

Job Aid

Outpatient Medicare Only Crossover Claim Submission

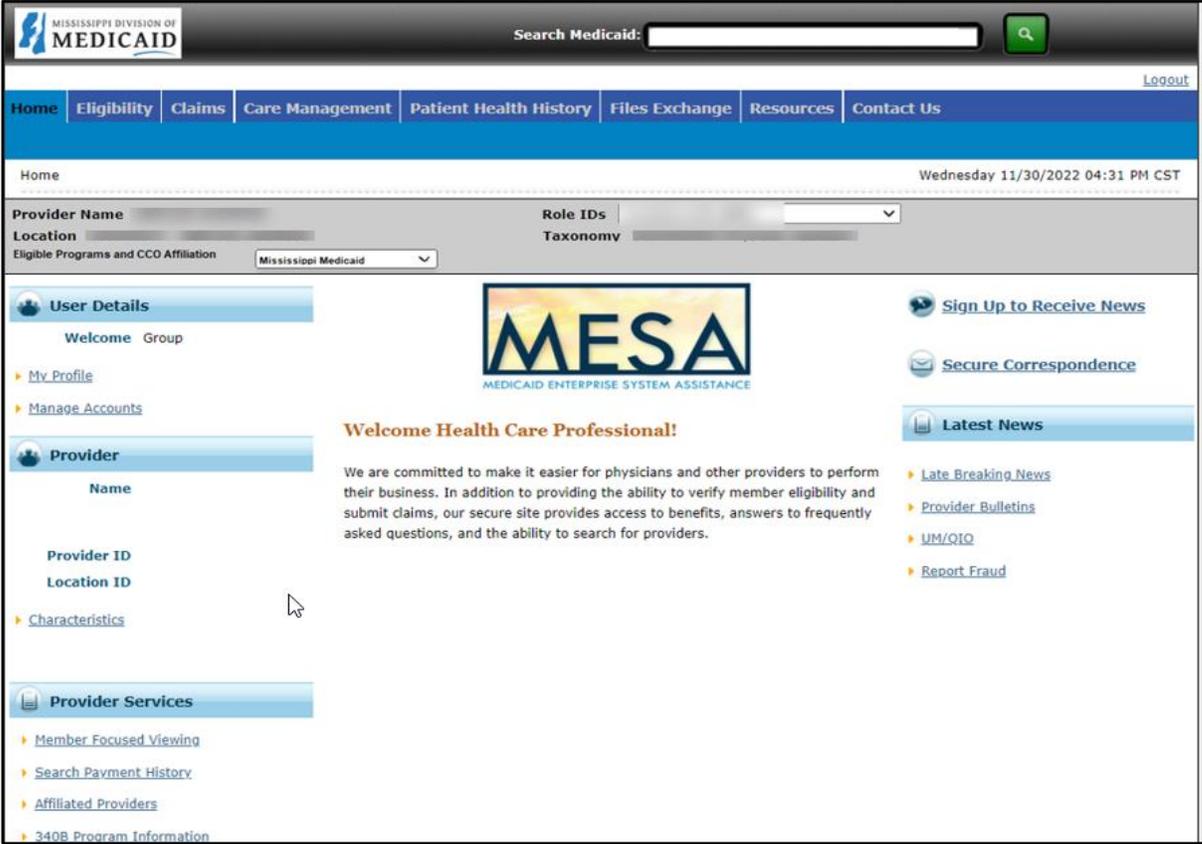
In this simulation, the user imitates a real-world process or activity. Please read the instructions thoroughly and follow all directions.

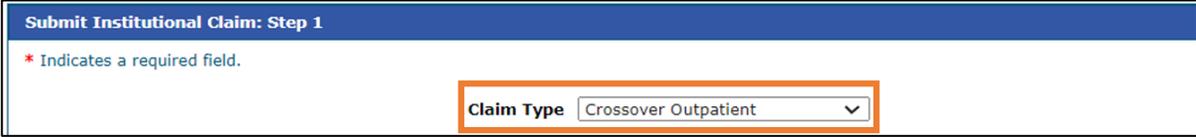
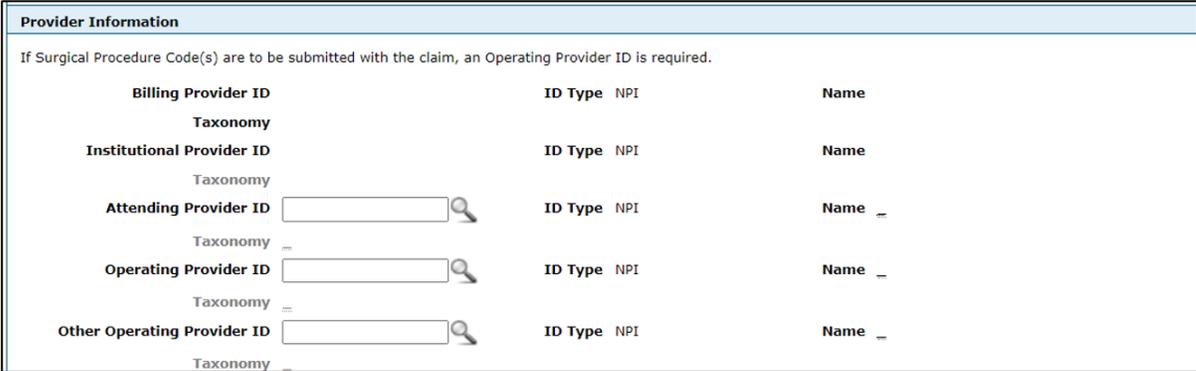
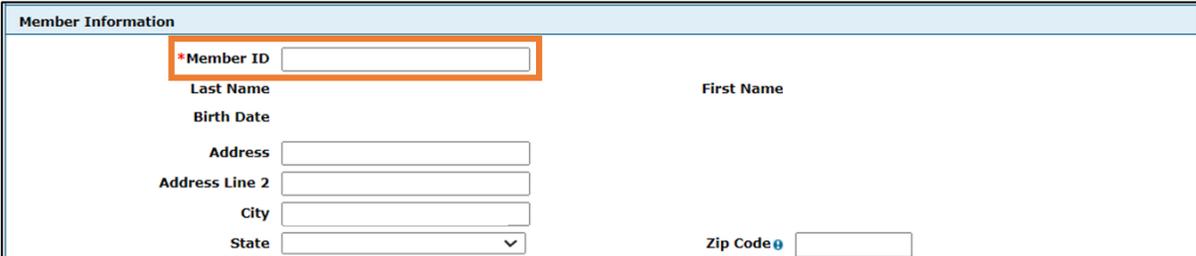
Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the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

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

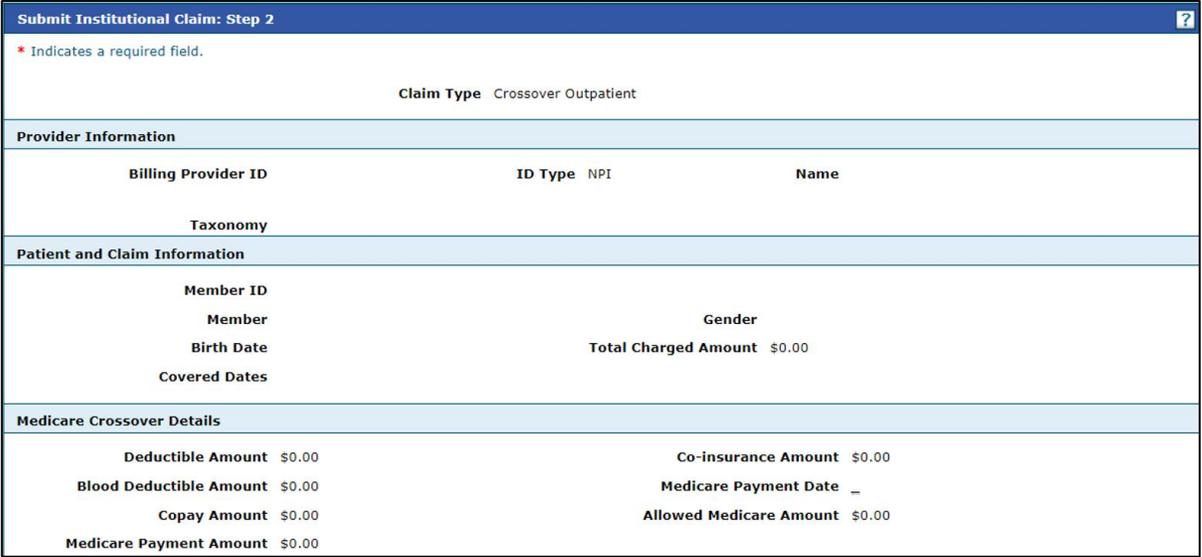
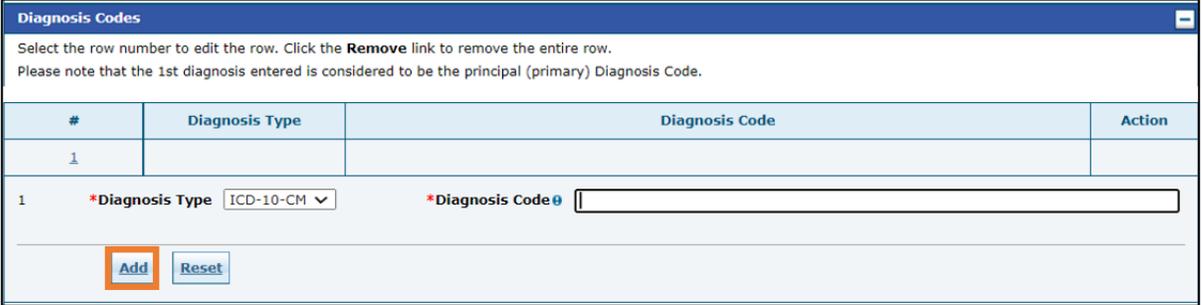
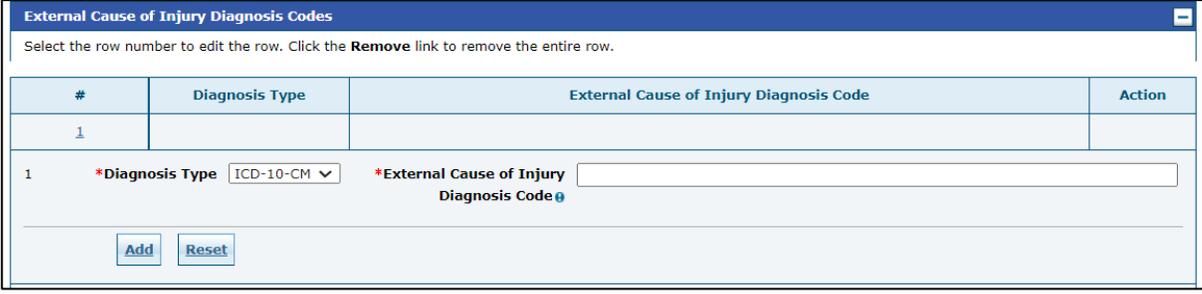
- Only include the EOMB(s) needed to process the claim.
- EOMBs must be completely legible.
- Negative dollar amounts are not accepted and must be entered as zero.
- All of the data on the EOMB must match the data entered on the portal submitted claim.

Review the steps to submit an Outpatient Crossover Claim

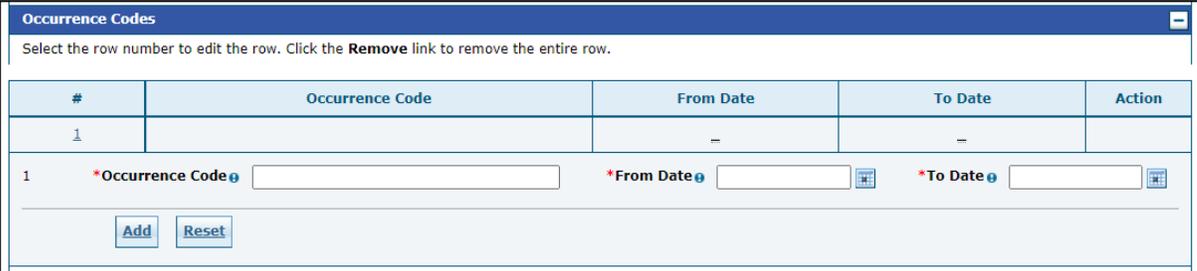
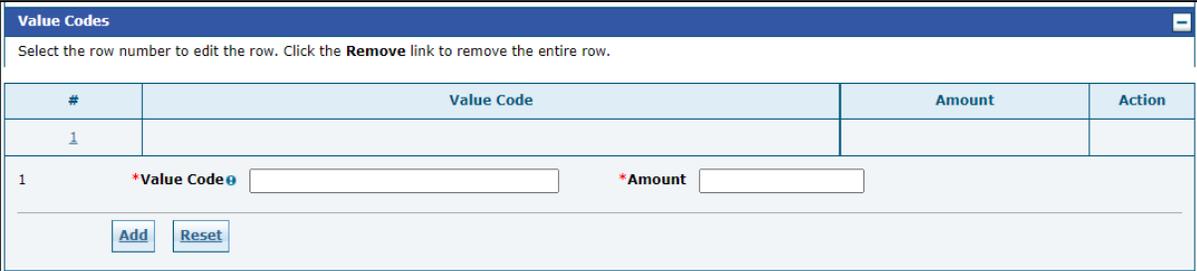
Steps	Description
Step 1	<p>Login to the Portal. The Portal Home screen Displays.</p> 

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> 

Steps	Description
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. Everything with a red asterisk * must be completed.</p> <div data-bbox="267 464 1463 877" style="border: 1px solid black; padding: 5px;"> <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? <input 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 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 type="radio"/> Yes <input type="radio"/> No</p> <p>Include Other Insurance <input checked="" type="checkbox"/> Total Charged Amount \$0.00</p> </div>
Step 7	<ul style="list-style-type: none"> Review all sections on Submit Institutional Claim: Step 1 page. If all the information entered is correct click Continue to move onto Step 2. <div data-bbox="267 1094 1463 1360" style="border: 1px solid black; padding: 5px;"> <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 type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> <p>*Does the provider have a signed statement from the patient releasing their medical information? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Include Other Insurance <input checked="" type="checkbox"/> Total Charged Amount \$0.00</p> <p style="text-align: right;">Continue Cancel</p> </div>

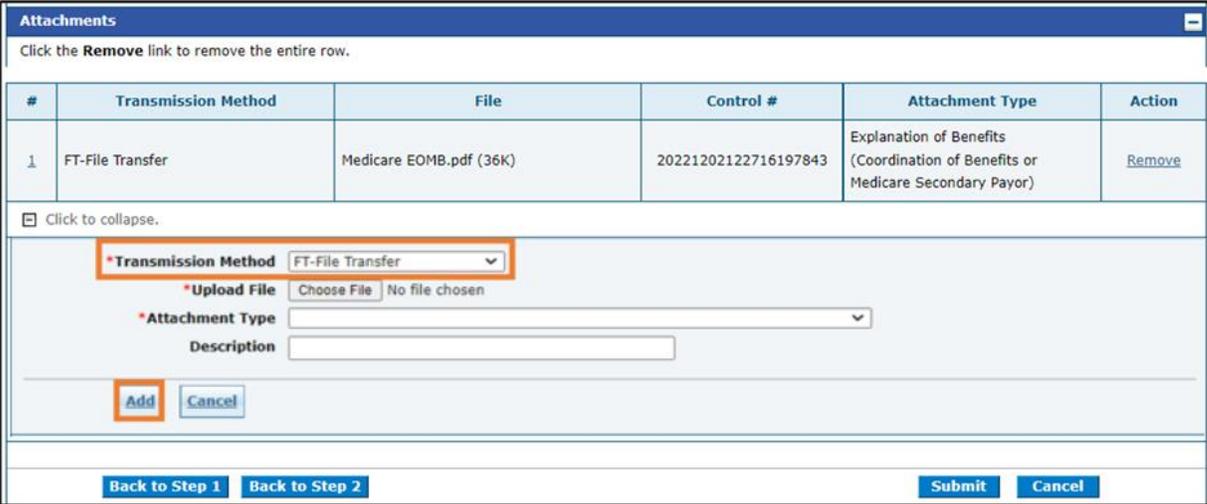
Steps	Description
<p>Step 8</p>	<p>The Portal displays the “Submit Institutional Claim”: Step 2 page. The previous information you entered on step 1 will display at the top of the page on step 2.</p> <ul style="list-style-type: none"> Review the previously submitted information and scroll down. 
<p>Step 9</p>	<ul style="list-style-type: none"> Enter the Diagnosis Code then click Add. Repeat to add more than one Diagnosis code. <p>Everything with a red asterisk * needs to be filled out must be completed if the section is applicable to the claim.</p> 
<p>Step 10</p>	<ul style="list-style-type: none"> Enter the External Cause of Injury Diagnosis Codes if applicable and click Add. <p>Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> 

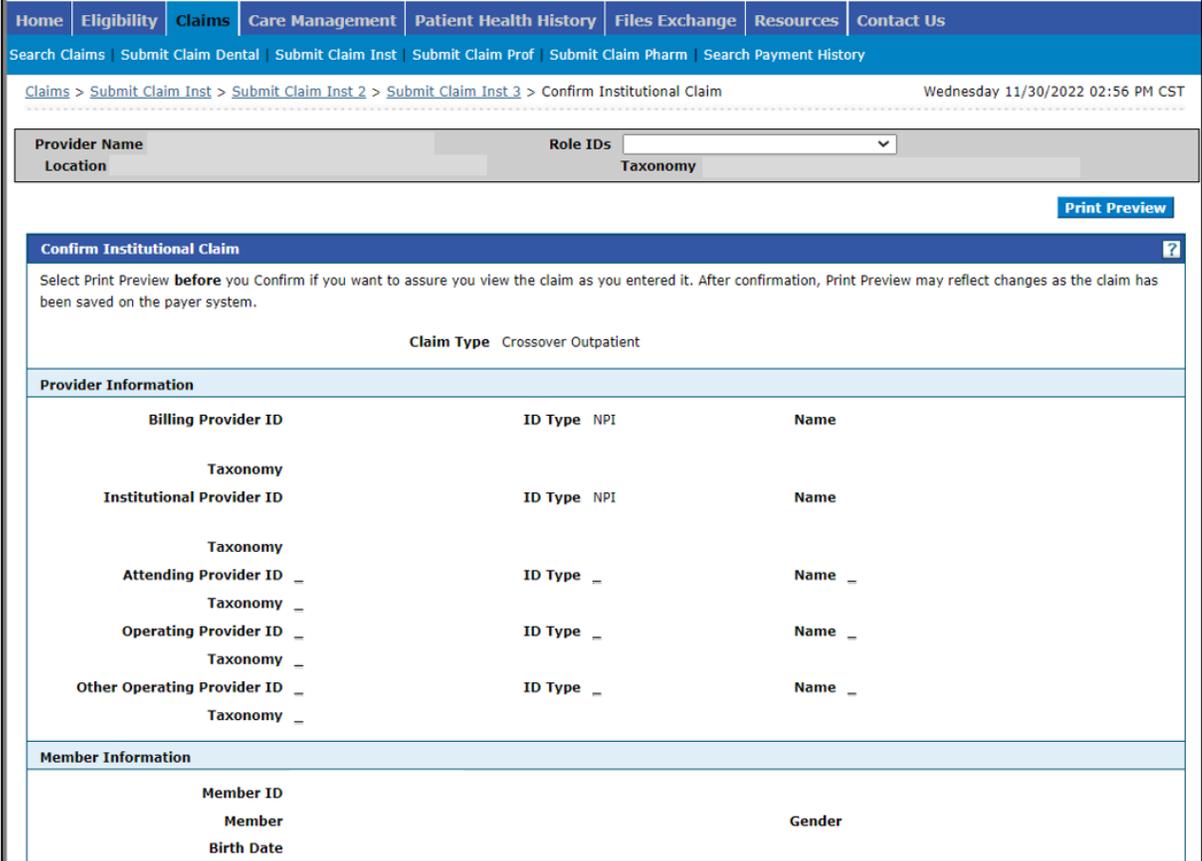
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<p>Step 11</p>	<p>Scroll down to the Other Insurance Detail panel.</p> <p>NOTE: If there is other insurance information already populated that is out of date, click the Remove button under the Action column.</p> <ul style="list-style-type: none"> Select the Plus Sign to add the Medicare insurance. <div data-bbox="267 436 1463 768" style="border: 1px solid black; padding: 5px;"> <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" 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 colspan="7"><input style="border: 1px solid orange;" type="button" value="+"/> Click to add a new other insurance.</td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	<input style="border: 1px solid orange;" type="button" value="+"/> 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). No additional fields are necessary for these selections.</p> <ul style="list-style-type: none"> 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. <div data-bbox="267 1031 1463 1457" style="border: 1px solid black; padding: 5px;"> <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" 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 colspan="7"><input type="button" value="[-"/> Click to collapse.</td> </tr> <tr> <td colspan="7">*Claim Filing Indicator MA-Medicare Part A v</td> </tr> <tr> <td colspan="7" style="text-align: center;"> <input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/> </td> </tr> </tbody> </table> </div> <div data-bbox="267 1524 1463 1875" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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" 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="5">Claim Filing Indicator: 'Medicare Part A'</td> <td style="text-align: center;">Remove</td> </tr> </tbody> </table> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	<input type="button" value="[-"/> Click to collapse.							* Claim Filing Indicator MA-Medicare Part A v							<input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/>							#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	1	Claim Filing Indicator: 'Medicare Part A'					Remove
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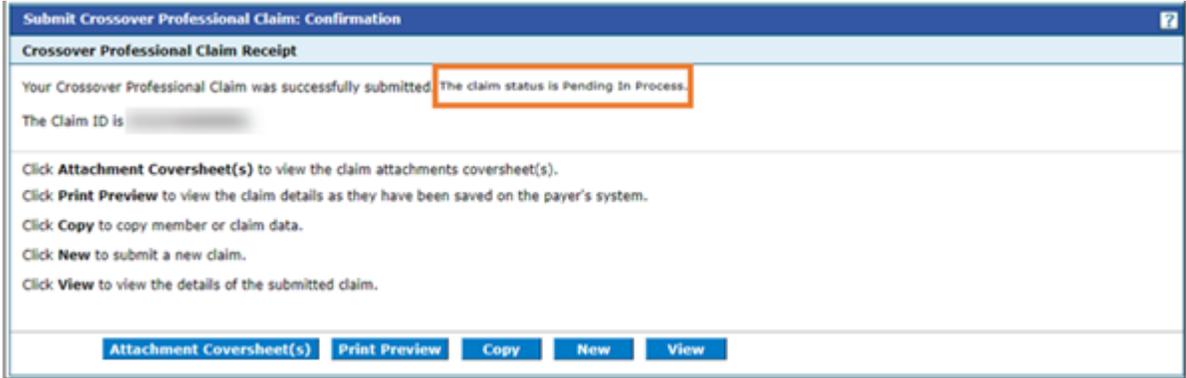
Steps	Description
Step 13	<ul style="list-style-type: none"> Enter the Condition Codes information if applicable. Everything with a red asterisk * must be completed if the section is applicable to the claim. Click Add to save the information. 
Step 14	<ul style="list-style-type: none"> Enter the Occurrence 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. 
Step 15	<ul style="list-style-type: none"> Enter the Value 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. 

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Step 16	<p>Enter the Surgical Procedures information if applicable. Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <ul style="list-style-type: none"> Click Add to save the information. 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="267 468 1461 861" style="border: 1px solid black; padding: 5px;"> <p>Surgical Procedures</p> <p>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.</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"/></p> <p>*Date <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> <p><input type="button" value="Back to Step 1"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/></p> </div>	#	Surgical Procedure Type	Surgical Procedure Code	Date	Action	1			-																							
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Step 17	<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> <div data-bbox="267 1062 1474 1801" style="border: 1px solid black; padding: 5px;"> <p>Submit Institutional Claim: Step 3</p> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Crossover Outpatient</p> <p>Provider Information</p> <table border="1"> <tr> <td>Billing Provider ID</td> <td>ID Type NPI</td> <td>Name CLINIC</td> </tr> <tr> <td colspan="3">Taxonomy</td> </tr> </table> <p>Patient and Claim Information</p> <table border="1"> <tr> <td>Member ID</td> <td>Gender Male</td> </tr> <tr> <td>Member</td> <td>Total Charged Amount \$0.00</td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Covered Dates 02/01/2025</td> <td></td> </tr> </table> <p style="text-align: right;">Expand All Collapse All</p> <p>Diagnosis Codes</p> <p>Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>Diagnosis Code</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>ICD-10-CM</td> <td>E103211-TYPE 1 DIAB WITH MILD NONP RTNOP WITH MA</td> </tr> </tbody> </table> <p>Other Insurance Details</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> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="5">Claim Filing Indicator: 'Medicare Part A'</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type NPI	Name CLINIC	Taxonomy			Member ID	Gender Male	Member	Total Charged Amount \$0.00	Birth Date		Covered Dates 02/01/2025		#	Diagnosis Type	Diagnosis Code	1	ICD-10-CM	E103211-TYPE 1 DIAB WITH MILD NONP RTNOP WITH MA	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Medicare Part A'				
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Steps	Description																
<p>Step 18</p>	<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. <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 \$10. The Copay field must have \$10 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 02/01/2025 but the date entered was 03/01/2025. That will call the claim to deny,</i></p> <div data-bbox="267 598 1474 1285" 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>From Date</th> <th>To Date</th> <th>Place of Service</th> <th>Procedure Code</th> <th>Charge Amount</th> <th>Units</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>02/01/2025</td> <td>02/01/2025</td> <td>11-Office</td> <td>99215-OFFICE O/P EST HI 40 MIN</td> <td>\$500.00</td> <td>1.000 Unit</td> <td>Remove</td> </tr> </tbody> </table> <p>1 *From Date 02/01/2025 To Date 02/01/2025 *Place of Service 11-Office EMG N</p> <p>*Procedure Code 99215-OFFICE O/P I Modifiers *Diagnosis 1 Pointers</p> <p>Charge Amount \$500.00 *Units 1.000 *Unit Type Unit EPSDT</p> <p>Clia Number Authorization Number</p> <p>Referring Provider ID ID Type NPI Taxonomy</p> <p>Performing Provider ID ID Type NPI Taxonomy</p> <p>Ordering Provider ID ID Type NPI Taxonomy</p> <hr/> <p>Medicare Crossover Details</p> <p>Allowed Medicare Amount \$235.00 Co-insurance Amount \$10.00</p> <p>Deductible Amount \$125.00 Psychiatric Services Amount \$0.00</p> <p>Medicare Payment Amount \$100.00 Medicare Payment Date 03/01/2025</p> <p>Copay Amount \$0.00</p> </div> <ul style="list-style-type: none"> Once all information has been completed, click Add. <p>Note: Repeat this step for each detail on the claim.</p>	Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action	1	02/01/2025	02/01/2025	11-Office	99215-OFFICE O/P EST HI 40 MIN	\$500.00	1.000 Unit	Remove
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<p>Step 19</p>	<ul style="list-style-type: none"> Select the plus sign in the Attachments section to attach a copy of the EOMB. <p>Note: Crossover Claims require the Explanation of Medicare Benefits (EOMB) to be attached.</p> <ul style="list-style-type: none"> Attachments must be in PDF format. <div data-bbox="267 1528 1474 1759" style="border: 1px solid black; padding: 5px;"> <p>Attachments</p> <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></td> <td colspan="5">Click to add attachment.</td> </tr> </tbody> </table> <p style="text-align: center;"> Back to Step 1 Back to Step 2 Submit Cancel </p> </div>	#	Transmission Method	File	Control #	Attachment Type	Action		Click to add attachment.								
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<p>Step 20</p>	<ul style="list-style-type: none"> Select FT-File Transfer from the Transmission Method dropdown. This selection effects the fields that display. Complete the additional required fields for this section. <p>Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <ul style="list-style-type: none"> Select Add to save the attachment to the claim.  <p>The screenshot shows the 'Attachments' section of a web application. At the top, there's a header 'Attachments' and a note: 'Click the Remove link to remove the entire row.' Below this is a table with columns: #, Transmission Method, File, Control #, Attachment Type, and Action. The table contains one row with #1, FT-File Transfer, Medicare EOMB.pdf (36K), 20221202122716197843, and 'Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)'. Below the table is a 'Click to collapse' link. Underneath is a form with fields: '*Transmission Method' (dropdown with 'FT-File Transfer'), '*Upload File' (button 'Choose File' and text 'No file chosen'), '*Attachment Type' (dropdown), and 'Description' (text input). There are 'Add' and 'Cancel' buttons at the bottom of the form. At the very bottom of the section are 'Back to Step 1', 'Back to Step 2', 'Submit', and 'Cancel' buttons.</p>
<p>Step 21</p>	<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.  <p>The screenshot shows the 'Attachments' section after the attachment has been added. The table from Step 20 is visible. Below the table is a 'Click to add attachment' link. At the bottom of the section are 'Back to Step 1', 'Back to Step 2', 'Submit', and 'Cancel' buttons. The 'Submit' button is highlighted with a red box.</p>

Steps	Description
	<p>The Portal takes you to the Confirm Institutional Claim page.</p> <ul style="list-style-type: none"> 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>NOTE: 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> 

Steps	Description
	<p>Once reviewing the claims information entered has been completed, click Confirm to confirm the claim submission.</p>  <p>The screenshot shows a web interface for submitting a crossover claim. At the top right, there are links for 'Expand All' and 'Collapse All'. Below this, there are sections for 'Diagnosis Codes', 'Other Insurance Details', and 'Service Details'. The 'Other Insurance Details' section contains a table with columns: #, Carrier Name, Carrier Code, Group #, COB Payer Paid Amount, and Remittance Date. The 'Service Details' section contains a table with columns: Svc #, Revenue Code, HCPCS/Proc Code, Mod, From Date, To Date, Units/Type, and Charge Amount. At the bottom of the page, there are several buttons: 'Back to Step 1', 'Back to Step 2', 'Back to Step 3', 'Print Preview', 'Confirm', and 'Cancel'. The 'Confirm' button is highlighted with an orange box.</p>
Step 22	<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>The screenshot shows a confirmation page titled 'Submit Crossover Professional Claim: Confirmation'. It features a 'Crossover Professional Claim Receipt' section. The main message states: 'Your Crossover Professional Claim was successfully submitted. The claim status is Pending In Process.' The text 'The claim status is Pending In Process' is highlighted with an orange box. Below this, there is a field for 'The Claim ID is' followed by a blurred ID number. At the bottom, there are instructions for 'Attachment Coversheet(s)', 'Print Preview', 'Copy', 'New', and 'View', each with a corresponding button.</p>

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