Claim Filing Indicator: 'Medicare Part A'					Remove

☐ 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 Code❸   Country
*Subscriber ID Test
*Group # Test
Group Name
*Payer Responsibility P-Primary   *Relationship to Subscriber 18-Self
*COB Payer Paid Amount 0.00   *Remittance Date❸ 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

Add Insurance   Cancel 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
⊞ Click to add a new other insurance.						

Back to Step 1   **Continue**   **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.

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)

Condition Codes   ▬

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

#	Condition Code	Action
1		

1   *Condition Code ❶ [_____]

[Add] [Reset]

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 ❶ [_____]   *From Date ❶ [_____] 📅   *To Date ❶ [_____] 📅

[Add] [Reset]

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 ❶ [_____]   *Amount [_____]

[Add] [Reset]

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 [ICD-10-PCS ▾]   *Surgical Procedure Code ❶ [_____]
     *Date ❶ [_____] 📅

[Add] [Reset]

[Back to Step 1]   [Continue] [Cancel]

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.