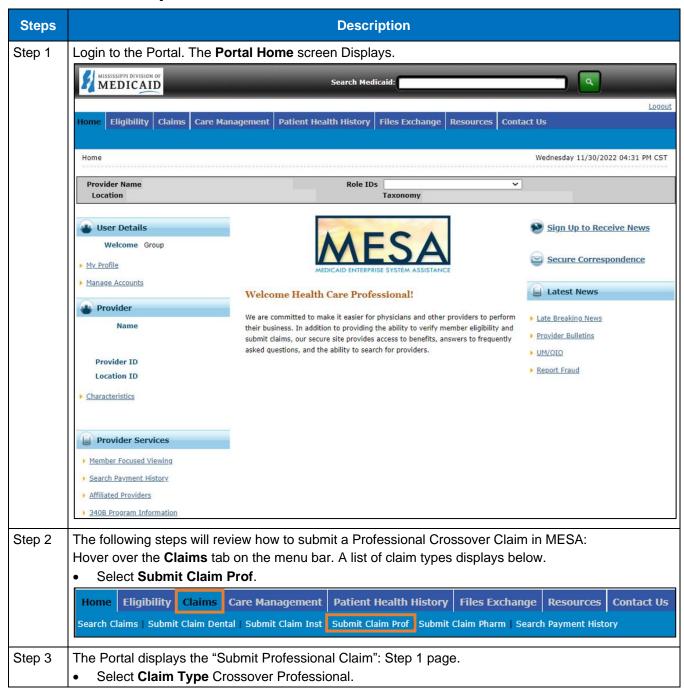


Job Aid

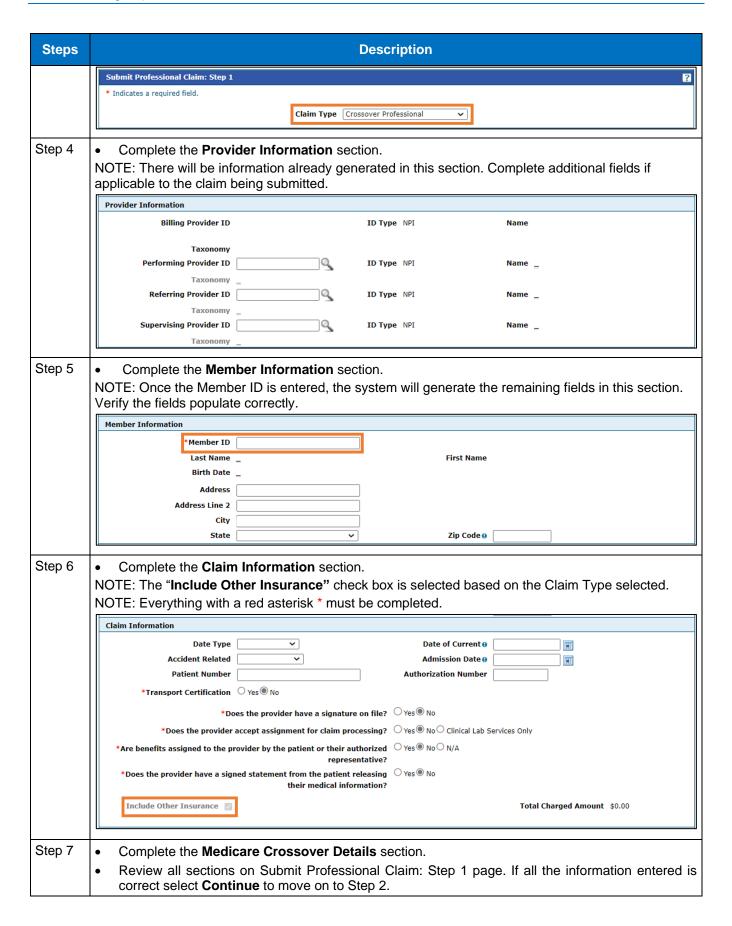
Professional Crossover Claim Submission

This job aid provides step by step instructions to submit a Professional Crossover Claim in the MESA portal. Please read the instructions thoroughly and follow all directions.

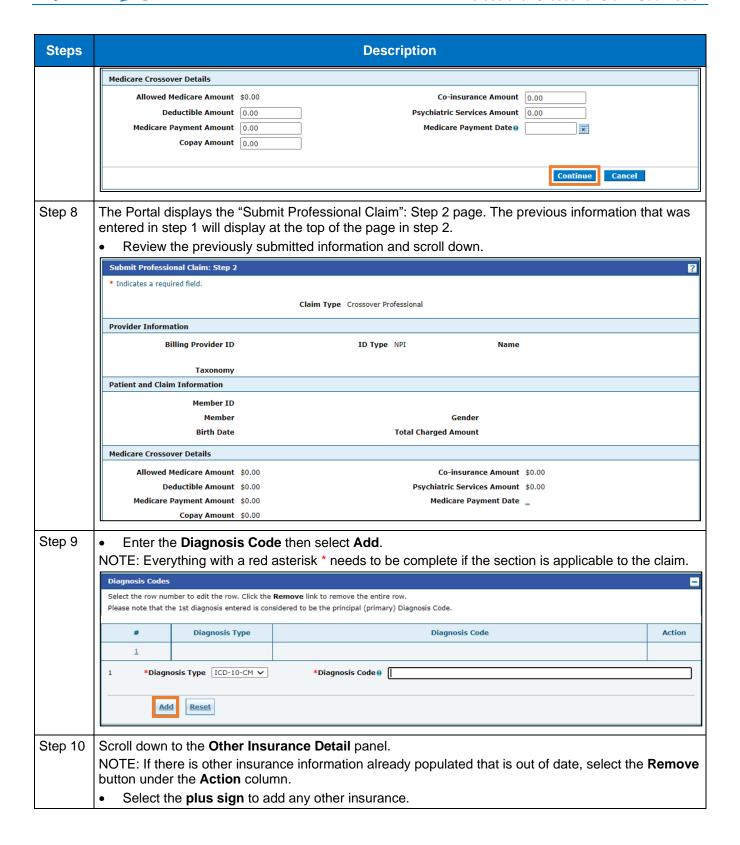
Review the Steps to Submit a Professional Crossover Claim



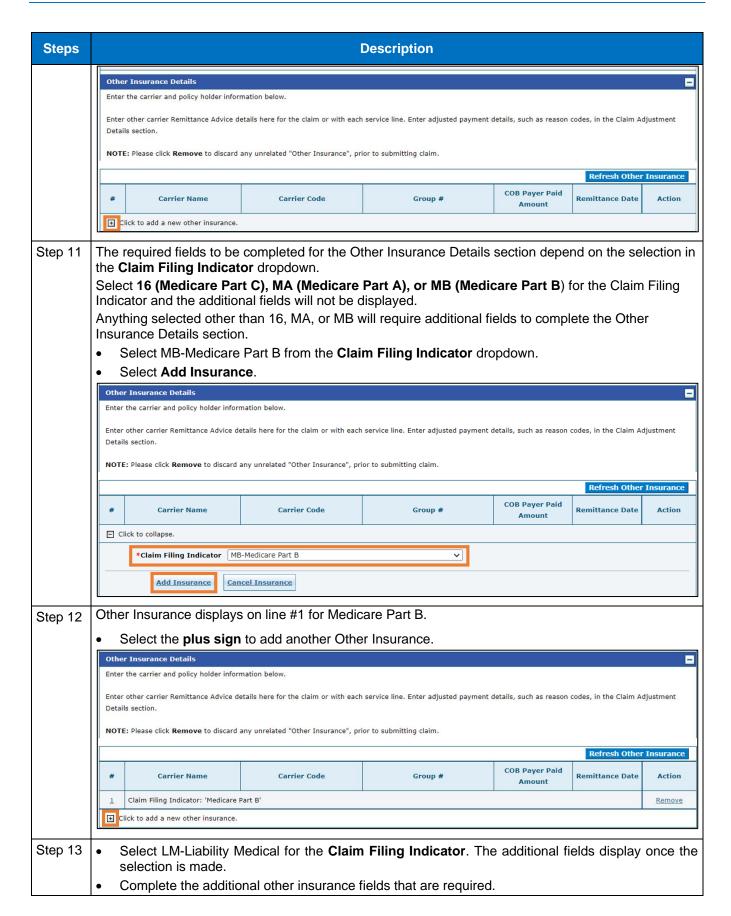










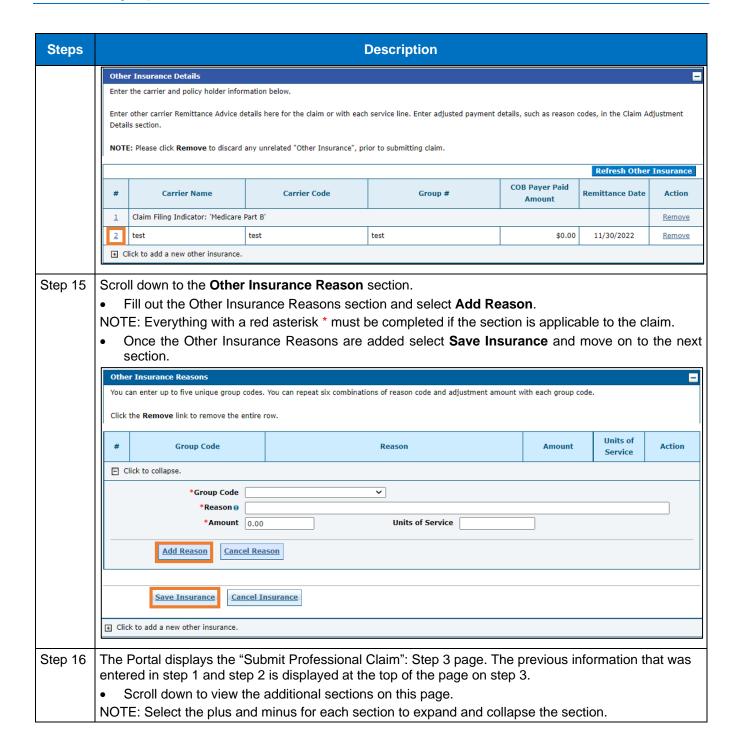




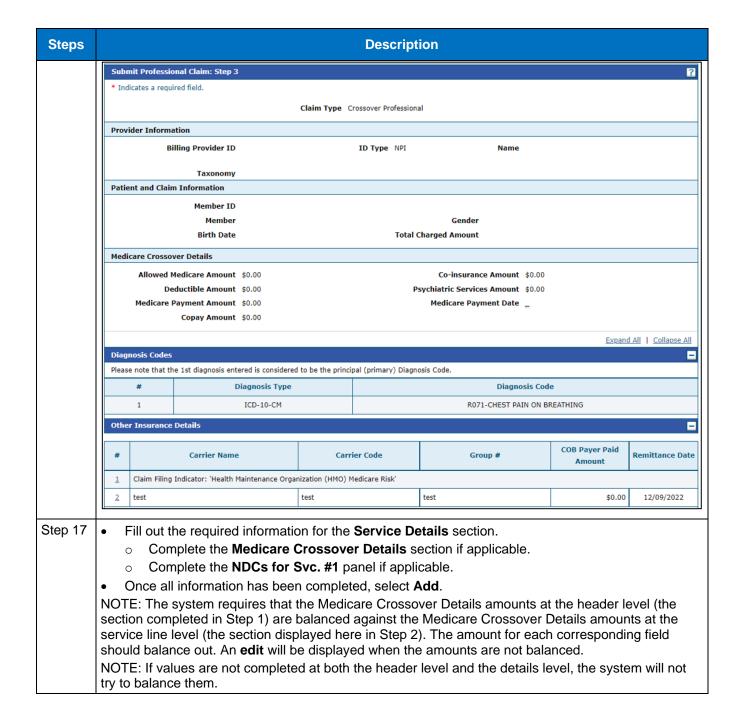
Steps	Description									
	 Link to Carrier Codes Complete the Outpatient Adjudication Information section if applicable. Once all the information is entered select Add Insurance. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. 									
	# Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action				
	1 Claim Filing Indicator: 'Health	Maintenance Organization (HMO) Med	licare Risk'			Remove				
	☐ Click to collapse.									
	*Claim Filing Indicator 17-Dental Maintenance Organization									
	*Carrier Name		*Carrier Code							
	*Subscriber Last Name		*First Name							
	Subscriber Address									
	City		State		~					
	Zip Code 0		Country		~					
	*Subscriber ID									
	*Group #									
	Group Name									
	Insurance Type				~					
	*Payer Responsibility	~	*Relationship to Subscriber	~						
	*COB Payer Paid Amount	0.00	*Remittance Date	×						
	Remaining Patient Liability									
	*Release of Information	~								
	Assignment of Benefits	~								
	Patient Signature Source Code				~					
	Outpatient Adjudication Information									
	Outpatient Adjudication Information Reimbursement Rate Claim HCPCS Payable									
	inclinibul sement nate		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								
Step 14	• After the other insurance has been added, select the number 2 hyperlink to proceed to view 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 select on the number hyperlink after adding insurance in order to view it.									

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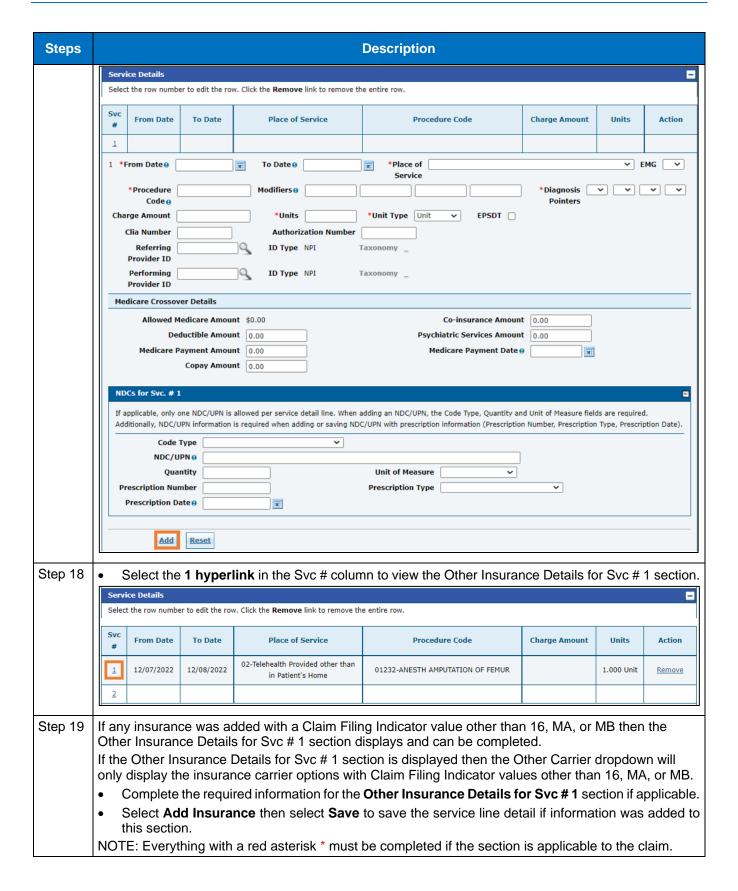








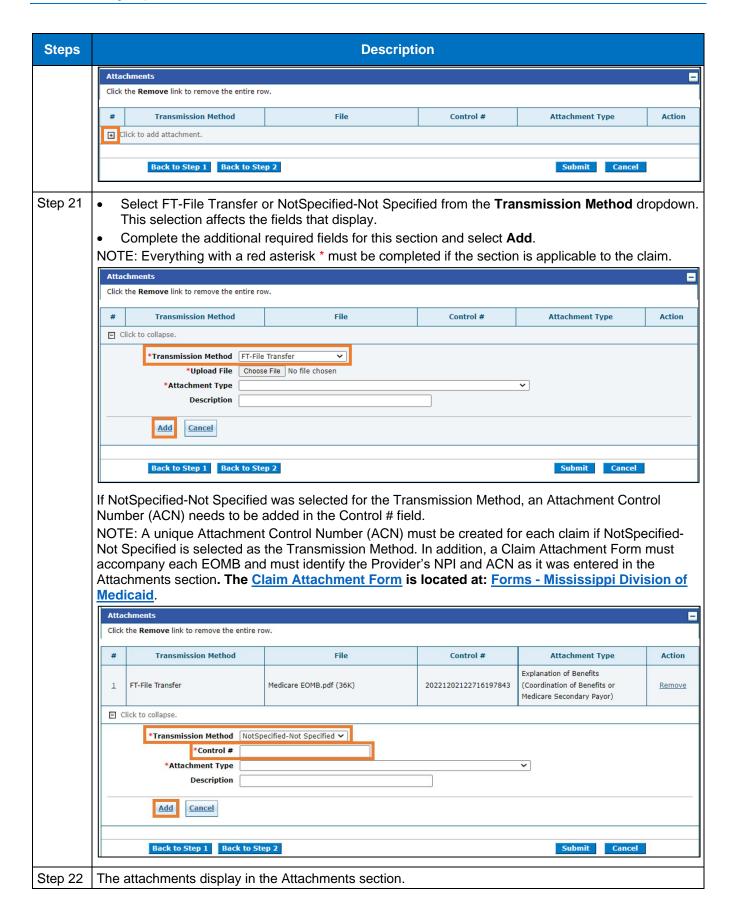






Steps	Description									
	Service Details									
	Select the row number to edit the row. Click the Remove link to remove the entire row.									
	Svc From Date To Date Place of Service Procedure Code Charge Amount Units Action									
	# 1 12/07/2022 12/08/2022 02-Telehealth Provided other than in Patient's Home 01232-ANESTH AMPUTATION OF FEMUR 1.000 Unit Remove									
	1 *From Date 12/07/2022 To Date 12/08/2022 Place of 02-Telehealth Provided other than in Patient's Home V EMG V									
	Service *Procedure 01232-ANESTH AMF Modifiers									
	Charge Amount *Units 1.000 *Unit Type Unit • EPSDT									
	Clia Number Authorization Number									
	Referring ID Type NPI Taxonomy _									
	Provider ID Performing ID Type NPI Taxonomy _ Provider ID									
	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 Cur. # 1									
	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 9									
	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 Date Paid Units Remaining Patient Liability Line Action									
	☐ Click to collapse.									
	*Other Carrier									
	*Procedure Code Modifiers Modif									
	COB Payer Paid Amount 0.00 *Remittance Date 0 *Paid Units 0.00									
	Remaining Patient									
	Liability Add Insurance Cancel Insurance									
	Save Reset Cancel									
Step 20	 Select the plus sign in the Attachments section to attach a copy of the EOMB. NOTE: It is required to submit the Explanation of Medicare Benefits (EOMB) with all Medicare 									
	Crossover claims.									





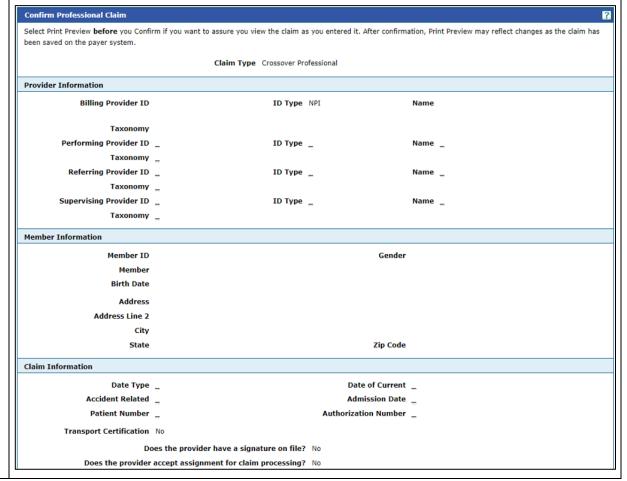




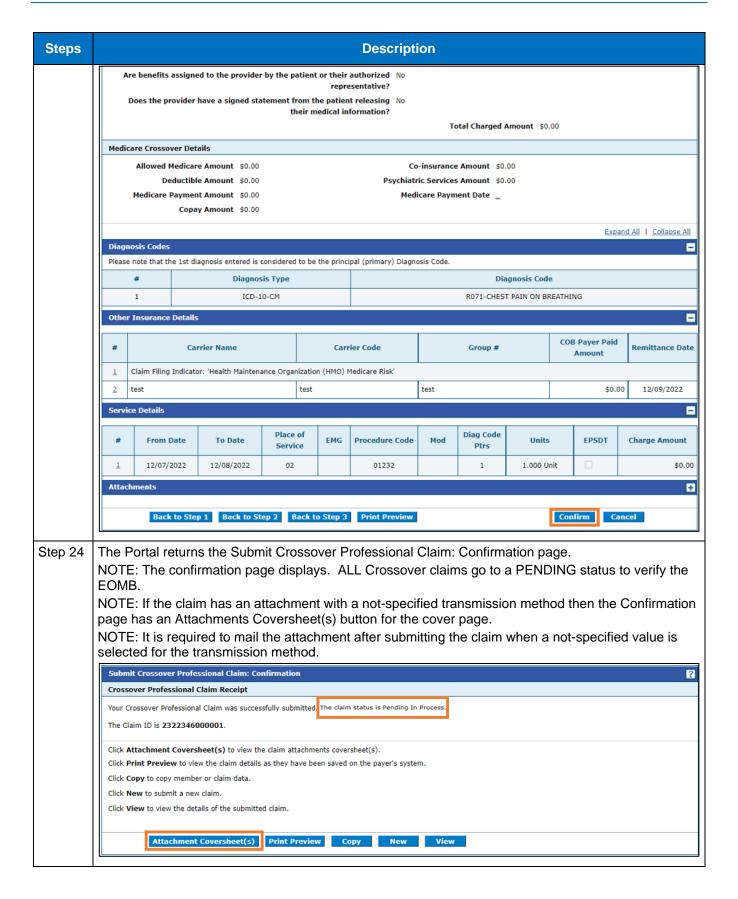
Step 23 | The Portal displays the **Confirm Professional Claim** page.

Review all the information entered for this claim. Select the plus and minus to expand and collapse each section. Expand All and Collapse All to expand and collapse all the sections at once. At the bottom of the page, select Back to Step 1, 2, or 3 to go back and edit the information entered for this claim.

 Once reviewing the claims information entered has been completed, select Confirm to confirm the claim submission.









Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	12/14/2022	Gainwell	Initial publication