

Job Aid

Outpatient Medicare Only 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	Login to the Portal. The Portal Home screen Displays.							
		Search Medicaid:						
	Home Eligibility Claims Care Man	Logout Eligibility Claims Care Management Patient Health History Files Exchange Resources Contact Us						
	Home		Wednesday 11/30/2022 04:31 PM CST					
	Provider Name Location Eligible Programs and CCO Affiliation	Role IDs V Taxonomy V Medicaid V						
	User Details Welcome Group Mu Profile Manage Accounts Provider Nome Provider ID Location ID Characteristics	We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.	 Sign Up to Receive News Secure Correspondence Latest News Late Breaking News Provider Bulletins UM/QIQ Report Fraud 					
	Provider Services Member Focused Viewing Search Payment History Affiliated Providers 340B Program Information							



Steps	Description
Step 2	The following steps will review how to submit an Outpatient Crossover Claim in MESA:
	Hover over the Claims tab on the menu bar. A list of claim types displays below.
	Click Submit Claim Inst.
	Home Eligibility Claims Care Management Patient Health History Files Exchange Resources Con
	Search Claims Submit Claim Dental Submit Claim Inst Submit Claim Prof Submit Claim Pharm Search Payment History
	Claims > Submit Claim Inst
Step 3	The Portal displays the "Submit Institutional Claim": Step 1 page.
	Select Claim Type Crossover Outpatient.
	Submit Institutional Claim: Step 1
	* Indicates a required field.
Step 4	Complete the Provider Information section
	NOTE: There will be information already generated in this section. Complete additional fields if
	applicable to the claim you are submitting.
	If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.
	Billing Provider ID ID Type NPI Name
	Taxonomy
	Institutional Provider ID ID Type NPI Name
	Attending Provider ID III III III IIII Name
	Taxonomy
	Operating Provider ID ID Type NPI Name
	Other Operating Provider ID III III III IIII Name
	Taxonomy _
Step 5	Complete the Member Information section
	NOTE: Once you enter a Member ID, the system will generate the remaining fields in this section
	Verify the fields populate correctly.
	Member Information
	*Member ID
	Last Name First Name
	Address
	Address Line 2
	City
	State V Zip Code 🖯



Steps	Description
Step 6	Complete the Claim Information section.
	NOTE: The "Include Other Insurance" box is grayed out for Medicare Crossover Claim Type.
	Everything with a red asterisk * must be completed.
	Claim Information
	*Covered Dates 0 10/30/2022
	Admission Date/Hour e (hh:mm) Discharge Hour e (hh:mm)
	Admitting Diagnosis Type ICD-10-CM V Admitting Diagnosis ()
	*Type of Bill () 124-Hosp Inpt-Mcr Part B
	Patient Number Authorization Number
	*Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only
	Are benefits assigned to the provider by the patient or their authorized are reserved with the provider by the patient or their authorized are reserved with the provider by the patient or their authorized are reserved with the provider by the patient or their authorized are reserved with the provider by the patient or their authorized are reserved with the provider by the patient or their authorized are reserved with the provider by the patient or their authorized are reserved with the provider by the patient or their authorized are reserved with the provider by the patient or their authorized are reserved with the provider by the patient or their authorized are reserved with the patient or the provider by the patient or the patien
	Does the provider have a signed statement from the patient releasing () Yes \bigcirc No their medical information?
	Include Other Insurance 🔄 Total Charged Amount \$0.00
Step 7	Review all sections on Submit Institutional Claim: Step 1 page. If all the information entered is correct click Continue to move onto Step 2.
	*Are benefits assigned to the provider by the patient or their authorized $\bigcirc Y_{\text{Per}} \bigcirc N_{\text{N}} \bigcirc N/A$
	representative? *Does the provider have a signed statement from the patient releasing (a) $Y_{\text{PS}} \bigcirc N_0$
	their medical information? Include Other Insurance
	Continue



Steps	Description				
Step 8	The Portal displays the "Sub on step 1 will display at the to • Review the previous	mit Institutional Claim": Step 2 page. The previous information yo op of the page on step 2. ly submitted information and scroll down.	u entered		
	Submit Institutional Claim: Step 2		?		
	* Indicates a required field.				
		Claim Type Crossover Outpatient			
	Provider Information				
	Billing Provider ID	ID Type NPI Name			
	Taxonomy				
	Patient and Claim Information				
	Member	Gender			
	Birth Date	Total Charged Amount \$0.00			
	Covered Dates				
	Medicare Crossover Details				
	Deductible Amount \$0.00	Co-insurance Amount \$0.00			
	Blood Deductible Amount \$0.00	Medicare Payment Date			
	Copay Amount \$0.00 Medicare Payment Amount \$0.00	Allowed Medicare Amount \$0.00			
	,				
	Everything with a red asterist the claim. Diagnosis Codes Select the row number to edit the row. Click the Please note that the 1st diagnosis entered is co	K * needs to be filled out must be completed if the section is appli Remove link to remove the entire row. nsidered to be the principal (primary) Diagnosis Code.	cable to		
	# Diagnosis Type	Diagnosis Code	Action		
	1				
	1 *Diagnosis Type ICD-10-CM V	*Diagnosis Code e			
	Add				
Step 10	• Enter the External C	ause of Injury Diagnosis Codes if applicable and click Add.			
	Everything with a red asteris	k * must be completed if the section is applicable to the claim.			
	External Cause of Injury Diagnosis Codes		=		
	Select the row number to edit the row. Click the	e Remove link to remove the entire row.			
	# Diagnosis Type	External Cause of Injury Diagnosis Code	Action		
	1				
	1 *Diagnosis Type ICD-10-CM V	*External Cause of Injury Diagnosis Code 😝			
	Add Reset				
	L				



Steps	Description							
Step 11	Scro NOT butto	 Scroll down to the Other Insurance Detail panel. NOTE: If there is other insurance information already populated that is out of date, click the Remove button under the Action column. Select the Plus Sign to add the Medicare insurance. 						
	Othe	er Insurance Details						
	Enter Enter Detai	 the carrier and policy holder inform other carrier Remittance Advice do ils section. 	nation below. etails here for the claim or with each	service line. Enter adjusted payment d	letails, such as reason	codes, in the Claim Ac	ljustment	
	NOT	E: Please click Remove to discard	any unrelated "Other Insurance", pri	or to submitting claim.			ļ	
		1				Refresh Other	Insurance	
	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	
		lick to add a new other insurance.						
Step 12	To add Medicare Part A, B, or C follow these steps. Using the Claim Filing Indicator dropdown, select 16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B). No additional fields are necessary for these selections. • For this example, MB-Medicare Part A was selected from the Claim Filing Indicator dropdown. • Click Add Insurance to save the selection. • Other Insurance Details displays Medicare Part A on line #1. • Other Insurance Details Enter the carrier and policy holder information below. Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.							
	#	Carrier Name	Carrier Code	Group #	Amount	Date	Action	
	- C	Click to collapse.						
	*Claim Filing Indicator MA-Medicare Part A							
	Add Insurance Cancel Insurance							
	Other Enter Detail	Other Insurance Details Enter the carrier and policy holder information below. Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.						
	NOTE	; Please click Remove to discard a	my unrelated Other Insurance", pri	or to submitting claim.				
	#	Carrier Name	Carrier Code	Group #	COB Payer Paid	Refresh Other Remittance	Action	
	1	Claim Filing Indicators 'Mediaces R	art A'		Amount	Date	Remove	
	±	Claim Filing Indicator: Medicare P	airA				Nemove	



Steps		Desc	ription			
Step 13	 Enter the Condition Codes information if applicable. Everything with a red asterisk * must be completed if the section is applicable to the claim. Click Add to save the information. 					
	Condition Codes					
	Click the Remove link to remove the entire r	DW.				
	T Condition Code					
	1 *Condition Code 🛛					
	Add Reset					
Step 14	Enter the Occurrence Code completed if the section is a	es information if application of application of the claim.	able. Everything with	a red asterisk * must l	be	
	Click Add to save the in	formation.				
	Occurrence Codes					
	Select the row number to edit the row. Click t	he Remove link to remove the entire re	ow.			
	# Oct	currence Code	From Date	To Date	Action	
	1 *Occurrence Code a		*From Date	= *To Date e		
	Add Reset					
Stop 15	Enter the Value Codes infor	mation if applicable.	voruthing with a rod a	estorick * must be com		
Step 15	the section is applicable to the	ne claim.	veryaning with a red a	Isterisk must be con	ipieted ii	
	• Click Add to save the in	formation.				
	Value Codes					
	Select the row number to edit the row. Click the	ne Remove link to remove the entire ro)w.			
	#	Value Code		Amount	Action	
	⊥ ×Value Code ⊕		*Amount	<u> </u>		
	Add Reset					



Steps	Description	
Step 16	Enter the Surgical Procedures information if applicable. Everything with a red asterisk * must be completed if the section is applicable to the claim.	
	Click Add to save the information.	
	 Review all sections on Submit Institutional Claim: Step 2 page. If all the information is correctick Continue to move onto Step 3. 	t
	Surgical Procedures	-
	Select the row number to edit the row. Click the Remove link to remove the entire row. Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.	
	# Surgical Procedure Type Surgical Procedure Code Date Action	
		_
	1 *Surgical Procedure Type ICD-10-PCS ✓ *Surgical Procedure Code θ *Date θ	
	Add Reset	
	Back to Step 1 Continue Cancel	
	 on step 1 and step 2 displays at the top of the page on step 3. Scroll down to view the additional sections on this page. NOTE: Click the plus and Minus for each section to expand and collapse the section. 	
	Submit Institutional Claim: Step 3	?
	* Indicates a required field.	
	Claim Type Crossover Outpatient	
	Provider Information	
	Billing Provider ID ID Type NPI Name CLINIC	
	Patient and Claim Information	
	Member ID Mamber	
	Birth Date Total Charged Amount \$0.00	
	Covered Dates 02/01/2025	
	Expand All Collapse	All
	Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.	
	# Diagnosis Type Diagnosis Code	
	1 ICD-10-CM E103211-TYPE 1 DIAB WITH MILD NONP RTNOP WITH MA	
	Other Insurance Details	-
	# Carrier Name Carrier Code Group # COB Payer Paid Amount Remittance D	ate
	1 Claim Filing Indicator: 'Medicare Part A'	



Steps	Description					
Step 18	Fill out the required information for the Service Details section.					
	 Complete the Medicar 	e Crossover Details section if appl	icable.			
	 Complete the NDCs feedback 	or Svc. #1 panel if applicable.				
	The data entered must match the	submitted EOMB or the system c	ould deny.			
	Ex: EOMB shows the member has a copay of \$10. The Copay field must have \$10 entered. If \$20 is entered in the Coinsurance field that will cause the claim to deny.					
	<i>Ex:</i> EOMB shows Medicare Payment Date of 02/01/2025 but the date entered was 03/01/2025. That will call the claim to deny,					
	Service Details					
	Select the row number to edit the row. Click the Remove	link to remove the entire row.				
	Svc # From Date To Date Place of S	Service Procedure Code	Charge Amount Units Action			
	1 02/01/2025 02/01/2025 11-Of	fice 99215-OFFICE O/P EST HI 40 MIN	\$500.00 1.000 Unit <u>Remove</u>			
	1 *From Date ⊕ 02/01/2025 To Date ⊕	02/01/2025 Place of 11-Office	V EMG N V			
	*Procedure 99215-OFFICE O/P I Modifiers 0		*Diagnosis 1 v v v			
	Charge Amount \$500.00 *Units	1.000 *Unit Type Unit V EPSDT)			
	Clia Number Authoriz	ation Number				
	Provider ID					
	Performing ID Type Provider ID	NPI Taxonomy _				
	Ordering ID Type Provider ID	NPI Taxonomy _				
	Medicare Crossover Details					
	Allowed Medicare Amount \$235.00	Co-insurance Amo	int \$10.00			
	Deductible Amount \$125.00	Psychiatric Services Amo	int \$0.00			
	Copay Amount \$0.00					
	Once all information has be	en completed, click Add.				
	Note: Repeat this step for each deta	ail on the claim.				
Step 19	• Select the plus sign in the Attac	chments section to attach a copy of	the EOMB.			
	Note: Crossover Claims require the	Explanation of Medicare Benefits (B	EOMB) to be attached.			
	 Attachments must be in PDI 	F format.				
	Attachments		-			
	Click the Remove link to remove the entire row.					
	# Transmission Method	File Control #	Attachment Type Action			
	■ Click to add attachment.					
	Back to Step 1 Back to Step 2		Submit Cancel			



Jieps	Description							
Step 20	 Select FT-File Transfer from the Transmission Method dropdown. This selection effects the fields that display. 							
	•	Complete the additi	onal required fields for this	section.				
	Everyth	ning with a red asteris	sk * must be completed if t	he section is appl	icable to the claim.			
	• Se	lect Add to save the	attachment to the claim.					
	Attachm Click the	ents Remove link to remove the entire r	ow.					
	#	Transmission Method	File	Control #	Attachment Type	Action		
	1 FT	-File Transfer	Medicare EOMB.pdf (36K)	20221202122716197843	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	<u>Remove</u>		
	E Click	to collapse.						
		*Transmission Method FT-F	ile Transfer 🗸					
		*Attachment Type	ose File No file chosen		*			
		Description						
		Add Cancel						
		Back to Step 1 Back to St	tep 2		Submit Cancel			
Step 21	The att	achments display in t	the Attachments section.					
	Review the information you entered for Step 3 and click Submit .							
Attachments								
	Attachme Click the I	e nts Remove link to remove the entire ro	w.					
	Attachme Click the I	ents Remove link to remove the entire ro Transmission Method	w. File	Control #	Attachment Type	- Action		
	Attachme Click the I # 1 FT-	ents Remove link to remove the entire ro Transmission Method File Transfer	W. File Medicare EOMB.pdf (36K)	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Action		
	Attachme Click the I # 1 FT- • Click t	ents Remove link to remove the entire ro Transmission Method File Transfer to add attachment.	W. File Medicare EOMB.pdf (36K)	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Action Remove		
	Attachme Click the I 1 FT- Click t	ents Remove link to remove the entire ro Transmission Method File Transfer to add attachment. Back to Step 1 Back to Ste	w. File Medicare EOMB.pdf (36K)	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Submit Cancel	Action Remove		
	Attachme Click the I 1 FT- Click t	ents Remove link to remove the entire ro Transmission Method File Transfer to add attachment. Back to Step 1 Back to Ste	File Medicare EOMB.pdf (36K)	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Submit Cancel	Action Remove		
	Attachme Click the I 1 FT- Click t	ents Remove link to remove the entire ro Transmission Method File Transfer to add attachment. Back to Step 1 Back to Ste	W. File Medicare EOMB.pdf (36K)	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Submit Cancel	Action Remove		
	Attachme Click the I 1 FT- Click t	ents Remove link to remove the entire ro Transmission Method File Transfer to add attachment. Back to Step 1 Back to Ste	w. File Medicare EOMB.pdf (36K)	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Submit Cancel	Action Remove		
	Attachme Click the I # ⊥ FT- Click t	ents Remove link to remove the entire ro Transmission Method File Transfer to add attachment. Back to Step 1 Back to Ste	W. File Medicare EOMB.pdf (36K)	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Submit Cancel	Action Remove		
	Attachme Click the I 1 FT- Click t	ents Remove link to remove the entire ro Transmission Method File Transfer to add attachment. Back to Step 1 Back to Ste	File Medicare EOMB.pdf (36K)	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Submit Cancel	Action Remove		
	Attachme Click the I # ⊥ FT- ● Click t	ents Remove link to remove the entire ro Transmission Method File Transfer to add attachment. Back to Step 1 Back to Ste	W. File Medicare EOMB.pdf (36K) Pp 2	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Submit Cancel	Action Remove		
	Attachme Click the I 1 FT- Click t	ents Remove link to remove the entire ro Transmission Method File Transfer to add attachment. Back to Step 1 Back to Ste	W. File Medicare EOMB.pdf (36K) Pp 2	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Submit Cancel	Action Remove		
	Attachme Click the I 1 FT- Click t	ents Remove link to remove the entire ro Transmission Method File Transfer to add attachment. Back to Step 1 Back to Step	File Medicare EOMB.pdf (36K)	Control # 20221202122716197843	Attachment Type Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Submit Cancel	Action Remove		



Steps	Description				
	The Portal takes you to the	e Confirm Institutional Claim pa	age.		
	 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. 				
	NOTE: At the bottom of th entered for this claim.	e page, select Back to Step 1, 2	, or 3 to go back and edit the informatior		
	Home Eligibility Claims Care Manage Search Claims Submit Claim Dental Submit Clai	ment Patient Health History Files Exchange	Resources Contact Us		
	Claims > Submit Claim Inst > Submit Claim Inst	2 > <u>Submit Claim Inst 3</u> > Confirm Institutional Claim	Wednesday 11/30/2022 02:56 PM CST		
	Provider Name Location	Role IDs Taxonomy	▼		
			Print Preview		
	Confirm Institutional Claim Select Print Preview before you Confirm if you been saved on the paver system.	want to assure you view the claim as you entered it. After	confirmation, Print Preview may reflect changes as the claim has		
		Claim Type Crossover Outpatient			
	Provider Information				
	Billing Provider ID	ID Type NPI	Name		
	Taxonomy Institutional Provider ID	ID Type NPI	Name		
	Taxonomy Attending Provider ID _	ID Туре _	Name _		
	Operating Provider ID _ Taxonomy _	ID Type _	Name _		
	Other Operating Provider ID _ Taxonomy	ID Type _	Name _		
	Member Information				
	Member ID				
	Member Birth Date		Gender		



Steps	Description							
	Once reviewing the claims information entered has been completed, click Confirm to confirm the cla submission.					irm the claim		
	Expand All Collapse All							
	Diag	nosis Codes						+
	Other Insurance Details							
	#	Carrier Name	Carrier Code		Group #		COB Payer Paid Amount	Remittance Date
	1	Claim Filing Indicator: 'Medicare Part A'						
	Serv	ice Details						
	Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
	1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC			11/28/2022	11/28/2022	4.000 Unit	\$0.00
	Atta	chments						+
	No E	xternal Cause of Injury Diagnosis Code	s exist for this claim					
	No P	atient Reason for Visit Diagnosis Codes	exist for this claim					
	No C	ondition Codes exist for this claim						
	No C	ccurrence Codes exist for this claim						
	No V	alue Codes exist for this claim						
	No S	urgical Procedures exist for this claim						
		Back to Step 1 Back to Step	2 Back to Step 3 Print Preview				Confirm	ncel
Step 22	The	Portal returns the Submit	Crossover Outpatient C	laim:	Confirma	ition pa	ge.	
·	NOT EOM	NOTE : The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.				verify the		
	Sub	mit Crossover Professional Claim: Confir	mation					7
	Cros	sover Professional Claim Receipt						
	Your	Crossover Professional Claim was successful	ly submitted. The claim status is Pending In Pr	ocess.				
	The	Claim ID is						
	Click	Attachment Coversheet(s) to view the data	aim attachments coversheet(s).					
	Click	Copy to copy member or claim data.	mey nave been saved on the payer's system.					
	Click	New to submit a new claim.						
	Click	View to view the details of the submitted cl	aim.					
		Attachment Coversheet(s) P	rint 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	12/5/2022	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.
1.7	04/03/2025	Gainwell	Updated steps per Claims Resolution feedback