


Job Aid


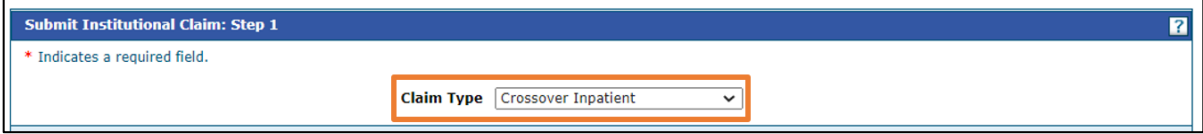
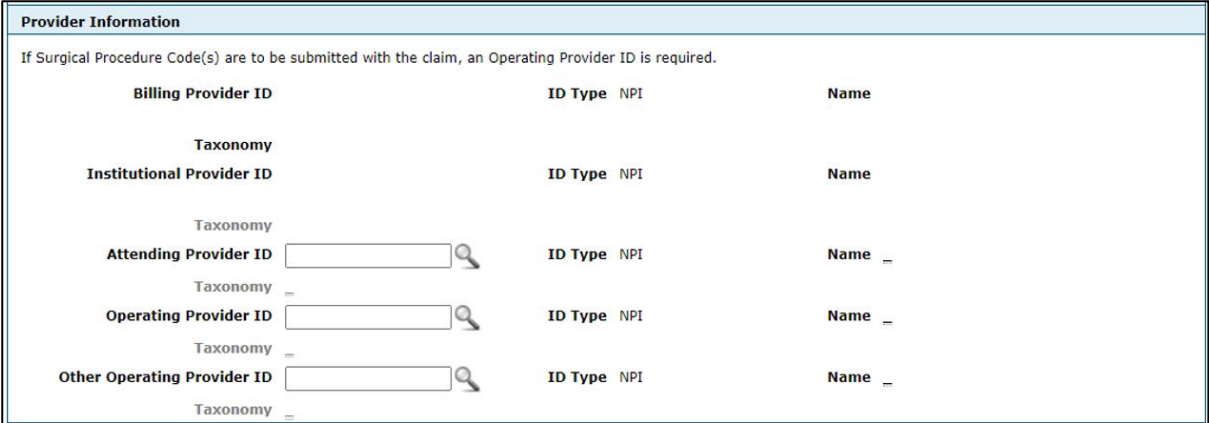
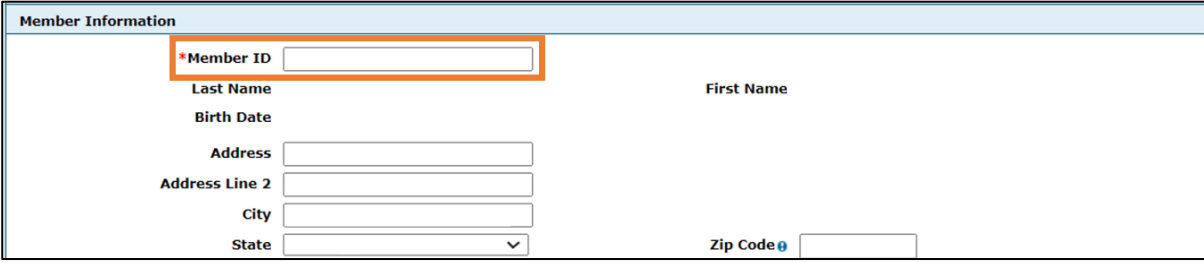
Inpatient Crossover Claim Submission

In this simulation, the user imitates a real-world process or activity. 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 an Inpatient 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 an Inpatient Crossover Claim in MESA: Hover over the Claims tab on the menu bar. A list of claim types displays below.</p> <ul style="list-style-type: none"> Click Submit Claim Inst.

Steps	Description
	
Step 3	<p>The Portal displays the “Submit Institutional Claim”: Step 1 page.</p> <ul style="list-style-type: none"> Select Claim Type Crossover Inpatient. 
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 the user is submitting.</p> 
Step 5	<ul style="list-style-type: none"> Complete the Member Information section. <p>NOTE: Once the user enters a Member ID, the system generates 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 on Medicare Crossover Claim Type.</p> <p>NOTE: Everything with a red asterisk * must be completed.</p>

Steps	Description																																		
	<div style="border: 1px solid black; padding: 5px;"> <p>Claim Information</p> <p>*Covered Dates 12/05/2022 - 12/06/2022</p> <p>*Admission Date/Hour 12/05/2022 05:48 (hh:mm) Discharge Hour 10:27 (hh:mm)</p> <p>Admission Type Admission Source</p> <p>*Admitting Diagnosis Type ICD-10-CM *Admitting Diagnosis R071-CHEST PAIN ON BREATHING</p> <p>Patient Status 01-DISCHARGED TO HOME OR SE *Type of Bill 111-Hosp Inpt-Incl Mcr A</p> <p>Patient Number Authorization Number</p> <p>*Does the provider accept assignment for claim processing? <input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Include Other Insurance <input checked="" type="checkbox"/> 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 Institutional Claim: Step 1 page. If all the information entered is correct click Continue to move on to Step 2. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Medicare Crossover Details</p> <p>Deductible Amount 1,000.00 Co-insurance Amount 0.00</p> <p>Blood Deductible Amount 0.00 *Medicare Payment Date 12/09/2022</p> <p>Copay Amount 0.00 Allowed Medicare Amount \$0.00</p> <p>Medicare Payment Amount 150.00</p> <p style="text-align: right;">Continue Cancel</p> </div>																																		
<p>Step 8</p>	<p>The Portal displays the “Submit Institutional Claim”: Step 2 page. The previous information 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 style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Submit Institutional Claim: Step 2 ?</p> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Crossover Inpatient</p> <hr/> <p>Provider Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Billing Provider ID</th> <th>ID Type</th> <th>NPI</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Taxonomy</td> </tr> </tbody> </table> <hr/> <p>Patient and Claim Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Member ID</td> <td>Gender</td> </tr> <tr> <td>Member</td> <td>Total Charged Amount</td> </tr> <tr> <td>Birth Date</td> <td>Admission Date/Hour</td> </tr> <tr> <td>Covered Dates</td> <td>Admitting Diagnosis</td> </tr> <tr> <td>Admitting Diagnosis Type</td> <td></td> </tr> </tbody> </table> <hr/> <p>Medicare Crossover Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Deductible Amount</td> <td>\$1,000.00</td> <td>Co-insurance Amount</td> <td>\$0.00</td> </tr> <tr> <td>Blood Deductible Amount</td> <td>\$0.00</td> <td>Medicare Payment Date</td> <td>12/05/2022</td> </tr> <tr> <td>Copay Amount</td> <td>\$0.00</td> <td>Allowed Medicare Amount</td> <td>\$1,150.00</td> </tr> <tr> <td>Medicare Payment Amount</td> <td>\$150.00</td> <td></td> <td></td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Member ID	Gender	Member	Total Charged Amount	Birth Date	Admission Date/Hour	Covered Dates	Admitting Diagnosis	Admitting Diagnosis Type		Deductible Amount	\$1,000.00	Co-insurance Amount	\$0.00	Blood Deductible Amount	\$0.00	Medicare Payment Date	12/05/2022	Copay Amount	\$0.00	Allowed Medicare Amount	\$1,150.00	Medicare Payment Amount	\$150.00		
Billing Provider ID	ID Type	NPI	Name																																
Taxonomy																																			
Member ID	Gender																																		
Member	Total Charged Amount																																		
Birth Date	Admission Date/Hour																																		
Covered Dates	Admitting Diagnosis																																		
Admitting Diagnosis Type																																			
Deductible Amount	\$1,000.00	Co-insurance Amount	\$0.00																																
Blood Deductible Amount	\$0.00	Medicare Payment Date	12/05/2022																																
Copay Amount	\$0.00	Allowed Medicare Amount	\$1,150.00																																
Medicare Payment Amount	\$150.00																																		
<p>Step 9</p>	<ul style="list-style-type: none"> Enter the Diagnosis Code then click Add. Repeat to add more than one Diagnosis code. 																																		

Steps	Description														
	<p>NOTE: Everything with a red asterisk * needs to be filled out and must be completed if the section is applicable to the claim.</p> <div data-bbox="272 323 1469 632"> <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>Add Reset</p> </div>	#	Diagnosis Type	Diagnosis Code	Action	1									
#	Diagnosis Type	Diagnosis Code	Action												
1															
<p>Step 10</p>	<ul style="list-style-type: none"> Enter the External Cause of Injury Diagnosis Codes if applicable and select Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="261 728 1458 1016"> <p>External Cause of Injury Diagnosis Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>External Cause of Injury 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"/> *External Cause of Injury Diagnosis Code <input type="text"/></p> <p>Add Reset</p> </div>	#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action	1									
#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action												
1															
<p>Step 11</p>	<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, click 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="261 1173 1463 1503"> <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 colspan="7"> <p> Click to add a new other insurance.</p> </td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	<p> Click to add a new other insurance.</p>						
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action									
<p> Click to add a new other insurance.</p>															
<p>Step 12</p>	<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. 														

Steps	Description																												
	<div data-bbox="261 268 1458 695"> <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 colspan="7">Click to collapse.</td> </tr> <tr> <td colspan="7">*Claim Filing Indicator: MB-Medicare Part B</td> </tr> <tr> <td colspan="7"> Add Insurance Cancel Insurance </td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	Click to collapse.							*Claim Filing Indicator: MB-Medicare Part B							Add Insurance Cancel Insurance						
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action																							
Click to collapse.																													
*Claim Filing Indicator: MB-Medicare Part B																													
Add Insurance Cancel Insurance																													
<p>Step 13</p>	<p>Other Insurance displays on line #1 for Medicare Part B.</p> <ul style="list-style-type: none"> Click the plus sign to add another Other Insurance. <div data-bbox="261 800 1468 1157"> <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 colspan="7"> + Click to add a new other insurance. </td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	1	Claim Filing Indicator: 'Medicare Part B'					Remove	+ Click to add a new other insurance.													
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action																							
1	Claim Filing Indicator: 'Medicare Part B'					Remove																							
+ Click to add a new other insurance.																													
<p>Step 14</p>	<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 sections Outpatient Adjudication Information and Inpatient Adjudication Information if applicable. Once all the information is entered click Add Insurance. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>																												

Steps	Description														
	<div style="border: 1px solid #0070C0; padding: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">Other Insurance Details -</div> <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> <div style="text-align: right; margin-bottom: 5px;">Refresh Other Insurance</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 25%;">Carrier Name</th> <th style="width: 20%;">Carrier Code</th> <th style="width: 15%;">Group #</th> <th style="width: 15%;">COB Payer Paid Amount</th> <th style="width: 15%;">Remittance Date</th> <th style="width: 10%;">Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="5">Claim Filing Indicator: 'Medicare Part B'</td> <td style="text-align: right;">Remove</td> </tr> </tbody> </table> <p><input type="checkbox"/> Click to collapse.</p> <div style="border: 1px solid #0070C0; padding: 5px; margin-top: 5px;"> <div style="border: 2px solid #0070C0; padding: 2px; margin-bottom: 5px;"> * Claim Filing Indicator LM-Liability Medical v </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> * Carrier Name <input type="text"/></div> <div style="width: 45%;"> * Carrier Code <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> * Subscriber Last Name <input type="text"/></div> <div style="width: 45%;"> * First Name <input type="text"/></div> </div> <div style="margin-top: 5px;"> Subscriber Address <input type="text"/> <input type="text"/> City <input type="text"/> State <input type="text" value="v"/> Zip Code <input type="text"/> Country <input type="text" value="v"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> * Subscriber ID <input type="text"/></div> <div style="width: 45%;"> * Group # <input type="text"/></div> </div> <div style="margin-top: 5px;"> Group Name <input type="text"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> * Payer Responsibility <input type="text" value="v"/></div> <div style="width: 45%;"> * Relationship to Subscriber <input type="text" value="v"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> * COB Payer Paid Amount <input type="text" value="0.00"/></div> <div style="width: 45%;"> * Remittance Date <input type="text" value="v"/> <input type="button" value="v"/></div> </div> <div style="margin-top: 5px;"> Remaining Patient Liability <input type="text"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> * Release of Information <input type="text" value="v"/></div> <div style="width: 45%;"> Assignment of Benefits <input type="text" value="v"/> </div> </div> </div> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	1	Claim Filing Indicator: 'Medicare Part B'					Remove
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action									
1	Claim Filing Indicator: 'Medicare Part B'					Remove									

Steps	Description																					
	<div style="border: 1px solid black; padding: 5px;"> <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> <hr/> <p>Inpatient Adjudication Information</p> <p>Lifetime Psychiatric Days <input type="text"/> Claim DRG Amount <input type="text"/></p> <p>Remark CoMS 1 <input type="text"/></p> <p>Claim Disproportionate Share Amount <input type="text"/> Claim MSP Pass-through Amount <input type="text"/></p> <p>Claim PPS Capital Amount <input type="text"/> PPS-Capital FSP DRG Amount <input type="text"/></p> <p>PPS-Capital HSP DRG Amount <input type="text"/> PPS-Capital DSH DRG Amount <input type="text"/></p> <p>Old Capital Amount <input type="text"/> PPS-Capital IME Amount <input type="text"/></p> <p>PPS-Operating Hospital Specific DRG Amount <input type="text"/> Cost Report Day Count <input type="text"/></p> <p>PPS-Operating Federal Specific DRG Amount <input type="text"/> Claim PPS Capital Outlier Amount <input type="text"/></p> <p>Claim Indirect Teaching Amount <input type="text"/> Non-payable Professional Component Amount <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"/></p> <p>PPS-Capital Exception Amount <input type="text"/></p> <p style="text-align: center;"> <input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/> </p> </div>																					
<p>Step 15</p>	<ul style="list-style-type: none"> After the other insurance has been added, click the number 2 hyperlink to proceed to view the other insurance sub-panel. <p>NOTE: Users can only view the Other Insurance Reasons IME 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 to view it.</p> <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> <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="button" value="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
#	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																
<p>Step 16</p>	<p>Scroll down to the Other Insurance Reason section.</p>																					

Steps	Description																																																						
	<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="261 331 1463 730" style="border: 1px solid black; padding: 5px;"> <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" style="width: 100%; border-collapse: collapse;"> <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">Click to collapse.</td> </tr> <tr> <td></td> <td>*Group Code</td> <td colspan="2">*Reason</td> <td>*Amount</td> <td>Units of Service</td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> <td>0.00</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;"> <input type="button" value="Add Reason"/> <input type="button" value="Cancel Reason"/> </td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> Once the Other Insurance Reasons are added click Save Insurance and move on to the next section. <div data-bbox="261 806 1463 1163" style="border: 1px solid black; padding: 5px;"> <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" style="width: 100%; border-collapse: collapse;"> <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>1</td> <td>PR-Patient Responsibility</td> <td>36-Balance does not exceed co-payment amount.</td> <td>\$1.00</td> <td></td> <td>Remove</td> </tr> <tr> <td colspan="6">Click to add a new claim reason.</td> </tr> <tr> <td colspan="6" style="text-align: center;"> <input type="button" value="Save Insurance"/> <input type="button" value="Cancel Insurance"/> </td> </tr> </tbody> </table> </div>	#	Group Code	Reason	Amount	Units of Service	Action	Click to collapse.							*Group Code	*Reason		*Amount	Units of Service					0.00		<input type="button" value="Add Reason"/> <input type="button" value="Cancel Reason"/>						#	Group Code	Reason	Amount	Units of Service	Action	1	PR-Patient Responsibility	36-Balance does not exceed co-payment amount.	\$1.00		Remove	Click to add a new claim reason.						<input type="button" value="Save Insurance"/> <input type="button" value="Cancel Insurance"/>					
#	Group Code	Reason	Amount	Units of Service	Action																																																		
Click to collapse.																																																							
	*Group Code	*Reason		*Amount	Units of Service																																																		
				0.00																																																			
<input type="button" value="Add Reason"/> <input type="button" value="Cancel Reason"/>																																																							
#	Group Code	Reason	Amount	Units of Service	Action																																																		
1	PR-Patient Responsibility	36-Balance does not exceed co-payment amount.	\$1.00		Remove																																																		
Click to add a new claim reason.																																																							
<input type="button" value="Save Insurance"/> <input type="button" value="Cancel Insurance"/>																																																							
Step 17	<ul style="list-style-type: none"> Enter the Condition Codes information if applicable then click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="269 1287 1471 1570" style="border: 1px solid black; padding: 5px;"> <p>Condition Codes</p> <p>Click the Remove link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Condition Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>*Condition Code</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"> <input type="button" value="Add"/> <input type="button" value="Reset"/> </td> </tr> </tbody> </table> </div>	#	Condition Code	Action	1			1	*Condition Code		<input type="button" value="Add"/> <input type="button" value="Reset"/>																																												
#	Condition Code	Action																																																					
1																																																							
1	*Condition Code																																																						
<input type="button" value="Add"/> <input type="button" value="Reset"/>																																																							
Step 18	<ul style="list-style-type: none"> Enter the Occurrence Codes information if applicable then click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>																																																						

Steps	Description										
	<div data-bbox="269 260 1469 531"> <p>Occurrence Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Occurrence Code</th> <th>From Date</th> <th>To Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td>-</td> <td>-</td> <td></td> </tr> </tbody> </table> <p>1 *Occurrence Code <input type="text"/> *From Date <input type="text"/> *To Date <input type="text"/></p> <p>Add Reset</p> </div>	#	Occurrence Code	From Date	To Date	Action	1		-	-	
#	Occurrence Code	From Date	To Date	Action							
1		-	-								
<p>Step 19</p>	<ul style="list-style-type: none"> Enter the Value Codes information if applicable then click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="269 621 1469 892"> <p>Value Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Value Code</th> <th>Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Value Code <input type="text"/> *Amount <input type="text"/></p> <p>Add Reset</p> </div>	#	Value Code	Amount	Action	1					
#	Value Code	Amount	Action								
1											
<p>Step 20</p>	<ul style="list-style-type: none"> Enter the Surgical Procedures information if applicable then click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <ul style="list-style-type: none"> Review all sections on Submit Institutional Claim: Step 2 page. If all the information is correct click Continue to move on to Step 3. <div data-bbox="269 1062 1469 1457"> <p>Surgical Procedures</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <p>Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Surgical Procedure Type</th> <th>Surgical Procedure Code</th> <th>Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td>-</td> <td></td> </tr> </tbody> </table> <p>1 *Surgical Procedure Type <input type="text" value="ICD-10-PCS"/> *Surgical Procedure Code <input type="text"/> *Date <input type="text"/></p> <p>Add Reset</p> <p>Back to Step 1 Continue Cancel</p> </div>	#	Surgical Procedure Type	Surgical Procedure Code	Date	Action	1			-	
#	Surgical Procedure Type	Surgical Procedure Code	Date	Action							
1			-								
<p>Step 21</p>	<p>The Portal displays the “Submit Institutional Claim”: Step 3 page. The previous information 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: Click the Plus and Minus for each section to expand and collapse the section.</p>										

Steps	Description																																																												
	<div style="border: 1px solid black; padding: 5px;"> <p>Submit Institutional Claim: Step 3 ?</p> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Crossover Inpatient</p> <hr/> <p>Provider Information</p> <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 colspan="4" style="text-align: center;">Taxonomy</td> </tr> </tbody> </table> <hr/> <p>Patient and Claim Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Member ID</th> <th style="width: 30%;">Gender</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Total Charged Amount</td> </tr> <tr> <td>Birth Date</td> <td>Admission Date/Hour</td> </tr> <tr> <td>Covered Dates</td> <td>Admitting Diagnosis</td> </tr> <tr> <td>Admitting Diagnosis Type</td> <td>Admitting Diagnosis</td> </tr> </tbody> </table> <hr/> <p>Medicare Crossover Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Deductible Amount</td> <td>\$1,000.00</td> <td>Co-insurance Amount</td> <td>\$0.00</td> </tr> <tr> <td>Blood Deductible Amount</td> <td>\$0.00</td> <td>Medicare Payment Date</td> <td>12/05/2022</td> </tr> <tr> <td>Copay Amount</td> <td>\$0.00</td> <td>Allowed Medicare Amount</td> <td>\$1,150.00</td> </tr> <tr> <td>Medicare Payment Amount</td> <td>\$150.00</td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">Expand All Collapse All</p> <hr/> <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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 20%;">Diagnosis Type</th> <th style="width: 55%;">Diagnosis Code</th> <th style="width: 20%;">POA</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>ICD-10-CM</td> <td>R071-CHEST PAIN ON BREATHING</td> <td></td> </tr> </tbody> </table> <hr/> <p>Other Insurance Details -</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 20%;">Carrier Name</th> <th style="width: 15%;">Carrier Code</th> <th style="width: 15%;">Group #</th> <th style="width: 15%;">COB Payer Paid Amount</th> <th style="width: 40%;">Remittance Date</th> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="5">Claim Filing Indicator: 'Medicare Part B'</td> </tr> <tr> <td>2</td> <td>test</td> <td>test</td> <td>test</td> <td>\$0.00</td> <td>12/05/2022</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Member ID	Gender	Member	Total Charged Amount	Birth Date	Admission Date/Hour	Covered Dates	Admitting Diagnosis	Admitting Diagnosis Type	Admitting Diagnosis	Deductible Amount	\$1,000.00	Co-insurance Amount	\$0.00	Blood Deductible Amount	\$0.00	Medicare Payment Date	12/05/2022	Copay Amount	\$0.00	Allowed Medicare Amount	\$1,150.00	Medicare Payment Amount	\$150.00			#	Diagnosis Type	Diagnosis Code	POA	1	ICD-10-CM	R071-CHEST PAIN ON BREATHING		#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Medicare Part B'					2	test	test	test	\$0.00	12/05/2022
Billing Provider ID	ID Type	NPI	Name																																																										
Taxonomy																																																													
Member ID	Gender																																																												
Member	Total Charged Amount																																																												
Birth Date	Admission Date/Hour																																																												
Covered Dates	Admitting Diagnosis																																																												
Admitting Diagnosis Type	Admitting Diagnosis																																																												
Deductible Amount	\$1,000.00	Co-insurance Amount	\$0.00																																																										
Blood Deductible Amount	\$0.00	Medicare Payment Date	12/05/2022																																																										
Copay Amount	\$0.00	Allowed Medicare Amount	\$1,150.00																																																										
Medicare Payment Amount	\$150.00																																																												
#	Diagnosis Type	Diagnosis Code	POA																																																										
1	ICD-10-CM	R071-CHEST PAIN ON BREATHING																																																											
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date																																																								
1	Claim Filing Indicator: 'Medicare Part B'																																																												
2	test	test	test	\$0.00	12/05/2022																																																								
Step 22	<ul style="list-style-type: none"> Fill out the required information for the Service Details section. Once all information has been completed, click Add. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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 style="width: 5%;">Svc #</th> <th style="width: 20%;">Revenue Code</th> <th style="width: 20%;">HCPCS/Proc Code</th> <th style="width: 10%;">From Date</th> <th style="width: 10%;">To Date</th> <th style="width: 10%;">Units</th> <th style="width: 15%;">Charge Amount</th> <th style="width: 20%;">Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <p>1 *Revenue Code <input type="text"/> HCPCS/Proc Code <input type="text"/></p> <p>Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>*From Date <input type="text"/> To Date <input type="text"/> *Units <input type="text"/> *Unit Type <input type="text"/></p> <p>Charge Amount <input type="text"/></p> <p style="text-align: center;">Add Reset</p> </div> </div>	Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action	1																																																			
Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action																																																						
1																																																													
Step 23	<ul style="list-style-type: none"> Click the plus sign in the Attachments section to attach a copy of the EOMB. 																																																												

Steps	Description																																										
	<div data-bbox="272 260 1468 485"> <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><input type="checkbox"/></td> <td colspan="5">Click to add attachment.</td> </tr> </tbody> </table> <p>Back to Step 1 Back to Step 2 Submit Cancel</p> </div>	#	Transmission Method	File	Control #	Attachment Type	Action	<input type="checkbox"/>	Click to add attachment.																																		
#	Transmission Method	File	Control #	Attachment Type	Action																																						
<input type="checkbox"/>	Click to add attachment.																																										
<p>Step 24</p>	<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. • Crossover Claims require the Explanation of Medicare Benefits (EOMB) to be attached. • If other insurance information was added the Explanation of Benefits (EOB) for that carrier must be attached. • Attachments must be in PDF format. • Complete the additional required fields for this section and select Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="272 800 1468 1226"> <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><input type="checkbox"/></td> <td colspan="5">Click to collapse.</td> </tr> <tr> <td></td> <td>*Transmission Method</td> <td>FT-File Transfer</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>*Upload File</td> <td>Choose File</td> <td>No file chosen</td> <td></td> <td></td> </tr> <tr> <td></td> <td>*Attachment Type</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Description</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Add</td> <td>Cancel</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Back to Step 1 Back to Step 2 Submit Cancel</p> </div> <p>If the user selects NotSpecified-Not Specified for the Transmission Method, add an Attachment Control Number (ACN) in the Control # field.</p> <p>NOTE: Users must create a unique Attachment Control Number (ACN) for each claim if they select NotSpecified-Not Specified as the Transmission Method. In addition, a Claim Attachment Form must accompany each EOMB and must identify the Provider NPI and ACN as it was entered in the Attachments section. The Claim Attachment Form is located at: Forms - Mississippi Division of Medicaid.</p>	#	Transmission Method	File	Control #	Attachment Type	Action	<input type="checkbox"/>	Click to collapse.						*Transmission Method	FT-File Transfer					*Upload File	Choose File	No file chosen				*Attachment Type						Description						Add	Cancel			
#	Transmission Method	File	Control #	Attachment Type	Action																																						
<input type="checkbox"/>	Click to collapse.																																										
	*Transmission Method	FT-File Transfer																																									
	*Upload File	Choose File	No file chosen																																								
	*Attachment Type																																										
	Description																																										
	Add	Cancel																																									

Steps	Description																		
	<div data-bbox="272 260 1468 751"> <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						
#	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														
<p>Step 25</p>	<p>The attachments display in the Attachments section. Review the information entered for Step 3 and click Submit.</p> <div data-bbox="272 856 1468 1234"> <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
#	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														
<p>Step 26</p>	<p>The Portal takes the user 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. 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.</p> <ul style="list-style-type: none"> Once reviewing the claims information entered has been completed, click Confirm to confirm the claim submission. 																		

Steps	Description																																																																																								
	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">Confirm Institutional 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 Inpatient</p> <hr/> <div style="background-color: #D9E1F2; padding: 2px;">Provider Information</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Billing Provider ID</td> <td style="width: 33%;">ID Type NPI</td> <td style="width: 33%;">Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Institutional Provider ID</td> <td>ID Type NPI</td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Attending Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> <tr> <td>Operating Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> <tr> <td>Other Operating Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> </table> <hr/> <div style="background-color: #D9E1F2; padding: 2px;">Member Information</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Member ID</td> <td style="width: 40%;">Gender</td> </tr> <tr> <td>Member 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> </table> <hr/> <div style="background-color: #D9E1F2; padding: 2px;">Claim Information</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Covered Dates 12/05/2022 - 12/06/2022</td> <td style="width: 50%;">Admission Date/Hour 12/05/2022 - 05:48</td> </tr> <tr> <td>Admission Type _</td> <td>Admission Source _</td> </tr> <tr> <td>Admitting Diagnosis Type ICD-10-CM</td> <td>Discharge Hour 10:27</td> </tr> <tr> <td>Admitting Diagnosis R071-CHEST PAIN ON BREATHING</td> <td>Type of Bill 111-Hosp Inpt-Incl Mcr A</td> </tr> <tr> <td>Patient Status 01-DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)</td> <td>Authorization Number _</td> </tr> <tr> <td>Patient Number _</td> <td></td> </tr> <tr> <td>Does the provider accept assignment for claim processing? Yes</td> <td></td> </tr> <tr> <td>Are benefits assigned to the provider by the patient or their authorized representative? Yes</td> <td></td> </tr> <tr> <td>Does the provider have a signed statement from the patient releasing their medical information? Yes</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Charged Amount \$0.00</td> </tr> </table> <hr/> <div style="background-color: #D9E1F2; padding: 2px;">Medicare Crossover Details</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Deductible Amount \$1,000.00</td> <td style="width: 50%;">Co-insurance Amount \$0.00</td> </tr> <tr> <td>Blood Deductible Amount \$0.00</td> <td>Medicare Payment Date 12/05/2022</td> </tr> <tr> <td>Copay Amount \$0.00</td> <td>Allowed Medicare Amount \$1,150.00</td> </tr> <tr> <td>Medicare Payment Amount \$150.00</td> <td></td> </tr> </table> <p style="text-align: right;">Expand All Collapse All</p> <hr/> <div style="background-color: #0070C0; color: white; padding: 2px;">Diagnosis Codes +</div> <hr/> <div style="background-color: #0070C0; color: white; padding: 2px;">Other Insurance Details -</div> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 30%;">Carrier Name</th> <th style="width: 15%;">Carrier Code</th> <th style="width: 15%;">Group #</th> <th style="width: 15%;">COB Payer Paid Amount</th> <th style="width: 20%;">Remittance Date</th> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="5">Claim Filing Indicator: 'Medicare Part B'</td> </tr> <tr> <td>2</td> <td>test</td> <td>test</td> <td>test</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">12/05/2022</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type NPI	Name	Taxonomy			Institutional Provider ID	ID Type NPI	Name	Taxonomy			Attending Provider ID _	ID Type _	Name _	Taxonomy _			Operating Provider ID _	ID Type _	Name _	Taxonomy _			Other Operating Provider ID _	ID Type _	Name _	Taxonomy _			Member ID	Gender	Member Birth Date		Address		Address Line 2		City		State	Zip Code	Covered Dates 12/05/2022 - 12/06/2022	Admission Date/Hour 12/05/2022 - 05:48	Admission Type _	Admission Source _	Admitting Diagnosis Type ICD-10-CM	Discharge Hour 10:27	Admitting Diagnosis R071-CHEST PAIN ON BREATHING	Type of Bill 111-Hosp Inpt-Incl Mcr A	Patient Status 01-DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)	Authorization Number _	Patient Number _		Does the provider accept assignment for claim processing? Yes		Are benefits assigned to the provider by the patient or their authorized representative? Yes		Does the provider have a signed statement from the patient releasing their medical information? Yes		Total Charged Amount \$0.00		Deductible Amount \$1,000.00	Co-insurance Amount \$0.00	Blood Deductible Amount \$0.00	Medicare Payment Date 12/05/2022	Copay Amount \$0.00	Allowed Medicare Amount \$1,150.00	Medicare Payment Amount \$150.00		#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Medicare Part B'					2	test	test	test	\$0.00	12/05/2022
Billing Provider ID	ID Type NPI	Name																																																																																							
Taxonomy																																																																																									
Institutional Provider ID	ID Type NPI	Name																																																																																							
Taxonomy																																																																																									
Attending Provider ID _	ID Type _	Name _																																																																																							
Taxonomy _																																																																																									
Operating Provider ID _	ID Type _	Name _																																																																																							
Taxonomy _																																																																																									
Other Operating Provider ID _	ID Type _	Name _																																																																																							
Taxonomy _																																																																																									
Member ID	Gender																																																																																								
Member Birth Date																																																																																									
Address																																																																																									
Address Line 2																																																																																									
City																																																																																									
State	Zip Code																																																																																								
Covered Dates 12/05/2022 - 12/06/2022	Admission Date/Hour 12/05/2022 - 05:48																																																																																								
Admission Type _	Admission Source _																																																																																								
Admitting Diagnosis Type ICD-10-CM	Discharge Hour 10:27																																																																																								
Admitting Diagnosis R071-CHEST PAIN ON BREATHING	Type of Bill 111-Hosp Inpt-Incl Mcr A																																																																																								
Patient Status 01-DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)	Authorization Number _																																																																																								
Patient Number _																																																																																									
Does the provider accept assignment for claim processing? Yes																																																																																									
Are benefits assigned to the provider by the patient or their authorized representative? Yes																																																																																									
Does the provider have a signed statement from the patient releasing their medical information? Yes																																																																																									
Total Charged Amount \$0.00																																																																																									
Deductible Amount \$1,000.00	Co-insurance Amount \$0.00																																																																																								
Blood Deductible Amount \$0.00	Medicare Payment Date 12/05/2022																																																																																								
Copay Amount \$0.00	Allowed Medicare Amount \$1,150.00																																																																																								
Medicare Payment Amount \$150.00																																																																																									
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date																																																																																				
1	Claim Filing Indicator: 'Medicare Part B'																																																																																								
2	test	test	test	\$0.00	12/05/2022																																																																																				

Steps	Description																															
	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #4F81BD; color: white; padding: 2px;">Service Details</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Svc #</th> <th>Revenue Code</th> <th>HCPCS/Proc Code</th> <th>Mod</th> <th>From Date</th> <th>To Date</th> <th>Units/Type</th> <th>Charge Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC</td> <td></td> <td></td> <td>12/05/2022</td> <td>12/05/2022</td> <td>4.000 Unit</td> <td>\$0.00</td> </tr> </tbody> </table> <div style="background-color: #4F81BD; color: white; padding: 2px;">Attachments</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>FT-File Transfer</td> <td>Medicare EOMB.pdf (36K)</td> <td>20221205152949448452</td> <td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</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> </tr> </tbody> </table> <div style="background-color: #4F81BD; color: white; padding: 2px;">No External Cause of Injury Diagnosis Codes exist for this claim</div> <div style="background-color: #4F81BD; color: white; padding: 2px;">No Patient Reason for Visit Diagnosis Codes exist for this claim</div> <div style="background-color: #4F81BD; color: white; padding: 2px;">No Condition Codes exist for this claim</div> <div style="background-color: #4F81BD; color: white; padding: 2px;">No Occurrence Codes exist for this claim</div> <div style="background-color: #4F81BD; color: white; padding: 2px;">No Value Codes exist for this claim</div> <div style="background-color: #4F81BD; color: white; padding: 2px;">No Surgical Procedures exist for this claim</div> <div style="text-align: center; margin-top: 10px;"> Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel </div> </div>	Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC			12/05/2022	12/05/2022	4.000 Unit	\$0.00	#	Transmission Method	File	Control #	Attachment Type	1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221205152949448452	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	2	NotSpecified-Not Specified	-	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount																									
1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC			12/05/2022	12/05/2022	4.000 Unit	\$0.00																									
#	Transmission Method	File	Control #	Attachment Type																												
1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221205152949448452	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)																												
2	NotSpecified-Not Specified	-	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)																												

Step 29

The Portal returns the **Submit Crossover Inpatient Claim: Confirmation page**.
 NOTE: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.
 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.
 NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.

Submit Crossover Inpatient Claim: Confirmation

Crossover Inpatient Claim Receipt

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

The Claim ID is

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

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	12/12/2022	Gainwell	Initial publication
1.1	12/06/2023	Gainwell	Updated portal access to inactive providers date of termination based on CR 2278.
1.2	04/19/2024	Gainwell	Updated an image and some verbiage in steps 6, 14, 15,16, 23 and 24.