

Job Aid

Outpatient Crossover Claim Submission

In this simulation, you will be imitating 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 Outpatient 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 Outpatient Crossover Claim in MESA:</p> <p>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																																								
	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #0070C0; color: white; margin: 0;">Home Eligibility Claims Care Management Patient Health History Files Exchange Resources Con</p> <p style="text-align: center; background-color: #0070C0; color: white; margin: 0;">Search Claims Submit Claim Dental Submit Claim Inst Submit Claim Prof Submit Claim Pharm Search Payment History</p> <p style="margin: 0;">Claims > Submit Claim Inst</p> </div>																																								
Step 3	<p>The Portal displays the “Submit Institutional Claim”: Step 1 page.</p> <ul style="list-style-type: none"> Select Claim Type Crossover Outpatient. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="background-color: #0070C0; color: white; padding: 2px;">Submit Institutional Claim: Step 1</p> <p style="font-size: small; color: red;">* Indicates a required field.</p> <div style="border: 1px solid orange; display: inline-block; padding: 2px; margin-top: 10px;"> Claim Type Crossover Outpatient </div> </div>																																								
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 you are submitting.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="background-color: #D9E1F2; padding: 2px;">Provider Information</p> <p style="font-size: x-small; color: gray;">If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Billing Provider ID</td> <td style="width: 20%;">ID Type</td> <td style="width: 20%;">NPI</td> <td style="width: 20%;">Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Institutional Provider ID</td> <td>ID Type</td> <td>NPI</td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Attending Provider ID <input style="width: 80%;" type="text"/></td> <td>ID Type</td> <td>NPI</td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operating Provider ID <input style="width: 80%;" type="text"/></td> <td>ID Type</td> <td>NPI</td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Operating Provider ID <input style="width: 80%;" type="text"/></td> <td>ID Type</td> <td>NPI</td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> </table> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Institutional Provider ID	ID Type	NPI	Name	Taxonomy				Attending Provider ID <input style="width: 80%;" type="text"/>	ID Type	NPI	Name	Taxonomy				Operating Provider ID <input style="width: 80%;" type="text"/>	ID Type	NPI	Name	Taxonomy				Other Operating Provider ID <input style="width: 80%;" type="text"/>	ID Type	NPI	Name	Taxonomy			
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Step 5	<ul style="list-style-type: none"> Complete the Member Information section. <p>NOTE: Once you enter a Member ID, the system will generate the remaining fields in this section. Verify the fields populate correctly.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="background-color: #D9E1F2; padding: 2px;">Member Information</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">*Member ID <input style="width: 90%;" type="text"/></td> <td style="width: 40%;"></td> </tr> <tr> <td>Last Name</td> <td>First Name</td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Address <input style="width: 90%;" type="text"/></td> <td></td> </tr> <tr> <td>Address Line 2 <input style="width: 90%;" type="text"/></td> <td></td> </tr> <tr> <td>City <input style="width: 90%;" type="text"/></td> <td></td> </tr> <tr> <td>State <input style="width: 90%;" type="text"/></td> <td>Zip Code <input style="width: 90%;" type="text"/></td> </tr> </table> </div>	*Member ID <input style="width: 90%;" type="text"/>		Last Name	First Name	Birth Date		Address <input style="width: 90%;" type="text"/>		Address Line 2 <input style="width: 90%;" type="text"/>		City <input style="width: 90%;" type="text"/>		State <input style="width: 90%;" type="text"/>	Zip Code <input style="width: 90%;" type="text"/>																										
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Step 6	<ul style="list-style-type: none"> Complete the Claim Information section. <p>NOTE: The “Include Other Insurance” box is grayed out for Medicare Crossover Claim Type.</p> <p>NOTE: Everything with a red asterisk * must be completed.</p>																																								

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	<div data-bbox="267 262 1469 682"> <p>Claim Information</p> <p>*Covered Dates <input type="text" value="10/30/2022"/> - <input type="text" value="11/29/2022"/></p> <p>Admission Date/Hour <input type="text"/> (hh:mm) - <input type="text"/> (hh:mm) Discharge Hour <input type="text"/> (hh:mm)</p> <p>Admission Type <input type="text"/> Admission Source <input type="text"/></p> <p>Admitting Diagnosis Type <input type="text" value="ICD-10-CM"/> Admitting Diagnosis <input type="text"/></p> <p>Patient Status <input type="text"/> *Type of Bill <input type="text" value="124-Hosp Inpt-Mcr Part B"/></p> <p>Patient Number <input type="text"/> Authorization Number <input type="text"/></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><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 Institutional Claim: Step 1 page. If all the information entered is correct click Continue to move onto Step 2. <div data-bbox="267 840 1469 1081"> <p>Medicare Crossover Details</p> <p>Deductible Amount <input type="text" value="1,000.00"/> Co-insurance Amount <input type="text" value="0.00"/></p> <p>Blood Deductible Amount <input type="text" value="0.00"/> Medicare Payment Date <input type="text"/></p> <p>Copay Amount <input type="text" value="0.00"/> Allowed Medicare Amount \$0.00</p> <p>Medicare Payment Amount <input type="text" value="0.00"/></p> <p style="text-align: right;"><input checked="" type="button" value="Continue"/> <input type="button" value="Cancel"/></p> </div>																																	
<p>Step 8</p>	<p>The Portal displays the “Submit Institutional Claim”: Step 2 page. The previous information you entered on step 1 will display at the top of the page on step 2.</p> <ul style="list-style-type: none"> Review the previously submitted information and scroll down. <div data-bbox="267 1207 1469 1753"> <p>Submit Institutional Claim: Step 2 ?</p> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Crossover Outpatient</p> <hr/> <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" style="text-align: center;">Taxonomy</td> </tr> </tbody> </table> <hr/> <p>Patient and Claim Information</p> <table border="1"> <thead> <tr> <th>Member ID</th> <th>Member</th> <th>Gender</th> </tr> </thead> <tbody> <tr> <td colspan="2">Birth Date</td> <td>Total Charged Amount \$0.00</td> </tr> <tr> <td colspan="3">Covered Dates</td> </tr> </tbody> </table> <hr/> <p>Medicare Crossover Details</p> <table border="1"> <tbody> <tr> <td>Deductible Amount</td> <td>\$0.00</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>-</td> </tr> <tr> <td>Copay Amount</td> <td>\$0.00</td> <td>Allowed Medicare Amount</td> <td>\$0.00</td> </tr> <tr> <td>Medicare Payment 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	Birth Date		Total Charged Amount \$0.00	Covered Dates			Deductible Amount	\$0.00	Co-insurance Amount	\$0.00	Blood Deductible Amount	\$0.00	Medicare Payment Date	-	Copay Amount	\$0.00	Allowed Medicare Amount	\$0.00	Medicare Payment Amount	\$0.00		
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<p>Step 9</p>	<ul style="list-style-type: none"> Enter the Diagnosis Code then click Add. <p>NOTE: Everything with a red asterisk * needs to be filled out must be completed if the section is applicable to the claim.</p>																																	

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	<div data-bbox="267 262 1469 562"> <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									
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<p>Step 10</p>	<ul style="list-style-type: none"> Enter the External Cause of Injury Diagnosis Codes if applicable and click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="267 674 1469 961"> <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									
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<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"> Click the plus sign to add any other insurance. <div data-bbox="267 1121 1469 1444"> <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>						
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<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 depends 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 form the Claim Filing Indicator dropdown. Click Add Insurance. 														

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	<div data-bbox="269 264 1463 684"> <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"><input type="checkbox"/> 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	<input type="checkbox"/> Click to collapse.							*Claim Filing Indicator MB-Medicare Part B							Add Insurance Cancel Insurance						
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<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="269 800 1463 1152"> <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"><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	1	Claim Filing Indicator: 'Medicare Part B'					Remove	<input type="button" value="+"/> Click to add a new other insurance.													
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<p>Step 14</p>	<ul style="list-style-type: none"> Select LM-Liability Medical for the Claim Filing Indicator. The additional fields display once 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>																												

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	<div style="border: 1px solid #0056b3; padding: 5px;"> <div style="background-color: #0056b3; 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-top: 10px;">Refresh Other Insurance</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 30%;">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: 10%;">Remittance Date</th> <th style="width: 5%;">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 #ccc; padding: 5px; margin-top: 10px;"> <div style="border: 2px solid orange; padding: 2px;">*Claim Filing Indicator LM-Liability Medical v</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <p>*Carrier Name <input type="text"/></p> <p>*Subscriber Last Name <input type="text"/></p> <p>Subscriber Address <input type="text"/></p> <p>City <input type="text"/></p> <p>Zip Code <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>*Payer Responsibility <input type="text"/></p> <p>*COB Payer Paid Amount <input type="text" value="0.00"/></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> </div> <div style="width: 45%;"> <p>*Carrier Code <input type="text"/></p> <p>*First Name <input type="text"/></p> <p>State <input type="text"/></p> <p>Country <input type="text"/></p> <p>*Relationship to Subscriber <input type="text"/></p> <p>*Remittance Date <input type="text"/></p> </div> </div> </div> </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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	<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 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 in order 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;"><input type="button" value="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="4">Claim Filing Indicator: 'Medicare Part B'</td> <td></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 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 click Add Reason. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="267 352 1464 762" 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>*Reason</td> <td colspan="2">Reason</td> <td>Amount</td> <td>Units of Service</td> </tr> <tr> <td></td> <td>*Amount</td> <td>0.00</td> <td>Units of Service</td> <td></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="267 863 1464 1213" 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		*Reason	Reason		Amount	Units of Service		*Amount	0.00	Units of Service			<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"/>					
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<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="267 1335 1464 1619" 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"/>																																																		
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<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>																																																												

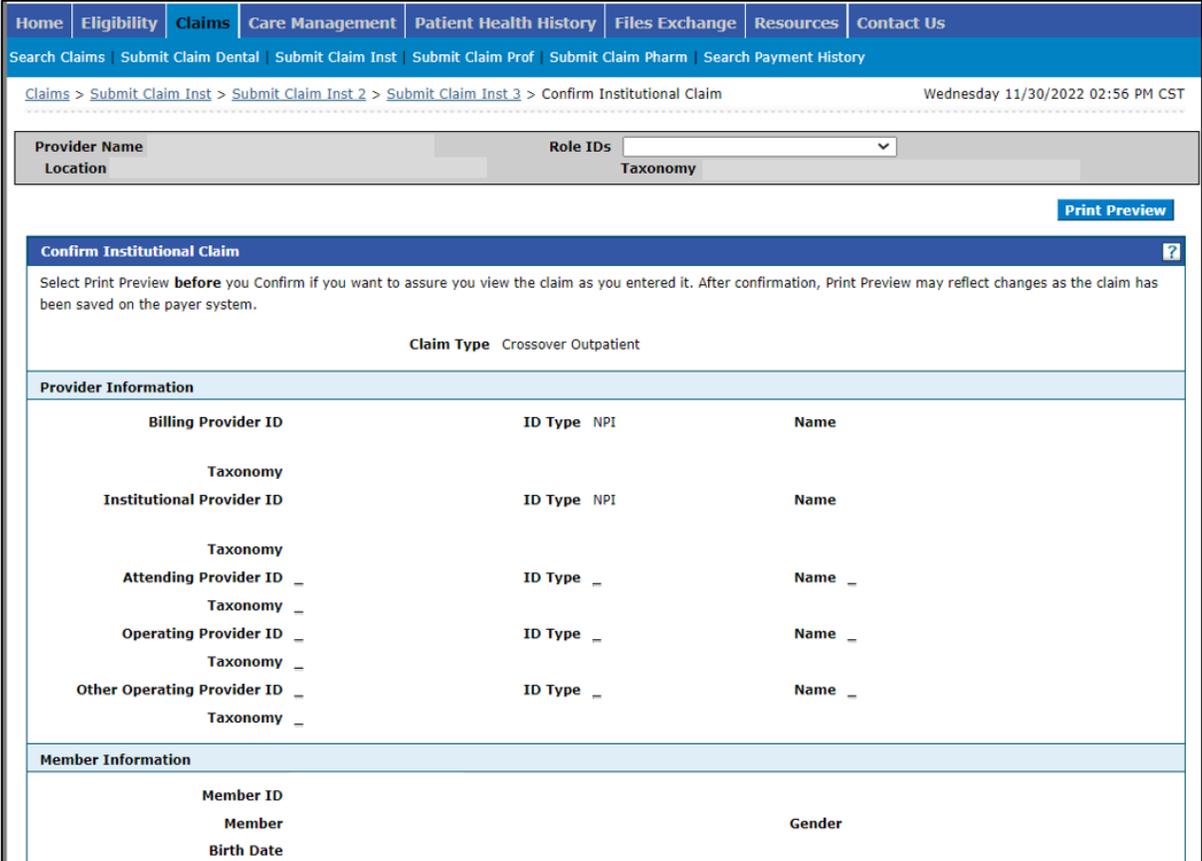
Steps	Description										
	<div style="border: 1px solid black; padding: 5px;"> <p>Occurrence Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Occurrence 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 style="text-align: center;">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 style="border: 1px solid black; padding: 5px;"> <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" style="width: 100%; border-collapse: collapse;"> <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 style="text-align: center;">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 onto Step 3. <div style="border: 1px solid black; padding: 5px;"> <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" style="width: 100%; border-collapse: collapse;"> <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 style="text-align: center;">Add Reset</p> <p style="text-align: center;">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 you entered on step 1 and step 2 displays 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																																																		
	<p>Claims > Submit Claim Inst > Submit Claim Inst 2 > Submit Claim Inst 3 Friday 12/02/2022 12:13 PM CST</p> <p>Provider Name <input type="text"/> Role IDs <input type="text"/></p> <p>Location <input type="text"/> Taxonomy <input type="text"/></p> <p>Eligible Programs and CCO Affiliation <input type="text" value="Mississippi Medicaid"/></p> <p>Submit Institutional Claim: Step 3 ?</p> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Crossover Outpatient</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" style="text-align: center;">Taxonomy</td> </tr> </tbody> </table> <p>Patient and Claim Information</p> <table border="1"> <thead> <tr> <th>Member ID</th> <th>Gender</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td></td> </tr> <tr> <td>Birth Date</td> <td>Total Charged Amount</td> </tr> <tr> <td>Covered Dates</td> <td></td> </tr> </tbody> </table> <p>Medicare Crossover Details</p> <table border="1"> <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>-</td> </tr> <tr> <td>Copay Amount</td> <td>\$0.00</td> <td>Allowed Medicare Amount</td> <td>\$1,000.00</td> </tr> <tr> <td>Medicare Payment Amount</td> <td>\$0.00</td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">Expand All Collapse All</p> <p>Diagnosis Codes +</p> <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: 'Medicare Part B'</td> </tr> <tr> <td>2</td> <td>test</td> <td>test</td> <td>test</td> <td>\$0.00</td> <td>12/02/2022</td> </tr> </tbody> </table> <p>Service Details -</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Member ID	Gender	Member		Birth Date	Total Charged Amount	Covered Dates		Deductible Amount	\$1,000.00	Co-insurance Amount	\$0.00	Blood Deductible Amount	\$0.00	Medicare Payment Date	-	Copay Amount	\$0.00	Allowed Medicare Amount	\$1,000.00	Medicare Payment Amount	\$0.00			#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Medicare Part B'					2	test	test	test	\$0.00	12/02/2022
Billing Provider ID	ID Type	NPI	Name																																																
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2	test	test	test	\$0.00	12/02/2022																																														
Step 22	<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 if applicable. Complete the NDCs for Svc. #1 panel if applicable. Once all information has been completed, click Add. <p>NOTE: The system requires that the Medicare Crossover Details amounts at the header level (the section completed on Step 1) are balanced against the Medicare Crossover Details amounts at the service line level (the section you see displayed here on 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 filled at both the header level and the details level then the system will not try to balance them.</p>																																																		

Steps	Description																
	<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px;">Service Details</div> <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: 25%;">Revenue Code</th> <th style="width: 25%;">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: 10%;">Charge Amount</th> <th style="width: 5%;">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> <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> </div> <div style="margin-top: 10px; border: 1px solid #ccc; padding: 2px;"> <p>Medicare Crossover Details</p> <p>Deductible Amount <input type="text" value="0.00"/> Co-insurance Amount <input type="text" value="0.00"/></p> <p>Blood Deductible Amount <input type="text" value="0.00"/> Medicare Payment Date <input type="text"/></p> <p>Copay Amount <input type="text" value="0.00"/> Allowed Medicare Amount \$0.00</p> <p>Medicare Payment Amount <input type="text" value="0.00"/></p> </div> <div style="margin-top: 10px; border: 1px solid #ccc; padding: 2px;"> <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).</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 style="text-align: center;"><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div> </div>	Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action	1							Remove
Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action										
1							Remove										
Step 23	<ul style="list-style-type: none"> Click the 1 hyperlink in the Svc # column to view the Other Insurance Details for Svc # 1 section. <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <div style="background-color: #0056b3; color: white; padding: 2px;">Service Details</div> <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: 25%;">Revenue Code</th> <th style="width: 25%;">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: 10%;">Charge Amount</th> <th style="width: 5%;">Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC</td> <td></td> <td>11/28/2022</td> <td>11/28/2022</td> <td>4.000 Unit</td> <td></td> <td style="text-align: center;">Remove</td> </tr> </tbody> </table> </div>	Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action	1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC		11/28/2022	11/28/2022	4.000 Unit		Remove
Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action										
1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC		11/28/2022	11/28/2022	4.000 Unit		Remove										
Step 24	<p>If you added any insurance with a Claim Filing Indicator value other than 16, MA, or MB then the Other Insurance Details for Svc # 1 section displays and can 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 if applicable. Click Add Insurance then click Save to save the service line detail if you added information to this section. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>																

Steps	Description																																								
	<div data-bbox="267 262 1458 955"> <p>NDCs for Svc. # 1</p> <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"> <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"> <input type="checkbox"/> Click to collapse. </td> </tr> <tr> <td colspan="10"> <p>*Other Carrier <input type="text"/> Bundled into Line # <input type="text" value="0"/></p> <p>Procedure Code <input type="text"/></p> <p>Modifiers <input type="text"/></p> <p>COB Payer Paid Amount <input type="text" value="0.00"/> *Remittance Date <input type="text"/> *Paid Units <input type="text" value="0.00"/></p> <p>Remaining Patient Liability <input type="text"/></p> <p>*Revenue Code <input type="text"/></p> <p>Add Insurance Cancel Insurance</p> <p>Save Reset Cancel</p> </td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>	#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action	<input type="checkbox"/> Click to collapse.										<p>*Other Carrier <input type="text"/> Bundled into Line # <input type="text" value="0"/></p> <p>Procedure Code <input type="text"/></p> <p>Modifiers <input type="text"/></p> <p>COB Payer Paid Amount <input type="text" value="0.00"/> *Remittance Date <input type="text"/> *Paid Units <input type="text" value="0.00"/></p> <p>Remaining Patient Liability <input type="text"/></p> <p>*Revenue Code <input type="text"/></p> <p>Add Insurance Cancel Insurance</p> <p>Save Reset Cancel</p>										2									
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2																																									
Step 25	<ul style="list-style-type: none"> Click the plus sign in the Attachments section to attach a copy of the EOMB. 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. <div data-bbox="267 1176 1469 1407"> <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 colspan="6"> <input type="button" value="Add Attachment"/> 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="button" value="Add Attachment"/> Click to add attachment.																																	
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Step 26	<ul style="list-style-type: none"> Select FT-File Transfer or NotSpecified-Not Specified from the Transmission Method dropdown. This selection effects the fields that display. Complete the additional required fields for this section and click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>																																								

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	<div data-bbox="267 262 1469 682"> <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 colspan="6">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> <tr> <td></td> <td>Back to Step 1</td> <td>Back to Step 2</td> <td></td> <td>Submit</td> <td>Cancel</td> </tr> </tbody> </table> <p>If you select NotSpecified-Not Specified for the Transmission Method, you will need to add an Attachment Control Number (ACN) in the Control # field.</p> <p>NOTE: You must create a unique Attachment Control Number (ACN) for each claim if you 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> <div data-bbox="267 955 1469 1459"> <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 colspan="6">Click to collapse.</td> </tr> <tr> <td></td> <td>*Transmission Method</td> <td>NotSpecified-Not Specified</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>*Control #</td> <td></td> <td></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> <tr> <td></td> <td>Back to Step 1</td> <td>Back to Step 2</td> <td></td> <td>Submit</td> <td>Cancel</td> </tr> </tbody> </table> </div> </div>	#	Transmission Method	File	Control #	Attachment Type	Action	Click to collapse.							*Transmission Method	FT-File Transfer					*Upload File	Choose File	No file chosen				*Attachment Type						Description						Add	Cancel					Back to Step 1	Back to Step 2		Submit	Cancel	#	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	Click to collapse.							*Transmission Method	NotSpecified-Not Specified					*Control #						*Attachment Type						Description						Add	Cancel					Back to Step 1	Back to Step 2		Submit	Cancel
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Step 27	<p>The attachments display in the Attachments section.</p> <ul style="list-style-type: none"> Review the information you entered for Step 3 and click Submit. 																																																																																																						

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	<div data-bbox="267 262 1469 640"> <p>Attachments -</p> <p>Click the Remove link to remove the entire row.</p> <table border="1" data-bbox="272 336 1458 535"> <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><input type="checkbox"/> Click to add attachment.</p> <p style="text-align: center;"> Back to Step 1 Back to Step 2 Submit 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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<p>Step 28</p>	<p>The Portal takes you to the Confirm Institutional Claim page.</p> <p>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.</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, click Confirm to confirm your claim submission. <div data-bbox="267 940 1469 1801">  </div>																		

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	<div style="text-align: right;"> Expand All Collapse All </div> <div style="background-color: #2c5e8c; color: white; padding: 2px;">Diagnosis Codes</div> <div style="background-color: #2c5e8c; color: white; padding: 2px;">Other Insurance Details</div> <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> </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>11/30/2022</td> </tr> </tbody> </table> <div style="background-color: #2c5e8c; 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>11/28/2022</td> <td>11/28/2022</td> <td>4.000 Unit</td> <td>\$0.00</td> </tr> </tbody> </table> <div style="background-color: #2c5e8c; color: white; padding: 2px;">Attachments</div> <div style="background-color: #2c5e8c; color: white; padding: 2px;">No External Cause of Injury Diagnosis Codes exist for this claim</div> <div style="background-color: #2c5e8c; color: white; padding: 2px;">No Patient Reason for Visit Diagnosis Codes exist for this claim</div> <div style="background-color: #2c5e8c; color: white; padding: 2px;">No Condition Codes exist for this claim</div> <div style="background-color: #2c5e8c; color: white; padding: 2px;">No Occurrence Codes exist for this claim</div> <div style="background-color: #2c5e8c; color: white; padding: 2px;">No Value Codes exist for this claim</div> <div style="background-color: #2c5e8c; color: white; padding: 2px;">No Surgical Procedures exist for this claim</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Back to Step 1 Back to Step 2 Back to Step 3 Print Preview </div> <div> Confirm Cancel </div> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Medicare Part B'					2	test	test	test	\$0.00	11/30/2022	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			11/28/2022	11/28/2022	4.000 Unit	\$0.00
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Step 29	<p>The Portal returns the Submit Crossover Outpatient 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> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <div style="background-color: #2c5e8c; color: white; padding: 2px;">Submit Crossover Outpatient Claim: Confirmation</div> <div style="background-color: #2c5e8c; color: white; padding: 2px;">Crossover Outpatient Claim Receipt</div> <p>Your Crossover Outpatient Claim was successfully submitted. The claim status is Pending In Process.</p> <p>The Claim ID is XXXXXXXXXX</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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Attachment Coversheet(s) Print Preview Copy New View </div> </div> </div>																																		

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	12/5/2022	Gainwell	Initial publication
1.1	6/5/2023	Gainwell	Updated providers display to show CCO information based on CR1925.
1.2	12/06/2023	Gainwell	Updated portal access to inactive providers termination date based on CR 2278.
1.3	04/19/2024	Gainwell	Updated verbiage and one images in steps 6, 15, 16 and 22.