

Job Aid

Inpatient Crossover Claim with TPL Submission

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



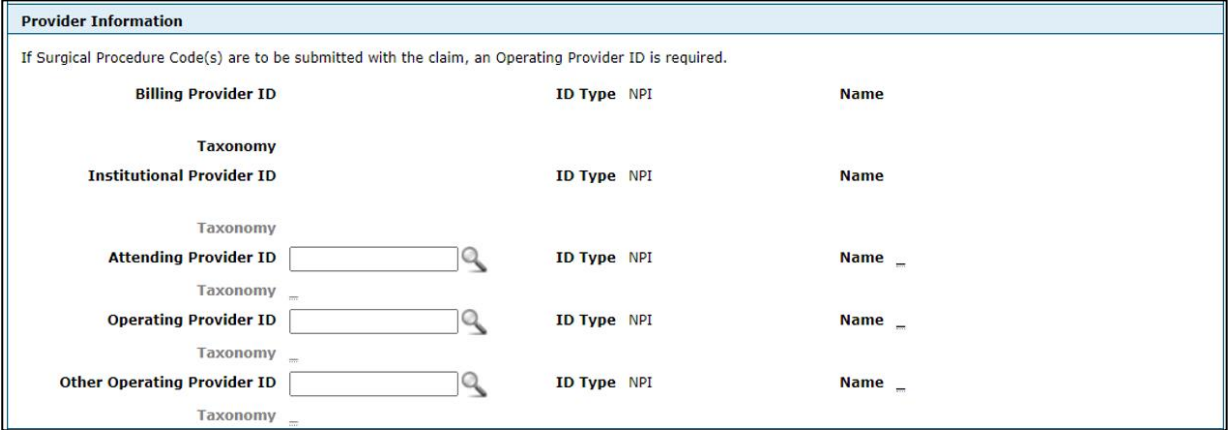
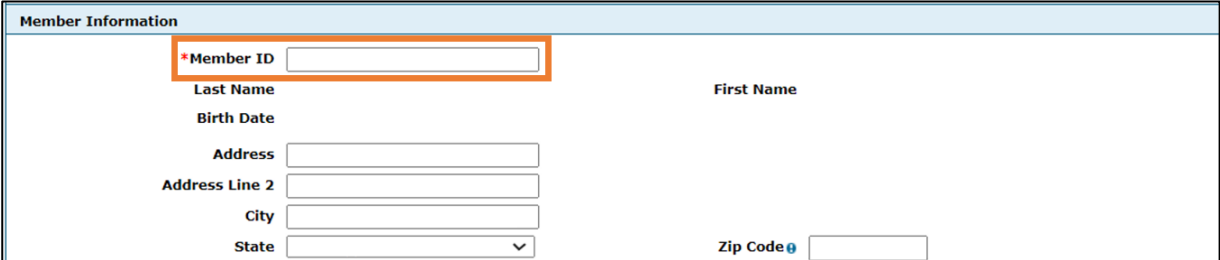
Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the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

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

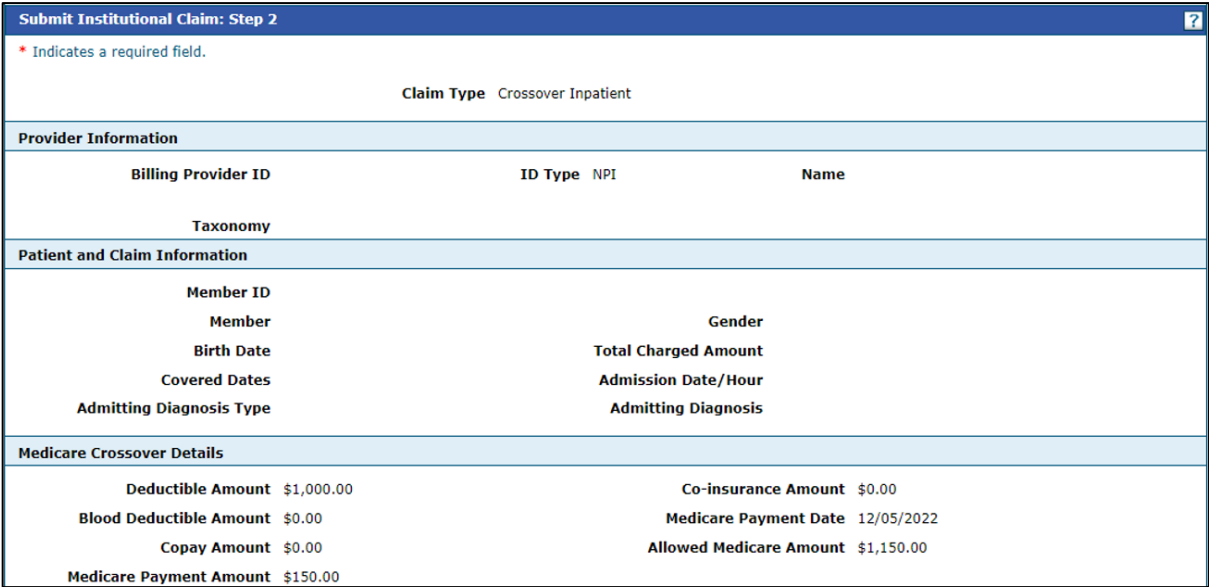
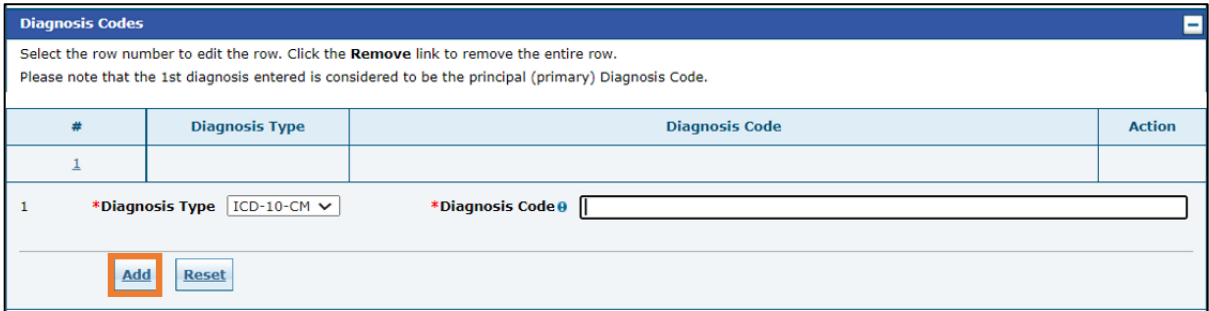
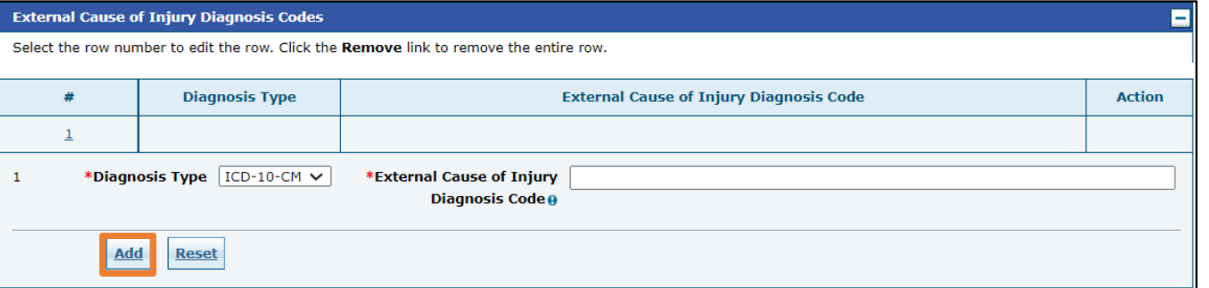
- Only include the EOMB(s) needed to process the claim.
- EOMBs must be completely legible.
- Negative dollar amounts are not accepted and must be entered as zero.
- All the data on the EOMB must match the data entered on the portal submitted claim.

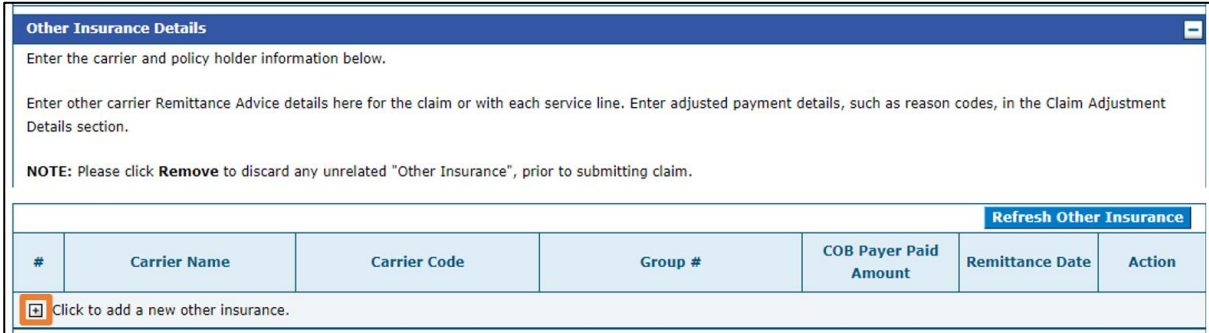
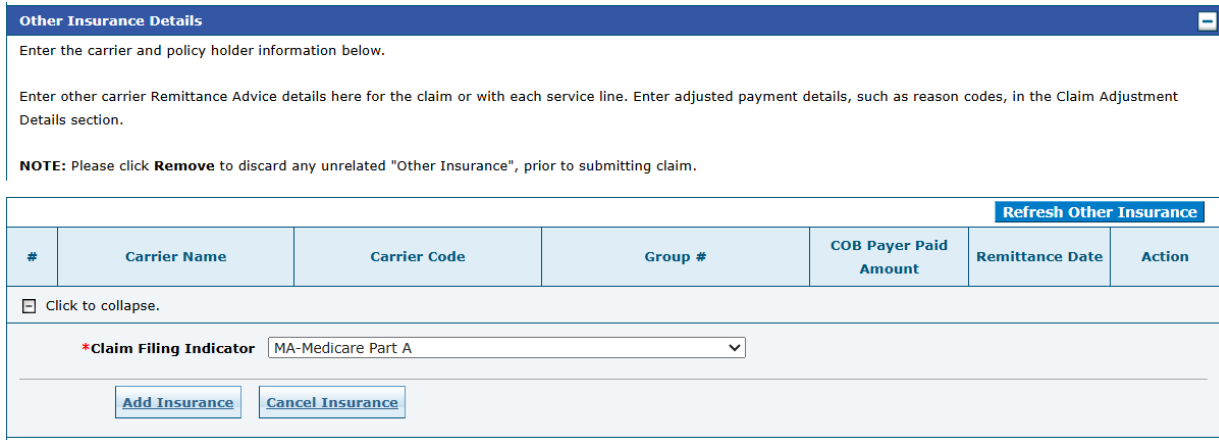
Review the Steps to Submit an Inpatient Crossover Claim

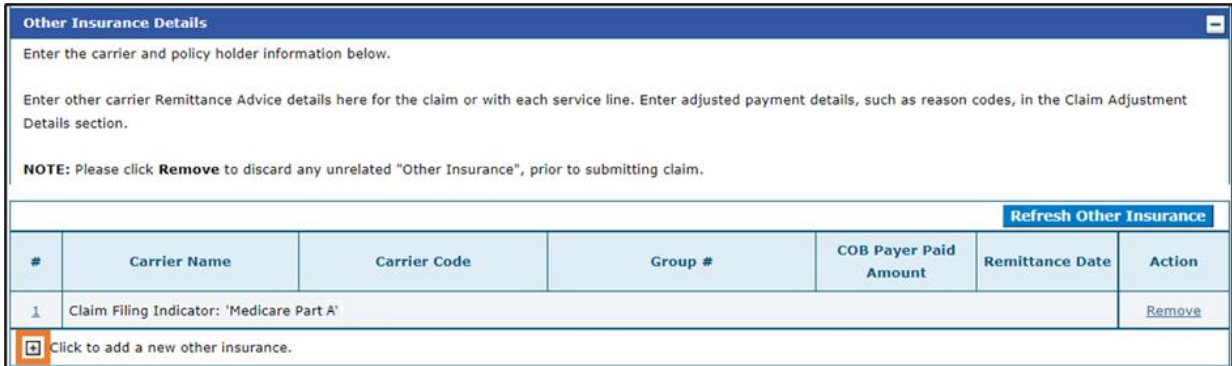
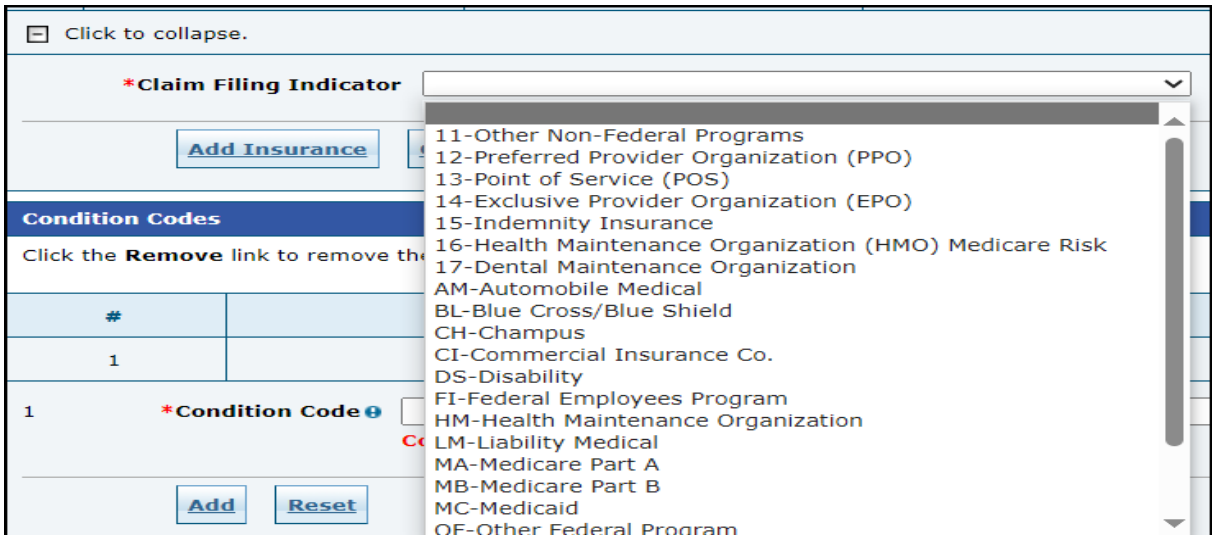
Steps	Description
Step 1	<p>Login to the Portal. The Portal Home screen Displays.</p> 

Steps	Description
Step 2	<p>The following steps will review how to submit an Inpatient Crossover Claim in MESA: Hover over the Claims tab on the menu bar. A list of claim types displays below.</p> <ul style="list-style-type: none"> 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 Inpatient. 
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 the user is submitting.</p> 
Step 5	<ul style="list-style-type: none"> Complete the Member Information section. <p>NOTE: Once the user enters a Member ID, the system generates 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 on Medicare Crossover Claim Type.</p> <p>Everything with a red asterisk * must be completed.</p> <div> <div>Claim Information</div> <div> <div>*Covered Dates 12/05/2022 - 12/06/2022</div> <div>*Admission Date/Hour 12/05/2022 - 05:48 (hh:mm)</div> <div>Discharge Hour 10:27 (hh:mm)</div> <div>Admission Type</div> <div>Admission Source</div> <div>*Admitting Diagnosis Type ICD-10-CM</div> <div>*Admitting Diagnosis R071-CHEST PAIN ON BREATHING</div> <div>Patient Status 01-DISCHARGED TO HOME OR SE</div> <div>*Type of Bill 111-Hosp Inpt-Incl Mcr A</div> <div>Patient Number</div> <div>Authorization Number</div> <div>*Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only</div> <div>*Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A</div> <div>*Does the provider have a signed statement from the patient releasing their medical information? Yes No</div> <div>Include Other Insurance <input type="checkbox"/></div> <div>Total Charged Amount \$0.00</div> </div> </div>
Step 7	<ul style="list-style-type: none"> Complete the Medicare Crossover Details section. 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. <div> <div>Medicare Crossover Details</div> <div> <div>Deductible Amount 1,000.00</div> <div>Co-insurance Amount 0.00</div> <div>Blood Deductible Amount 0.00</div> <div>*Medicare Payment Date 12/09/2022</div> <div>Copay Amount 0.00</div> <div>Allowed Medicare Amount \$0.00</div> <div>Medicare Payment Amount 150.00</div> <div>Continue Cancel</div> </div> </div>

Steps	Description
Step 8	<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"> Review the previously submitted information and scroll down. 
Step 9	<ul style="list-style-type: none"> Enter the Diagnosis Code then click Add. Repeat to add more than one Diagnosis code. Everything with a red asterisk * needs to be filled out and must be completed if the section is applicable to the claim. 
Step 10	<ul style="list-style-type: none"> Enter the External Cause of Injury Diagnosis Codes if applicable and select Add. Everything with a red asterisk * must be completed if the section is applicable to the claim. 

Steps	Description
Step 11	<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="259 432 1461 762">  </div>
Step 12	<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="259 1073 1471 1509">  </div>

Steps	Description
Step 13	<p>To add another insurance, follow these steps.</p> <ul style="list-style-type: none"> Select the plus sign again.  <p>Note: If Medicare Part A or B, or 16 – Health Maintenance Organization (HMO) is entered, no additional information is necessary at this point. No additional fields are required.</p>
Step 14	<ul style="list-style-type: none"> If selecting insurance that is applicable from the Claim Filing Indicator list and is not one of the three listed in step 12, then additional fields will display once the selection is made. Those fields are for the insurance referenced by the Claim Filing Indicator for that line.  <ul style="list-style-type: none"> Complete the additional other insurance fields. <ul style="list-style-type: none"> Link to Carrier Codes <p>Scroll down to see all other insurance details panels.</p>

Steps	Description														
	<div> <div> <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>Everything with a red asterisk * must be completed.</p> <p>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> </tbody> </table> <p> *Claim Filing Indicator BL-Blue Cross/Blue Shield *Carrier Name <input type="text"/> *Subscriber Last Name <input type="text"/> Subscriber Address <input type="text"/> City <input type="text"/> Zip Code <input type="text"/> *Subscriber ID <input type="text"/> *Group # <input type="text"/> Group Name <input type="text"/> *Payer Responsibility *COB Payer Paid Amount \$0.00 Remaining Patient Liability <input type="text"/> *Release of Information Assignment of Benefits </p> <p> *Carrier Code <input type="text"/> *First Name <input type="text"/> State Country *Relationship to Subscriber *Remittance Date <input type="text"/> </p> </div> </div> <ul style="list-style-type: none"> Select the appropriate Payor Responsibility. If not known, select Unknown. <div> <p>*Payer Responsibility </p> <p>*COB Payer Paid Amount </p> <p>Remaining Patient Liability </p> <p>*Release of Information </p> <p>Assignment of Benefits </p> <p>Outpatient Adjudication Information </p> <p>Reimbursement Rate </p> <p>Remark CoMS 1 </p> </div> <ul style="list-style-type: none"> Complete sections Outpatient Adjudication Information and Inpatient Adjudication Information if applicable. <p>Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <ul style="list-style-type: none"> Once all the information is entered click Add Insurance. <p>Scroll down to see all other insurance details panels.</p>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	<input type="checkbox"/> Click to collapse.						
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action									
<input type="checkbox"/> Click to collapse.															

Steps	Description
	<div> <div> <p>Outpatient Adjudication Information</p> <p>Reimbursement Rate <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"/></p> <p>Claim ESRD Payment Amount <input type="text"/></p> </div> <div> <p>Claim HCPCS Payable Amount <input type="text"/></p> <p>Non-payable Professional Component Amount <input type="text"/></p> </div> </div> <div> <p>Inpatient Adjudication Information</p> <p>Lifetime Psychiatric Days <input type="text"/></p> <p>Remark CoMS 1 <input type="text"/></p> <p>Claim Disproportionate Share Amount <input type="text"/></p> <p>Claim PPS Capital Amount <input type="text"/></p> <p>PPS-Capital HSP DRG Amount <input type="text"/></p> <p>Old Capital Amount <input type="text"/></p> <p>PPS-Operating Hospital Specific DRG Amount <input type="text"/></p> <p>PPS-Operating Federal Specific DRG Amount <input type="text"/></p> <p>Claim Indirect Teaching 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> </div> <div> <p>Claim DRG Amount <input type="text"/></p> <p>Claim MSP Pass-through Amount <input type="text"/></p> <p>PPS-Capital FSP DRG Amount <input type="text"/></p> <p>PPS-Capital DSH DRG Amount <input type="text"/></p> <p>PPS-Capital IME Amount <input type="text"/></p> <p>Cost Report Day Count <input type="text"/></p> <p>Claim PPS Capital Outlier Amount <input type="text"/></p> <p>Non-payable Professional Component Amount <input type="text"/></p> </div> <div> <p>Add Insurance Cancel Insurance</p> </div>

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Steps	Description										
Step 17	<div><div><div><div><div>Condition Codes</div><div>Click the Remove link to remove the entire row.</div><table><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><div>1<div><div>*Condition Code</div><div></div></div></div><div><div>Add</div><div>Reset</div></div></div></div></div></div> <div></div>	#	Condition Code	Action	1						
#	Condition Code	Action									
1											
Step 18	<div><div><div><div><div>Occurrence Codes</div><div>Select the row number to edit the row. Click the Remove link to remove the entire row.</div><table><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><div>1<div><div>*Occurrence Code</div><div></div></div><div><div>*From Date</div><div></div><div></div></div><div><div>*To Date</div><div></div><div></div></div></div><div><div>Add</div><div>Reset</div></div></div></div></div></div> <div></div>	#	Occurrence Code	From Date	To Date	Action	1		-	-	
#	Occurrence Code	From Date	To Date	Action							
1		-	-								
Step 19	<div><div><div><div><div>Value Codes</div><div>Select the row number to edit the row. Click the Remove link to remove the entire row.</div><table><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><div>1<div><div>*Value Code</div><div></div></div><div><div>*Amount</div><div></div></div></div><div><div>Add</div><div>Reset</div></div></div></div></div></div> <div></div>	#	Value Code	Amount	Action	1					
#	Value Code	Amount	Action								
1											

Steps

Description

Step 20

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 correct click **Continue** to move on to Step 3.

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			-	
1	<div>*Surgical Procedure Type ICD-10-PCS</div> <div>*Date</div>	<div>*Surgical Procedure Code</div>		
<div>AddReset</div>				
<div>Back to Step 1ContinueCancel</div>				

Step 21

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.

- 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 Inpatient

Provider Information

Billing Provider ID	ID Type	NPI	Name
Taxonomy			

Patient and Claim Information

Member ID	Gender
Member	
Birth Date	Total Charged Amount
Covered Dates	Admission Date/Hour
Admitting Diagnosis Type	Admitting Diagnosis

Medicare Crossover Details

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		

Expand AllCollapse All

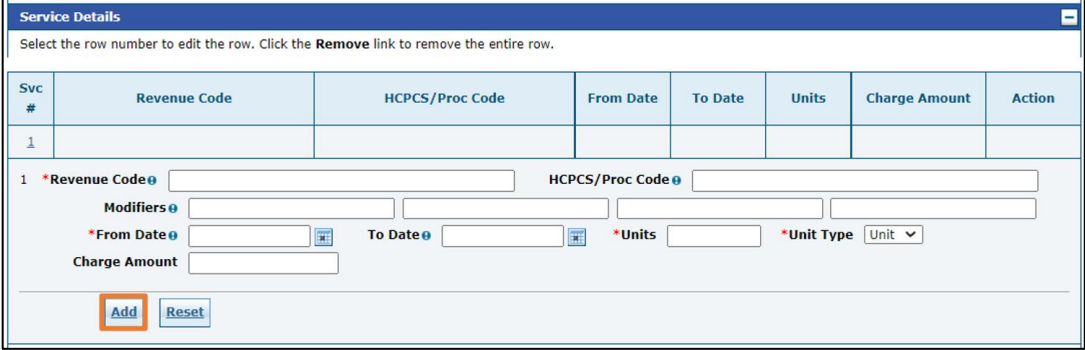

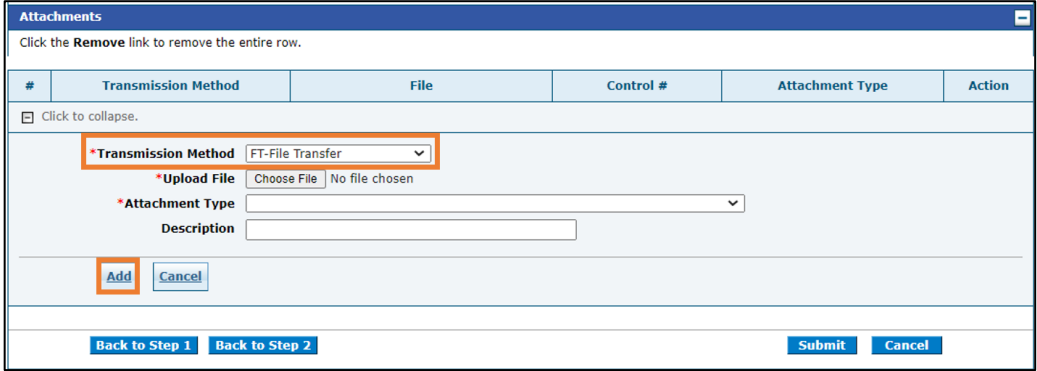
Diagnosis Codes

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	POA
1	ICD-10-CM	R071-CHEST PAIN ON BREATHING	

Other Insurance Details

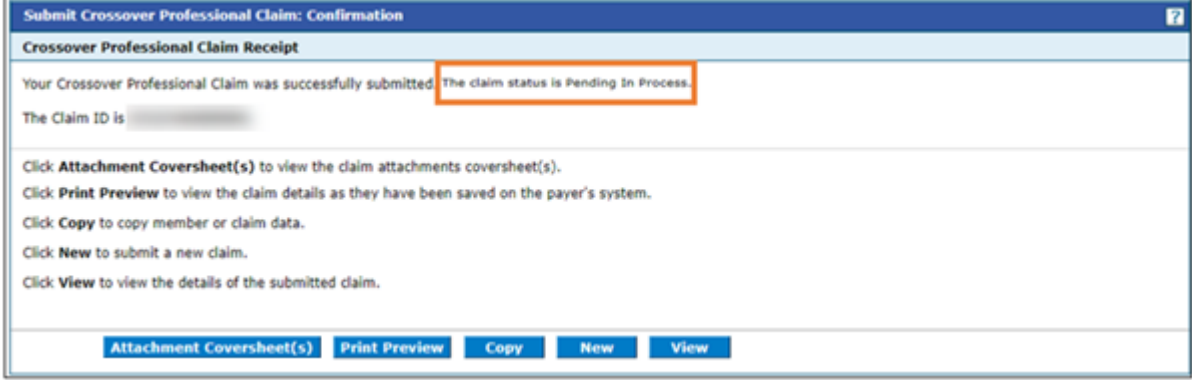
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date
1	Claim Filing Indicator: 'Medicare Part A'				
2	test	test	test	\$0.00	12/05/2022

Steps	Description
Step 22	<ul style="list-style-type: none"> Fill out the required information for the Service Details section. The data entered must match the submitted EOMB or the system could deny. <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> <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> Once all information has been completed, click Add. 
Step 23	<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"> If Other insurance information was added, then the Explanation of Benefits (EOB) for that carrier must be attached as well. Attachments must be in PDF format. 
Step 24	<ul style="list-style-type: none"> Select FT-File Transfer or NotSpecified-Not Specified from the Transmission Method dropdown. This selection affects the fields that display. Complete the additional required fields for this section. <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.

Steps	Description																																												
Step 25	<p>The attachments display in the Attachments section.</p> <ul style="list-style-type: none">Review the information entered for Step 3 and click Submit. <div><div>Attachments</div><div>Click the Remove link to remove the entire row.</div><table><tr><th>#</th><th>Transmission Method</th><th>File</th><th>Control #</th><th>Attachment Type</th><th>Action</th></tr><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>Remove</td></tr><tr><td>2</td><td>IFT-File Transfer</td><td>:Other Carrier EOMB.pdf</td><td>123</td><td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</td><td>Remove</td></tr></table><div><div>Click to add attachment.</div></div><div><div>Back to Step 1</div><div>Back to Step 2</div><div>Submit</div><div>Cancel</div></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	IFT-File Transfer	:Other Carrier EOMB.pdf	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Remove																										
#	Transmission Method	File	Control #	Attachment Type	Action																																								
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2	IFT-File Transfer	:Other Carrier EOMB.pdf	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	Remove																																								
Step 26	<p>The Portal takes the user 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> <div><div>Confirm Institutional Claim</div><div>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.</div><div>Claim Type Crossover Inpatient</div><div><div>Provider Information</div><table><tr><td>Billing Provider ID</td><td>ID Type NPI</td><td>Name</td></tr><tr><td colspan="3">Taxonomy</td></tr><tr><td>Institutional Provider ID</td><td>ID Type NPI</td><td>Name</td></tr><tr><td colspan="3">Taxonomy</td></tr><tr><td>Attending Provider ID</td><td>ID Type</td><td>Name</td></tr><tr><td colspan="3">Taxonomy</td></tr><tr><td>Operating Provider ID</td><td>ID Type</td><td>Name</td></tr><tr><td colspan="3">Taxonomy</td></tr><tr><td>Other Operating Provider ID</td><td>ID Type</td><td>Name</td></tr><tr><td colspan="3">Taxonomy</td></tr></table><div><div>Member Information</div><table><tr><td>Member ID</td><td>Gender</td></tr><tr><td>Member</td><td></td></tr><tr><td>Birth Date</td><td></td></tr><tr><td>Address</td><td></td></tr><tr><td>Address Line 2</td><td></td></tr><tr><td>City</td><td></td></tr><tr><td>State</td><td>Zip Code</td></tr></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	Gender	Member		Birth Date		Address		Address Line 2		City		State	Zip Code
Billing Provider ID	ID Type NPI	Name																																											
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Attending Provider ID	ID Type	Name																																											
Taxonomy																																													
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Member ID	Gender																																												
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Address																																													
Address Line 2																																													
City																																													
State	Zip Code																																												

Steps	Description																																																	
	<div> <div>Claim Information</div> <div> <div> <div>Covered Dates</div> <div>12/05/2022 - 12/06/2022</div> </div> <div> <div>Admission Type</div> <div>_</div> </div> <div> <div>Admitting Diagnosis Type</div> <div>ICD-10-CM</div> </div> <div> <div>Admitting Diagnosis</div> <div>R071-CHEST PAIN ON BREATHING</div> </div> <div> <div>Patient Status</div> <div>01-DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)</div> </div> <div> <div>Patient Number</div> <div>_</div> </div> <div> <div>Does the provider accept assignment for claim processing?</div> <div>Yes</div> </div> <div> <div>Are benefits assigned to the provider by the patient or their authorized representative?</div> <div>Yes</div> </div> <div> <div>Does the provider have a signed statement from the patient releasing their medical information?</div> <div>Yes</div> </div> <div> <div>Admission Date/Hour</div> <div>12/05/2022 - 05:48</div> </div> <div> <div>Admission Source</div> <div>_</div> </div> <div> <div>Discharge Hour</div> <div>10:27</div> </div> <div> <div>Type of Bill</div> <div>111-Hosp Inpt-Ind Mcr A</div> </div> <div> <div>Authorization Number</div> <div>_</div> </div> <div> <div>Total Charged Amount</div> <div>\$0.00</div> </div> </div> </div> <div> <div>Medicare Crossover Details</div> <div> <div> <div>Deductible Amount</div> <div>\$1,000.00</div> </div> <div> <div>Blood Deductible Amount</div> <div>\$0.00</div> </div> <div> <div>Copay Amount</div> <div>\$0.00</div> </div> <div> <div>Medicare Payment Amount</div> <div>\$150.00</div> </div> <div> <div>Co-insurance Amount</div> <div>\$0.00</div> </div> <div> <div>Medicare Payment Date</div> <div>12/05/2022</div> </div> <div> <div>Allowed Medicare Amount</div> <div>\$1,150.00</div> </div> </div> </div> <div> Expand All Collapse All </div> <div> <div>Diagnosis Codes</div> <div>+</div> </div> <div> <div>Other Insurance Details</div> <div>-</div> </div> <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> <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> <div>Service Details</div> <div>-</div> </div> <table border="1"> <thead> <tr> <th>Svc #</th> <th>Revenue Code</th> <th>HCPCS/Proc Code</th> <th>Mod</th> <th>From Date</th> <th>To Date</th> <th>Units/Type</th> <th>Charge Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC</td> <td></td> <td></td> <td>12/05/2022</td> <td>12/05/2022</td> <td>4.000 Unit</td> <td>\$0.00</td> </tr> </tbody> </table> <div> <div>Attachments</div> <div>-</div> </div> <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>FT-File Transfer</td> <td>Medicare EOMB.pdf (36K)</td> <td>20221205152949448452</td> <td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</td> </tr> <tr> <td>2</td> <td>FT-File Transfer</td> <td>Other Carrier EOMB.pdf</td> <td>123</td> <td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</td> </tr> </tbody> </table> <div> <div>No External Cause of Injury Diagnosis Codes exist for this claim</div> <div>No Patient Reason for Visit Diagnosis Codes exist for this claim</div> <div>No Condition Codes exist for this claim</div> <div>No Occurrence Codes exist for this claim</div> <div>No Value Codes exist for this claim</div> <div>No Surgical Procedures exist for this claim</div> </div> <div> <div> Back to Step 1 Back to Step 2 Back to Step 3 Print Preview </div> <div> Confirm Cancel </div> </div>	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	1	Claim Filing Indicator: 'Medicare Part A'					2	test	test	test	\$0.00	12/05/2022	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			12/05/2022	12/05/2022	4.000 Unit	\$0.00	#	Transmission Method	File	Control #	Attachment Type	1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221205152949448452	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	2	FT-File Transfer	Other Carrier EOMB.pdf	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
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- Once reviewing the claims information entered has been completed, click **Confirm** to confirm the claim submission.

Steps	Description
Step 29	<p>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.</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	12/12/2022	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.
1.5	04/04/2025	Gainwell	Updated steps per Claims Resolution feedback