

# Job Aid

## Inpatient Crossover Claim Submission

In this simulation, the user imitates a real-world process or activity. Please read the instructions thoroughly and follow all directions.


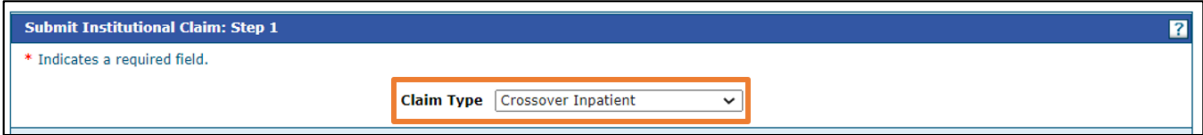
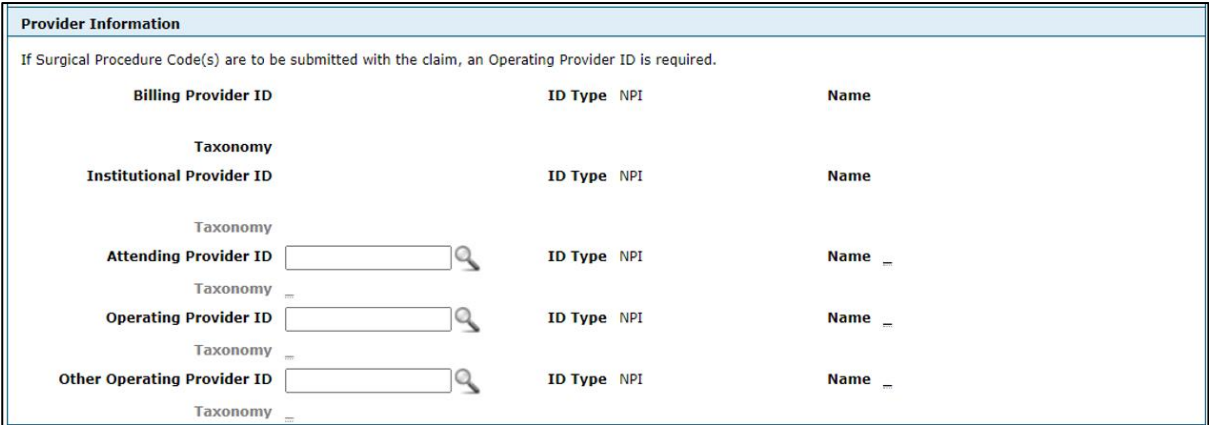
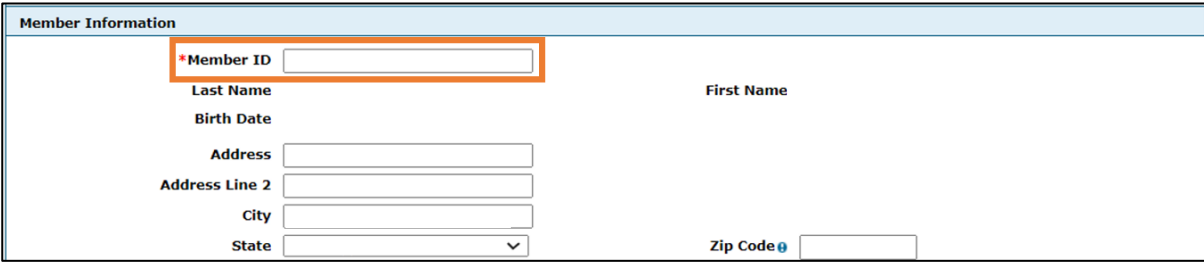
*Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the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

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

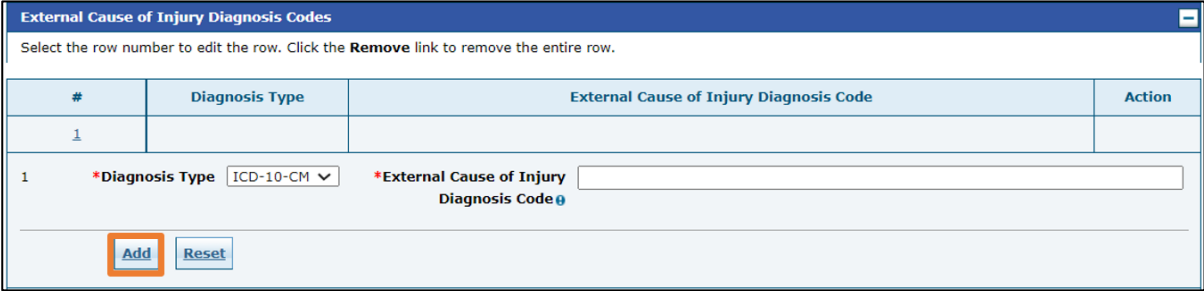
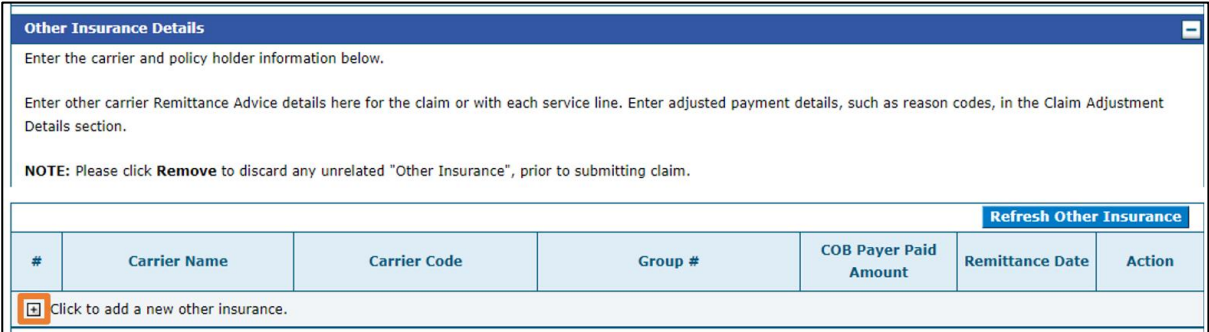
- Only include the EOMB(s) needed to process the claim.
- EOMBs must be completely legible.
- Negative dollar amounts are not accepted and must be entered as zero.
- All of the data on the EOMB must match the data entered on the portal submitted claim.

## Review the Steps to Submit an Inpatient Crossover Claim

Steps	Description
Step 1	<p>Login to the Portal. The <b>Portal Home</b> screen Displays.</p> 
Step 2	The following steps will review how to submit an Inpatient Crossover Claim in MESA:

Steps	Description
	<p>Hover over the <b>Claims</b> tab on the menu bar. A list of claim types displays below.</p> <ul style="list-style-type: none"> <li>Click <b>Submit Claim Inst.</b></li> </ul> 
Step 3	<p>The Portal displays the “Submit Institutional Claim”: Step 1 page.</p> <ul style="list-style-type: none"> <li>Select <b>Claim Type</b> Crossover Inpatient.</li> </ul> 
Step 4	<ul style="list-style-type: none"> <li>Complete the <b>Provider Information</b> section.</li> </ul> <p>NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim the user is submitting.</p> 
Step 5	<ul style="list-style-type: none"> <li>Complete the <b>Member Information</b> section.</li> </ul> <p>NOTE: Once the user enters a Member ID, the system generates the remaining fields in this section. Verify the fields populate correctly.</p> 
Step 6	<ul style="list-style-type: none"> <li>Complete the <b>Claim Information</b> section.</li> </ul> <p>NOTE: The “<b>Include Other Insurance</b>” box is grayed out on Medicare Crossover Claim Type.</p> <p>NOTE: Everything with a red asterisk * must be completed.</p>

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	<div style="border: 1px solid black; padding: 5px;"> <p><b>Claim Information</b></p> <p>*Covered Dates <input type="text" value="12/05/2022"/> - <input type="text" value="12/06/2022"/></p> <p>*Admission Date/Hour <input type="text" value="12/05/2022"/> - <input type="text" value="05:48"/> (hh:mm)      Discharge Hour <input type="text" value="10:27"/> (hh:mm)</p> <p>Admission Type <input type="text"/></p> <p>*Admitting Diagnosis Type <input type="text" value="ICD-10-CM"/>      *Admitting Diagnosis <input type="text" value="R071-CHEST PAIN ON BREATHING"/></p> <p>Patient Status <input type="text" value="01-DISCHARGED TO HOME OR SE"/>      *Type of Bill <input type="text" value="111-Hosp Inpt-Incl Mcr A"/></p> <p>Patient Number <input type="text"/></p> <p>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"> <li>Complete the <b>Medicare Crossover Details</b> section.</li> <li>Review all sections on Submit Institutional Claim: Step 1 page. If all the information entered is correct click Continue to move on to Step 2.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Medicare Crossover Details</b></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" value="12/09/2022"/></p> <p>Copay Amount <input type="text" value="0.00"/>      Allowed Medicare Amount \$0.00</p> <p>Medicare Payment Amount <input type="text" value="150.00"/></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 entered in step 1 will display at the top of the page in step 2.</p> <ul style="list-style-type: none"> <li>Review the previously submitted information and scroll down.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Submit Institutional Claim: Step 2</b> <span style="float: right;">?</span></p> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Crossover Inpatient</p> <hr/> <p><b>Provider Information</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Billing Provider ID</th> <th>ID Type</th> <th>NPI</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Taxonomy</td> </tr> </tbody> </table> <hr/> <p><b>Patient and Claim Information</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Member ID</td> <td>Gender</td> </tr> <tr> <td>Member</td> <td>Total Charged Amount</td> </tr> <tr> <td>Birth Date</td> <td>Admission Date/Hour</td> </tr> <tr> <td>Covered Dates</td> <td>Admitting Diagnosis</td> </tr> <tr> <td>Admitting Diagnosis Type</td> <td></td> </tr> </tbody> </table> <hr/> <p><b>Medicare Crossover Details</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Deductible Amount</td> <td>\$1,000.00</td> <td>Co-insurance Amount</td> <td>\$0.00</td> </tr> <tr> <td>Blood Deductible Amount</td> <td>\$0.00</td> <td>Medicare Payment Date</td> <td>12/05/2022</td> </tr> <tr> <td>Copay Amount</td> <td>\$0.00</td> <td>Allowed Medicare Amount</td> <td>\$1,150.00</td> </tr> <tr> <td>Medicare Payment Amount</td> <td>\$150.00</td> <td></td> <td></td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Member ID	Gender	Member	Total Charged Amount	Birth Date	Admission Date/Hour	Covered Dates	Admitting Diagnosis	Admitting Diagnosis Type		Deductible Amount	\$1,000.00	Co-insurance Amount	\$0.00	Blood Deductible Amount	\$0.00	Medicare Payment Date	12/05/2022	Copay Amount	\$0.00	Allowed Medicare Amount	\$1,150.00	Medicare Payment Amount	\$150.00		
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<p>Step 9</p>	<ul style="list-style-type: none"> <li>Enter the <b>Diagnosis Code</b> then click <b>Add</b>. Repeat to add more than one Diagnosis code.</li> </ul>																																		

Steps	Description
	<p>NOTE: Everything with a red asterisk * needs to be filled out and must be completed if the section is applicable to the claim.</p> 
Step 10	<ul style="list-style-type: none"> <li>Enter the <b>External Cause of Injury Diagnosis Codes</b> if applicable and select <b>Add</b>.</li> </ul> <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> 
Step 11	<p>Scroll down to the <b>Other Insurance Detail</b> panel.</p> <p>NOTE: If there is other insurance information already populated that is out of date, click the <b>Remove</b> button under the <b>Action</b> column.</p> <ul style="list-style-type: none"> <li>Select the <b>Plus Sign</b> to add any other insurance. Steps are shown below to add Medicare and other insurance outside of Medicare.</li> </ul> 
Step 12	<p>To add <b>Medicare Part A, B, or C</b> follow these steps.</p> <p>Using the <b>Claim Filing Indicator</b> dropdown select <b>16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B)</b> and additional fields will not be displayed.</p> <ul style="list-style-type: none"> <li>For this example, MB-Medicare Part B was selected from the <b>Claim Filing Indicator</b> dropdown.</li> <li>Select <b>Add Insurance</b>.</li> </ul>

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	<div data-bbox="261 268 1458 695"> <p><b>Other Insurance Details</b></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><b>NOTE:</b> Please click <b>Remove</b> to discard any unrelated "Other Insurance", prior to submitting claim.</p> <p style="text-align: right;"><a href="#">Refresh Other Insurance</a></p> <table border="1"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="7">Click to collapse.</td> </tr> <tr> <td></td> <td colspan="5">*Claim Filing Indicator MB-Medicare Part B</td> <td></td> </tr> <tr> <td colspan="7"> <a href="#">Add Insurance</a> <a href="#">Cancel Insurance</a> </td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	Click to collapse.								*Claim Filing Indicator MB-Medicare Part B						<a href="#">Add Insurance</a> <a href="#">Cancel Insurance</a>						
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<p>Step 13</p>	<p>Other Insurance displays on line #1 for Medicare Part B.</p> <p><b>To add another insurance outside of Medicare, follow these steps.</b></p> <ul style="list-style-type: none"> <li>Select the <b>plus sign</b> to add another Other Insurance.</li> </ul> <div data-bbox="261 846 1468 1203"> <p><b>Other Insurance Details</b></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><b>NOTE:</b> Please click <b>Remove</b> to discard any unrelated "Other Insurance", prior to submitting claim.</p> <p style="text-align: right;"><a href="#">Refresh Other Insurance</a></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><a href="#">Remove</a></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'					<a href="#">Remove</a>	<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"> <li>Select the insurance that is applicable from the <b>Claim Filing Indicator</b> list. Additional fields display once the selection is made.</li> </ul> <div data-bbox="261 1293 1430 1812"> <p>Click to collapse.</p> <p>*Claim Filing Indicator</p> <p><a href="#">Add Insurance</a></p> <p><b>Condition Codes</b></p> <p>Click the <b>Remove</b> 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> <tr> <td>1</td> <td>*Condition Code</td> </tr> </tbody> </table> <p><a href="#">Add</a> <a href="#">Reset</a></p> <ul style="list-style-type: none"> <li>11-Other Non-Federal Programs</li> <li>12-Preferred Provider Organization (PPO)</li> <li>13-Point of Service (POS)</li> <li>14-Exclusive Provider Organization (EPO)</li> <li>15-Indemnity Insurance</li> <li>16-Health Maintenance Organization (HMO) Medicare Risk</li> <li>17-Dental Maintenance Organization</li> <li>AM-Automobile Medical</li> <li>BL-Blue Cross/Blue Shield</li> <li>CH-Champus</li> <li>CI-Commercial Insurance Co.</li> <li>DS-Disability</li> <li>FI-Federal Employees Program</li> <li>HM-Health Maintenance Organization</li> <li>LM-Liability Medical</li> <li>MA-Medicare Part A</li> <li>MB-Medicare Part B</li> <li>MC-Medicaid</li> <li>OF-Other Federal Program</li> </ul> </div> <ul style="list-style-type: none"> <li>Complete the additional other insurance fields.             <ul style="list-style-type: none"> <li><a href="#">Link to Carrier Codes</a></li> </ul> </li> </ul>	#	Condition Code	1		1	*Condition Code																						
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	<div style="border: 1px solid black; padding: 5px;"> <p><b>Outpatient Adjudication Information</b></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><b>Inpatient Adjudication Information</b></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"> <li>After the other insurance has been added, select the number <b>hyperlink</b> to view the other insurance just added.</li> </ul> <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 <b>MUST</b> click on the other insurance hyperlink after adding insurance to add additional information.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Other Insurance Details</b></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><b>NOTE:</b> Please click <b>Remove</b> 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><a href="#">Remove</a></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><a href="#">Remove</a></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'					<a href="#">Remove</a>	2	test	test	test	\$0.00	11/30/2022	<a href="#">Remove</a>
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<p>Step 16</p>	<p>Scroll down to the <b>Other Insurance Reason</b> section.</p> <ul style="list-style-type: none"> <li>Fill out the Other Insurance Reasons section and select <b>Add Reason</b>.</li> </ul>																					

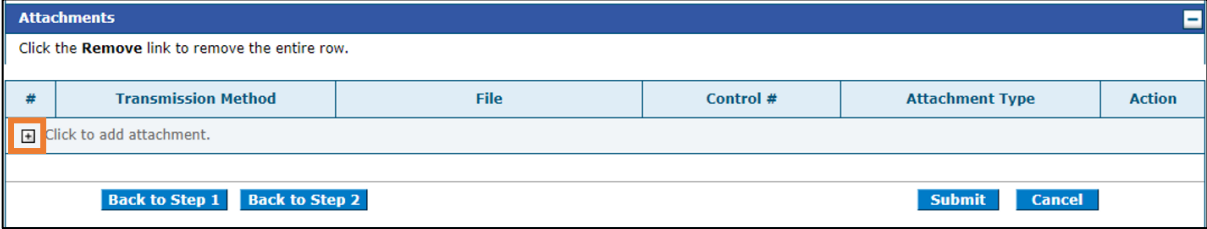
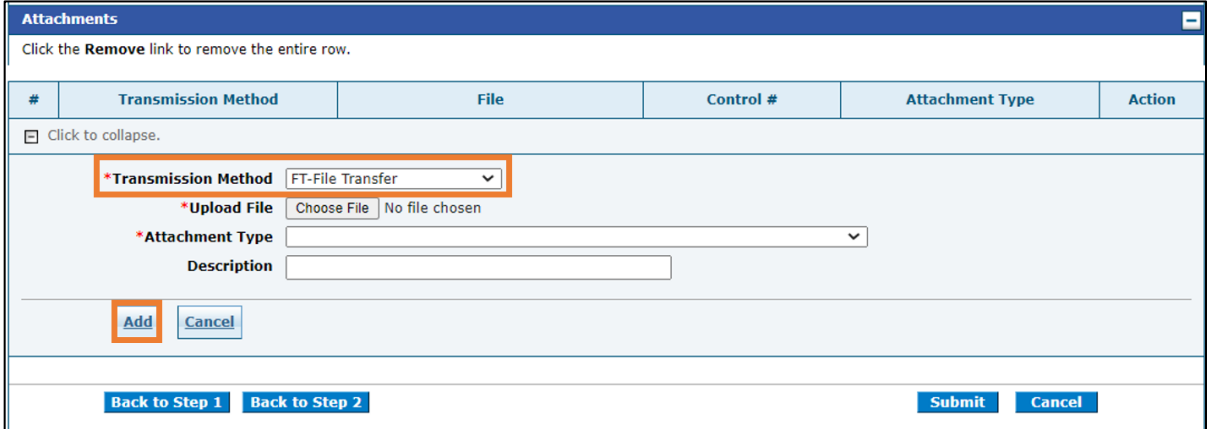


Steps	Description																																				
	<p>NOTE: Everything with a red asterisk * must be completed.</p> <div data-bbox="261 296 1463 688"> <p><b>Other Insurance Reasons</b></p> <p>You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.</p> <p>Click the <b>Remove</b> 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">Click to collapse.</td> </tr> <tr> <td></td> <td>*Group Code</td> <td>*Reason</td> <td>*Amount</td> <td>Units of Service</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>0.00</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Add Reason</b> <b>Cancel Reason</b></p> </div> <ul style="list-style-type: none"> <li>Once the Other Insurance Reasons are added select <b>Save Insurance</b> to move to the next section.</li> </ul> <div data-bbox="261 737 1463 1094"> <p><b>Other Insurance Reasons</b></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 <b>Remove</b> 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>1</td> <td>PR-Patient Responsibility</td> <td>36-Balance does not exceed co-payment amount.</td> <td>\$1.00</td> <td></td> <td><a href="#">Remove</a></td> </tr> </tbody> </table> <p>Click to add a new claim reason.</p> <p><b>Save Insurance</b> <b>Cancel Insurance</b></p> </div>	#	Group Code	Reason	Amount	Units of Service	Action	Click to collapse.							*Group Code	*Reason	*Amount	Units of Service					0.00			#	Group Code	Reason	Amount	Units of Service	Action	1	PR-Patient Responsibility	36-Balance does not exceed co-payment amount.	\$1.00		<a href="#">Remove</a>
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Step 17	<ul style="list-style-type: none"> <li>Enter the <b>Condition Codes</b> information if applicable then click <b>Add</b>.</li> </ul> <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="269 1220 1471 1503"> <p><b>Condition Codes</b></p> <p>Click the <b>Remove</b> link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Condition Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Condition Code</p> <p><b>Add</b> <b>Reset</b></p> </div>	#	Condition Code	Action	1																																
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1																																					
Step 18	<ul style="list-style-type: none"> <li>Enter the <b>Occurrence Codes</b> information if applicable then click <b>Add</b>.</li> </ul> <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="261 1608 1463 1871"> <p><b>Occurrence Codes</b></p> <p>Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Occurrence Code</th> <th>From Date</th> <th>To Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td>-</td> <td>-</td> <td></td> </tr> </tbody> </table> <p>1 *Occurrence Code *From Date *To Date</p> <p><b>Add</b> <b>Reset</b></p> </div>	#	Occurrence Code	From Date	To Date	Action	1		-	-																											
#	Occurrence Code	From Date	To Date	Action																																	
1		-	-																																		



Steps	Description										
Step 19	<ul style="list-style-type: none"> <li>Enter the <b>Value Codes</b> information if applicable then click <b>Add</b>.</li> </ul> <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="272 338 1469 611" style="border: 1px solid black; padding: 5px;"> <p><b>Value Codes</b> <span style="float: right;">-</span></p> <p>Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 65%;">Value Code</th> <th style="width: 15%;">Amount</th> <th style="width: 15%;">Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 <span style="color: red;">*</span>Value Code <input type="text"/> <span style="color: red;">*</span>Amount <input type="text"/></p> <p style="text-align: center;"><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Value Code	Amount	Action	1					
#	Value Code	Amount	Action								
1											
Step 20	<ul style="list-style-type: none"> <li>Enter the <b>Surgical Procedures</b> information if applicable then click <b>Add</b>.</li> <li>Review all sections on Submit Institutional Claim: Step 2 page. If all the information is correct click <b>Continue</b> to move on to Step 3.</li> </ul> <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <p>Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.</p> <div data-bbox="272 779 1469 1171" style="border: 1px solid black; padding: 5px;"> <p><b>Surgical Procedures</b> <span style="float: right;">-</span></p> <p>Select the row number to edit the row. Click the <b>Remove</b> 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 style="width: 5%;">#</th> <th style="width: 35%;">Surgical Procedure Type</th> <th style="width: 35%;">Surgical Procedure Code</th> <th style="width: 10%;">Date</th> <th style="width: 15%;">Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td style="text-align: center;">-</td> <td></td> </tr> </tbody> </table> <p>1 <span style="color: red;">*</span>Surgical Procedure Type <input type="text" value="ICD-10-PCS"/> <span style="color: red;">*</span>Surgical Procedure Code <input type="text"/></p> <p><span style="color: red;">*</span>Date <input type="text"/></p> <p style="text-align: center;"><input type="button" value="Add"/> <input type="button" value="Reset"/></p> <p style="text-align: center;"><input type="button" value="Back to Step 1"/> <span style="float: right;"><input type="button" value="Continue"/> <input type="button" value="Cancel"/></span></p> </div>	#	Surgical Procedure Type	Surgical Procedure Code	Date	Action	1			-	
#	Surgical Procedure Type	Surgical Procedure Code	Date	Action							
1			-								
Step 21	<p>The Portal displays the “Submit Institutional Claim”: Step 3 page. The previous information entered in step 1 and step 2 is displayed at the top of the page on step 3.</p> <ul style="list-style-type: none"> <li>Scroll down to view the additional sections on this page.</li> </ul> <p>NOTE: Click the Plus and Minus for each section to expand and collapse the section.</p>										

Steps	Description																																																		
	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;"><b>Submit Institutional Claim: Step 3</b> <span style="float: right;">?</span></div> <p style="color: red; font-size: small;">* Indicates a required field.</p> <p style="text-align: center; font-weight: bold;">Claim Type Crossover Inpatient</p> <hr/> <div style="background-color: #e6f2ff; padding: 2px;"><b>Provider Information</b></div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <th style="width: 40%;">Billing Provider ID</th> <th style="width: 20%;">ID Type NPI</th> <th style="width: 40%;">Name</th> </tr> <tr> <td colspan="3" style="text-align: center;">Taxonomy</td> </tr> </table> <hr/> <div style="background-color: #e6f2ff; padding: 2px;"><b>Patient and Claim Information</b></div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 50%;">Member ID</td> <td style="width: 50%;">Gender</td> </tr> <tr> <td>Member</td> <td>Total Charged Amount</td> </tr> <tr> <td>Birth Date</td> <td>Admission Date/Hour</td> </tr> <tr> <td>Covered Dates</td> <td>Admitting Diagnosis</td> </tr> <tr> <td>Admitting Diagnosis Type</td> <td></td> </tr> </table> <hr/> <div style="background-color: #e6f2ff; padding: 2px;"><b>Medicare Crossover Details</b></div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 50%;">Deductible Amount \$1,000.00</td> <td style="width: 50%;">Co-insurance Amount \$0.00</td> </tr> <tr> <td>Blood Deductible Amount \$0.00</td> <td>Medicare Payment Date 12/05/2022</td> </tr> <tr> <td>Copay Amount \$0.00</td> <td>Allowed Medicare Amount \$1,150.00</td> </tr> <tr> <td>Medicare Payment Amount \$150.00</td> <td></td> </tr> </table> <p style="text-align: right; font-size: x-small;"><a href="#">Expand All</a>   <a href="#">Collapse All</a></p> <hr/> <div style="background-color: #0070C0; color: white; padding: 2px;"><b>Diagnosis Codes</b> <span style="float: right;">-</span></div> <p style="font-size: x-small;">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; font-size: x-small;"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>Diagnosis Code</th> <th>POA</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>ICD-10-CM</td> <td>R071-CHEST PAIN ON BREATHING</td> <td></td> </tr> </tbody> </table> <hr/> <div style="background-color: #0070C0; color: white; padding: 2px;"><b>Other Insurance Details</b> <span style="float: right;">-</span></div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <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>12/05/2022</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type NPI	Name	Taxonomy			Member ID	Gender	Member	Total Charged Amount	Birth Date	Admission Date/Hour	Covered Dates	Admitting Diagnosis	Admitting Diagnosis Type		Deductible Amount \$1,000.00	Co-insurance Amount \$0.00	Blood Deductible Amount \$0.00	Medicare Payment Date 12/05/2022	Copay Amount \$0.00	Allowed Medicare Amount \$1,150.00	Medicare Payment Amount \$150.00		#	Diagnosis Type	Diagnosis Code	POA	1	ICD-10-CM	R071-CHEST PAIN ON BREATHING		#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Medicare Part B'					2	test	test	test	\$0.00	12/05/2022
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Step 22	<ul style="list-style-type: none"> <li>Fill out the required information for the <b>Service Details</b> section. <b>The data entered must match the submitted EOMB or the system could deny.</b> <i>Ex: EOMB shows the member has a copay of \$20. The <b>Copay field</b> must have \$20 entered. If \$20 is entered in the <b>Coinsurance field</b> that will cause the claim to deny.</i> <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></li> <li>Once all information has been completed, click <b>Add</b>.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="background-color: #0070C0; color: white; padding: 2px;"><b>Service Details</b> <span style="float: right;">-</span></div> <p style="font-size: x-small;">Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Svc #</th> <th>Revenue Code</th> <th>HCPCS/Proc Code</th> <th>From Date</th> <th>To Date</th> <th>Units</th> <th>Charge Amount</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> <div style="font-size: x-small; margin-top: 5px;"> <p>1 *Revenue Code <input type="text"/> HCPCS/Proc Code <input type="text"/></p> <p>Modifiers <input type="text"/></p> <p>*From Date <input type="text"/> To Date <input type="text"/> *Units <input type="text"/> *Unit Type <input type="text"/></p> <p>Charge Amount <input type="text"/></p> <p style="text-align: center;"><span style="border: 2px solid orange; padding: 2px;">Add</span> <span style="border: 1px solid gray; padding: 2px;">Reset</span></p> </div> </div>	Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action	1																																									
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Steps	Description
Step 23	<ul style="list-style-type: none"> <li>Click the <b>plus sign</b> in the Attachments section to attach a copy of the EOMB.</li> </ul> 
Step 24	<ul style="list-style-type: none"> <li>Select FT-File Transfer or NotSpecified-Not Specified from the <b>Transmission Method</b> dropdown. This selection affects the fields that display.</li> <li>Crossover Claims require the Explanation of Medicare Benefits (EOMB) to be attached.</li> <li>If other insurance information was added the Explanation of Benefits (EOB) for that carrier must be attached.</li> <li>Attachments must be in PDF format.</li> <li>Complete the additional required fields for this section and select <b>Add</b>.</li> </ul> <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>  <p>If the user selects NotSpecified-Not Specified for the Transmission Method, add an Attachment Control Number (ACN) in the Control # field.</p> <p>NOTE: Users must create a unique Attachment Control Number (ACN) for each claim if they select NotSpecified-Not Specified as the Transmission Method. In addition, a Claim Attachment Form must accompany each EOMB and must identify the Provider NPI and ACN as it was entered in the Attachments section. The <a href="#">Claim Attachment Form</a> is located at: <a href="#">Forms - Mississippi Division of Medicaid</a>.</p>

Steps	Description																		
	<div data-bbox="272 260 1469 758"> <p><b>Attachments</b></p> <p>Click the <b>Remove</b> 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><a href="#">Remove</a></td> </tr> </tbody> </table> <p>Click to collapse.</p> <p>*Transmission Method <input type="text" value="NotSpecified-Not Specified"/></p> <p>*Control # <input type="text"/></p> <p>*Attachment Type <input type="text"/></p> <p>Description <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p> <p><input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/></p> </div>	#	Transmission Method	File	Control #	Attachment Type	Action	1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221202122716197843	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	<a href="#">Remove</a>						
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<p>Step 25</p>	<p>The attachments display in the Attachments section. Review the information entered for Step 3 and click <b>Submit</b>.</p> <div data-bbox="272 856 1469 1234"> <p><b>Attachments</b></p> <p>Click the <b>Remove</b> 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><a href="#">Remove</a></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><a href="#">Remove</a></td> </tr> </tbody> </table> <p>Click to add attachment.</p> <p><input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/></p> </div>	#	Transmission Method	File	Control #	Attachment Type	Action	1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221202122716197843	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	<a href="#">Remove</a>	2	NotSpecified-Not Specified	-	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	<a href="#">Remove</a>
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<p>Step 26</p>	<p>The Portal takes the user to the <b>Confirm Institutional Claim</b> page. Review all the information entered for this claim. Click the plus and minus to expand and collapse each section. Expand All and Collapse All to expand and collapse all the sections at once. At the bottom of the page, select Back to Step 1, 2, or 3 to go back and edit the information entered for this claim.</p> <ul style="list-style-type: none"> <li>Once reviewing the claims information entered has been completed, click Confirm to confirm the claim submission.</li> </ul>																		

Steps	Description																																																																																										
	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;"><b>Confirm Institutional Claim</b> <span style="float: right; font-size: 0.8em;">?</span></div> <p>Select Print Preview <b>before</b> you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.</p> <p style="text-align: center;"><b>Claim Type</b> Crossover Inpatient</p> <hr/> <div style="background-color: #D9E1F2; padding: 2px;"><b>Provider Information</b></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><b>Billing Provider ID</b></td> <td style="width: 20%;"><b>ID Type</b> NPI</td> <td style="width: 40%;"><b>Name</b></td> </tr> <tr> <td><b>Taxonomy</b></td> <td></td> <td></td> </tr> <tr> <td><b>Institutional Provider ID</b></td> <td><b>ID Type</b> NPI</td> <td><b>Name</b></td> </tr> <tr> <td><b>Taxonomy</b></td> <td></td> <td></td> </tr> <tr> <td><b>Attending Provider ID</b> _</td> <td><b>ID Type</b> _</td> <td><b>Name</b> _</td> </tr> <tr> <td><b>Taxonomy</b> _</td> <td></td> <td></td> </tr> <tr> <td><b>Operating Provider ID</b> _</td> <td><b>ID Type</b> _</td> <td><b>Name</b> _</td> </tr> <tr> <td><b>Taxonomy</b> _</td> <td></td> <td></td> </tr> <tr> <td><b>Other Operating Provider ID</b> _</td> <td><b>ID Type</b> _</td> <td><b>Name</b> _</td> </tr> <tr> <td><b>Taxonomy</b> _</td> <td></td> <td></td> </tr> </table> <hr/> <div style="background-color: #D9E1F2; 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Step 29 The Portal returns the **Submit Crossover Inpatient Claim: Confirmation page**.  
 NOTE: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.  
 NOTE: If the claim has an attachment with a not-specified transmission method then the Confirmation page has an Attachments Coversheet(s) button for the cover page.  
 NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.

**Submit Crossover Inpatient Claim: Confirmation**

**Crossover Inpatient Claim Receipt**

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

The Claim ID is XXXXXXXXXX

Click **Attachment Coversheet(s)** to view the claim attachments coversheet(s).

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **New** to submit a new claim.

Click **View** to view the details of the submitted claim.

Attachment Coversheet(s)
[Print Preview](#)
[Copy](#)
[New](#)
[View](#)

## Change History

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

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	12/12/2022	Gainwell	Initial publication
1.1	12/06/2023	Gainwell	Updated portal access to inactive providers date of termination based on CR 2278.
1.2	04/19/2024	Gainwell	Updated an image and some verbiage in steps 6, 14, 15,16, 23 and 24.
1.3	08/13/2024	Gainwell	Updated the Other Insurance information for clearer instructions.
1.4	11/13/2024	Gainwell	Added tips to the introduction.