

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	Login to the Portal. The Portal Home screen Displays.								
	Search Medicaid:								
	Home Eligibility Claims Care Management Patient Health History Files Exchange Resources Contact Us								
	Provider Name	Pala TDr V	Wednesday 11/50/2022 04:51 PH CST						
	Location Eligible Programs and CCO Affiliation	Taxonomy	,						
	🔹 User Details	AFCA	Sign Up to Receive News						
	Welcome Group	Welcome Health Care Professional!	Secure Correspondence						
	Manage Accounts		Latest News						
	Provider	We are committed to make it easier for physicians and other providers to perform	Late Breaking News						
	Name	their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently	Provider Bulletins						
	Provider ID	asked questions, and the ability to search for providers.	UM/QIO						
	Location ID		PREVALITIES .						
	Provider Services								
	Member Focused Viewing								
	Affiliated Providers								
	> 340B Program Information								
Step 2	The following steps will revie	ew how to submit an Outpatient Crossover Claim	in MESA:						
	Hover over the Claims tab o	on the menu bar. A list of claim types displays be	low.						
	Click Submit Claim	Inst.							



Steps	Description
	Home Eligibility Claims Care Management Patient Health History Files Exchange Resources Con Search Claims Submit Claim Dental Submit Claim Inst Submit Claim Prof Submit Claim Pharm Search Payment History Claims > Submit Claim Inst
Step 3	The Portal displays the "Submit Institutional Claim": Step 1 page. Select Claim Type Crossover Outpatient. Submit Institutional Claim: Step 1 Indicates a required field.
Step 4	Complete the Provider Information section. NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim you are submitting. Provider Information If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required. Billing Provider ID ID Type NPI Name Taxonomy Attending Provider ID ID Type NPI Name Taxonomy Operating Provider ID ID Type NPI Name Taxonomy ID Type NPI Name ID Typ
Step 5	Complete the Member Information section. NOTE: Once you enter a Member ID, the system will generate the remaining fields in this section. Verify the fields populate correctly. Member Information First Name Birth Date Address Address Line 2 City State Zip Code 0
Step 6	 Complete the Claim Information section. NOTE: The "Include Other Insurance" box is grayed out for Medicare Crossover Claim Type. NOTE: Everything with a red asterisk * must be completed.



Steps		Description	
	Claim Information		
	*Covered Dates 🖯	10/30/2022	
	Admission Date/Hour 🛛		re (hh:mm)
	Admission Type 🛛	Admission Source	e θ
	Admitting Diagnosis Type	ICD-10-CM 🗸 Admitting Diagnosi	s 🛛
	Patient Status 🔒	*Type of Bi	124-Hosp Inpt-Mcr Part B
	Patient Number	Authorization Numl	ber
	*Does the provider	ccept assignment for claim processing? • Yes O No O Clinical L	ab Services Only
	*Are benefits assigned to the pr	vider by the patient or their authorized $\$ $\$ Yes $\$ No $\$ N/A representative?	
	*Does the provider have a sign	ed statement from the patient releasing <a> Yes <a> No their medical information?	
	Include Other Insurance	2	Total Charged Amount \$0.00
Step 7	 Complete the M Review all section correct click Content of the con	edicare Crossover Details section. ons on Submit Institutional Claim: Step 1 otinue to move onto Step 2.	page. If all the information entered is
	Medicare Crossover Details		
	Deductible Amount	1 000 00 Co-insuran	e Amount
	Blood Deductible Amount	1,000.00 Co-insuran	
			e Amount \$0.00
	Medicare Payment Amount	0.00	
			Continue
Step 8	The Portal displays the '	Submit Institutional Claim": Step 2 page.	The previous information you entered
		iously submitted information and seroll d	
	Review the prev	lously submitted information and scroll de	JWI1.
	Submit Institutional Claim: Step 2		?
	* Indicates a required field.		
		Claim Type Crossover Outpatient	
	Provider Information		
	Billing Provider ID	ID Type NPI	Name
	Taxonomy		
	Patient and Claim Information		
	Member ID		
	Member	Gender	
	Birth Date	Total Charged Amount	\$0.00
	Covered Dates		
	Medicare Crossover Details		
	Deductible Amount	0.00 Co-insuran	e Amount \$0.00
	Blood Deductible Amount	0.00 Medicare Pay	ment Date
	Copay Amount	0.00 Allowed Medica	e Amount \$0.00
	Medicare Payment Amount	0.00	
Step 9	• Enter the Diagn	osis Code then click Add.	
	NOTE: Everything with a applicable to the claim.	red asterisk * needs to be filled out mus	t be completed if the section is



Steps	Description					
	Diagnosis Codes					
	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.					
	# Diagnosis Type Diagnosis Code Action					
	1 *Diagnosis Type ICD-10-CM ✓ *Diagnosis Codeθ					
	Add Reset					
Step 10	Enter the External Cause of Injury Diagnosis Codes if applicable and click Add.					
	NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.					
	External Cause of Injury Diagnosis Codes	1				
	Select the row number to edit the row. Click the Remove link to remove the entire row.					
	# Diagnosis Type External Cause of Injury Diagnosis Code Action					
	1					
	1 *Diagnosis Type ICD-10-CM V *External Cause of Injury Diagnosis Code @					
	Add Reset					
Step 11	Scroll down to the Other Insurance Detail panel.	-				
	NOTE: If there is other insurance information already populated that is out of date, click the Remove					
	button under the Action column.					
	Other Insurance Details					
	Enter the carrier and policy holder information below.					
	Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.					
	NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.					
	Refresh Other Insurance					
	# Carrier Name Carrier Code Group # COB Payer Paid Amount Remittance Date Action					
	Click to add a new other insurance.					
Step 12	The required fields to be completed for the Other Insurance Details section depends on the selection in the Claim Filing Indicator dropdown.					
	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.					
	Anything selected other than 16, MA, or MB will require additional fields to complete the Other Insurance Details section.					
	Select MB-Medicare Part B form the Claim Filing Indicator dropdown.					
	Click Add Insurance.					





Steps	Description						
	Other Insurance Details						
	Enter the carrier and policy holder information below.						
	Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.						
	NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.						
	Refresh Other 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						
Stop 12	Other Insurance displays on line #1 for Medicare Part B						
Step 13							
	Click the plus sign to add another Other Insurance.						
	Other Insurance Details						
	Enter the carrier and policy holder information below.						
	Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment						
	Details section.						
	NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.						
	Refresh 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.						
0							
Step 14	 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.						
	 Link to Carrier Codes 						
	Complete sections Outpatient Adjudication Information and Inpatient Adjudication Information if applicable.						
	Once all the information is entered click Add Insurance.						
	NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.						

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Steps	Description						
	Othe	r Insurance Details					-
	Enter	the carrier and policy holder in	formation below.				
	Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adju Details section. NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.						
						Refresh Other	Insurance
	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
	1	Claim Filing Indicator: 'Medic	are Part B'				Remove
	EC	lick to collapse.					
		*Claim Filing Indicator	LM-Liability Medical	~			
		*Carrier Name		*Carrier Code			
		*Subscriber Last Name		*First Name			
		Subscriber Address					
		City		State		×	
		Zip Code 0		Country		~	
		*Subscriber ID		, (
		*Group #					
		Group Name					
		*Payer Responsibility	~	*Relationship to Subscriber	~	•	
		*COB Payer Paid Amount	0.00	*Remittance Date 😣			
	F F	Remaining Patient Liability					
		*Release of Information	~				
		Assignment of Benefits	~]			



Steps			Description			
	Outpatient Adjudication Informatio	n				
	Reimbursement Rate		Claim HCPCS Payable (Amount			
	Remark CoMS 1					
	Remark Code 2					
	Remark Code 3					
	Remark Code 4		Non-navable Professional			
			Component Amount			
	Claim ESRD Payment Amount					
	Inpatient Adjudication Information	I				
	Lifetime Psychiatric Days		Claim DRG Amount			
	Claim Disproportionate Share		Claim MSD Dass-through			
	Amount		Amount			
	Claim PPS Capital Amount		PPS-Capital FSP DRG			
	DDC-Capital USD DBC Amount		Amount			
			Amount			
	Old Capital Amount		PPS-Capital IME Amount			
	PPS-Operating Hospital		Cost Report Day Count			
	PPS-Operating Federal		Claim PPS Capital Outlier			
	Specific DRG Amount		Amount			
	Claim Indirect Teaching Amount		Component Amount			
	Remark Code 2					
	Remark Code 3					
	Remark Code 4					
	Remark Code 5					
	PPS-Capital Exception Amount					
	Add Insurance Ca	ncel Insurance				
Step 15	After the other in other insurance	nsurance has been ad sub panel.	dded, click the num	ber 2 hyperlink	to proceed to	view the
	NOTE: Users can only y	view the Other Insura	nce Reasons sub r	anel if the Claim	Filing Indicat	or is
	anything other then 16 (Medicare Part C), MA	(Medicare Part A)	, or MB (Medicar	e Part B). Th	e user
	MUST click on the numb	per hyperlink after add	ding insurance in o	rder to view it.	,	
	Other Insurance Details					_
	Enter the carrier and policy holder info	rmation below.				
	Enter other carrier Remittance Advice of	details here for the claim or with each	h service line. Enter adjusted pay	ment details, such as reason	codes, in the Claim A	djustment
	Details section.					
	NOTE: Please click Remove to discard	any unrelated "Other Insurance", pr	ior to submitting claim.			
					Refresh Other	Insurance
	# 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
	Click to add a new other insurance.		1			
Step 16	Scroll down to the Other	r Insurance Reason	section.			



Steps		Description					
	Fill out the Other In	surance Reasons section and click Add Rea	ison.				
	NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.						
	Other Insurance Reasons						
	You can enter up to five unique group codes	. You can repeat six combinations of reason code and adjustment amount w	vith each group code.				
	Click the Remove link to remove the entire	row.					
	# Group Code	Reason	Amount	Units of Service	Action		
	Click to collapse.		•	I			
	*Group Code	~					
	*Reason *Amount	Units of Service					
	Add Reason Cancel Re	<u>1500</u>					
	Once the Other Inc.	Irance Reasons are added click Save Insur	ance and m	ave on to	the next		
	section.	and the reasons are added there are insur-			the next		
	Other Insurance Reasons						
	You can enter up to five unique group codes	. You can repeat six combinations of reason code and adjustment amount \boldsymbol{v}	with each group code.				
	Click the Remove link to remove the entire	row.					
	# Group Code Reason Amount Units of Service Action						
	1 PR-Patient Responsibility	36-Balance does not exceed co-payment amount.	\$1.00		<u>Remove</u>		
	Click to add a new claim reason.						
	Save Insurance Cancel 1	nsurance					
Step 17	• Enter the Condition	Codes information if applicable then click	Add.				
	NOTE: Everything with a re	d asterisk * must be completed if the section	is applicable	e to the c	laim.		
	Condition Codes						
	Click the Remove link to remove the entire	row.					
	#	Condition Code			Action		
	1						
	1 *Condition Code						
	Add Reset						
Step 18	• Enter the Occurrer	ce Codes information if applicable then clicl	k Add.				
	NOTE: Everything with a re	d asterisk * must be completed if the section	is applicable	e to the c	laim.		





Steps	Description							
	Occurrence Codes							
	Select the row number to edit the row. Click the Remove link to remove the entire row.							
	#	00	currence Code		From Date	Тс	o Date	Action
	<u>1</u>				=			
	1 *0	ccurrence Code 🛛			*From Date 🛛	то 📰	Date 🔒	
		Add Reset						
		Add						
Step 19	• E	nter the Value Co	des information if	appli	cable then click Add.			
	NOTE: Ev	ervthing with a red	d asterisk * must	 be.cor	noleted if the section	is applica	able to the cla	aim
	Value Codes Select the row	number to edit the row. Click t	he Remove link to remove th	e entire ro)W.			_
	#		value Cod	e		A	mount	Action
	1	tValue Code e			*Amount			
					Amount			
		Add Reset						
Ctor 20					. You Produce the second			
Step 20	• El	nter the Surgical	Procedures Infor	matio	n if applicable then cl	ICK Add .		
	NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.							
	• R	eview all sections	on Submit Institu	tional	Claim: Step 2 page. I	f all the ir	nformation is	correct
	CI	ick Continue to m	ove onto Step 3.					
	Surgical Proc	edures						-
	Select the row Please note th	number to edit the row. Click t at the 1st surgical procedure co	he Remove link to remove th de entered is considered to be	e entire ro the princ	w. ipal (primary) Surgical Procedure Coo	de.		
	#	Surgical Proce	dure Type		Surgical Procedure Code		Date	Action
	1	Surgicul Proce			Surgical Procedure Code		-	Hellon
	1 •	Surgical Procedure Type	CD-10-PCS V *S	urgical Pr	rocedure Code e			
		*Date 🛛						
		Add Reset						
		Add Reset						
		ack to Sten 1				Cont	inue Cancel	
						Com	concer	
Step 21	The Porta	l displays the "Sub	omit Institutional C	Claim"	: Step 3 page. The pr	evious in	formation yo	u entered
	on step 1	and step 2 display	's at the top of the	e page	e on step 3.			
		croil down to view	the additional sec	tion to	on this page.	the sect	ion	
		or the plus and M	inus ior each sec		espano ano collapse		IUII.	

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Steps	Description
	Claims > Submit Claim Inst > Submit Claim Inst 2 > Submit Claim Inst 3 Friday 12/02/2022 12:13 PM CST Provider Name Role IDs v Location Taxonomy Eligible Programs and CCO Affiliation Mississipol Medicaid
	Submit Institutional Claim: Step 3
	* Indicates a required field.
	Claim Type Crossover Outpatient
	Provider Information
	Billing Provider ID ID Type NPI Name
	Тахолоту
	Patient and Claim Information
	Member ID Member Gender
	Birth Date Total Charged Amount
	Covered Dates
	Medicare Crossover Details
	Blood Deductible Amount \$0.00 Medicare Payment Date _
	Copay Amount \$0.00 Allowed Medicare Amount \$1,000.00
	Medicare Payment Amount \$0.00
	Expand Ali Collapse Ali Diagnosis Codes +
	Other Insurance Details
	COB Paver Paid
	# Carrier Name Carrier Code Group # Amount Remittance Date
	Claim Filing Indicator: 'Medicare Part B'
	2 test test \$0.00 12/02/2022
	Service Details Select the row number to edit the row. Click the Remove link to remove the entire row.
01	- Fill out the required information for the Service Dataile section
Step 22	Fin out the required information for the Service Details section.
	• 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.
	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.
	NOTE: If values are not filled at both the header level and the details level then the system will not try to balance them.



Steps	Description								
	Service Details								
	Select the row number to edit the row. Click the Remove link to remove the entire row.								
	Svc # Revenue Code	HCPCS/Proc Code	From Date To Date	Units	Charge Amount	Action			
	1								
	1 *Revenue Code e	нср	CS/Proc Code 🛛						
	Modifiers 🛛								
	*From Date e	To Date 🛛 🚺	*Units	*Unit Type	e Unit 🗸				
	Charge Amount								
	Medicare Crossover Details								
	Blood Deductible Amount 0.00		Co-Insurance Amoun Medicare Payment Date	t 0.00					
	Copay Amount 0.00		Allowed Medicare Amoun	t \$0.00					
	Medicare Payment Amount 0.00								
	NDCs for Svc. # 1								
	If applicable, only one NDC/UPN is allowed p	er service detail line. When adding an NDC,	UPN, the Code Type, Quantity	and Unit of Me	asure fields are require	ed.			
	Additionally, NDC/UPN information is require	d when adding or saving NDC/UPN with pre	scription information (Prescript	ion Number, Pi	rescription Type).				
	Code Type	~							
	Quantity Unit of Measure V								
	Prescription Number Prescription Type V								
	Add Reset								
Sten 23	Click the 1 hyperlink	in the Svc # column to vi	ew the Other Insu	irance D	etails for Svo	: # 1			
Otep 20	section.								
	Service Details								
	Select the row number to edit the row. Click the	Remove link to remove the entire row.							
	Svc # Revenue Code	HCPCS/Proc Code	From Date To Date	Units	Charge Amount	Action			
	123-ROOM AND BOARD - SEMI-PRIVATE		11/28/2022 11/28/2022	4 000 Unit		Remove			
	TWO BED - PEDIATRIC		11/20/2022			<u></u>			
Step 24	If you added any insurance wi	th a Claim Filing Indicato	r value other than	16, MA	, or MB then	the Other			
	Insurance Details for Svc # 1 section displays and can be completed. If the Other Insurance Details for Svc # 1 section is displayed then the Other Carrier dropdown will								
						n will only			
	display the insurance carrier of	ptions with Claim Filing I	ndicator values of	her than	n 16, MA, or N	/Β.			
	 Complete the require applicable. 	d information for the Oth	er Insurance Det	ails for	Svc # 1 sect	ion if			
	Click Add Insurance this section	then click Save to save t	he service line de	tail if yo	u added infor	mation to			
		etorick * must be some	ated if the costion	ie annlie	able to the a	aim			
	NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.								

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Steps	Description							
	NDCs for Svc. # 1							
	Other Insurance Details for Syc. # 1							
	Click the row number to edit the row. Click the Remove link to remove the entire row.							
	# Carrier Code Procedure Code Modifiers COB Payer Paid Amount Remittance Date Paid Units Remaining Patient Liability Bundled Line Action							
	Click to collapse.							
	*Other Carrier							
	Modifiers 0							
	COB Payer Paid Amount 0.00 *Remittance Date							
	Remaining Patient							
	Liability *Revenue Code							
	Add Insurance Cancel Insurance							
	Save Reset Cancel							
	2							
Step 25	 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.							
	Attachments							
	Click the Remove link to remove the entire row.							
	# Transmission Method File Control # Attachment Type Action							
	Click to add attachment.							
	Back to Step 1 Back to Step 2 Submit Cancel							
Step 26	 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. 							
	NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.							

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Steps		Description						
	Α	Attachments						
	C	Click the Remove link to remove the entire row.						
	4	t Transmission	Method	File	Control #	Attachment Type	Action	
	E	Click to collapse.						
	*Transmission Method FT-File Transfer *Upload File Choose File No file chosen *Attachment Type Description							
		Add						
						Cubath Canad		
		Back to Step 1	. Back to Si	tep 2		Submit Cancel		
	lf v	ou select NotSr	becified-N	lot Specified for the Tra	nsmission Method. v	rou will need to add ar	n	
	Att	achment Contro	ol Numbe	r (ACN) in the Control #	field.			
	NOTE: You must create a unique Attachment Control Number (ACN) for each claim if you coloct							
	NC	TE. You must o	reate a u	inique Attachment Cont	rol Number (ACN) fo	or each claim if you se	lect	
	NC No	TE: You must of Specified-Not S	reate a u	inique Attachment Cont as the Transmission Me	rol Number (ACN) fo ethod. In addition, a	or each claim if you se Claim Attachment For	lect m must	
	NC No ac	TE: You must o tSpecified-Not S company each E	reate a u Specified EOMB an	inique Attachment Cont as the Transmission Mo d must identify the Prov	rol Number (ACN) fo ethod. In addition, a ider NPI and ACN a	or each claim if you se Claim Attachment For s it was entered in the	lect m must	
	NC No act	TE: You must of tSpecified-Not S company each E achments section	create a u Specified EOMB an on . The <u>C</u>	Inique Attachment Cont as the Transmission Me d must identify the Prov Claim Attachment Form	rol Number (ACN) fo ethod. In addition, a ider NPI and ACN a <u>a</u> is located at: <u>Forr</u>	or each claim if you se Claim Attachment For s it was entered in the <mark>ms - Mississippi Divi</mark>	lect m must sision of	
	NC Nc ac Att <u>Mc</u>	DTE: You must of tSpecified-Not S company each E achments section dicaid.	create a u Specified EOMB an on . The <u>C</u>	inique Attachment Cont as the Transmission Me d must identify the Prov Claim Attachment Form	rol Number (ACN) fo ethod. In addition, a ider NPI and ACN a <u>a</u> is located at: <u>Forr</u>	or each claim if you se Claim Attachment For s it was entered in the ms - Mississippi Divi	lect m must sision of	
	NC Nc act Att	DTE: You must of tSpecified-Not S company each E achments section tachments	create a u Specified EOMB an on . The C	inique Attachment Cont as the Transmission Me d must identify the Prov Claim Attachment Forn	rol Number (ACN) fo ethod. In addition, a ider NPI and ACN a n is located at: Form	or each claim if you se Claim Attachment For s it was entered in the ms - Mississippi Divi	lect m must sision of	
		DTE: You must of tSpecified-Not S company each E achments section dicaid.	create a u Specified EOMB an on. The C	Inique Attachment Cont as the Transmission Me d must identify the Prov Claim Attachment Forn	rol Number (ACN) fo ethod. In addition, a ider NPI and ACN a <u>n</u> is located at: <u>Forr</u>	or each claim if you se Claim Attachment For s it was entered in the ms - Mississippi Divi	lect m must ision of	
	NC Nc Att Mc	DTE: You must of tSpecified-Not S company each E achments section dicaid. ttachments ick the Remove link to rem	create a u Specified EOMB an on. The C	row.	rol Number (ACN) fo ethod. In addition, a ider NPI and ACN a is located at: Form	or each claim if you se Claim Attachment For s it was entered in the ms - Mississippi Divi	lect m must sion of Action	
	NC Nc Att Mc	DTE: You must of tSpecified-Not S company each E achments section dicaid.	create a u Specified EOMB an on. The C	row.	rol Number (ACN) fo ethod. In addition, a ider NPI and ACN a n is located at: Form	Claim Attachment For s it was entered in the ms - Mississippi Divi	lect m must sision of Action	
		DTE: You must of tSpecified-Not S company each E achments section dicaid. ttachments ick the Remove link to rem t Transmission	create a u Specified EOMB an on. The C	row. rile File Medicare EOMB.pdf (36K)	rol Number (ACN) for ethod. In addition, a ider NPI and ACN a is located at: Form Control # 20221202122716197843	er each claim if you se Claim Attachment For s it was entered in the ms - Mississippi Divi Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Action	
		TE: You must of tSpecified-Not Specified-Not Scompany each E achments section of the section of	create a u Specified EOMB an on. The C	row. rile File Medicare EOMB.pdf (36K)	rol Number (ACN) for ethod. In addition, a ider NPI and ACN a n is located at: Form Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Action	
		DTE: You must of tSpecified-Not S company each E achments section dicaid. ttachments ick the Remove link to rem Transmission FT-File Transfer Click to collapse.	reate a u Specified EOMB an on. The Q nove the entire of Method	row. rinique Attachment Cont as the Transmission Me d must identify the Prov Claim Attachment Form row. File Medicare EOMB.pdf (36K)	rol Number (ACN) fo ethod. In addition, a ider NPI and ACN a is located at: Form 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Action Remove	
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Steps	Description						
	Attachments						
	Click	the Remove link to remove the entire re	DW.				
	Click		JW.			l	
	#	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)	<u>Remove</u>	
	2	NotSpecified-Not Specified	-	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	<u>Remove</u>	
	+ (Click to add attachment.					
		Back to Step 1 Back to Ste	ep 2		Submit Cancel		
		Dental talvas visu ta tha	Osufium lustitutisus l Ols				
Step 28	Ine	Portal takes you to the	Confirm Institutional Cla	i m page.			
	Rev sect	iew all the information e ion. Expand All and Col	ntered for this claim. Click lapse All to expand and co	the plus and min llapse all the sec	us to expand and colla tions at once.	ipse each	
	At th this	ne bottom of the page, s claim.	elect Back to Step 1, 2, or	3 to go back and	edit the information er	ntered for	
		 Once reviewing the your claim submissi 	claims information entered	l has been compl	eted, click Confirm to	confirm	
	Hon	ne Eligibility Claims Care Man	agement Patient Health History Fil	es Exchange Resource	s Contact Us		
	Searc	h Claims Submit Claim Dental Submit	Claim Inst Submit Claim Prof Submit Clain	n Pharm Search Payment Hi	story		
	Clai	ims > <u>Submit Claim Inst</u> > <u>Submit Claim</u>	Inst 2 > Submit Claim Inst 3 > Confirm Instit	utional Claim	Wednesday 11/30/2022	02:56 PM CST	
	PI	rovider Name Location	Role IDs	axonomy	~		
					Prir	t Preview	
	C	Confirm Institutional Claim				?	
	s	elect Print Preview before you Confirm if y	you want to assure you view the claim as you e	ntered it. After confirmation, P	rint Preview may reflect changes as the	claim has	
	b	een saved on the payer system.					
			Claim Type Crossover Outpatien	t			
		rouidor Information					
				••			
		Billing Provider 1D	ID Type NPI	Name	2		
		Taxonomy					
		Institutional Provider ID	ID Type NPI	Name			
		T					
		Attending Provider ID		Name			
				Name	· _		
		Operating Provider ID	ID Type _	Name			
		Taxonomy _					
		Other Operating Provider ID	ID Туре	Name	• _		
		Taxonomy _					
	N	Iember Information					
		Member ID					
		Member		Gende	r		
		Birth Date					
						1	



	MISSISSIPPI DIVISION OF
2	MEDICAID

Steps	Description							
	Diag	nosis Codes					Expar	nd All Collapse All
	Other Insurance Details							
	#	Carrier Name	Carrier Code		Group #		COB Payer Paid Amount	Remittance Date
	1	Claim Filing Indicator: 'Medicare Part B'						1
	2	test	test	test			\$0.00) 11/30/2022
	Serv	ice Details						
	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	11/28/202	2 4.000 Unit	\$0.00
	Atta	chments						Đ
	No E	xternal Cause of Injury Diagnosis Code	s exist for this claim					
	No P	atient Reason for Visit Diagnosis Codes	exist for this claim					
	No C	ondition Codes exist for this claim						
	No O	ccurrence Codes exist for this claim						
	No S	alue codes exist for this claim Surgical Procedures exist for this claim						
		Back to Step 1 Back to Step	2 Back to Step 3 Print Preview			L	Confirm	icel
Step 29	The	Portal returns the Submit	Crossover Outpatient	Claim:	Confirma	ation p	age.	
	NOT EON	E: The confirmation page 1B.	displays. ALL Crossove	r claim	s go to a l	PENDIN	VG status to	o verify the
	NOT	E: If the claim has an atta	achment with a not-specit	ied trar	nsmission	methor	d then the (Confirmation
	page	has an Attachments Cov	/ersheet(s) button for the	cover	page.		-	
	Sub	mit Crossover Outpatient Claim: Confirm	nation					?
	Cros	sover Outpatient Claim Receipt						
	Your	Crossover Outpatient Claim was successfully	/ submitted. The claim status is Pending In	Process.				
	The C	Claim ID is						
	Click	Print Preview to view the claim details as	they have been saved on the payer's system	n.				
	Click	Copy to copy member or claim data.						
	Click	View to view the details of the submitted of	Jaim.					
		Attachment Coversheet(s) Print Pro	winu Cony New View					
		Attachment coversneet(s)	view copy new view					



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.