

Job Aid

Outpatient Medicare Crossover Claim Submission


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

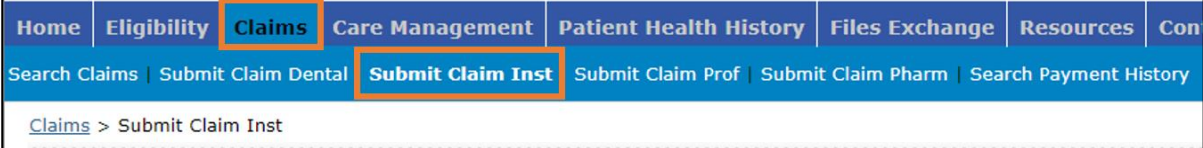
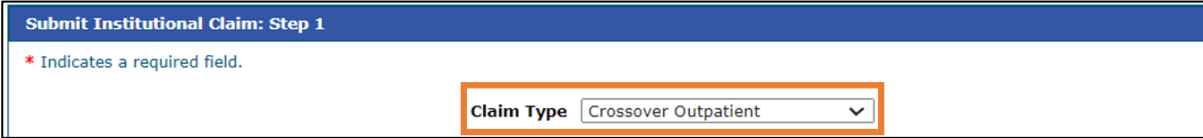
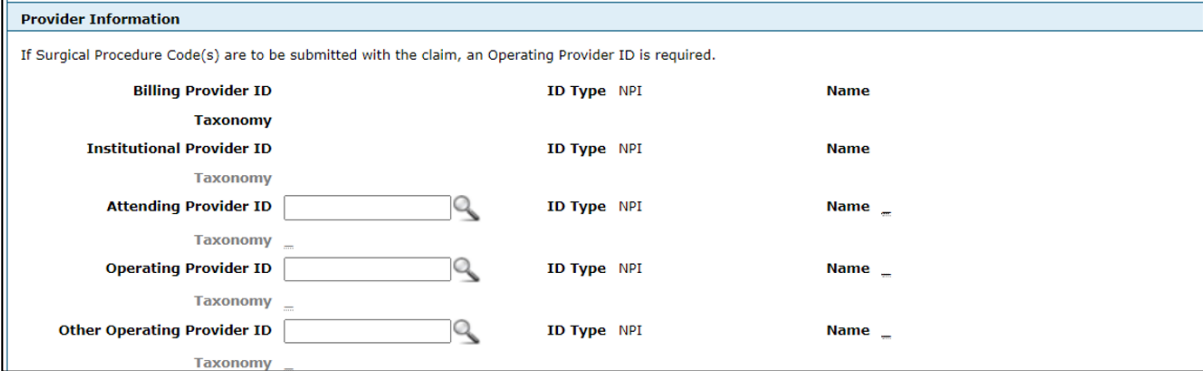
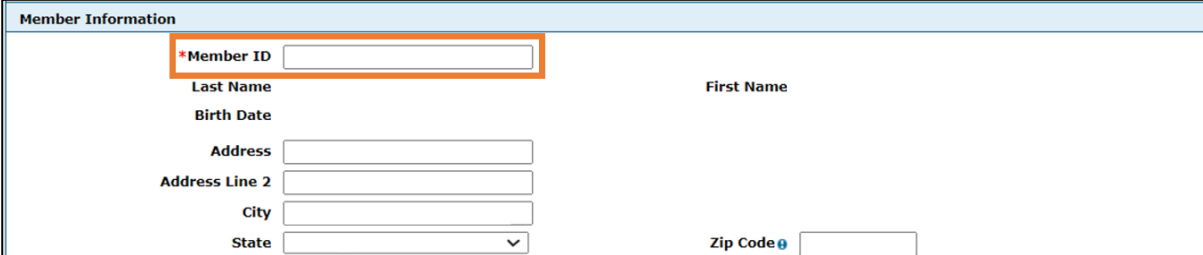
Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the 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 Outpatient 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 an Outpatient Crossover Claim in MESA:</p> <p>Hover over the Claims tab on the menu bar. A list of claim types displays below.</p> <ul style="list-style-type: none"> Click Submit Claim Inst. 
Step 3	<p>The Portal displays the “Submit Institutional Claim”: Step 1 page.</p> <ul style="list-style-type: none"> Select Claim Type Crossover Outpatient. 
Step 4	<ul style="list-style-type: none"> Complete the Provider Information section. <p>NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim you are submitting.</p> 
Step 5	<ul style="list-style-type: none"> Complete the Member Information section. <p>NOTE: Once you enter a Member ID, the system will generate the remaining fields in this section. Verify the fields populate correctly.</p> 
Step 6	<ul style="list-style-type: none"> Complete the Claim Information section. <p>NOTE: The “Include Other Insurance” box is grayed out for Medicare Crossover Claim Type.</p>

Steps	Description
	<p>NOTE: Everything with a red asterisk * must be completed.</p> <div data-bbox="267 304 1464 724"> <p>Claim Information</p> <p>*Covered Dates 10/30/2022 - 11/29/2022</p> <p>Admission Date/Hour - (hh:mm) Discharge Hour (hh:mm)</p> <p>Admission Type Admission Source</p> <p>Admitting Diagnosis Type ICD-10-CM Admitting Diagnosis</p> <p>Patient Status *Type of Bill 124-Hosp Inpt-Mcr Part B</p> <p>Patient Number Authorization Number</p> <p>*Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only</p> <p>*Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A</p> <p>*Does the provider have a signed statement from the patient releasing their medical information? Yes No</p> <p>Include Other Insurance <input checked="" type="checkbox"/> Total Charged Amount \$0.00</p> </div>

Steps	Description														
	<p>NOTE: Everything with a red asterisk * needs to be filled out must be completed if the section is applicable to the claim.</p> <div data-bbox="267 346 1464 651"> <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 ICD-10-CM *Diagnosis Code</p> <p>Add Reset</p> </div>	#	Diagnosis Type	Diagnosis Code	Action	1									
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1															
<p>Step 10</p>	<ul style="list-style-type: none"> Enter the External Cause of Injury Diagnosis Codes if applicable and click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="267 760 1464 1050"> <p>External Cause of Injury Diagnosis Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>External Cause of Injury Diagnosis Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Diagnosis Type ICD-10-CM *External Cause of Injury Diagnosis Code</p> <p>Add Reset</p> </div>	#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action	1									
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<p>Step 11</p>	<p>Scroll down to the Other Insurance Detail panel.</p> <p>NOTE: If there is other insurance information already populated that is out of date, click the Remove button under the Action column.</p> <ul style="list-style-type: none"> Select the Plus Sign to add any other insurance. Steps are shown below to add Medicare and other insurance outside of Medicare. <div data-bbox="267 1239 1464 1564"> <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></td> <td colspan="6">Click to add a new other insurance.</td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action		Click to add a new other insurance.					
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<p>Step 12</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. 														

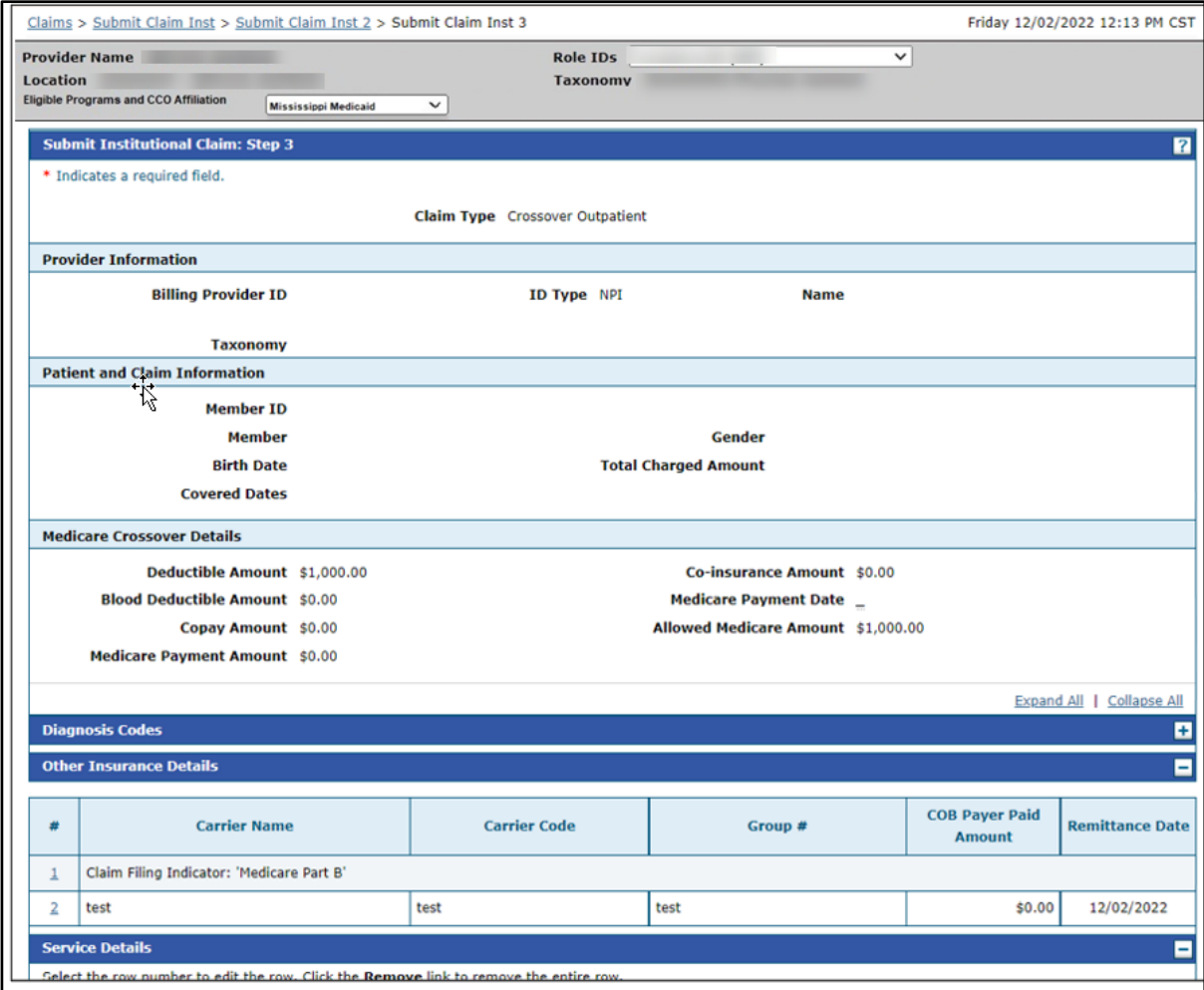
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	<div data-bbox="272 262 1469 682"> <p>Other Insurance Details</p> <p>Enter the carrier and policy holder information below.</p> <p>Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.</p> <p>NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.</p> <p style="text-align: right;">Refresh Other Insurance</p> <table border="1"> <thead> <tr> <th>#</th> <th>Carrier Name</th> <th>Carrier Code</th> <th>Group #</th> <th>COB Payer Paid Amount</th> <th>Remittance Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="7"><input type="checkbox"/> Click to collapse.</td> </tr> <tr> <td colspan="7">*Claim Filing Indicator MB-Medicare Part B</td> </tr> <tr> <td colspan="7"> <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="checkbox"/> Click to collapse.							*Claim Filing Indicator MB-Medicare Part B							<input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/>						
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<p>Step 13</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 to add another Other Insurance. <div data-bbox="272 846 1469 1203"> <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="4">Claim Filing Indicator: 'Medicare Part B'</td> <td></td> <td>Remove</td> </tr> <tr> <td colspan="7"><input type="checkbox"/> Click to add a new other insurance.</td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	1	Claim Filing Indicator: 'Medicare Part B'					Remove	<input type="checkbox"/> Click to add a new other insurance.													
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<p>Step 14</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 1297 1453 1675"> <p><input type="checkbox"/> 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>*Condition Code</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. <ul style="list-style-type: none"> Link to Carrier Codes 	#	Condition Code	1	*Condition Code																								
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Step 15	<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 style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">Other Insurance Details -</div> <p style="font-size: small;">Enter the carrier and policy holder information below.</p> <p style="font-size: small;">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 style="font-size: small;">NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.</p> <div style="text-align: right; margin-top: 5px;"><input type="button" value="Refresh Other Insurance"/></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> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Claim Filing Indicator: 'Medicare Part B'</td> <td></td> <td></td> <td></td> <td></td> <td>Remove</td> </tr> <tr> <td style="border: 2px solid orange;">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																																					

Steps	Description																																				
<p>Step 16</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 click Add Reason. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="269 401 1463 808"> <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">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>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. <div data-bbox="269 911 1463 1262"> <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>1</td> <td>PR-Patient Responsibility</td> <td>36-Balance does not exceed co-payment amount.</td> <td>\$1.00</td> <td></td> <td>Remove</td> </tr> </tbody> </table> <p>Click to add a new claim reason.</p> <p>Save Insurance Cancel Insurance</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		Remove
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<p>Step 17</p>	<ul style="list-style-type: none"> Enter the Condition Codes information if applicable then click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="269 1367 1463 1654"> <p>Condition Codes</p> <p>Click the Remove 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>Add Reset</p> </div>	#	Condition Code	Action	1																																
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1																																					
<p>Step 18</p>	<ul style="list-style-type: none"> Enter the Occurrence Codes information if applicable then click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>																																				

Steps	Description										
	<div data-bbox="267 262 1469 529"> <p>Occurrence Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Occurrence Code</th> <th>From Date</th> <th>To Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td>-</td> <td>-</td> <td></td> </tr> </tbody> </table> <p>1 *Occurrence Code <input type="text"/> *From Date <input type="text"/> *To Date <input type="text"/></p> <p>Add Reset</p> </div>	#	Occurrence Code	From Date	To Date	Action	1		-	-	
#	Occurrence Code	From Date	To Date	Action							
1		-	-								
<p>Step 19</p>	<ul style="list-style-type: none"> Enter the Value Codes information if applicable then click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="267 640 1469 913"> <p>Value Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Value Code</th> <th>Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Value Code <input type="text"/> *Amount <input type="text"/></p> <p>Add Reset</p> </div>	#	Value Code	Amount	Action	1					
#	Value Code	Amount	Action								
1											
<p>Step 20</p>	<ul style="list-style-type: none"> Enter the Surgical Procedures information if applicable then click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <ul style="list-style-type: none"> Review all sections on Submit Institutional Claim: Step 2 page. If all the information is correct click Continue to move onto Step 3. <div data-bbox="267 1102 1469 1501"> <p>Surgical Procedures</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <p>Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Surgical Procedure Type</th> <th>Surgical Procedure Code</th> <th>Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td>-</td> <td></td> </tr> </tbody> </table> <p>1 *Surgical Procedure Type <input type="text" value="ICD-10-PCS"/> *Surgical Procedure Code <input type="text"/> *Date <input type="text"/></p> <p>Add Reset</p> <p>Back to Step 1 Continue Cancel</p> </div>	#	Surgical Procedure Type	Surgical Procedure Code	Date	Action	1			-	
#	Surgical Procedure Type	Surgical Procedure Code	Date	Action							
1			-								
<p>Step 21</p>	<p>The Portal displays the “Submit Institutional Claim”: Step 3 page. The previous information you entered on step 1 and step 2 displays at the top of the page on step 3.</p> <ul style="list-style-type: none"> Scroll down to view the additional sections on this page. <p>NOTE: Click the plus and Minus for each section to expand and collapse the section.</p>										

Steps	Description
	 <p>The screenshot shows a web form titled "Submit Institutional Claim: Step 3". At the top, there are navigation links and a timestamp "Friday 12/02/2022 12:13 PM CST". The form includes several sections: "Provider Information" with fields for Billing Provider ID, ID Type, NPI, Name, and Taxonomy; "Patient and Claim Information" with fields for Member ID, Member, Birth Date, Gender, and Total Charged Amount; "Medicare Crossover Details" with fields for Deductible Amount (\$1,000.00), Blood Deductible Amount (\$0.00), Copay Amount (\$0.00), Medicare Payment Amount (\$0.00), Co-insurance Amount (\$0.00), Medicare Payment Date (-), and Allowed Medicare Amount (\$1,000.00); "Diagnosis Codes" with an expand/collapse button; "Other Insurance Details" with a collapse button; and "Service Details" with a table of insurance carriers. The table has columns for #, Carrier Name, Carrier Code, Group #, COB Payer Paid Amount, and Remittance Date. Row 1 is "Claim Filing Indicator: 'Medicare Part B'", and Row 2 has "test" values for Carrier Name, Carrier Code, and Group #, with a COB Payer Paid Amount of \$0.00 and a Remittance Date of 12/02/2022.</p>
Step 22	<ul style="list-style-type: none"> • Fill out the required information for the Service Details section. <ul style="list-style-type: none"> ○ Complete the Medicare Crossover Details section if applicable. ○ Complete the NDCs for Svc. #1 panel if applicable. • Once all information has been completed, click Add. <p>NOTE: The system requires that the Medicare Crossover Details amounts at the header level (the section completed on Step 1) are balanced against the Medicare Crossover Details amounts at the service line level (the section you see displayed here on Step 2). The amount for each corresponding field should balance out. An edit will be displayed when the amounts are not balanced.</p> <p>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>

Steps	Description																
	<p>NOTE: If values are not filled at both the header level and the details level then the system will not try to balance them.</p> <div data-bbox="267 331 1463 1136" style="border: 1px solid black; 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>Revenue Code</th> <th>HCPSC/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> <p>1 *Revenue Code <input type="text"/> HCPSC/Proc Code <input type="text"/></p> <p>Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>*From Date <input type="text"/> To Date <input type="text"/> *Units <input type="text"/> *Unit Type <input type="text"/></p> <p>Charge Amount <input type="text"/></p> <hr/> <p>Medicare Crossover Details</p> <p>Deductible Amount <input type="text"/> 0.00 Co-insurance Amount <input type="text"/> 0.00</p> <p>Blood Deductible Amount <input type="text"/> 0.00 Medicare Payment Date <input type="text"/></p> <p>Copay Amount <input type="text"/> 0.00 Allowed Medicare Amount \$0.00</p> <p>Medicare Payment Amount <input type="text"/> 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).</p> <p>Code Type <input type="text"/></p> <p>NDC/UPN <input type="text"/></p> <p>Quantity <input type="text"/> Unit of Measure <input type="text"/></p> <p>Prescription Number <input type="text"/> Prescription Type <input type="text"/></p> <p style="text-align: center;"><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	Svc #	Revenue Code	HCPSC/Proc Code	From Date	To Date	Units	Charge Amount	Action	1							
Svc #	Revenue Code	HCPSC/Proc Code	From Date	To Date	Units	Charge Amount	Action										
1																	
<p>Step 23</p>	<p>Click the 1 hyperlink in the Svc # column to view the Other Insurance Details for Svc # 1 section.</p> <div data-bbox="267 1205 1463 1409" style="border: 1px solid black; 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>Revenue Code</th> <th>HCPSC/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>123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC</td> <td></td> <td>11/28/2022</td> <td>11/28/2022</td> <td>4.000 Unit</td> <td></td> <td style="text-align: center;">Remove</td> </tr> </tbody> </table> </div>	Svc #	Revenue Code	HCPSC/Proc Code	From Date	To Date	Units	Charge Amount	Action	1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC		11/28/2022	11/28/2022	4.000 Unit		Remove
Svc #	Revenue Code	HCPSC/Proc Code	From Date	To Date	Units	Charge Amount	Action										
1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC		11/28/2022	11/28/2022	4.000 Unit		Remove										
<p>Step 24</p>	<ul style="list-style-type: none"> If you added any insurance with a Claim Filing Indicator value other than 16, MA, or MB then the Other Insurance Details for Svc # 1 section displays and can be completed. 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. Complete the required information for the Other Insurance Details for Svc # 1 section if applicable. Click Add Insurance then click Save to save the service line detail if you added information to this section. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>																

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	<div data-bbox="365 262 1482 955"> <p>NDCs for Svc. # 1</p> <hr/> <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>Ac</th> </tr> </thead> <tbody> <tr> <td colspan="10"> <input type="checkbox"/> Click to collapse. </td> </tr> <tr> <td colspan="2">*Other Carrier</td> <td colspan="2"></td> <td colspan="2">Bundled into Line #</td> <td colspan="4">0</td> </tr> <tr> <td colspan="2">Procedure Code</td> <td colspan="8"></td> </tr> <tr> <td colspan="2">Modifiers</td> <td colspan="8"></td> </tr> <tr> <td colspan="2">COB Payer Paid Amount</td> <td colspan="2">0.00</td> <td colspan="2">*Remittance Date</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">Remaining Patient Liability</td> <td colspan="8"></td> </tr> <tr> <td colspan="2">*Revenue Code</td> <td colspan="8"></td> </tr> <tr> <td colspan="2">Add Insurance</td> <td colspan="8">Cancel Insurance</td> </tr> <tr> <td colspan="2">Save</td> <td colspan="2">Reset</td> <td colspan="6">Cancel</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>	#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Ac	<input type="checkbox"/> Click to collapse.										*Other Carrier				Bundled into Line #		0				Procedure Code										Modifiers										COB Payer Paid Amount		0.00		*Remittance Date						Remaining Patient Liability										*Revenue Code										Add Insurance		Cancel Insurance								Save		Reset		Cancel						2									
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Step 25	<ul style="list-style-type: none"> Click the plus sign in the Attachments section to attach a copy of the EOMB. Crossover Claims require the Explanation of Medicare Benefits (EOMB) to be attached. Other insurance information was added the Explanation of Benefits (EOB) for that carrier must be attached. Attachments must be in PDF format. <div data-bbox="267 1176 1469 1402"> <p>Attachments</p> <p>Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="6"> <input type="button" value="Add Attachment"/> Click to add attachment. </td> </tr> </tbody> </table> <p>Back to Step 1 Back to Step 2 Submit Cancel</p> </div>	#	Transmission Method	File	Control #	Attachment Type	Action	<input type="button" value="Add Attachment"/> Click to add attachment.																																																																																																							
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Step 26	<ul style="list-style-type: none"> Select FT-File Transfer or NotSpecified-Not Specified from the Transmission Method dropdown. This selection effects the fields that display. Complete the additional required fields for this section and click Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>																																																																																																														

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Step 27	<p>The attachments display in the Attachments section.</p> <ul style="list-style-type: none"> Review the information you entered for Step 3 and click Submit. 																																																																																																						

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	<div style="border: 1px solid #0070C0; padding: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">Attachments -</div> <p>Click the Remove link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>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 style="text-align: center;">Remove</td> </tr> <tr> <td>2</td> <td>NotSpecified-Not Specified</td> <td>-</td> <td>123</td> <td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</td> <td style="text-align: center;">Remove</td> </tr> </tbody> </table> <p><input type="checkbox"/> Click to add attachment.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Back to Step 1 Back to Step 2 Submit Cancel </div> </div>	#	Transmission Method	File	Control #	Attachment Type	Action	1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221202122716197843	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Remove	2	NotSpecified-Not Specified	-	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Remove																		
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Step 28	<p>The Portal takes you to the Confirm Institutional Claim page.</p> <p>Review all the information entered for this claim. Click the plus and minus to expand and collapse each section. Expand All and Collapse All to expand and collapse all the sections at once.</p> <p>At the bottom of the page, select Back to Step 1, 2, or 3 to go back and edit the information entered for this claim.</p> <ul style="list-style-type: none"> Once reviewing the claims information entered has been completed, click Confirm to confirm your claim submission. <div style="border: 1px solid #0070C0; padding: 5px; margin-top: 10px;"> <div style="background-color: #0070C0; color: white; padding: 2px;"> Home Eligibility Claims Care Management Patient Health History Files Exchange Resources Contact Us </div> <div style="background-color: #0070C0; color: white; padding: 2px; font-size: small;"> Search Claims Submit Claim Dental Submit Claim Inst Submit Claim Prof Submit Claim Pharm Search Payment History </div> <div style="font-size: x-small; margin-top: 5px;"> Claims > Submit Claim Inst > Submit Claim Inst 2 > Submit Claim Inst 3 > Confirm Institutional Claim Wednesday 11/30/2022 02:56 PM CST </div> <div style="border: 1px solid #0070C0; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Provider Name Role IDs <input type="text"/> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Location Taxonomy </div> <div style="text-align: right; margin-top: 5px;">Print Preview</div> </div> <div style="border: 1px solid #0070C0; padding: 5px; margin-top: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">Confirm Institutional Claim ?</div> <p>Select Print Preview before you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.</p> <p style="text-align: center; font-weight: bold;">Claim Type Crossover Outpatient</p> <div style="border: 1px solid #0070C0; padding: 5px; margin-top: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px; font-size: x-small;">Provider Information</div> <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 30%;">Billing Provider ID</td> <td style="width: 20%;">ID Type NPI</td> <td style="width: 50%;">Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Institutional Provider ID</td> <td>ID Type NPI</td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Attending Provider ID</td> <td>ID Type</td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Operating Provider ID</td> <td>ID Type</td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Other Operating Provider ID</td> <td>ID Type</td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> </table> </div> <div style="border: 1px solid #0070C0; padding: 5px; margin-top: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px; font-size: x-small;">Member Information</div> <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 60%;">Member ID</td> <td style="width: 40%;"></td> </tr> <tr> <td>Member</td> <td>Gender</td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> </table> </div> </div> </div>	Billing Provider ID	ID Type NPI	Name	Taxonomy			Institutional Provider ID	ID Type NPI	Name	Taxonomy			Attending Provider ID	ID Type	Name	Taxonomy			Operating Provider ID	ID Type	Name	Taxonomy			Other Operating Provider ID	ID Type	Name	Taxonomy			Member ID		Member	Gender	Birth Date	
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Step 29	<p>The Portal returns the Submit Crossover Outpatient Claim: Confirmation page.</p> <p>NOTE: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.</p> <p>NOTE: If the claim has an attachment with a not-specified transmission method then the Confirmation page has an Attachments Coversheet(s) button for the cover page.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">Submit Crossover Outpatient Claim: Confirmation ?</div> <div style="background-color: #0070C0; color: white; padding: 2px;">Crossover Outpatient Claim Receipt</div> <p>Your Crossover Outpatient Claim was successfully submitted. The claim status is Pending In Process.</p> <p>The Claim ID is </p> <p>Click Print Preview to view the claim details as they have been saved on the payer's system.</p> <p>Click Copy to copy member or claim data.</p> <p>Click New to submit a new claim.</p> <p>Click View to view the details of the submitted claim.</p> <div style="text-align: center; margin-top: 10px;"> Attachment Coversheet(s) Print Preview Copy New View </div> </div>																																		

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	12/5/2022	Gainwell	Initial publication
1.1	6/5/2023	Gainwell	Updated providers display to show CCO information based on CR1925.
1.2	12/06/2023	Gainwell	Updated portal access to inactive providers termination date based on CR 2278.
1.3	04/19/2024	Gainwell	Updated verbiage and one images in steps 6, 15, 16 and 22.
1.4	07/22/2024	Gainwell	Updated per CR 2113 removed header amounts in Step one.
1.5	08/13/2024	Gainwell	Updated the Other Insurance information for clearer instructions.
1.6	11/13/2024	Gainwell	Added tips at the beginning of the document.