

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.

Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the termination date will be denied.

Review the Steps to Submit a Professional Crossover Claim

Steps	Description
Step 1	<p>Login to the Portal. The Portal Home screen Displays.</p> 
Step 2	<p>The following steps will review how to submit a Professional Crossover Claim in MESA: Hover over the Claims tab on the menu bar. A list of claim types displays below.</p>

Steps	Description
	<ul style="list-style-type: none"> Select Submit Claim Prof. 
Step 3	<p>The Portal displays the “Submit Professional Claim”: Step 1 page.</p> <ul style="list-style-type: none"> Select Claim Type Crossover Professional. 
Step 4	<ul style="list-style-type: none"> Complete the Provider Information section. <p>NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted.</p> 
Step 5	<ul style="list-style-type: none"> Complete the Member Information section. <p>NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly.</p> 
Step 6	<ul style="list-style-type: none"> Complete the Claim Information section. <p>NOTE: The “Include Other Insurance” box is grayed out for Crossover Claim Types.</p> <p>NOTE: Everything with a red asterisk * must be completed.</p>

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	<div data-bbox="272 260 1469 688"> <p>Claim Information</p> <p>Date Type <input type="text"/> Date of Current <input type="text"/></p> <p>Accident Related <input type="text"/> Admission Date <input type="text"/></p> <p>Patient Number <input type="text"/> Authorization Number <input type="text"/></p> <p>*Transport Certification <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>*Does the provider have a signature on file? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>*Does the provider accept assignment for claim processing? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clinical Lab Services Only</p> <p>*Are benefits assigned to the provider by the patient or their authorized representative? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A</p> <p>*Does the provider have a signed statement from the patient releasing their medical information? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><input checked="" type="checkbox"/> Include Other Insurance Total Charged Amount \$0.00</p> </div>																																
<p>Step 7</p>	<ul style="list-style-type: none"> Complete the Medicare Crossover Details section. Review all sections on Submit Professional Claim: Step 1 page. If all the information entered is correct select Continue to move on to Step 2. <div data-bbox="272 821 1469 1066"> <p>Medicare Crossover Details</p> <p>Allowed Medicare Amount \$0.00 Co-insurance Amount <input type="text" value="0.00"/></p> <p>Deductible Amount <input type="text" value="0.00"/> Psychiatric Services Amount <input type="text" value="0.00"/></p> <p>Medicare Payment Amount <input type="text" value="0.00"/> Medicare Payment Date <input type="text"/></p> <p>Copay Amount <input type="text" value="0.00"/></p> <p><input checked="" type="button" value="Continue"/> <input type="button" value="Cancel"/></p> </div>																																
<p>Step 8</p>	<p>The Portal displays the "Submit Professional Claim": Step 2 page. The previous information that was entered in step 1 will display at the top of the page in step 2.</p> <ul style="list-style-type: none"> Review the previously submitted information and scroll down. <div data-bbox="272 1199 1469 1724"> <p>Submit Professional Claim: Step 2 ?</p> <p>* Indicates a required field.</p> <p>Claim Type Crossover Professional</p> <p>Provider Information</p> <table border="1"> <thead> <tr> <th>Billing Provider ID</th> <th>ID Type</th> <th>NPI</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td colspan="4">Taxonomy</td> </tr> </tbody> </table> <p>Patient and Claim Information</p> <table border="1"> <thead> <tr> <th>Member ID</th> <th>Member</th> <th>Gender</th> <th>Total Charged Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Medicare Crossover Details</p> <table border="1"> <tbody> <tr> <td>Allowed Medicare Amount</td> <td>\$0.00</td> <td>Co-insurance Amount</td> <td>\$0.00</td> </tr> <tr> <td>Deductible Amount</td> <td>\$0.00</td> <td>Psychiatric Services Amount</td> <td>\$0.00</td> </tr> <tr> <td>Medicare Payment Amount</td> <td>\$0.00</td> <td>Medicare Payment Date</td> <td>_</td> </tr> <tr> <td>Copay Amount</td> <td>\$0.00</td> <td></td> <td></td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Member ID	Member	Gender	Total Charged Amount					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		
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<p>Step 9</p>	<ul style="list-style-type: none"> Enter the Diagnosis Code then select Add. <p>NOTE: Everything with a red asterisk * needs to be completed if the section is applicable to the claim.</p>																																

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	<div data-bbox="272 260 1471 569"> <p>Diagnosis Codes</p> <p>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.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>Diagnosis Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Diagnosis Type <input type="text" value="ICD-10-CM"/> *Diagnosis Code <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Diagnosis Type	Diagnosis Code	Action	1																							
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Step 10	<p>Scroll down to the Other Insurance Detail panel.</p> <p>NOTE: If there is other insurance information already populated that is out of date, select the Remove button under the Action column.</p> <ul style="list-style-type: none"> Select the plus sign to add any other insurance. <div data-bbox="272 730 1471 1062"> <p>Other Insurance Details</p> <p>Enter the carrier and policy holder information below.</p> <p>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.</p> <p>NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.</p> <p style="text-align: right;"><input type="button" value="Refresh Other Insurance"/></p> <table border="1"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="7"><input type="button" value="Click to add a new other insurance."/></td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	<input type="button" value="Click to add a new other insurance."/>																				
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Step 11	<p>The required fields to be completed for the Other Insurance Details section depend on the selection in the Claim Filing Indicator dropdown.</p> <p>Select 16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B) for the Claim Filing Indicator and the additional fields will not be displayed.</p> <p>Anything selected other than 16, MA, or MB will require additional fields to complete the Other Insurance Details section.</p> <ul style="list-style-type: none"> Select MB-Medicare Part B from the Claim Filing Indicator dropdown. Select Add Insurance. <div data-bbox="272 1360 1471 1780"> <p>Other Insurance Details</p> <p>Enter the carrier and policy holder information below.</p> <p>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.</p> <p>NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.</p> <p style="text-align: right;"><input type="button" value="Refresh Other Insurance"/></p> <table border="1"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="7"><input type="button" value="Click to collapse."/></td> </tr> <tr> <td colspan="7">*Claim Filing Indicator <input type="text" value="MB-Medicare Part B"/></td> </tr> <tr> <td colspan="7"><input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/></td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	<input type="button" value="Click to collapse."/>							*Claim Filing Indicator <input type="text" value="MB-Medicare Part B"/>							<input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/>						
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Step 12	<p>Other Insurance displays on line #1 for Medicare Part B.</p> <ul style="list-style-type: none"> Select the plus sign to add another Other Insurance. 																												

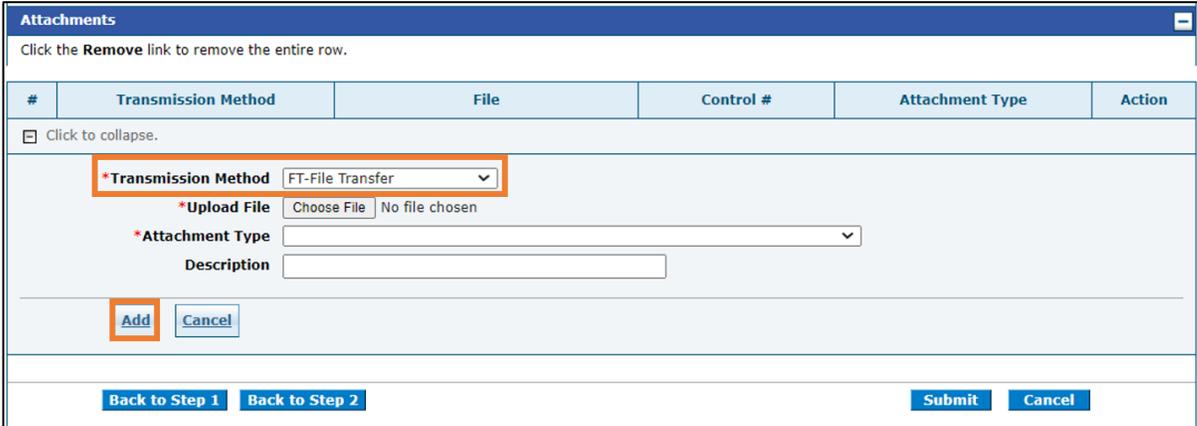
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	<div style="border: 1px solid black; padding: 5px;"> <p>Other Insurance Details</p> <p>Enter the carrier and policy holder information below.</p> <p>Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.</p> <p>NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.</p> <p style="text-align: right;">Refresh Other Insurance</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="5">Claim Filing Indicator: 'Medicare Part B'</td> <td>Remove</td> </tr> </tbody> </table> <p><input type="button" value="Add"/> Click to add a new other insurance.</p> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	1	Claim Filing Indicator: 'Medicare Part B'					Remove
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Step 13	<ul style="list-style-type: none"> Select LM-Liability Medical for the Claim Filing Indicator. The additional fields display once the selection is made. Complete the additional other insurance fields that are required. <ul style="list-style-type: none"> Link to Carrier Codes Complete the Outpatient Adjudication Information section if applicable. Once all the information is entered select Add Insurance. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div style="border: 1px solid black; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="5">Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk'</td> <td>Remove</td> </tr> </tbody> </table> <p><input type="button" value="Collapse"/> Click to collapse.</p> <div style="border: 1px solid orange; padding: 5px;"> <p>*Claim Filing Indicator 17-Dental Maintenance Organization</p> <p>*Carrier Name <input type="text"/> *Carrier Code <input type="text"/></p> <p>*Subscriber Last Name <input type="text"/> *First Name <input type="text"/></p> <p>Subscriber Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/></p> <p>Zip Code <input type="text"/> Country <input type="text"/></p> <p>*Subscriber ID <input type="text"/></p> <p>*Group # <input type="text"/></p> <p>Group Name <input type="text"/></p> <p>Insurance Type <input type="text"/></p> <p>*Payer Responsibility <input type="text"/> *Relationship to Subscriber <input type="text"/></p> <p>*COB Payer Paid Amount 0.00 *Remittance Date <input type="text"/></p> <p>Remaining Patient Liability <input type="text"/></p> <p>*Release of Information <input type="text"/></p> <p>Assignment of Benefits <input type="text"/></p> <p>Patient Signature Source Code <input type="text"/></p> </div> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	1	Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk'					Remove
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	<div data-bbox="272 260 1469 632"> <p>Outpatient Adjudication Information</p> <p>Reimbursement Rate <input type="text"/> Claim HCPCS Payable Amount <input type="text"/></p> <p>Remark CoMS 1 <input type="text"/></p> <p>Remark Code 2 <input type="text"/></p> <p>Remark Code 3 <input type="text"/></p> <p>Remark Code 4 <input type="text"/></p> <p>Remark Code 5 <input type="text"/> Non-payable Professional Component Amount <input type="text"/></p> <p>Claim ESRD Payment Amount <input type="text"/></p> <p>Add Insurance Cancel Insurance</p> </div>																					
<p>Step 14</p>	<ul style="list-style-type: none"> After the other insurance has been added, select the number 2 hyperlink for the other insurance added to proceed to view the other insurance sub-panel. <p>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.</p> <div data-bbox="272 827 1469 1220"> <p>Other Insurance Details</p> <p>Enter the carrier and policy holder information below.</p> <p>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.</p> <p>NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.</p> <p style="text-align: right;">Refresh Other Insurance</p> <table border="1"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="5">Claim Filing Indicator: 'Medicare Part B'</td> <td>Remove</td> </tr> <tr> <td>2</td> <td>test</td> <td>test</td> <td>test</td> <td>\$0.00</td> <td>11/30/2022</td> <td>Remove</td> </tr> </tbody> </table> <p><input type="checkbox"/> Click to add a new other insurance.</p> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	1	Claim Filing Indicator: 'Medicare Part B'					Remove	2	test	test	test	\$0.00	11/30/2022	Remove
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<p>Step 15</p>	<p>Scroll down to the Other Insurance Reason section.</p> <ul style="list-style-type: none"> Fill out the Other Insurance Reasons section and select Add Reason. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="272 1354 1469 1759"> <p>Other Insurance Reasons</p> <p>You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.</p> <p>Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Group Code</th> <th>Reason</th> <th>Amount</th> <th>Units of Service</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="6"><input type="checkbox"/> Click to collapse.</td> </tr> <tr> <td></td> <td>*Group Code <input type="text"/></td> <td>*Reason <input type="text"/></td> <td>*Amount <input type="text" value="0.00"/></td> <td>Units of Service <input type="text"/></td> <td></td> </tr> </tbody> </table> <p>Add Reason Cancel Reason</p> </div> <ul style="list-style-type: none"> Once the Other Insurance Reasons are added select Save Insurance and move on to the next section. 	#	Group Code	Reason	Amount	Units of Service	Action	<input type="checkbox"/> Click to collapse.							*Group Code <input type="text"/>	*Reason <input type="text"/>	*Amount <input type="text" value="0.00"/>	Units of Service <input type="text"/>				
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<p>Step 16</p>	<p>The Portal displays the “Submit Professional Claim”: Step 3 page. The previous information that was entered in step 1 and step 2 is displayed at the top of the page on step 3.</p> <ul style="list-style-type: none"> • Scroll down to view the additional sections on this page. <p>NOTE: Select the plus and minus for each section to expand and collapse the section.</p> <div data-bbox="277 779 1464 1667"> <p>Submit Professional Claim: Step 3</p> <p>* Indicates a required field.</p> <p>Claim Type Crossover Professional</p> <p>Provider Information</p> <table border="1"> <thead> <tr> <th>Billing Provider ID</th> <th>ID Type</th> <th>NPI</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td colspan="4">Taxonomy</td> </tr> </tbody> </table> <p>Patient and Claim Information</p> <table border="1"> <thead> <tr> <th>Member ID</th> <th>Member</th> <th>Gender</th> <th>Birth Date</th> <th>Total Charged Amount</th> </tr> </thead> <tbody> <tr> <td colspan="5">Medicare Crossover Details</td> </tr> <tr> <td>Allowed Medicare Amount</td> <td>\$0.00</td> <td>Co-insurance Amount</td> <td colspan="2">\$0.00</td> </tr> <tr> <td>Deductible Amount</td> <td>\$0.00</td> <td>Psychiatric Services Amount</td> <td colspan="2">\$0.00</td> </tr> <tr> <td>Medicare Payment Amount</td> <td>\$0.00</td> <td>Medicare Payment Date</td> <td colspan="2">-</td> </tr> <tr> <td>Copay Amount</td> <td>\$0.00</td> <td colspan="3"></td> </tr> </tbody> </table> <p>Expand All Collapse All</p> <p>Diagnosis Codes</p> <p>Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>Diagnosis Code</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>ICD-10-CM</td> <td>R071-CHEST PAIN ON BREATHING</td> </tr> </tbody> </table> <p>Other Insurance Details</p> <table border="1"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="5">Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk'</td> </tr> <tr> <td>2</td> <td>test</td> <td>test</td> <td>test</td> <td>\$0.00</td> <td>12/09/2022</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Member ID	Member	Gender	Birth Date	Total Charged Amount	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				#	Diagnosis Type	Diagnosis Code	1	ICD-10-CM	R071-CHEST PAIN ON BREATHING	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk'					2	test	test	test	\$0.00	12/09/2022
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<p>Step 17</p>	<ul style="list-style-type: none"> • Fill out the required information for the Service Details section. <ul style="list-style-type: none"> ○ Complete the Medicare Crossover Details section. ○ Complete the NDCs for Svc. #1 panel if applicable. • Once all information has been completed, select Add. <p>NOTE: The system requires that the Medicare Crossover Details amounts at the header level (the section completed in Step 1) are balanced against the Medicare Crossover Details amounts at the</p>																																																														

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	<p>service line level (the section displayed here in Step 2). The amount for each corresponding field should balance out. An edit will be displayed when the amounts are not balanced.</p> <p>NOTE: If values are not completed at both the header level and the details level, the system will not try to balance them.</p> <div data-bbox="272 390 1466 1356" style="border: 1px solid black; padding: 5px;"> <p>Service Details</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Svc #</th> <th>From Date</th> <th>To Date</th> <th>Place of Service</th> <th>Procedure Code</th> <th>Charge Amount</th> <th>Units</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">Remove</td> </tr> </tbody> </table> <p>1 *From Date <input type="text"/> To Date <input type="text"/> *Place of Service <input type="text"/> EMG <input type="text"/></p> <p>*Procedure Code <input type="text"/> Modifiers <input type="text"/> *Diagnosis Pointers <input type="text"/></p> <p>Charge Amount <input type="text"/> *Units <input type="text"/> *Unit Type <input type="text"/> EPSDT <input type="checkbox"/></p> <p>Cla Number <input type="text"/> Authorization Number <input type="text"/></p> <p>Referring Provider ID <input type="text"/> ID Type NPI Taxonomy <input type="text"/></p> <p>Performing Provider ID <input type="text"/> ID Type NPI Taxonomy <input type="text"/></p> <hr/> <p>Medicare Crossover Details</p> <p>Allowed Medicare Amount \$0.00 Co-insurance Amount <input type="text"/></p> <p>Deductible Amount <input type="text"/> Psychiatric Services Amount <input type="text"/></p> <p>Medicare Payment Amount <input type="text"/> Medicare Payment Date <input type="text"/></p> <p>Copy Amount <input type="text"/></p> <hr/> <p>NDCs for Svc. # 1</p> <p>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).</p> <p>Code Type <input type="text"/></p> <p>NDC/UPN <input type="text"/></p> <p>Quantity <input type="text"/> Unit of Measure <input type="text"/></p> <p>Prescription Number <input type="text"/> Prescription Type <input type="text"/></p> <p>Prescription Date <input type="text"/></p> <p style="text-align: center;"><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action	1							Remove								
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action																		
1							Remove																		
<p>Step 18</p>	<ul style="list-style-type: none"> Select the 1 hyperlink in the Svc # column to view the Other Insurance Details for Svc # 1 section. <div data-bbox="272 1423 1466 1661" style="border: 1px solid black; padding: 5px;"> <p>Service Details</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Svc #</th> <th>From Date</th> <th>To Date</th> <th>Place of Service</th> <th>Procedure Code</th> <th>Charge Amount</th> <th>Units</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>12/07/2022</td> <td>12/08/2022</td> <td>02-Telehealth Provided other than in Patient's Home</td> <td>01232-ANESTH AMPUTATION OF FEMUR</td> <td></td> <td>1.000 Unit</td> <td style="text-align: center;">Remove</td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>	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	2							
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<p>Step 19</p>	<p>If any insurance was added with a Claim Filing Indicator value other than 16, MA, or MB then the Other Insurance Details for Svc # 1 section displays and should be completed.</p> <p>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.</p> <ul style="list-style-type: none"> Complete the required information for the Other Insurance Details for Svc # 1 section. 																								

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	<ul style="list-style-type: none"> Select Add Insurance then select Save to save the service line detail if information was added to this section. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div style="border: 1px solid #0056b3; padding: 5px;"> <p>Service Details</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Svc #</th> <th>From Date</th> <th>To Date</th> <th>Place of Service</th> <th>Procedure Code</th> <th>Charge Amount</th> <th>Units</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>12/07/2022</td> <td>12/08/2022</td> <td>02-Telehealth Provided other than in Patient's Home</td> <td>01232-ANESTH AMPUTATION OF FEMUR</td> <td></td> <td>1.000 Unit</td> <td style="text-align: center;">Remove</td> </tr> </tbody> </table> <p>1 *From Date 12/07/2022 To Date 12/08/2022 *Place of Service 02-Telehealth Provided other than in Patient's Home EMG</p> <p>*Procedure Code 01232-ANESTH AMF Modifiers *Diagnosis Pointers</p> <p>Charge Amount *Units 1.000 *Unit Type Unit EPSDT</p> <p>Clia Number Authorization Number</p> <p>Referring Provider ID ID Type NPI Taxonomy</p> <p>Performing Provider ID ID Type NPI Taxonomy</p> <hr/> <p>Medicare Crossover Details</p> <p>Allowed Medicare Amount \$0.00 Co-insurance Amount 0.00</p> <p>Deductible Amount 0.00 Psychiatric Services Amount 0.00</p> <p>Medicare Payment Amount 0.00 Medicare Payment Date</p> <p>Copay Amount 0.00</p> <hr/> <p>NDCs for Svc. # 1</p> <p>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).</p> <p>Code Type NDC/UPN Quantity Unit of Measure Prescription Number Prescription Type Prescription Date</p> <hr/> <p>Other Insurance Details for Svc. # 1</p> <p>Click the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Carrier Code</th> <th>Procedure Code</th> <th>Modifiers</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Paid Units</th> <th>Remaining Patient Liability</th> <th>Bundled Line</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="10"> <p>Click to collapse.</p> <p>*Other Carrier Bundled into Line # 0</p> <p>*Procedure Code Modifiers</p> <p>COB Payer Paid Amount 0.00 *Remittance Date *Paid Units 0.00</p> <p>Remaining Patient Liability</p> <p style="text-align: center;"> Add Insurance Cancel Insurance </p> </td> </tr> </tbody> </table> <p style="text-align: center;"> Save Reset Cancel </p> </div>	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	#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action	<p>Click to collapse.</p> <p>*Other Carrier Bundled into Line # 0</p> <p>*Procedure Code Modifiers</p> <p>COB Payer Paid Amount 0.00 *Remittance Date *Paid Units 0.00</p> <p>Remaining Patient Liability</p> <p style="text-align: center;"> Add Insurance Cancel Insurance </p>									
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Steps	Description
Step 20	<ul style="list-style-type: none"> Select the plus sign in the Attachments section to attach a copy of the EOMB. <p>NOTE: It is required to submit the Explanation of Medicare Benefits (EOMB) with all Medicare Crossover claims. Also, if other insurance was added then it is required to attach the Explanation of Benefits (EOB) of the other insurance carrier.</p> <ul style="list-style-type: none"> Attachments must be in PDF format. 
Step 21	<ul style="list-style-type: none"> Select FT-File Transfer or NotSpecified-Not Specified from the Transmission Method dropdown. This selection affects the fields that display. Complete the additional required fields for this section and select Add. Follow the same steps to add another document. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>  <p>If “NotSpecified” was selected for the Transmission Method, an Attachment Control Number (ACN) needs to be added in the Control # field.</p> <p>NOTE: A unique Attachment Control Number (ACN) must be created for each claim if NotSpecified-Not Specified is selected as the Transmission Method. In addition, a Claim Attachment Form must accompany each EOMB and must identify the Provider’s NPI and ACN as it was entered in the Attachments section. The Claim Attachment Form is located at: Forms - Mississippi Division of Medicaid.</p>

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	<div data-bbox="272 260 1471 758"> <p>Attachments</p> <p>Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>FT-File Transfer</td> <td>Medicare EOMB.pdf (36K)</td> <td>20221202122716197843</td> <td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</td> <td>Remove</td> </tr> </tbody> </table> <p>Click to collapse.</p> <p>*Transmission Method <input type="text" value="NotSpecified-Not Specified"/></p> <p>*Control # <input type="text"/></p> <p>*Attachment Type <input type="text"/></p> <p>Description <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p> <p><input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/></p> </div>	#	Transmission Method	File	Control #	Attachment Type	Action	1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221202122716197843	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Remove						
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Step 22	<p>The attachments display in the Attachments section.</p> <ul style="list-style-type: none"> Review the information entered for Step 3 and select Submit. <div data-bbox="272 869 1471 1251"> <p>Attachments</p> <p>Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>FT-File Transfer</td> <td>Medicare EOMB.pdf (36K)</td> <td>20221202122716197843</td> <td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</td> <td>Remove</td> </tr> <tr> <td>2</td> <td>NotSpecified-Not Specified</td> <td>-</td> <td>123</td> <td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</td> <td>Remove</td> </tr> </tbody> </table> <p>Click to add attachment.</p> <p><input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/></p> </div>	#	Transmission Method	File	Control #	Attachment Type	Action	1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221202122716197843	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Remove	2	NotSpecified-Not Specified	-	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Remove
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Step 23	<p>The Portal displays the Confirm Professional Claim page.</p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> Once reviewing the claims information entered has been completed, select Confirm to confirm the claim submission. 																		

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	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #4a86e8; color: white; padding: 2px;">Confirm Professional Claim ?</div> <p>Select Print Preview before you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.</p> <p style="text-align: center;">Claim Type Crossover Professional</p> <hr/> <div style="background-color: #d9e1f2; padding: 2px;">Provider Information</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Billing Provider ID</th> <th style="width: 20%;">ID Type</th> <th style="width: 10%;">NPI</th> <th style="width: 30%;">Name</th> </tr> </thead> <tbody> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Performing Provider ID</td> <td>ID Type</td> <td></td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Referring Provider ID</td> <td>ID Type</td> <td></td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Supervising Provider ID</td> <td>ID Type</td> <td></td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <hr/> <div style="background-color: #d9e1f2; padding: 2px;">Member Information</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Member ID</td> <td style="width: 40%;">Gender</td> </tr> <tr> <td>Member</td> <td></td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Address Line 2</td> <td></td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>State</td> <td>Zip Code</td> </tr> </tbody> </table> <hr/> <div style="background-color: #d9e1f2; padding: 2px;">Claim Information</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%;">Date Type</td> <td style="width: 50%;">Date of Current</td> </tr> <tr> <td>Accident Related</td> <td>Admission Date</td> </tr> <tr> <td>Patient Number</td> <td>Authorization Number</td> </tr> <tr> <td>Transport Certification</td> <td>No</td> </tr> <tr> <td colspan="2" style="text-align: center;">Does the provider have a signature on file? No</td> </tr> <tr> <td colspan="2" style="text-align: center;">Does the provider accept assignment for claim processing? No</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Performing Provider ID	ID Type		Name	Taxonomy				Referring Provider ID	ID Type		Name	Taxonomy				Supervising Provider ID	ID Type		Name	Taxonomy				Member ID	Gender	Member		Birth Date		Address		Address Line 2		City		State	Zip Code	Date Type	Date of Current	Accident Related	Admission Date	Patient Number	Authorization Number	Transport Certification	No	Does the provider have a signature on file? No		Does the provider accept assignment for claim processing? No	
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	<p>Are benefits assigned to the provider by the patient or their authorized representative? No</p> <p>Does the provider have a signed statement from the patient releasing their medical information? No</p> <p style="text-align: right;">Total Charged Amount \$0.00</p> <hr/> <p>Medicare Crossover Details</p> <table border="0"> <tr> <td>Allowed Medicare Amount \$0.00</td> <td>Co-insurance Amount \$0.00</td> </tr> <tr> <td>Deductible Amount \$0.00</td> <td>Psychiatric Services Amount \$0.00</td> </tr> <tr> <td>Medicare Payment Amount \$0.00</td> <td>Medicare Payment Date -</td> </tr> <tr> <td>Copay Amount \$0.00</td> <td></td> </tr> </table> <p style="text-align: right;">Expand All Collapse All</p> <p>Diagnosis Codes</p> <p>Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>Diagnosis Code</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>ICD-10-CM</td> <td>R071-CHEST PAIN ON BREATHING</td> </tr> </tbody> </table> <p>Other Insurance Details</p> <table border="1"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="5">Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk'</td> </tr> <tr> <td>2</td> <td>test</td> <td>test</td> <td>test</td> <td>\$0.00</td> <td>12/09/2022</td> </tr> </tbody> </table> <p>Service Details</p> <table border="1"> <thead> <tr> <th>#</th> <th>From Date</th> <th>To Date</th> <th>Place of Service</th> <th>EMG</th> <th>Procedure Code</th> <th>Mod</th> <th>Diag Code Ptrs</th> <th>Units</th> <th>EPSDT</th> <th>Charge Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>12/07/2022</td> <td>12/08/2022</td> <td>02</td> <td></td> <td>01232</td> <td></td> <td>1</td> <td>1.000 Unit</td> <td><input type="checkbox"/></td> <td>\$0.00</td> </tr> </tbody> </table> <p>Attachments</p> <p style="text-align: center;"> Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel </p>	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		#	Diagnosis Type	Diagnosis Code	1	ICD-10-CM	R071-CHEST PAIN ON BREATHING	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk'					2	test	test	test	\$0.00	12/09/2022	#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Charge Amount	1	12/07/2022	12/08/2022	02		01232		1	1.000 Unit	<input type="checkbox"/>	\$0.00
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Step 24	<p>The Portal returns the Submit Crossover Professional Claim: Confirmation page.</p> <p>NOTE: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.</p> <p>NOTE: If the claim has an attachment with a not-specified transmission method then the Confirmation page has an Attachments Coversheet(s) button for the cover page.</p> <p>NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.</p> <div data-bbox="277 1444 1458 1818" style="border: 1px solid black; padding: 5px;"> <p>Submit Crossover Professional Claim: Confirmation</p> <p>Crossover Professional Claim Receipt</p> <p>Your Crossover Professional Claim was successfully submitted. The claim status is Pending In Process.</p> <p>The Claim ID is [REDACTED]</p> <p>Click Attachment Coversheet(s) to view the claim attachments coversheet(s).</p> <p>Click Print Preview to view the claim details as they have been saved on the payer's system.</p> <p>Click Copy to copy member or claim data.</p> <p>Click New to submit a new claim.</p> <p>Click View to view the details of the submitted claim.</p> <p style="text-align: center;"> Attachment Coversheet(s) Print Preview Copy New View </p> </div>																																																						

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.
1.2	12/06/2023	Gainwell	Updated portal access to inactive providers date of termination based on CR 2278.
1.3	4/19/2024	Gainwell	Updated an image and some verbiage in steps 6, 14, 15,16, 17 and 20.