

## **Job Aid**

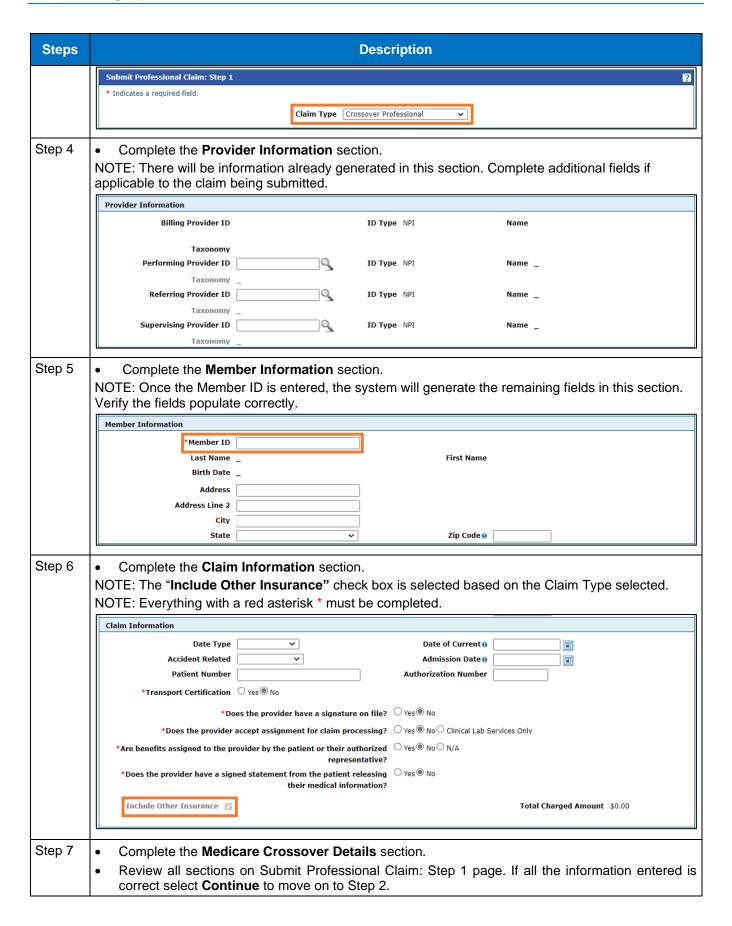
#### **Professional Crossover Claim Submission**

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.

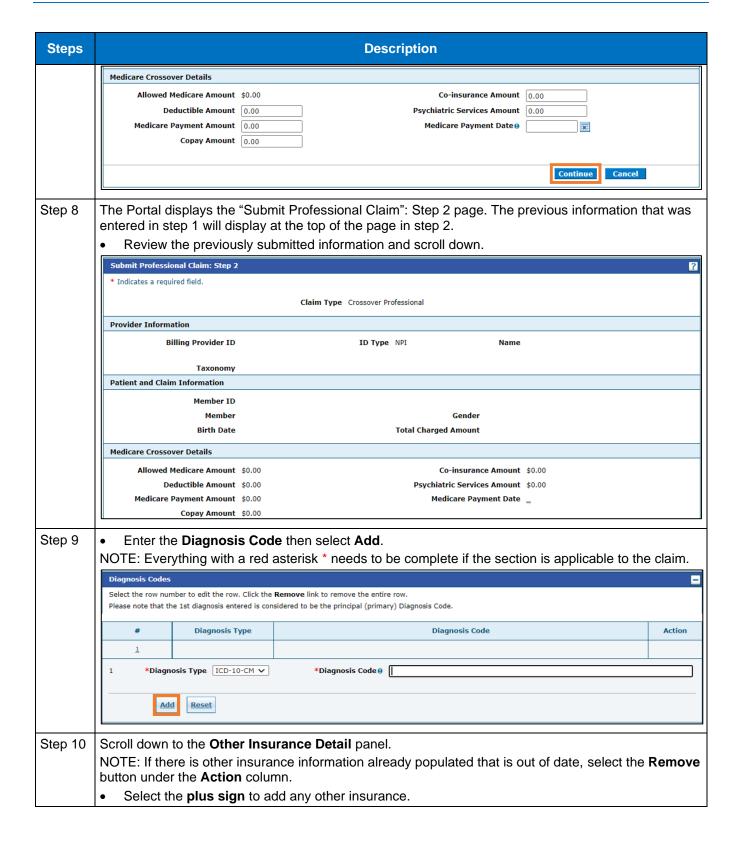
### Review the Steps to Submit a Professional Crossover Claim



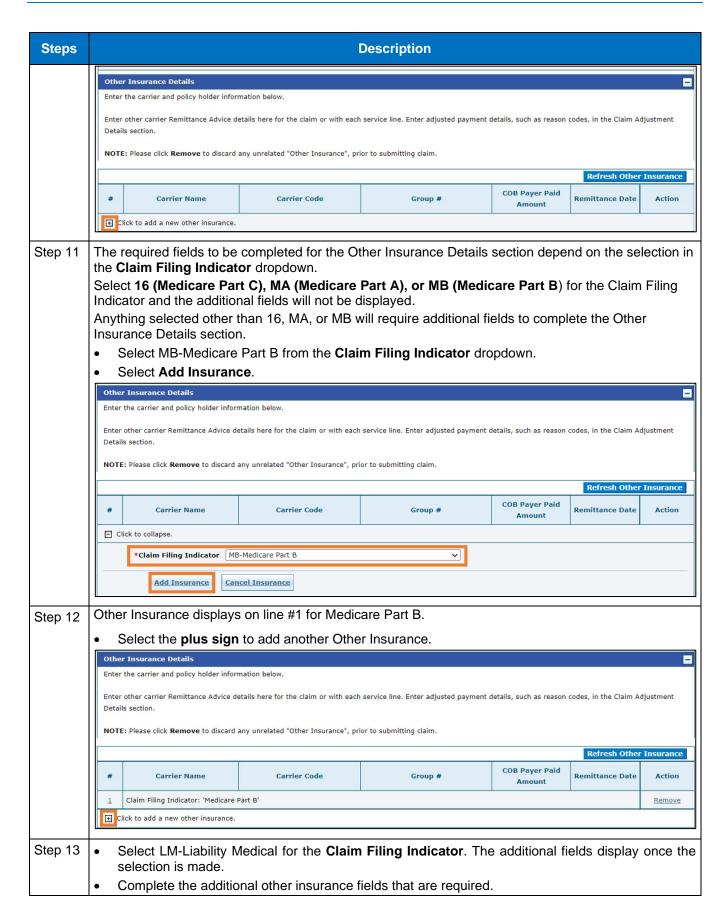




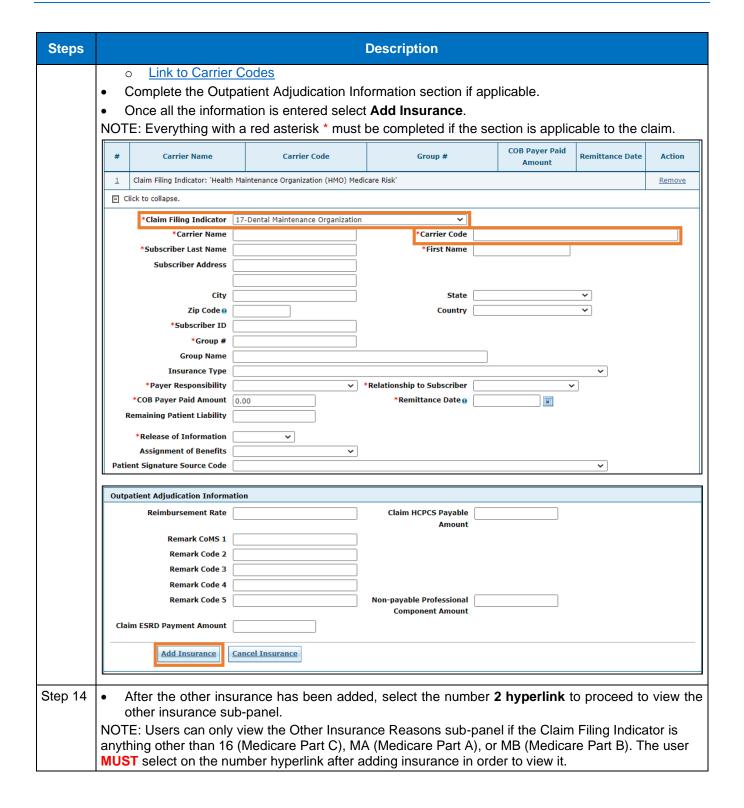




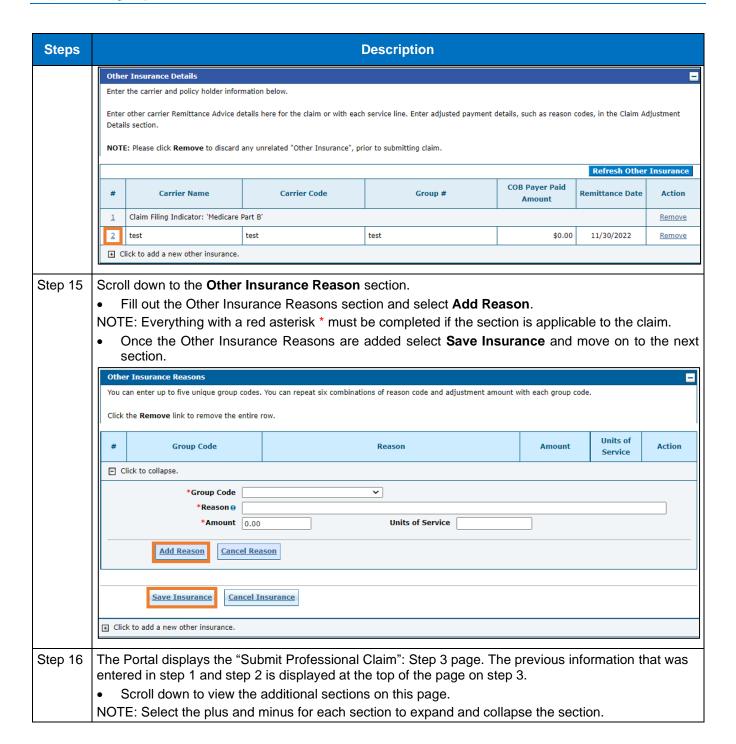




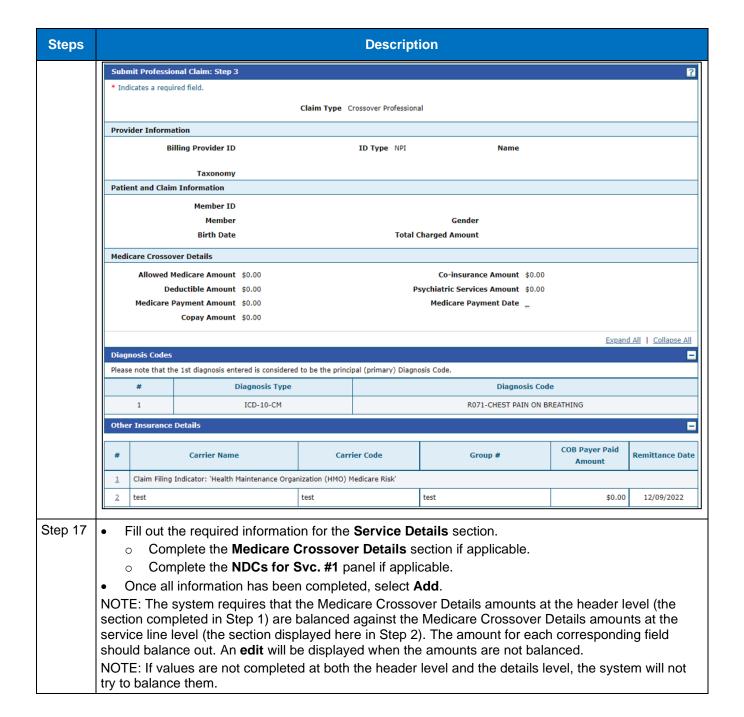




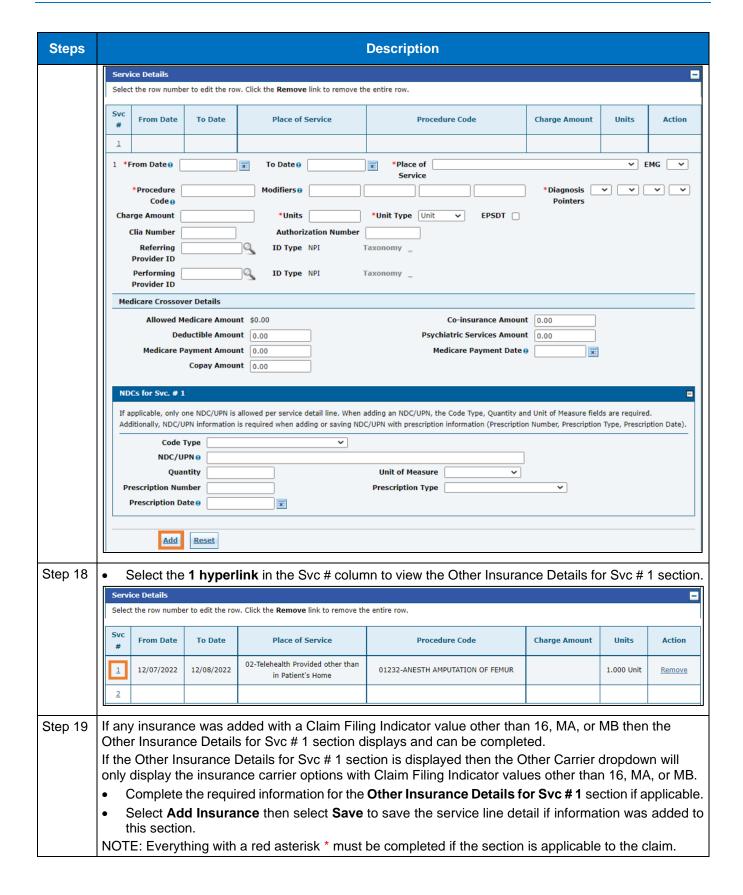








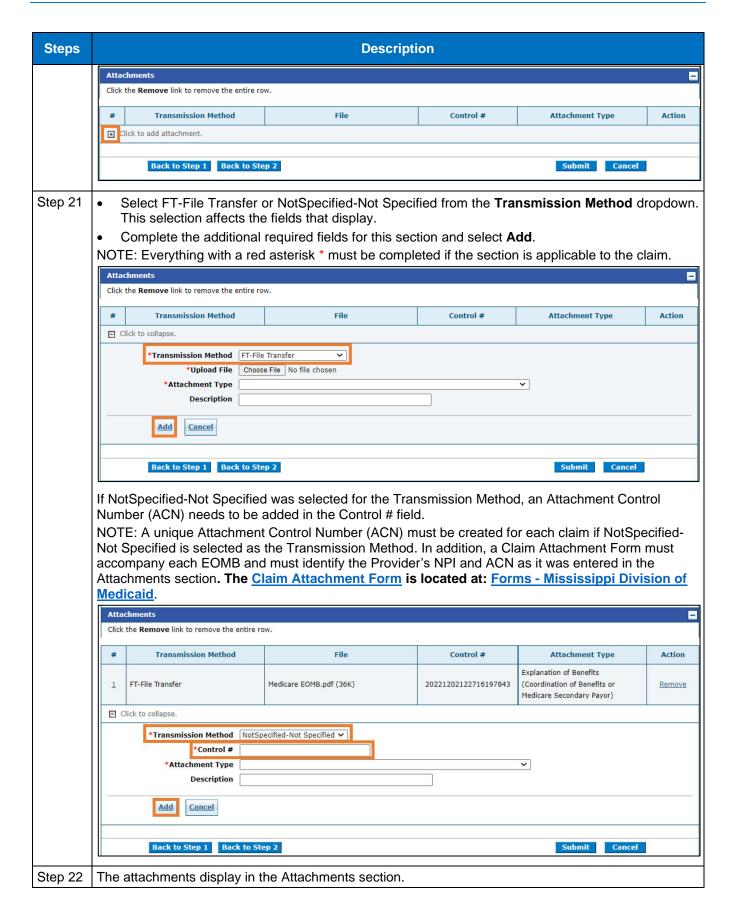






Steps	Description					
	Service Details					
	Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.					
	Svc From Date To Date Place of Service Procedure Code Charge Amount Units Action					
	1 12/07/2022 12/08/2022 02-Telehealth Provided other than in Patient's Home 01232-ANESTH AMPUTATION OF FEMUR 1.000 Unit Remove					
	1 *From Date ⊕ 12/07/2022					
	*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 9					
	Copay Amount 0.00					
	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 0					
	Quantity Unit of Measure					
	Prescription Number Prescription Type					
	Prescription Date 0					
	Other Insurance Details for Svc. # 1					
	Click the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.					
	# Carrier Code Procedure Code Modifiers COB Payer Paid Remittance Date Paid Units Remaining Patient Liability Line Action					
	☐ Click to collapse.					
	*Other Carrier  *Procedure Code   Modifiers   COB Payer Paid Amount  O.00  *Remittance Date   *Paid Units  O.00  *Paid Units					
	Remaining Patient Liability					
	Add Insurance Cancel Insurance					
	Company Count					
01	Save Reset Cancel					
Step 20	<ul> <li>Select the plus sign in the Attachments section to attach a copy of the EOMB.</li> <li>NOTE: It is required to submit the Explanation of Medicare Benefits (EOMB) with all Medicare Crossover claims.</li> </ul>					







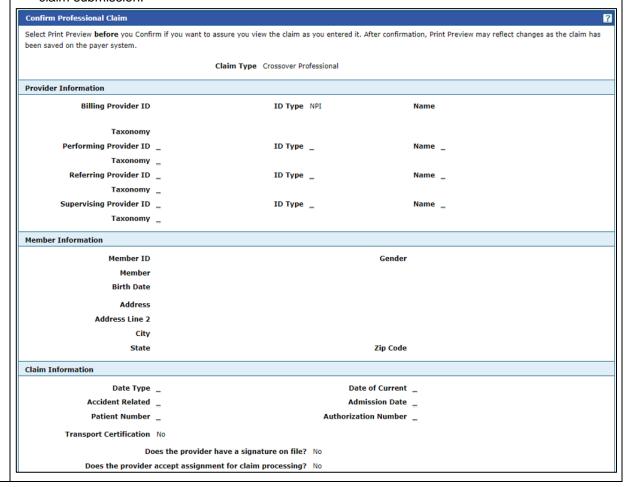
for this claim.



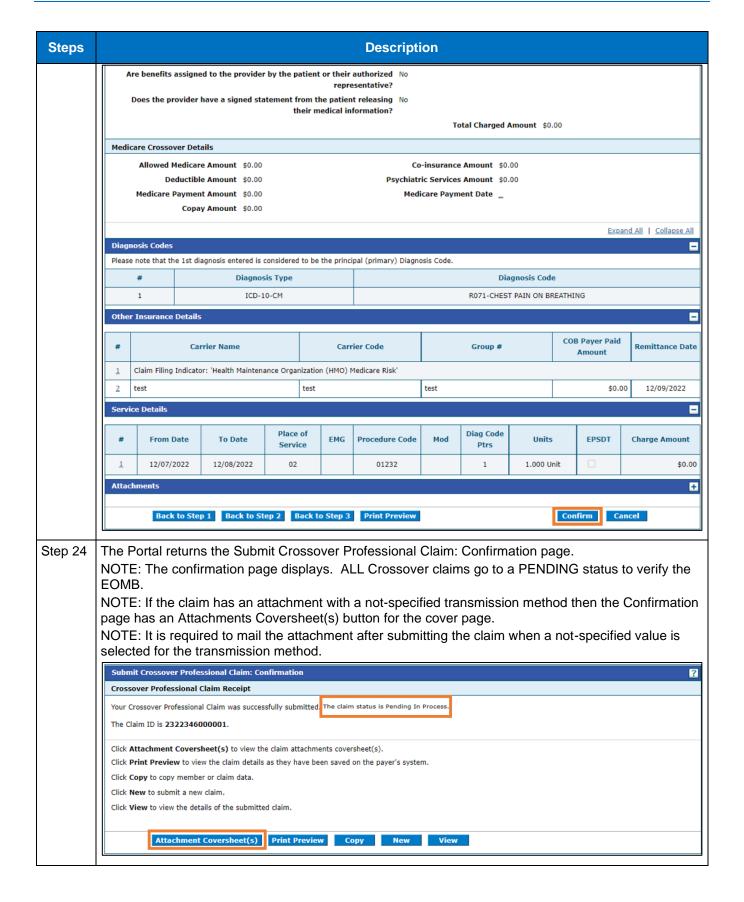
#### Step 23 The Portal displays the **Confirm Professional Claim** page.

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

 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
1.1	06/02/2023	Gainwell	Updated providers display to show CCO information based on CR1925.