



MISSISSIPPI DIVISION OF
MEDICAID



Submitting a Professional Crossover Claim

If you are entering a Professional Crossover claim, for claim type, select Crossover Professional.
NOTE: Everything with a red asterisk * needs to be filled out.

Home | Eligibility | **Claims** | Care Management | Patient Health History | Files Exchange | Resources

Search Claims | Submit Claim Dental | Submit Claim Inst | **Submit Claim Prof** | Submit Claim Pharm | Search Payment History

Claims > Submit Claim Prof Thursday 07/15/2021 10:48 PM CST

Provider Name Role IDs Location Taxonomy

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

Billing Provider Taxonomy

Performing Provider Taxonomy

Referring Provider Taxonomy

Supervising Provider ID ID type Name

Taxonomy

Member Information

*Member ID

Last Name First Name

Birth Date

Address

Address Line 2

City

Professional Crossover Claims

Enter as you would any other claim with other coverage, plus:

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

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 Professional as the Claim Type.

Address Line 2 <input type="text"/>			
City <input type="text"/>			
State <input type="text"/>		Zip Code <input type="text"/>	
Claim Information			
Date Type <input type="text"/>		Date of Current <input type="text"/>	
Accident Related <input type="text"/>		Admission Date <input type="text"/>	
Patient Number <input type="text"/>		Authorization Number <input type="text"/>	
*Transport Certification <input type="radio"/> Yes <input checked="" type="radio"/> No			
*Does the provider have a signature on file? <input checked="" type="radio"/> Yes <input type="radio"/> No			
*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 \$0.00	
Medicare Crossover Details			
Allowed Medicare Amount \$0.00		Co-insurance Amount <input type="text" value="0.00"/>	
Deductible Amount <input type="text" value="0.00"/>		Psychiatric Services Amount <input type="text" value="0.00"/>	
Medicare Payment Amount <input type="text" value="0.00"/>		Medicare Payment Date <input type="text"/>	
Copay Amount <input type="text" value="0.00"/>			
		<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

Enter the Diagnosis Code then click Add.

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.

Copay Amount \$0.00

[Expand All](#) | [Collapse All](#)

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	Action
<u>1</u>	ICD-10-CM	R071-CHEST PAIN ON BREATHING	Remove
<u>2</u>			

2 *Diagnosis Type *Diagnosis Code

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.

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
<input style="border: 1px solid orange;" type="button" value="+"/>	Click to add a new other insurance.					

[Go to Top](#)

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

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 select 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.

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 <input type="text"/>						
Add Insurance Cancel Insurance						

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

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](#)

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

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

Insurance Type

***Payer Responsibility** ***Relationship to Subscriber** 18-Self

***COB Payer Paid Amount** 0.00 ***Remittance Date** 11/08/2022

Remaining Patient Liability

***Release of Information** Y-Yes

Assignment of Benefits

Patient Signature Source Code

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

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

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

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.

The system requires that the Medicare Crossover Details amounts at the header level (the section you filled out on Step 1) are balanced against the Medicare Crossover Details amounts at the service line level (the section you see displayed here on Step 2).

NOTE: The amount for each corresponding field should balance out. An **edit** will be displayed when the amounts are not balanced.

Fill out the NDCs for Svc. #1 panel if applicable.

Once all information is filled out click Add.

Disclaimer: This only occurs when the Medicare Crossover amounts at the service line level are provided. (Medicare Crossover amounts at the service line level are not required.)

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

Charge Amount *Units *Unit Type EPSDT

Clinician Number Authorization Number

Referring Provider ID ID Type NPI Taxonomy ...

Performing Provider ID ID Type NPI Taxonomy ...

Medicare Crossover Details

Allowed Medicare Amount	\$0.00	Co-insurance Amount	<input type="text"/>
Deductible Amount	<input type="text"/>	Psychiatric Services Amount	<input type="text"/>
Medicare Payment Amount	<input type="text"/>	Medicare Payment Date	<input type="text"/>
Copay Amount	<input type="text"/>		

NDCs for Svc. # 1

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type, Prescription Date).

Code Type

NDC/UPN

Quantity Unit of Measure

Prescription Number Prescription Type

Prescription Date

Click the 1 hyperlink in the Svc # column.

If you added any insurance with a Claim Filing Indicator value other than 16, MA, or MB then the Other Insurance Details for Svc # 1 section displays and can be filled out.

If the Other Insurance Details for Svc # 1 section is displayed then the Other Carrier dropdown will only display the insurance carrier options with Claim Filing Indicator values other than 16, MA, or MB.

Fill out the required information for this section if needed and click Add Insurance and Save the service line detail.

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	11/02/2022	11/02/2022	02-Telehealth Provided other than in Patient's Home	01232-ANESTH AMPUTATION OF FEMUR		1.000 Unit	Remove

1 *From Date 11/02/2022 To Date 11/02/2022 *Place of Service 02-Telehealth Provided other than in Patient's Home EMG

*Procedure Code 01232-ANESTH AMP Modifiers *Diagnosis 1 Pointers

Charge Amount *Units 1.000 *Unit Type Unit EPSDT

Clia Number Authorization Number

Referring Provider ID ID Type NPI Taxonomy

Performing Provider ID ID Type NPI Taxonomy

Medicare Crossover Details

Allowed Medicare Amount \$0.00 Co-insurance Amount 0.00

Deductible Amount 0.00 Psychiatric Services Amount 0.00

Medicare Payment Amount 0.00 Medicare Payment Date

Copay Amount 0.00

NDCs for Svc. # 1

Other Insurance Details for Svc. # 1

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

#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action
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Click to collapse.

*Other Carrier Bundled into Line # 0

*Procedure Code Modifiers

COB Payer Paid Amount 0.00 *Remittance Date *Paid Units 0.00

Remaining Patient Liability

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

[Save](#) [Reset](#) [Cancel](#)

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.

Warning

Provider ID

Performing Provider ID ID Type NPI Taxonomy ...

Medicare Crossover Details

Allowed Medicare Amount \$0.00 Co-insurance Amount

Deductible Amount Psychiatric Services Amount

Medicare Payment Amount Medicare Payment Date

Copay Amount

NDCs for Svc. # 2

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)	<input type="text"/>	EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)	Remove

Click to add attachment.

Required!

[Go to Top](#)

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

Submit Crossover Professional Claim: Confirmation ?

Crossover Professional Claim Receipt

Your Crossover Professional Claim was successfully submitted. The claim status is Pending In Process.

The Claim ID is **2322327000002**.

Click **Attachment Coversheet(s)** to view the claim attachments coversheet(s).

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 **New** to submit a new claim.

Click **View** to view the details of the submitted claim.

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