

Job Aid

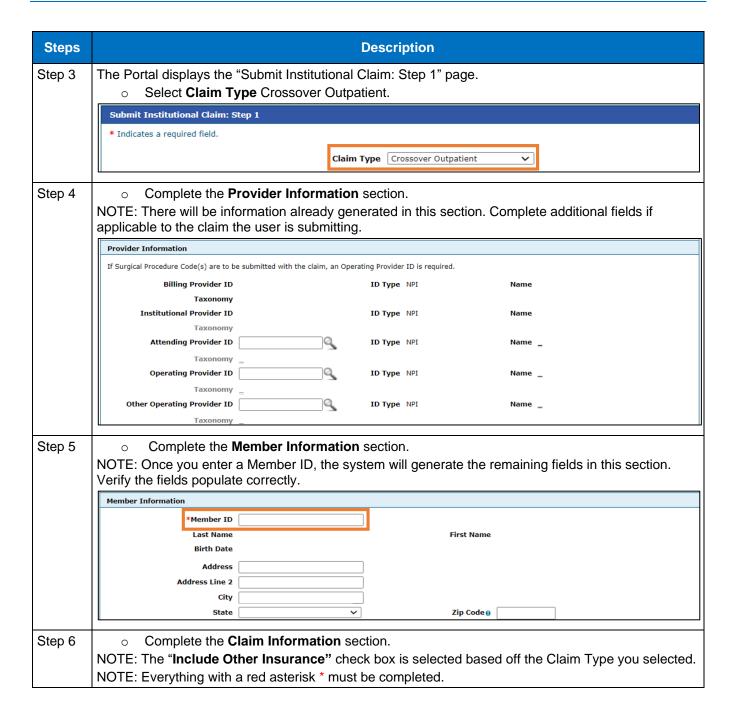
Outpatient Crossover Claim Submission

This simulation will be imitating a real-world process or activity. Please read the instructions thoroughly and follow all directions.

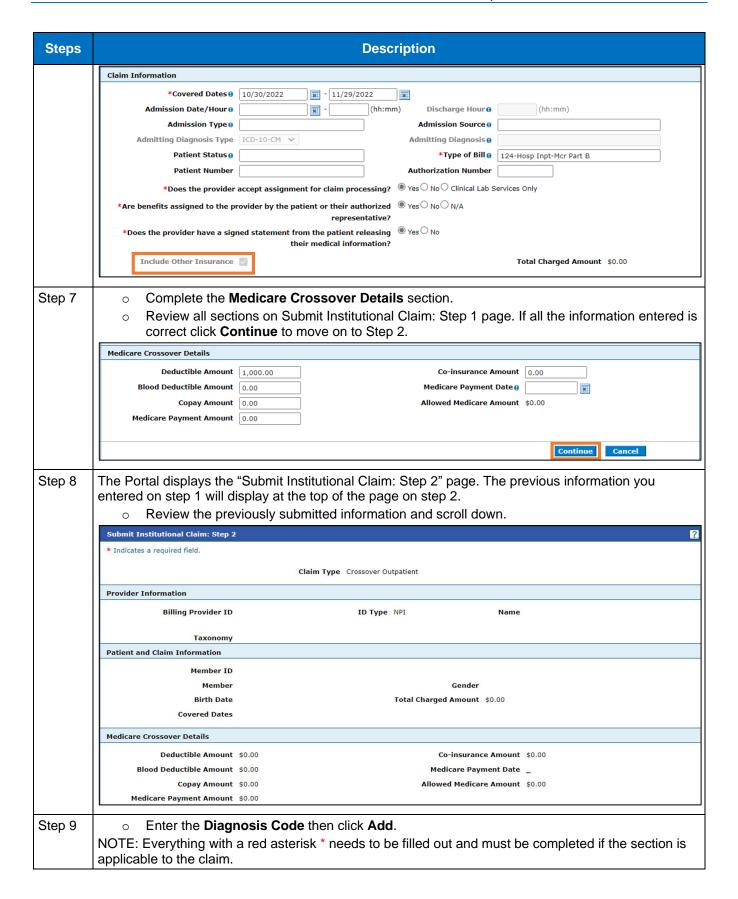
Review the Steps to Submit an Outpatient Crossover Claim



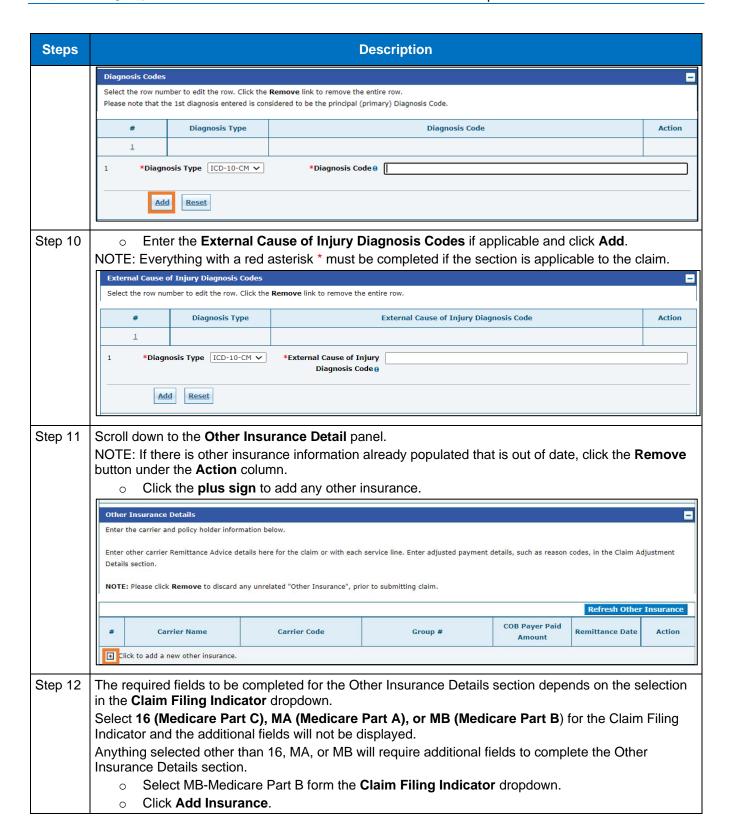




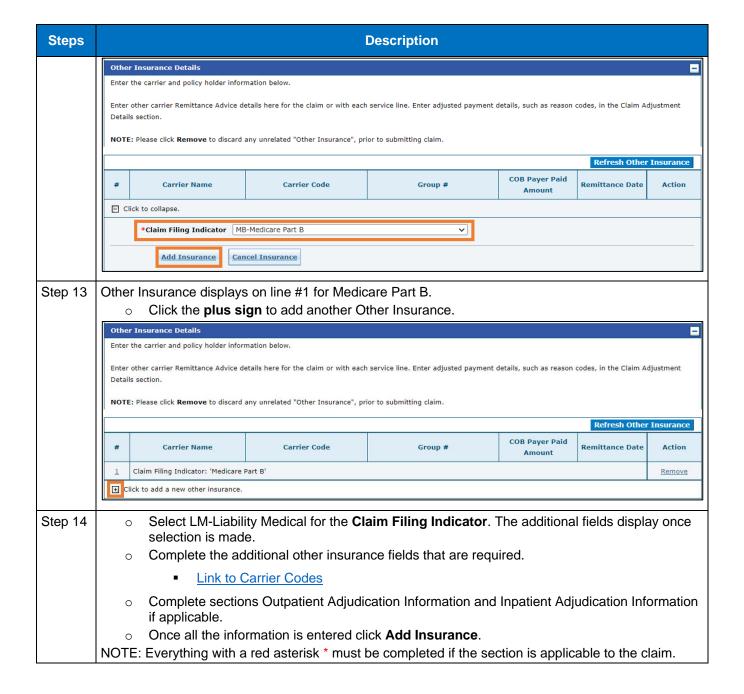




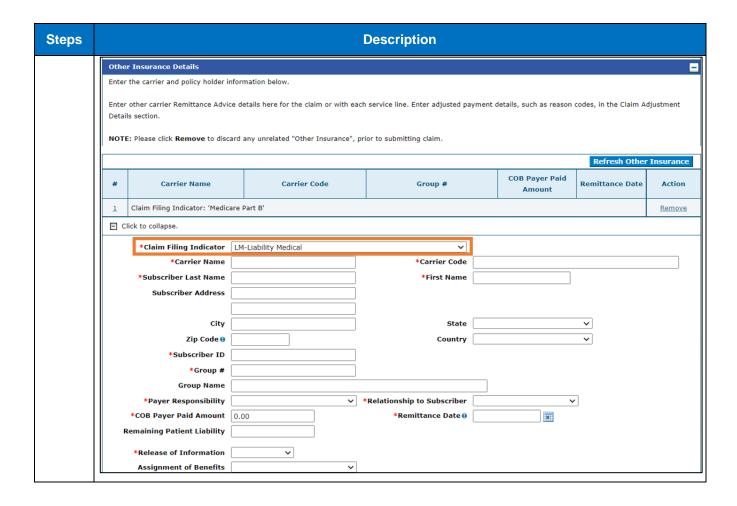








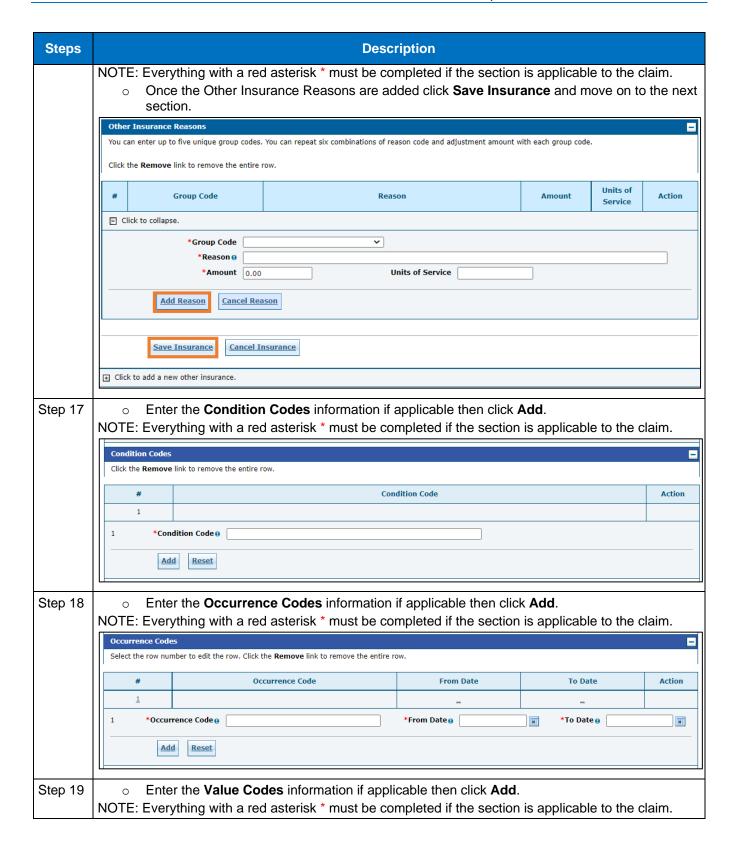




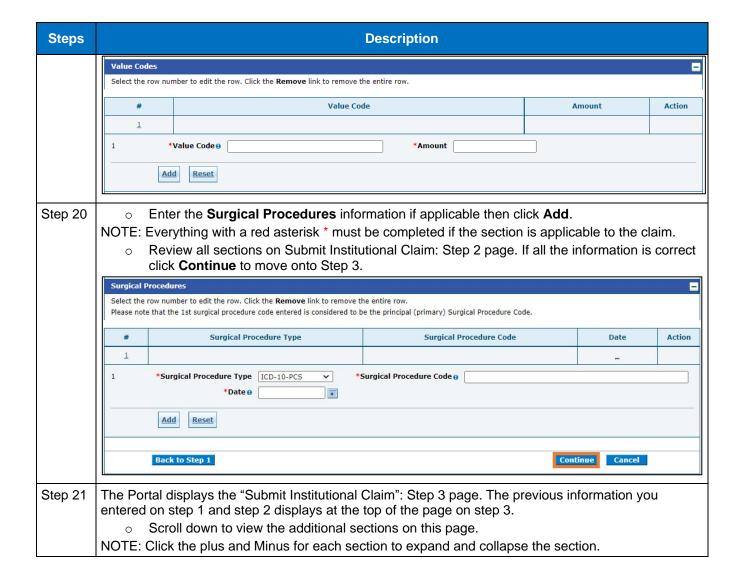


Steps	Description							
	Outpatient Adjudication Information							
	Reimbursement Rate		Claim HCPCS Payable Amount					
	Remark CoMS 1		Amount					
	Remark Code 2							
	Remark Code 3							
	Remark Code 4							
	Remark Code 5		Non-payable Professional Component Amount					
	Claim ESRD Payment Amount		Component Amount					
	Inpatient Adjudication Information							
	Lifetime Psychiatric Days		Claim DRG Amount					
	Remark CoMS 1							
	Claim Disproportionate Share		Claim MSP Pass-through					
	Amount Claim PPS Capital Amount		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		Cost Report Day Count					
	Specific DRG Amount PPS-Operating Federal		Claim PPS Capital Outlier					
	Specific DRG Amount		Amount					
	Claim Indirect Teaching		Non-payable Professional					
	Amount		Component Amount					
	Remark Code 2							
	Remark Code 4							
	Remark Code 5							
	PPS-Capital Exception Amount							
	Add Insurance Car	ncel Insurance						
Step 15	 After the other insurance has been added, click 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 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 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.							
	# Carrier Name	Carrier Code	Group #	COB Payer Paid	Remittance Date	Action		
	Claim Filing Indicator: 'Medicare	Part R'		Amount		Pemove		
		I	T			<u>Remove</u>		
	2 test	test	test	\$0.00	11/30/2022	Remove		
	Click to add a new other insurance.							
Stop 16	Scroll down to the Other	Incurance Because	a section					
Step 16				Add Dooses				
	 Fill out the Other 	r Insurance Reasons	s section and click i	Aud Keason.				

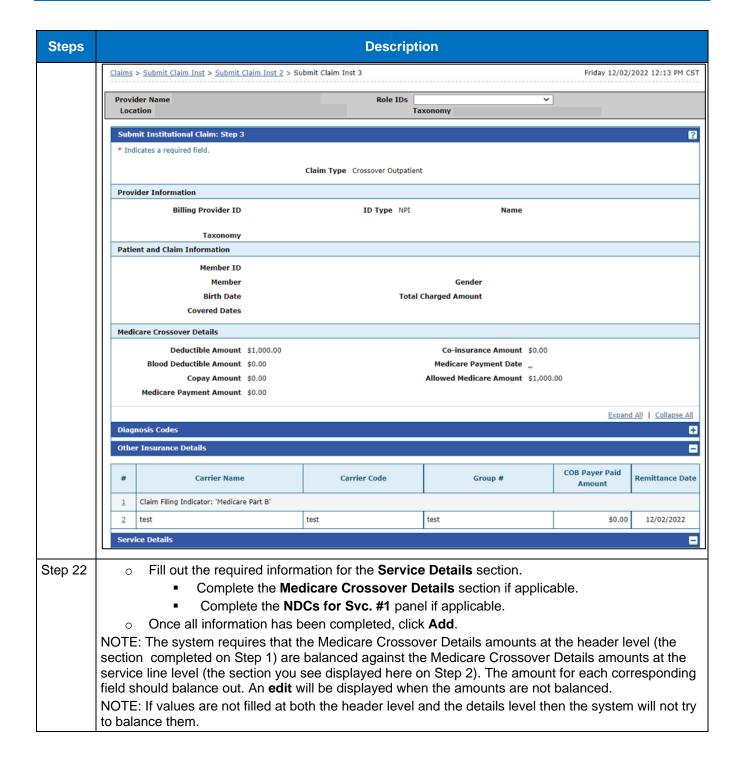




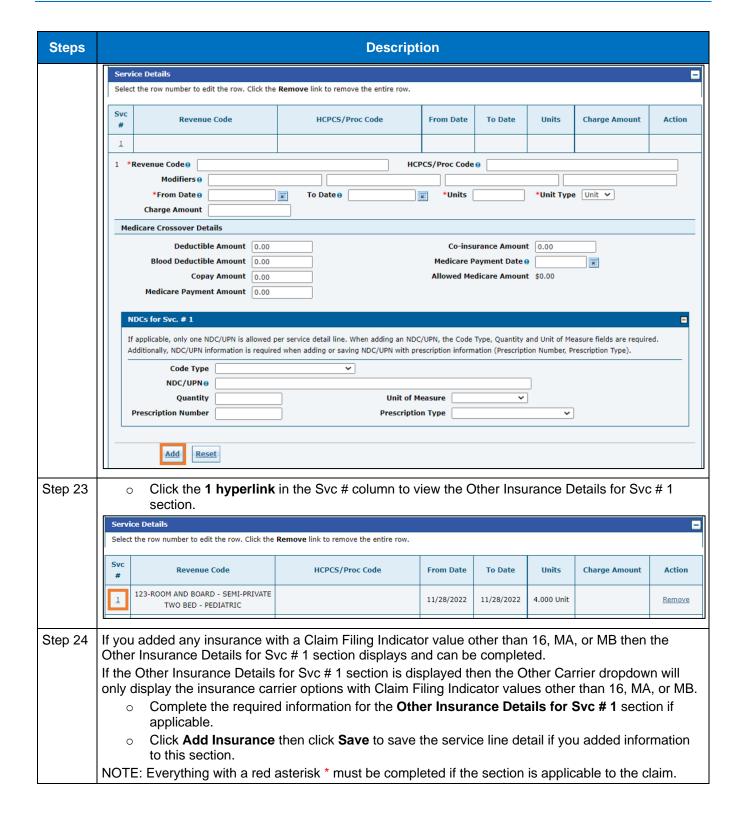




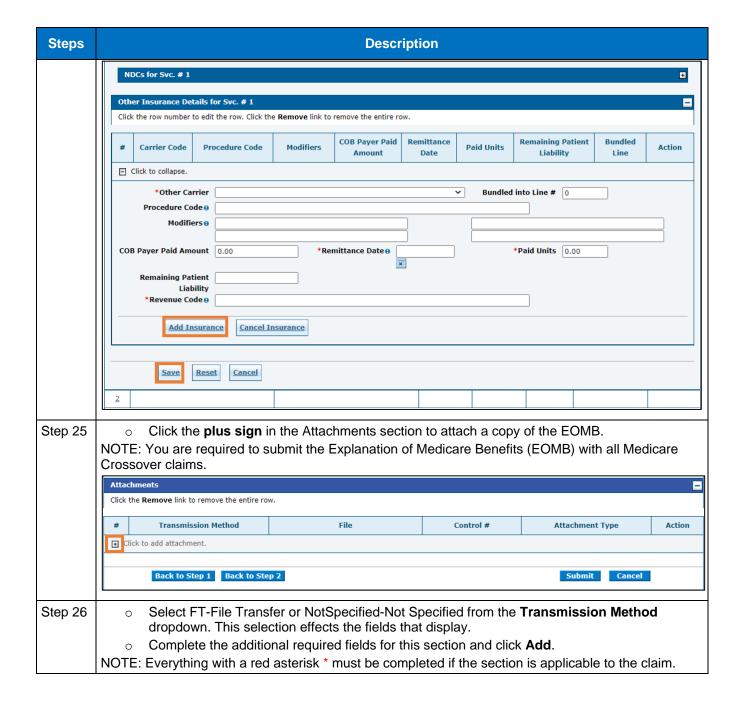




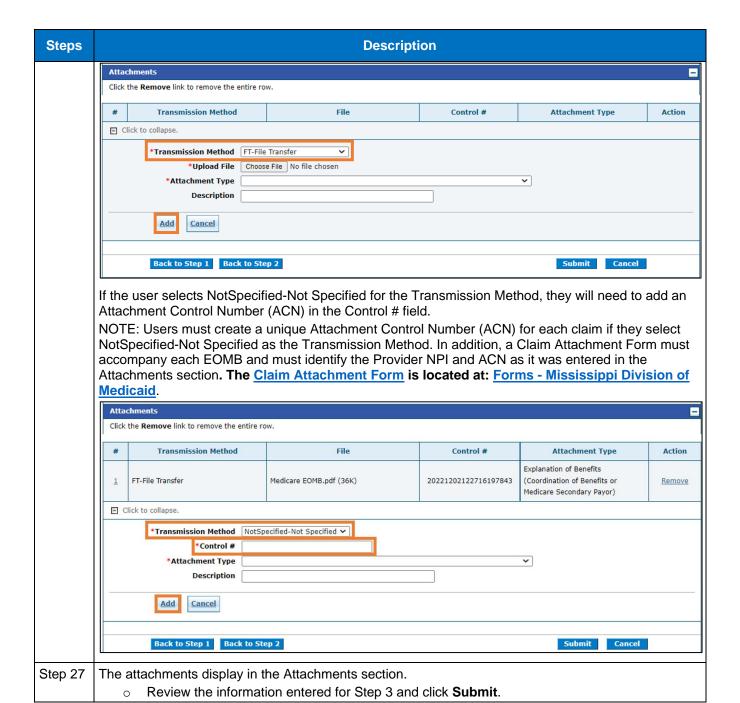




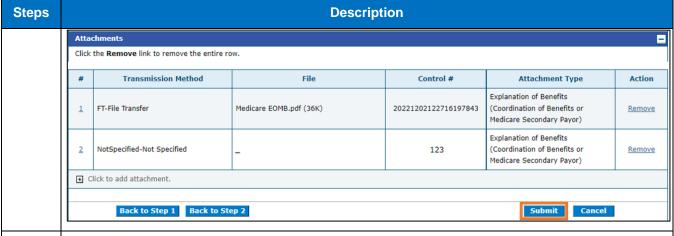








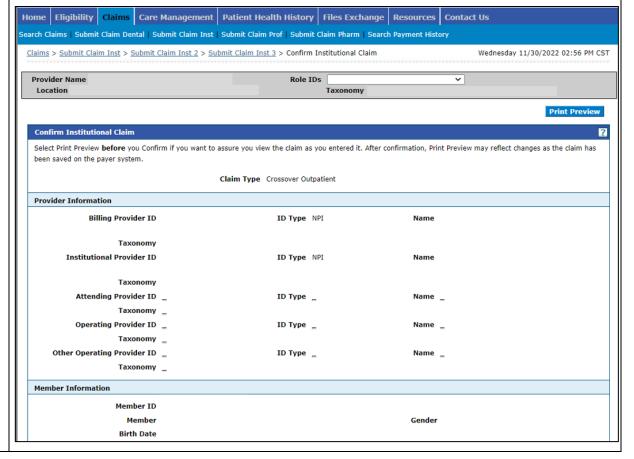




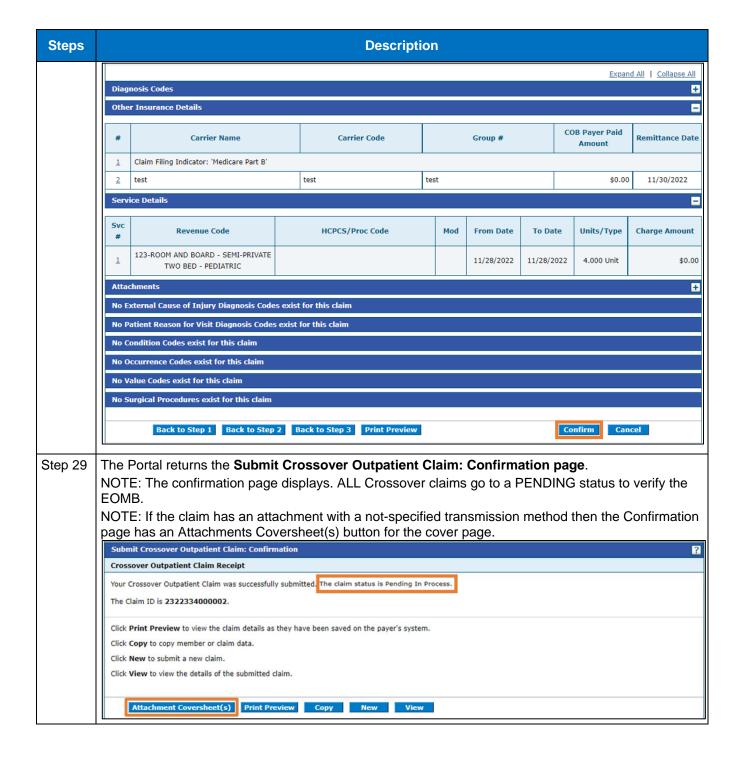
Step 28 | The Portal takes you to the **Confirm Institutional Claim** page.

Review all the information entered for this claim. Click the plus and minus to expand and collapse each section. Click 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, click 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	12/05/2022	Gainwell	Initial publication