

Job Aid

Professional Crossover Claim Submission

This job aid provides step by step instructions to submit a Professional Crossover Claim in the MESA portal. Please read the instructions thoroughly and follow all directions.


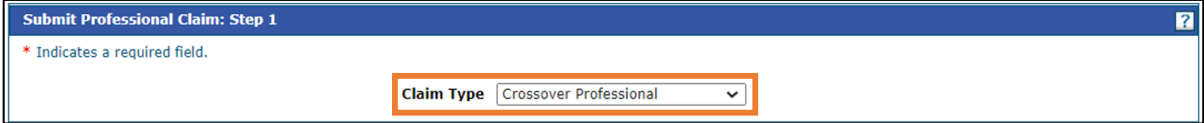
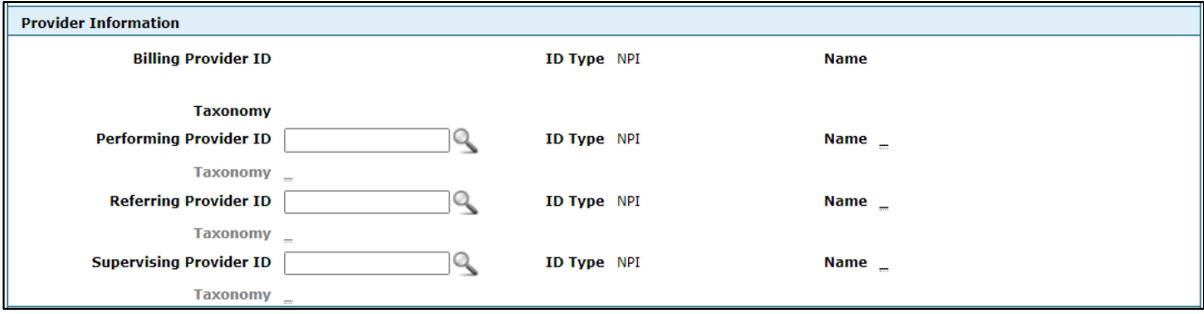
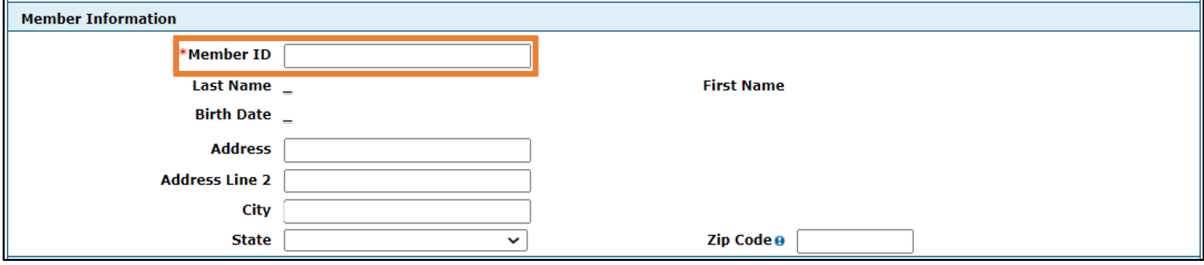
Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the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

When submitting a crossover claim make sure to follow these tips:

- Only include the EOMB(s) needed to process the claim.
- EOMBs must be completely legible.
- Negative dollar amounts are not accepted and must be entered as zero.
- All of the data on the EOMB must match the data entered on the portal submitted claim.

Review the Steps to Submit a Professional Crossover Claim

Steps	Description
Step 1	<p>Login to the Portal. The Portal Home screen Displays.</p> 

Steps	Description
Step 2	<p>The following steps will review how to submit a Professional Crossover Claim in MESA: Hover over the Claims tab on the menu bar. A list of claim types displays below.</p> <ul style="list-style-type: none"> Select Submit Claim Prof. 
Step 3	<p>The Portal displays the “Submit Professional Claim”: Step 1 page.</p> <ul style="list-style-type: none"> Select Claim Type Crossover Professional. 
Step 4	<ul style="list-style-type: none"> Complete the Provider Information section. <p>NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted.</p> 
Step 5	<ul style="list-style-type: none"> Complete the Member Information section. <p>NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly.</p> 
Step 6	<ul style="list-style-type: none"> Complete the Claim Information section. <p>NOTE: The “Include Other Insurance” box is grayed out for Crossover Claim Types.</p> <p>NOTE: Everything with a red asterisk * must be completed.</p>

Steps	Description															
	<div data-bbox="277 260 1466 684"> <p>Claim Information</p> <p>Date Type <input type="text"/> Date of Current <input type="text"/> <input type="button" value="+"/></p> <p>Accident Related <input type="text"/> Admission Date <input type="text"/> <input type="button" value="+"/></p> <p>Patient Number <input type="text"/> Authorization Number <input type="text"/></p> <p>*Transport Certification <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>*Does the provider have a signature on file? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>*Does the provider accept assignment for claim processing? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clinical Lab Services Only</p> <p>*Are benefits assigned to the provider by the patient or their authorized representative? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A</p> <p>*Does the provider have a signed statement from the patient releasing their medical information? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Include Other Insurance <input checked="" type="checkbox"/> Total Charged Amount \$0.00</p> </div>															
Step 7	<ul style="list-style-type: none"> Review all sections on Submit Professional Claim: Step 1 page. If all the information entered is correct select Continue to move on to Step 2. <div data-bbox="277 779 1466 1272"> <p>Claim Information</p> <p>Date Type <input type="text"/> Date of Current <input type="text"/> <input type="button" value="+"/></p> <p>Accident Related <input type="text"/> Admission Date <input type="text"/> <input type="button" value="+"/></p> <p>Patient Number <input type="text"/> Authorization Number <input type="text"/></p> <p>*Transport Certification <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>*Does the provider have a signature on file? <input checked="" type="radio"/> Yes <input type="radio"/> No</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 type="checkbox"/> Total Charged Amount \$0.00</p> <p>Continue <input type="button" value="Cancel"/></p> </div>															
Step 8	<p>The Portal displays the “Submit Professional Claim”: Step 2 page. The previous information that was entered in step 1 will display at the top of the page in step 2.</p> <ul style="list-style-type: none"> Review the previously submitted information and scroll down. <div data-bbox="277 1409 1466 1787"> <p>Submit Professional Claim: Step 2 <input style="float: right;" type="button" value="?"/></p> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Crossover Professional</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: 30%;">ID Type NPI</th> <th style="width: 30%;">Name</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3">Taxonomy</td> </tr> </tbody> </table> <hr/> <p>Patient and Claim Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 40%;">Member ID</td> <td style="width: 60%;">Gender</td> </tr> <tr> <td>Member</td> <td> </td> </tr> <tr> <td>Birth Date</td> <td>Total Charged Amount</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type NPI	Name				Taxonomy			Member ID	Gender	Member		Birth Date	Total Charged Amount
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Step 9	<ul style="list-style-type: none"> Enter the Diagnosis Code then select Add. <p>NOTE: Everything with a red asterisk * needs to be completed if the section is applicable to the claim.</p>															

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	<div data-bbox="272 260 1474 569"> <p>Diagnosis Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row. Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>Diagnosis Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Diagnosis Type <input type="text" value="ICD-10-CM"/> *Diagnosis Code <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Diagnosis Type	Diagnosis Code	Action	1																							
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<p>Step 10</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, select the Remove button under the Action column.</p> <ul style="list-style-type: none"> Select the plus sign to add any other insurance. <div data-bbox="272 730 1474 1066"> <p>Other Insurance Details</p> <p>Enter the carrier and policy holder information below.</p> <p>Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.</p> <p>NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.</p> <p style="text-align: right;"><input type="button" value="Refresh Other Insurance"/></p> <table border="1"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="7"><input type="button" value="Click to add a new other insurance."/></td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	<input type="button" value="Click to add a new other insurance."/>																				
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<p>Step 11</p>	<p>To add Medicare Part A, B, or C follow these steps.</p> <p>Using the Claim Filing Indicator dropdown select 16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B) and additional fields will not be displayed.</p> <ul style="list-style-type: none"> For this example, MB-Medicare Part B was selected from the Claim Filing Indicator dropdown. Select Add Insurance. <div data-bbox="272 1264 1474 1696"> <p>Other Insurance Details</p> <p>Enter the carrier and policy holder information below.</p> <p>Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.</p> <p>NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.</p> <p style="text-align: right;"><input type="button" value="Refresh Other Insurance"/></p> <table border="1"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="7"><input type="button" value="Click to collapse."/></td> </tr> <tr> <td colspan="7">*Claim Filing Indicator <input type="text" value="MB-Medicare Part B"/></td> </tr> <tr> <td colspan="7"><input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/></td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	<input type="button" value="Click to collapse."/>							*Claim Filing Indicator <input type="text" value="MB-Medicare Part B"/>							<input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/>						
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<p>Step 12</p>	<p>Other Insurance displays on line #1 for Medicare Part B.</p> <p>To add another insurance outside of Medicare, follow these steps.</p> <ul style="list-style-type: none"> Select the plus sign. 																												

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	<div data-bbox="277 262 1469 619"> <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> </tbody> </table> <p><input type="button" value="Add"/> Click to add a new other insurance.</p> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	1	Claim Filing Indicator: 'Medicare Part B'					Remove
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1	Claim Filing Indicator: 'Medicare Part B'					Remove									
<p>Step 13</p>	<ul style="list-style-type: none"> Select the insurance that is applicable from the Claim Filing Indicator list. Additional fields display once the selection is made. <div data-bbox="272 709 1433 1119"> <p><input type="button" value="Collapse"/> Click to collapse.</p> <p>*Claim Filing Indicator</p> <p><input type="button" value="Add Insurance"/></p> <p>Condition Codes</p> <p>Click the Remove link to remove the</p> <table border="1"> <thead> <tr> <th>#</th> <th>Condition Code</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> </tbody> </table> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> <ul style="list-style-type: none"> 11-Other Non-Federal Programs 12-Preferred Provider Organization (PPO) 13-Point of Service (POS) 14-Exclusive Provider Organization (EPO) 15-Indemnity Insurance 16-Health Maintenance Organization (HMO) Medicare Risk 17-Dental Maintenance Organization AM-Automobile Medical BL-Blue Cross/Blue Shield CH-Champus CI-Commercial Insurance Co. DS-Disability FI-Federal Employees Program HM-Health Maintenance Organization LM-Liability Medical MA-Medicare Part A MB-Medicare Part B MC-Medicaid OF-Other Federal Program </div> <ul style="list-style-type: none"> Complete the additional other insurance fields that are required. Link to Carrier Codes 	#	Condition Code	1											
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	<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; background-color: red; color: white; padding: 5px; border: 1px solid red; display: inline-block;"> Complete each box with applicable data. </div> <div style="text-align: right; margin-top: 5px;"> Refresh Other Insurance </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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 colspan="7"> <input type="checkbox"/> Click to collapse. </td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <p>*Claim Filing Indicator <input type="text" value="BL-Blue Cross/Blue Shield"/></p> <p>*Carrier Name <input type="text"/> *Carrier Code <input type="text"/></p> <p>*Subscriber Last Name <input type="text"/> *First Name <input type="text"/></p> <p>Subscriber Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/></p> <p>Zip Code <input type="text"/> Country <input type="text"/></p> <p>*Subscriber ID <input type="text"/></p> <p>*Group # <input type="text"/></p> <p>Group Name <input type="text"/></p> <p>*Payer Responsibility <input type="text"/> *Relationship to Subscriber <input type="text"/></p> <p>*COB Payer Paid Amount <input type="text" value="\$0.00"/> *Remittance Date <input type="text"/></p> <p>Remaining Patient Liability <input type="text"/></p> <p>*Release of Information <input type="text"/></p> <p>Assignment of Benefits <input type="text"/></p> </div> <ul style="list-style-type: none"> Select the appropriate Payor Responsibility. If not known, select Unknown. <div style="border: 1px solid #0070C0; padding: 5px; margin-top: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">*Payer Responsibility</td> <td><input type="text"/></td> </tr> <tr> <td>*COB Payer Paid Amount</td> <td><input type="text"/></td> </tr> <tr> <td>Remaining Patient Liability</td> <td><input type="text"/></td> </tr> <tr> <td>*Release of Information</td> <td><input type="text"/></td> </tr> <tr> <td>Assignment of Benefits</td> <td><input type="text"/></td> </tr> </table> <div style="border: 1px solid #0070C0; padding: 2px; margin-top: 2px;"> <ul style="list-style-type: none"> P-Primary S-Secondary T-Tertiary U-Unknown A-Payer Responsibility Four B-Payer Responsibility Five C-Payer Responsibility Six D-Payer Responsibility Seven E-Payer Responsibility Eight F-Payer Responsibility Nine G-Payer Responsibility Ten H-Payer Responsibility Eleven </div> </div> <ul style="list-style-type: none"> Complete the Outpatient Adjudication Information section if applicable. Once all the information is entered select Add Insurance. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	<input type="checkbox"/> Click to collapse.							*Payer Responsibility	<input type="text"/>	*COB Payer Paid Amount	<input type="text"/>	Remaining Patient Liability	<input type="text"/>	*Release of Information	<input type="text"/>	Assignment of Benefits	<input type="text"/>
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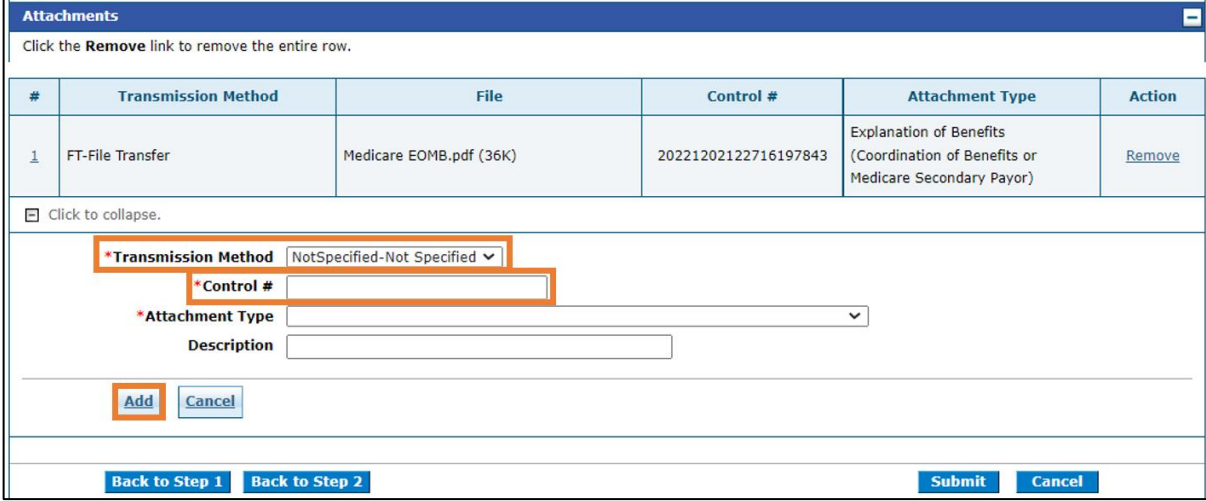

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	<div data-bbox="272 260 1469 632"> <p>Outpatient Adjudication Information</p> <p>Reimbursement Rate <input type="text"/> Claim HCPCS Payable <input type="text"/> Amount</p> <p>Remark CoMS 1 <input type="text"/></p> <p>Remark Code 2 <input type="text"/></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 <input type="text"/> Component Amount</p> <p>Claim ESRD Payment Amount <input type="text"/></p> <p>Add Insurance Cancel Insurance</p> </div>																					
<p>Step 14</p>	<ul style="list-style-type: none"> After the other insurance has been added, select the number hyperlink to view the other insurance just added. <p>NOTE: Users can only view the Other Insurance Reasons sub-panel if the Claim Filing Indicator is anything other than Medicare A, B, or C.</p> <p>*The user MUST click on the other insurance hyperlink after adding insurance to add additional information.</p> <div data-bbox="272 863 1469 1255"> <p>Other Insurance Details</p> <p>Enter the carrier and policy holder information below.</p> <p>Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.</p> <p>NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.</p> <p style="text-align: right;">Refresh Other Insurance</p> <table border="1"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="5">Claim Filing Indicator: 'Medicare Part B'</td> <td>Remove</td> </tr> <tr> <td>2</td> <td>test</td> <td>test</td> <td>test</td> <td>\$0.00</td> <td>11/30/2022</td> <td>Remove</td> </tr> </tbody> </table> <p><input type="checkbox"/> Click to add a new other insurance.</p> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	1	Claim Filing Indicator: 'Medicare Part B'					Remove	2	test	test	test	\$0.00	11/30/2022	Remove
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2	test	test	test	\$0.00	11/30/2022	Remove																
<p>Step 15</p>	<p>Scroll down to the Other Insurance Reason section.</p> <ul style="list-style-type: none"> Fill out the Other Insurance Reasons section and select Add Reason. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="272 1392 1469 1797"> <p>Other Insurance Reasons</p> <p>You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.</p> <p>Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Group Code</th> <th>Reason</th> <th>Amount</th> <th>Units of Service</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="6"><input type="checkbox"/> Click to collapse.</td> </tr> <tr> <td></td> <td>*Group Code <input type="text"/></td> <td>*Reason <input type="text"/></td> <td>*Amount <input type="text"/></td> <td>Units of Service <input type="text"/></td> <td></td> </tr> </tbody> </table> <p>Add Reason Cancel Reason</p> </div> <ul style="list-style-type: none"> Once the Other Insurance Reasons are added select Save Insurance to move to the next section. 	#	Group Code	Reason	Amount	Units of Service	Action	<input type="checkbox"/> Click to collapse.							*Group Code <input type="text"/>	*Reason <input type="text"/>	*Amount <input type="text"/>	Units of Service <input type="text"/>				
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Step 16	<p>The Portal displays the “Submit Professional Claim”: Step 3 page. The previous information that was entered in step 1 and step 2 is displayed at the top of the page on step 3.</p> <ul style="list-style-type: none"> Scroll down to view the additional sections on this page. <p>NOTE: Select the plus and minus for each section to expand and collapse the section.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Submit Professional Claim: Step 3</p> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Crossover Professional</p> <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> <p>Patient and Claim Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Member ID</th> <th>Member</th> <th>Gender</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Total Charged Amount</td> </tr> </tbody> </table> <p>Medicare Crossover Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Allowed Medicare Amount</td> <td>\$0.00</td> <td>Co-insurance Amount</td> <td>\$0.00</td> </tr> <tr> <td>Deductible Amount</td> <td>\$0.00</td> <td>Psychiatric Services Amount</td> <td>\$0.00</td> </tr> <tr> <td>Medicare Payment Amount</td> <td>\$0.00</td> <td>Medicare Payment Date</td> <td>-</td> </tr> <tr> <td>Copay Amount</td> <td>\$0.00</td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">Expand All Collapse All</p> <p>Diagnosis Codes</p> <p>Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>Diagnosis Code</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>ICD-10-CM</td> <td>R071-CHEST PAIN ON BREATHING</td> </tr> </tbody> </table> <p>Other Insurance Details</p> <table border="1" 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: 'Health Maintenance Organization (HMO) Medicare Risk'</td> </tr> <tr> <td>2</td> <td>test</td> <td>test</td> <td>test</td> <td>\$0.00</td> <td>12/09/2022</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Member ID	Member	Gender						Total Charged Amount	Allowed Medicare Amount	\$0.00	Co-insurance Amount	\$0.00	Deductible Amount	\$0.00	Psychiatric Services Amount	\$0.00	Medicare Payment Amount	\$0.00	Medicare Payment Date	-	Copay Amount	\$0.00			#	Diagnosis Type	Diagnosis Code	1	ICD-10-CM	R071-CHEST PAIN ON BREATHING	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk'					2	test	test	test	\$0.00	12/09/2022
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Step 17	<ul style="list-style-type: none"> Fill out the required information for the Service Details section. <ul style="list-style-type: none"> Complete the Medicare Crossover Details section. Complete the NDCs for Svc. #1 panel if applicable. Once all information has been completed, select Add. <p>NOTE: The system requires that the Medicare Crossover Details amounts at the header level (the section completed in Step 1) are balanced against the Medicare Crossover Details amounts at the</p>																																																									

Steps	Description																								
	<p>service line level (the section displayed here in Step 2). The amount for each corresponding field should balance out. An edit will be displayed when the amounts are not balanced.</p> <p>The data entered must match the submitted EOMB or the system could deny.</p> <p><i>Ex: EOMB shows the member has a copay of \$20. The Copay field must have \$20 entered. If \$20 is entered in the Coinsurance field that will cause the claim to deny.</i></p> <p><i>Ex: EOMB shows Medicare Payment Date of 10/01/2024 but the date entered was 09/30/2024. That will call the claim to deny,</i></p> <p>NOTE: If values are not completed at both the header level and the details level, the system will not try to balance them.</p> <div style="border: 1px solid #0070C0; padding: 5px;"> <p>Service Details</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Svc #</th> <th>From Date</th> <th>To Date</th> <th>Place of Service</th> <th>Procedure Code</th> <th>Charge Amount</th> <th>Units</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *From Date <input type="text"/> To Date <input type="text"/> *Place of Service <input type="text"/> EMG <input type="text"/></p> <p>*Procedure Code <input type="text"/> Modifiers <input type="text"/> *Diagnosis Pointers <input type="text"/></p> <p>Charge Amount <input type="text"/> *Units <input type="text"/> *Unit Type <input type="text"/> EPSDT <input type="checkbox"/></p> <p>Clin Number <input type="text"/> Authorization Number <input type="text"/></p> <p>Referring Provider ID <input type="text"/> ID Type NPI Taxonomy <input type="text"/></p> <p>Performing Provider ID <input type="text"/> ID Type NPI Taxonomy <input type="text"/></p> <hr/> <p>Medicare Crossover Details</p> <p>Allowed Medicare Amount \$0.00 Co-insurance Amount <input type="text" value="0.00"/></p> <p>Deductible Amount <input type="text" value="0.00"/> Psychiatric Services Amount <input type="text" value="0.00"/></p> <p>Medicare Payment Amount <input type="text" value="0.00"/> Medicare Payment Date <input type="text"/></p> <p>Copay Amount <input type="text" value="0.00"/></p> <hr/> <p>NDCs for Svc. # 1</p> <p>If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type, Prescription Date).</p> <p>Code Type <input type="text"/></p> <p>NDC/UPN <input type="text"/></p> <p>Quantity <input type="text"/> Unit of Measure <input type="text"/></p> <p>Prescription Number <input type="text"/> Prescription Type <input type="text"/></p> <p>Prescription Date <input type="text"/></p> <p style="text-align: center;"><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action	1															
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action																		
1																									
Step 18	<ul style="list-style-type: none"> Select the 1 hyperlink in the Svc # column to view the Other Insurance Details for Svc # 1 section. <div style="border: 1px solid #0070C0; padding: 5px;"> <p>Service Details</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Svc #</th> <th>From Date</th> <th>To Date</th> <th>Place of Service</th> <th>Procedure Code</th> <th>Charge Amount</th> <th>Units</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>12/07/2022</td> <td>12/08/2022</td> <td>02-Telehealth Provided other than in Patient's Home</td> <td>01232-ANESTH AMPUTATION OF FEMUR</td> <td></td> <td>1.000 Unit</td> <td style="text-align: center;">Remove</td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>	Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action	1	12/07/2022	12/08/2022	02-Telehealth Provided other than in Patient's Home	01232-ANESTH AMPUTATION OF FEMUR		1.000 Unit	Remove	2							
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Step 19	<p>If any insurance was added with a Claim Filing Indicator value other than 16, MA, or MB then the Other Insurance Details for Svc # 1 section displays and should be completed.</p> <p>If the Other Insurance Details for Svc # 1 section is displayed then the Other Carrier dropdown will only display the insurance carrier options with Claim Filing Indicator values other than 16, MA, or MB.</p> <ul style="list-style-type: none"> Complete the required information for the Other Insurance Details for Svc # 1 section. Select Add Insurance then select Save to save the service line detail if information was added to this section. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="277 537 1471 1461" style="border: 1px solid black; 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>Svc #</th> <th>From Date</th> <th>To Date</th> <th>Place of Service</th> <th>Procedure Code</th> <th>Charge Amount</th> <th>Units</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>12/07/2022</td> <td>12/08/2022</td> <td>02-Telehealth Provided other than in Patient's Home</td> <td>01232-ANESTH AMPUTATION OF FEMUR</td> <td></td> <td>1.000 Unit</td> <td style="text-align: right;">Remove</td> </tr> </tbody> </table> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p>1 *From Date <input type="text" value="12/07/2022"/> To Date <input type="text" value="12/08/2022"/> *Place of Service <input type="text" value="02-Telehealth Provided other than in Patient's Home"/> EMG <input type="text" value=""/></p> <p>*Procedure Code <input type="text" value="01232-ANESTH AMF"/> Modifiers <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> *Diagnosis Pointers <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p>Charge Amount <input type="text" value=""/> *Units <input type="text" value="1.000"/> *Unit Type <input type="text" value="Unit"/> EPSDT <input type="checkbox"/></p> <p>Clia Number <input type="text" value=""/> Authorization Number <input type="text" value=""/></p> <p>Referring Provider ID <input type="text" value=""/> ID Type <input type="text" value="NPI"/> Taxonomy <input type="text" value=""/></p> <p>Performing Provider ID <input type="text" value=""/> ID Type <input type="text" value="NPI"/> Taxonomy <input type="text" value=""/></p> </div> <div style="background-color: #e6f2ff; padding: 5px; margin-top: 5px;"> <p>Medicare Crossover Details</p> <p>Allowed Medicare Amount <input type="text" value="\$0.00"/> Co-insurance Amount <input type="text" value="0.00"/></p> <p>Deductible Amount <input type="text" value="0.00"/> Psychiatric Services Amount <input type="text" value="0.00"/></p> <p>Medicare Payment Amount <input type="text" value="0.00"/> Medicare Payment Date <input type="text" value=""/></p> <p>Copay Amount <input type="text" value="0.00"/></p> </div> <div style="background-color: #0056b3; color: white; padding: 2px; margin-top: 5px;">NDCs for Svc. # 1</div> <p>If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type, Prescription Date).</p> <p>Code Type <input type="text" value=""/></p> <p>NDC/UPN <input type="text" value=""/></p> <p>Quantity <input type="text" value=""/> Unit of Measure <input type="text" value=""/></p> <p>Prescription Number <input type="text" value=""/> Prescription Type <input type="text" value=""/></p> <p>Prescription Date <input type="text" value=""/></p> </div>	Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action	1	12/07/2022	12/08/2022	02-Telehealth Provided other than in Patient's Home	01232-ANESTH AMPUTATION OF FEMUR		1.000 Unit	Remove
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	<div data-bbox="277 262 1469 827"> <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"/></p> <p>Remaining Patient Liability <input type="text"/></p> <p><input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/></p> <p><input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/></p> </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"/></p> <p>Remaining Patient Liability <input type="text"/></p> <p><input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/></p> <p><input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/></p>									
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<p>Step 20</p>	<ul style="list-style-type: none"> Select the plus sign in the Attachments section to attach a copy of the EOMB. <p>NOTE: It is required to submit the Explanation of Medicare Benefits (EOMB) with all Medicare Crossover claims. Also, if other insurance was added then it is required to attach the Explanation of Benefits (EOB) of the other insurance carrier.</p> <ul style="list-style-type: none"> Attachments must be in PDF format. <div data-bbox="277 1024 1469 1247"> <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="Click to add attachment."/> </td> </tr> </tbody> </table> <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	<input type="button" value="Click to add attachment."/>																							
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<p>Step 21</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. Complete the additional required fields for this section and select Add. Follow the same steps to add another document. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="277 1455 1469 1877"> <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="checkbox"/> Click to collapse. </td> </tr> <tr> <td colspan="6"> <p>*Transmission Method <input type="text" value="FT-File Transfer"/></p> <p>*Upload File <input type="button" value="Choose File"/> No file chosen</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> </td> </tr> </tbody> </table> </div>	#	Transmission Method	File	Control #	Attachment Type	Action	<input type="checkbox"/> Click to collapse.						<p>*Transmission Method <input type="text" value="FT-File Transfer"/></p> <p>*Upload File <input type="button" value="Choose File"/> No file chosen</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>																	
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Steps	Description
	<p>If “NotSpecified” was selected for the Transmission Method, an Attachment Control Number (ACN) needs to be added in the Control # field.</p> <p>NOTE: A unique Attachment Control Number (ACN) must be created for each claim if NotSpecified-Not Specified is selected as the Transmission Method. In addition, a Claim Attachment Form must accompany each EOMB and must identify the Provider’s NPI and ACN as it was entered in the Attachments section. The Claim Attachment Form is located at: Forms - Mississippi Division of Medicaid.</p> 
Step 22	<p>The attachments display in the Attachments section.</p> <ul style="list-style-type: none"> Review the information entered for Step 3 and select Submit. 
Step 23	<p>The Portal displays the Confirm Professional Claim page.</p> <p>Review all the information entered for this claim. Select the plus and minus to expand and collapse each section. Expand All and Collapse All to expand and collapse all the sections at once.</p> <p>At the bottom of the page, select Back to Step 1, 2, or 3 to go back and edit the information entered for this claim.</p> <ul style="list-style-type: none"> Once reviewing the claims information entered has been completed, select Confirm to confirm the claim submission.

Steps	Description																																																										
	<div data-bbox="277 262 1466 296" style="background-color: #4a7ebb; color: white; padding: 2px;">Confirm Professional Claim ?</div> <p data-bbox="277 300 1446 344">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 data-bbox="667 363 915 384" style="text-align: center;">Claim Type Crossover Professional</p> <hr/> <div data-bbox="277 405 1466 426" style="background-color: #d9e1f2; padding: 2px;">Provider Information</div> <table border="1" data-bbox="277 430 1466 695" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Billing Provider ID</th> <th style="width: 25%;">ID Type</th> <th style="width: 30%;">NPI</th> <th style="width: 10%;">Name</th> </tr> </thead> <tbody> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Performing Provider ID</td> <td>ID Type</td> <td></td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Referring Provider ID</td> <td>ID Type</td> <td></td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Supervising Provider ID</td> <td>ID Type</td> <td></td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <hr/> <div data-bbox="277 705 1466 726" style="background-color: #d9e1f2; padding: 2px;">Member Information</div> <table border="1" data-bbox="277 730 1466 951" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Member ID</td> <td style="width: 40%;">Gender</td> </tr> <tr> <td>Member</td> <td></td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Address Line 2</td> <td></td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>State</td> <td>Zip Code</td> </tr> </tbody> </table> <hr/> <div data-bbox="277 961 1466 982" style="background-color: #d9e1f2; padding: 2px;">Claim Information</div> <table border="1" data-bbox="277 987 1466 1182" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%;">Date Type</td> <td style="width: 50%;">Date of Current</td> </tr> <tr> <td>Accident Related</td> <td>Admission Date</td> </tr> <tr> <td>Patient Number</td> <td>Authorization Number</td> </tr> <tr> <td>Transport Certification</td> <td>No</td> </tr> <tr> <td colspan="2" style="text-align: center;">Does the provider have a signature on file? No</td> </tr> <tr> <td colspan="2" style="text-align: center;">Does the provider accept assignment for claim processing? No</td> </tr> </tbody> </table>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Performing Provider ID	ID Type		Name	Taxonomy				Referring Provider ID	ID Type		Name	Taxonomy				Supervising Provider ID	ID Type		Name	Taxonomy				Member ID	Gender	Member		Birth Date		Address		Address Line 2		City		State	Zip Code	Date Type	Date of Current	Accident Related	Admission Date	Patient Number	Authorization Number	Transport Certification	No	Does the provider have a signature on file? No		Does the provider accept assignment for claim processing? No	
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	<p>Are benefits assigned to the provider by the patient or their authorized representative? No</p> <p>Does the provider have a signed statement from the patient releasing their medical information? No</p> <p style="text-align: right;">Total Charged Amount \$0.00</p> <hr/> <p>Medicare Crossover Details</p> <table border="0" style="width: 100%;"> <tr> <td>Allowed Medicare Amount \$0.00</td> <td>Co-insurance Amount \$0.00</td> </tr> <tr> <td>Deductible Amount \$0.00</td> <td>Psychiatric Services Amount \$0.00</td> </tr> <tr> <td>Medicare Payment Amount \$0.00</td> <td>Medicare Payment Date -</td> </tr> <tr> <td>Copay Amount \$0.00</td> <td></td> </tr> </table> <p style="text-align: right;">Expand All Collapse All</p> <p>Diagnosis Codes</p> <p>Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>Diagnosis Code</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>ICD-10-CM</td> <td>R071-CHEST PAIN ON BREATHING</td> </tr> </tbody> </table> <p>Other Insurance Details</p> <table border="1" 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: 'Health Maintenance Organization (HMO) Medicare Risk'</td> </tr> <tr> <td>2</td> <td>test</td> <td>test</td> <td>test</td> <td>\$0.00</td> <td>12/09/2022</td> </tr> </tbody> </table> <p>Service Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>From Date</th> <th>To Date</th> <th>Place of Service</th> <th>EMG</th> <th>Procedure Code</th> <th>Mod</th> <th>Diag Code Ptrs</th> <th>Units</th> <th>EPSDT</th> <th>Charge Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>12/07/2022</td> <td>12/08/2022</td> <td>02</td> <td></td> <td>01232</td> <td></td> <td>1</td> <td>1.000 Unit</td> <td><input type="checkbox"/></td> <td>\$0.00</td> </tr> </tbody> </table> <p>Attachments</p> <p style="text-align: center;"> Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel </p>	Allowed Medicare Amount \$0.00	Co-insurance Amount \$0.00	Deductible Amount \$0.00	Psychiatric Services Amount \$0.00	Medicare Payment Amount \$0.00	Medicare Payment Date -	Copay Amount \$0.00		#	Diagnosis Type	Diagnosis Code	1	ICD-10-CM	R071-CHEST PAIN ON BREATHING	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk'					2	test	test	test	\$0.00	12/09/2022	#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Charge Amount	1	12/07/2022	12/08/2022	02		01232		1	1.000 Unit	<input type="checkbox"/>	\$0.00
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Step 24	<p>The Portal returns the Submit Crossover Professional Claim: Confirmation page.</p> <p>NOTE: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.</p> <p>NOTE: If the claim has an attachment with a not-specified transmission method then the Confirmation page has an Attachments Coversheet(s) button for the cover page.</p> <p>NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Submit Crossover Professional Claim: Confirmation</p> <p>Crossover Professional Claim Receipt</p> <p>Your Crossover Professional Claim was successfully submitted. The claim status is Pending In Process.</p> <p>The Claim ID is [REDACTED]</p> <p>Click Attachment Coversheet(s) to view the claim attachments coversheet(s).</p> <p>Click Print Preview to view the claim details as they have been saved on the payer's system.</p> <p>Click Copy to copy member or claim data.</p> <p>Click New to submit a new claim.</p> <p>Click View to view the details of the submitted claim.</p> <p style="text-align: center;"> Attachment Coversheet(s) Print Preview Copy New View </p> </div>																																																						

Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	12/14/2022	Gainwell	Initial publication
1.1	06/02/2023	Gainwell	Updated providers display to show CCO information based on CR1925.
1.2	12/06/2023	Gainwell	Updated portal access to inactive providers date of termination based on CR 2278.
1.3	4/19/2024	Gainwell	Updated an image and some verbiage in steps 6, 14, 15 and 16.
1.4	07/22/2024	Gainwell	Updated per CR2113
1.5	8/13/2024	Gainwell	Updated the Other Insurance information for clearer instructions.
1.6	11/13/2024	Gainwell	Added tips to introduction