

# 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:

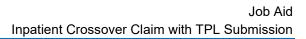
- > Only include the EOMB(s) needed to process the claim.
- > EOMBs must be completely legible.
- > Negative dollar amounts are not accepted and must be entered as zero.
- > All the data on the EOMB must match the data entered on the portal submitted claim.

### **Review the Steps to Submit an Inpatient Crossover Claim**

Steps		Description						
Step 1	Login to the Portal. The <b>Portal Home</b> screen Displays.							
	Home         Eligibility         Claims         Care Management         Patient Health History         Files Exchange         Resources         Contact Us							
	Home		Wednesday 11/30/2022 04:31 PM CST					
	Provider Name Location	Role IDs Taxonomy						
	user Details		Sign Up to Receive News					
	Welcome Group		Secure Correspondence					
	Manage Accounts	Welcome Health Care Professional!	Latest News					
	Provider	We are committed to make it easier for physicians and other providers to perform	Late Breaking News					
	Name	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	Provider Bulletins					
	Provider ID	asked questions, and the ability to search for providers.	▶ <u>UM/QIO</u>					
	Location ID		Report Fraud					
	<u>Characteristics</u>							
	Provider Services							
	Member Focused Viewing							
	Search Payment History							
	Affiliated Providers							
	340B Program Information							



Steps	Description						
Step 2	<ul> <li>The following steps will review how to submit an Inpatient Crossover Claim in MESA:</li> <li>Hover over the Claims tab on the menu bar. A list of claim types displays below.</li> <li>Click Submit Claim Inst.</li> </ul>						
	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						
	<u>Claims</u> > Submit Claim Inst						
Step 3	The Portal displays the "Submit Institutional Claim": Step 1 page.						
	Select Claim Type Crossover Inpatient.						
	Submit Institutional Claim: Step 1						
	* Indicates a required field.						
	Claim Type Crossover Inpatient						
Step 4	Complete the <b>Provider Information</b> section. <b>NOTE</b> : There will be information already generated in this section. Complete additional fields if applicable to the claim the user is submitting.						
	Provider Information						
	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						
	Taxonomy Attending Provider ID I						
	Taxonomy Operating Provider ID ID Type NPI Name						
	Taxonomy Other Operating Provider ID ID Type NPI Name						
	Taxonomy						
Step 5	Complete the Member Information section.						
	<b>NOTE</b> : Once the user enters a Member ID, the system generates the remaining fields in this section. Verify the fields populate correctly.						
	Member Information						
	*Member ID						
	Last Name First Name Birth Date						
	Address						
	Address Line 2						
	City       State         Y   Zip Code						





Steps	Description
Step 6	Complete the Claim Information section.
	<b>NOTE</b> : The <b>"Include Other Insurance"</b> box is grayed out on Medicare Crossover Claim Type.
	Everything with a red asterisk * must be completed.
	Claim Information
	*Covered Dates () 12/05/2022
	*Admission Date/Houre 12/05/2022 - 05:48 (hh:mm) Discharge Houre 10:27 (hh:mm)
	Admission Typee
	*Admitting Diagnosis Type       ICD-10-CM        *Admitting Diagnosis (0, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2
	Patient Number Authorization Number
	*Does the provider accept assignment for claim processing?
	*Are benefits assigned to the provider by the patient or their authorized ● Yes ○ No ○ N/A representative?
	*Does the provider have a signed statement from the patient releasing
	their medical information? Include Other Insurance
Step 7	<ul> <li>Complete the Medicare Crossover Details section.</li> <li>Review all sections on Submit Institutional Claim: Step 1 page. If all the information entered is correct click Continue to move on to Step 2.</li> </ul>
	Medicare Crossover Details
	Deductible Amount 1,000.00 Co-insurance Amount 0.00
	Blood Deductible Amount     0.00     *Medicare Payment Date 0     12/09/2022       Copay Amount     0.00     Allowed Medicare Amount     \$0.00
	Medicare Payment Amount 150.00
	Continue Cancel



Steps		Description	
Step 8	step 1 will display at the top o		ed in
		omitted information and scroll down.	
	Submit Institutional Claim: Step 2  * Indicates a required field.		?
		Claim Type Crossover Inpatient	
	Provider Information		
	Billing Provider ID	ID Type NPI Name	
	Taxonomy Patient and Claim Information		
	Member ID		
	Member	Gender	
	Birth Date	Total Charged Amount	
	Covered Dates	Admission Date/Hour	
	Admitting Diagnosis Type	Admitting Diagnosis	
	Medicare Crossover Details		
	Deductible Amount \$1,000.		
	Blood Deductible Amount \$0.00 Copay Amount \$0.00		
	Medicare Payment Amount \$150.00		
Step 9	Everything with a red asterisk to the claim. Diagnosis Codes Select the row number to edit the row. Click th	* needs to be filled out and must be completed if the section is app e Remove link to remove the entire row. Insidered to be the principal (primary) Diagnosis Code.	
	1		
	1 *Diagnosis Type ICD-10-CM V	*Diagnosis Code Ə	
Step 10			
	, , ,	Rep 2 Claim Type Crossover Inpatient   orr ID ID Type NPI   Name ontrol   ontrol Total Charged Amount   ates Admission Date/Hour   Type Admission Date/Hour   Type Admission Date/Hour   Type Admission Date/Hour   Type Admission Date/Hour   State Total Charged Amount   ates Admission Date/Hour   Type Admission Date/Hour   Type Admission Date/Hour   State Total Charged Amount \$1,150.00   ount \$10,00 Co-insurance Amount \$1,150.00   ount \$20,00 Allowed Medicare Amount \$1,150.00   ount \$10,00 Co-insurance Amount \$1,150.00   states is condected to be the filled out and must be completed if the section is applicable   re row. Click the Remove link to remove the entre row.   is artered is condected to be the principal (primary) Diagnesis Code.   osis Type Diagnosis Code @   al Cause of Injury Diagnosis Codes if applicable and select Add. I asterisk * must be completed if the section is applicable to the claim.   modis Codes Implicable is applicable to the claim.	
	External Cause of Injury Diagnosis Codes	Remove link to remove the entire row	
	# Diagnosis Type	External Cause of Injury Diagnosis Code Ac	tion
	1 <b>*Diagnosis Type</b> ICD-10-CM ▼	*External Cause of Injury Diagnosis Code ⊕	
	Add		



Steps	Description							
Step 11	<ul> <li>p 11 Scroll down to the Other Insurance Detail panel.</li> <li>NOTE: If there is other insurance information already populated that is out of date, click the Rem button under the Action column.</li> <li>Select the Plus Sign to add any other insurance. Steps are shown below to add Medicare a insurance outside of Medicare.</li> </ul>							
	Other Insurance Details         Enter 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 any unrelated "Other Insurance", prior to submitting claim.         Refresh Other Insurance							
	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	
	<ul> <li>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.</li> <li>For this example, MB-Medicare Part A was selected from the Claim Filing Indicator dropdown.</li> <li>Click Add Insurance to save the selection.</li> <li>Other Insurance Details displays Medicare Part A on line #1.</li> </ul>							
						Refresh Other	Insurance	
	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action	
	E	lick to collapse.						
		*Claim Filing Indicator Add Insurance	MA-Medicare Part A	<b></b>				

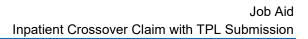




Steps	Description								
Step 13	To add another insurance, follow these steps.								
	Select the plus sign again.								
	Other Insurance Details								
	Enter the carrier and policy holder information below.								
	Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.								
	NOTE: Please click Remove to discard any unrelated "Other Insurance", prior to submitting claim.								
	Refresh Other Insurance								
	# Carrier Name Carrier Code Group # COB Payer Paid Amount Action								
	I     Claim Filing Indicator: 'Medicare Part A'								
	Click to add a new other insurance.								
	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.								
Step 14	• 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.								
	Click to collapse.								
	*Claim Filing Indicator								
	11-Other Non-Federal Programs								
	Add Insurance       ! 12-Preferred Provider Organization (PPO)         13-Point of Service (POS)								
	Condition Codes         14-Exclusive Provider Organization (EPO)           15-Indemnity Insurance         15-Indemnity Insurance								
	Click the <b>Remove</b> link to remove the 16-Health Maintenance Organization (HMO) Medicare Risk 17-Dental Maintenance Organization								
	AM-Automobile Medical       AM-Automobile Medical   BL-Blue Cross/Blue Shield  Charmonic								
	1     CH-Champus       1     CI-Commercial Insurance Co.								
	1       *Condition Code •       DS-Disability         1       *Condition Code •       HM-Health Maintenance Organization								
	C LM-Liability Medical MA-Medicare Part A								
	Add Reset MC-Medicaid Mathematical Part A								
	OF-Other Federal Program								
	Complete the additional other insurance fields.								
	<ul> <li>Complete the additional other insurance neids.</li> <li>Link to Carrier Codes</li> </ul>								
	Scroll down to see all other insurance details panels.								



Steps			Description				
	Other Insurance Details				-		
	Enter the carrier and policy holder informat	tion below.					
	Enter other carrier Remittance Advice deta	ils here for the claim or with each	service line. Enter adjusted pay	ment details, such as reason	codes, in the Claim Adjustment		
	Details section. Everything with a red asterisk *						
	NOTE: Please click Remove to discard any	vunrelated "Other Insurance", pr	or to submitting claim.	must b	e Completed. Refresh Other Insurance		
	# Carrier Name	Carrier Code	Group #	COB P /er Paid	Remittance Date Action		
	Click to collapse.			mount			
		ue Cross/Blue Shield	~	-			
	*Carrier Name		*Carrier Code				
	*Subscriber Last Name		*First Name		1		
	Subscriber Address						
	City		State	[	~		
	Zip Code e		Country	<u>-</u>	~		
	*Subscriber ID						
	*Group #						
	Group Name						
	*Payer Responsibility	<b>v</b> .	Relationship to Subscriber	~	2		
	*COB Payer Paid Amount \$0.00		*Remittance Date 0		-		
	Remaining Patient Liability						
	*Release of Information	×					
	Assignment of Benefits	~					
	Select the appropriate     *Payer Responsibility     *COB Payer Paid Amount     Remaining Patient Liability     *Release of Information     Assignment of Benefits     Outpatient Adjudication Inform     Reimbursement Rate	P-Primary S-Secondary T-Tiertiary U-Unknown A-Payer Responsibility f B-Payer Responsibility f C-Payer Responsibility s	Four Four Sive Seven Light Line Fen	lect Unknown.			
	Remark CoMS 1						
	• Complete sections <b>Ou</b> if applicable.	tpatient Adjudicat	ion Information ar	nd <b>Inpatient Adjı</b>	udication Information		
	Everything with a red aster	isk * must be comp	leted if the section	is applicable to th	ne claim.		
	Once all the informatio	n is entered click A	dd Insurance.				
	Scroll down to and all at	or incurance data	ile nanole				
	Scroll down to see all oth	ier insurance deta	ns paneis.				



	MISSISSIPPI DIVISION OF
5	MEDICAID

Steps	Description					
	Outpatient Adjudication Informa	tion				
	Reimbursement Rate		Claim HCPCS Payable			
			Amount			
	Remark CoMS 1					
	Remark Code 2 Remark Code 3					
	Remark Code 3					
	Remark Code 5		Non-payable Professional			
	claim CCDD Downant Amount		Component Amount			
	Claim ESRD Payment Amount					
	Inpatient Adjudication Informati	ion				
	Lifetime Psychiatric Days Remark CoMS 1		Claim DRG Amount			
	Claim Disproportionate Share		Claim MSP Pass-through			
	Amount		Amount			
	Claim PPS Capital Amount		PPS-Capital FSP DRG			
	PPS-Capital HSP DRG Amount	[]	Amount PPS-Capital DSH DRG			
			Amount			
	Old Capital Amount		PPS-Capital IME Amount			
	PPS-Operating Hospital Specific DRG Amount		Cost Report Day Count			
	PPS-Operating Federal		Claim PPS Capital Outlier			
	Specific DRG Amount		Amount			
	Claim Indirect Teaching Amount		Non-payable Professional Component Amount			
	Remark Code 2		component Amount			
	Remark Code 3					
	Remark Code 4					
	Remark Code 5					
	PPS-Capital Exception Amount					
	Add Insurance	Cancel Insurance				
01 45						
Step 15		rance has been adde	d, select the number	hyperlink to vie	ew the other	nsurance
	just added.					
	<b>NOTE</b> : Users can only		nce Reasons sub-pai	nel if the Claim F	iling Indicato	ris
	anything other than Me					
	*The user MUST click c	on the other insurance	e hyperlink after addin	ng insurance to a	dd additiona	
	information.					
	Other Insurance Details					-
	Enter the carrier and policy holder in	formation below.				
	Enter other carrier Remittance Advice	e details here for the claim or with ea	ch service line. Enter adjusted payn	nent details, such as reason (	codes, in the Claim Ad	ljustment
	Details section.			,		
	NOTE: Please click Remove to disca	rd any unrelated "Other Insurance".	prior to submitting claim.			
					Refresh Other	Insurance
	# Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
	1 Claim Filing Indicator: 'Medica	re Part A'				Remove
	2 test	test	test	\$0.00	11/30/2022	Remove
	<ul> <li>Click to add a new other insurance</li> </ul>	ce.		1	· · · · · ·	





Steps		Description					
Step 16	<ul> <li>Scroll down to the Other Insurance Reason section.</li> <li>Fill out the Other Insurance Reasons section. Everything with a red asterisk * must be completed if the section is applicable to the claim.</li> <li>Select Add Reason to save the information to the reason.</li> </ul>						
	Other Insurance Reasons       -         You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.         Click the Remove link to remove the entire row.						
	#     Group Code     Reason     Amount     Units of Service     Action       □     Click to collapse.						
	*Group Code *Reason 0 *Amount Cl Add Reason Cance O	C-Contractual Obligations C-Correction and Reversals A-Other adjustments -Payer Initiated Reductions R-Patient Responsibility Insurance					
	Other Insurance Reasons	ance Reasons are added select Save Insurar es. You can repeat six combinations of reason code and adjustment amount w			ext section.		
	# Group Code	Reason	Amount	Units of Service	Action		
	PR-Patient Responsibility     Click to add a new claim reason.     Save Insurance     Cance	36-Balance does not exceed co-payment amount.	\$1.00		Remove		



Steps	Description								
Step 17	<ul> <li>Enter the Condition Codes information if applicable.</li> <li>Everything with a red asterisk * must be completed if the section is applicable to the claim.</li> <li>Click Add to save the information.</li> </ul>								
	Condition Codes Click the Remove link to remove the entire row.								
	#     Condition Code     Action       1								
	1 *Condition Code®								
	Add Reset								
Step 18	<ul> <li>Enter the Occurrence Codes information if applicable. Everything with a red asterisk * must be completed if the section is applicable to the claim.</li> <li>Click Add to save the information.</li> </ul>								
	#         Occurrence Code         From Date         To Date         Action           1								
	1 *Cocurrence Code θ *From Date θ * To Date θ :								
	Add Reset								
Step 19	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.								
	Value Codes Select the row number to edit the row. Click the Remove link to remove the entire row.								
	#         Value Code         Amount         Action								
	1         1								
	1 *Value Code e *Amount								
	Add Reset								



Steps	Description							
Step 20	comple • Cli • Re	eted if the section ck <b>Add</b> to save view all section <b>ontinue</b> to move	on is applicabl the informations on Submit	le to the claim. on. Institutional Claim:	e. Everything with a re Step 2 page. If all the			
		and the second se		ove link to remove the entire row.				_
		Please note that the 1st sur		red is considered to be the principal (p	dennes als san et se ander se		Date	Action
		1	Surgical Procedure Ty	pe	Surgical Procedure Code			Action
			*Date 0	Surgical Proced	ure Code ə			
		Add	eset					
		Back to Step	p 1			ontinue	Cancel	
<ul> <li>Step 21 The Portal displays the "Submit Institutional Claim": Step 3 page. The previous information step 1 and step 2 is displayed at the top of the page on step 3.</li> <li>Scroll down to view the additional sections on this page.</li> <li>NOTE: Click the Plus and Minus for each section to expand and collapse the section</li> </ul>								
	Su	bmit Institutional Claim:	Step 3					8
	Indicates a required field.     Claim Type Crossover Inpatient							
	Pr	ovider Information Billing Provid	der ID	ID Type NPI	Name			
			onomy					
	Pa	tient and Claim Informat						
			ber ID ember		Gender			
			h Date	Total	Charged Amount			
		Covered			ssion Date/Hour			
	Ma	Admitting Diagnosi		Adn	litting Diagnosis			
			mount \$1,000.00		Co-insurance Amount \$0.00			
		Blood Deductible Ar			Medicare Payment Date 12/05/2	022		
		Copay Ar	mount \$0.00		Allowed Medicare Amount \$1,150.0	0		
		Medicare Payment Ar	mount \$150.00					
	Di	ignosis Codes					Expand All	Collapse All
	Ple	ase note that the 1st diagno	osis entered is considered	to be the principal (primary) Diagn	osis Code.			
		Diagnosis Type		Diagnosis	Code			POA
	1	ICD-10-CM		R071-CHEST PAIN O	N BREATHING			
	ot	her Insurance Details						
	-	Carrie	r Name	Carrier Code	Group #	COB Paye Amou	I Re	mittance Date
	1	Claim Filing Indicator: '	'Medicare Part A'					
	2	test		test	test		\$0.00	12/05/2022



Steps	Description							
Step 22	• 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:</i> EOMB shows the member has a copay of \$20. The <b>Copay field</b> must have \$20 entered. If \$20 is entered in the <b>Coinsurance field</b> that will cause the claim to deny.							
	<i>Ex:</i> EOMB shows Medicare Payment Date of 10/01/2024 but the date entered was 09/30/2024. That will call the claim to deny,							
	Once all information has been completed, click Add.							
	Select the row number to edit the row. Click the Remove link to remove the entire row.         Svc #       Revenue Code       HCPCS/Proc Code       From Date       To Date       Units       Charge Amount       Action							
	1     1     *Revenue Code@     Modifiers@     Modifiers@     *From Date@     *To Date@     *Units     *Unit Type     Unit v     Add@ Reset							
Step 23	<ul> <li>Select the plus sign in the Attachments section to attach a copy of the EOMB.</li> <li>Note: Crossover Claims require the Explanation of Medicare Benefits (EOMB) to be attached.</li> <li>If Other insurance information was added, then the Explanation of Benefits (EOB) for that carrier must be attached as well.</li> <li>Attachments must be in PDF format.</li> </ul>							
	Click the Remove link to remove the entire row.         #       Transmission Method       File       Control #       Attachment Type       Action         Image: Click to add attachment.       Image: Click to add attachment.       Image: Click to Step 1       Back to Step 2       Submit       Cancel							
Step 24	<ul> <li>Select FT-File Transfer or NotSpecified-Not Specified from the Transmission Method dropdown. This selection affects the fields that display.</li> <li>Complete the additional required fields for this section. Everything with a red asterisk * must be completed if the section is applicable to the claim.</li> </ul>							
	Click the Remove link to remove the entire row.         #       Transmission Method       File       Control #       Attachment Type       Action         Click to collapse.							
	Description       Add							
	Back to Step 1 Back to Step 2     Submit Cancel      Select Add to save the attachment to the claim.							



Steps	Description							
Step 25	<ul> <li>The attachments display in the Attachments section.</li> <li>Review the information entered for Step 3 and click <b>Submit</b>.</li> </ul>							
	Attachments Click the Remove link to remove the entire row.							
	# 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>			
	2 IFT-File Transfer	;Other Carrier EOMB.pdf	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	<u>Remove</u>			
	• Click to add attachment.							
	Back to Step 1 Back to Ste	<b>2</b>		Submit Cancel				
Step 26	<ul> <li>The Portal takes the user to the Confirm Institutional Claim page.</li> <li>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.</li> <li>NOTE: At the bottom of the page, select Back to Step 1, 2, or 3 to go back and edit the information</li> </ul>							
	entered for this claim.							
	Confirm Institutional Claim Select Print Preview before you Confirm if you	want to accure you view the claim as you o	atorod it Aftor confirmation	Print Proving may reflect changes as th	?			
	been saved on the payer system.	u want to assure you view the claim as you er	itered it. Alter commation, i	nint Preview may reliect changes as th	le claim has			
		Claim Type Crossover Inpatient						
	Provider Information							
	Billing Provider ID	ID Type NPI	Nam	e				
	Taxonomy Institutional Provider ID	ID Type NPI	Nam	e				
	Taxonomy							
	Attending Provider ID	ID Type _	Nam	e _				
	Taxonomy _ Operating Provider ID _	ID Type	Nam	e _				
	Taxonomy _							
	Other Operating Provider ID Taxonomy	ID Туре	Nam	e _				
	Member Information							
	Member ID							
	Member		Gend	er				
	Birth Date							
	Address							
	Address Line 2 City							
	State		Zip Code					





Description									
Clai	m Information								
Covered Dates 12/05/2022 - 12/06/2022					Admission Date/Hour 12/05/2022 - 05:48				
Admission Type _				Admission Date/Hour 12/05/2022 - 05:48					
Admitting Diagnosis Type ICD-10-CM Admitting Diagnosis R071-CHEST PAIN ON BREATHING			Discharge Hour 10:27 Type of Bill 111-Hosp Inpt-Incl Mcr A						
								Patient Status 01-DISCHARGED TO HOME OR SELF CARE	
(ROUTINE DISCHARGE) Patient Number _							-		
Does the provider accept assignment for claim processing Are benefits assigned to the provider by the patient or their authorize representative									
representative? Does the provider have a signed statement from the patient releasing Yes their medical information?									
		u	er medical mormation?		Tota	al Charged Am	iount \$0.00		
Med	icare Crossover Details								
	Deductible Amount \$1,0					mount \$0.00			
	Blood Deductible Amount \$0.0					nt Date 12/05			
	Copay Amount \$0.0			Allowed	Medicare /	mount \$1,15	0.00		
	Medicare Payment Amount \$15	0.00							
								Expa	nd All   Collapse
Diag	nosis Codes								
Oth	er Insurance Details			·					
#	Carrier Name		Carrier Code			Group #	С	OB Payer Paid Amount	Remittance D
1	Claim Filing Indicator: 'Medicare P	art A'							
2	test		test	t	test			\$0.0	0 12/05/2022
Serv	ice Details								
Svc									
#	Revenue Code		HCPCS/Proc Code		Mod	From Date	To Date	Units/Type	Charge Amou
1	123-ROOM AND BOARD - SEMI-PRIV TWO BED - PEDIATRIC	ATE				12/05/2022	12/05/2022	4.000 Unit	\$(
Attachments									
Atta	chments								
Atta #	chments Transmission Method		File			Con	trol #	Attac	l hment Type
		Medicare	File EOMB.pdf (36K)				trol # 52949448452	Attack Explanation of (Coordination of Medicare Secon	Benefits of Benefits or
#	Transmission Method					202212051		Explanation of (Coordination of	Benefits of Benefits or ndary Payor) Benefits of Benefits or
# 1 2	Transmission Method	Other (	EOMB.pdf (36K) Carrier EOMB.pdf			202212051	52949448452	Explanation of (Coordination of Medicare Secon Explanation of (Coordination of	Benefits of Benefits or ndary Payor) Benefits of Benefits or
# 1 2 No E	Transmission Method FT-File Transfer FT-File Transfer	Other ( Codes exist	EOMB.pdf (36K) Carrier EOMB.pdf for this claim			202212051	52949448452	Explanation of (Coordination of Medicare Secon Explanation of (Coordination of	Benefits of Benefits or ndary Payor) Benefits of Benefits or
# 1 2 No E No F	Transmission Method FT-File Transfer FT-File Transfer xternal Cause of Injury Diagnosis	Other ( Codes exist	EOMB.pdf (36K) Carrier EOMB.pdf for this claim			202212051	52949448452	Explanation of (Coordination of Medicare Secon Explanation of (Coordination of	Benefits of Benefits or ndary Payor) Benefits of Benefits or
# 1 2 No E No F	Transmission Method FT-File Transfer FT-File Transfer xternal Cause of Injury Diagnosis atient Reason for Visit Diagnosis C	'Other ( Codes exist Codes exist f	EOMB.pdf (36K) Carrier EOMB.pdf for this claim			202212051	52949448452	Explanation of (Coordination of Medicare Secon Explanation of (Coordination of	Benefits of Benefits or ndary Payor) Benefits of Benefits or
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Steps	Description
Step 29	The Portal returns the <b>Submit Crossover Inpatient Claim: Confirmation page</b> . <b>NOTE:</b> The confirmation page displays. <b>ALL</b> Crossover claims go to a <b>PENDING</b> status to verify the EOMB.
	Submit Crossover Professional Claim: Confirmation         Crossover Professional Claim Receipt         Your Crossover Professional Claim was successfully submitted         The Claim ID is
	Click Attachment Coversheet(s) to view the claim attachments coversheet(s). Click Print Preview to view the claim details as they have been saved on the payer's system. Click Copy to copy member or claim data. Click New to submit a new claim. Click View to view the details of the submitted claim.
	Attachment Coversheet(s) Print Preview Copy New View



### Change History

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

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	12/12/2022	Gainwell	Initial publication
1.1	12/06/2023	Gainwell	Updated portal access to inactive providers date of termination based on CR 2278.
1.2	04/19/2024	Gainwell	Updated an image and some verbiage in steps 6, 14, 15,16, 23 and 24.
1.3	08/13/2024	Gainwell	Updated the Other Insurance information for clearer instructions.
1.4	11/13/2024	Gainwell	Added tips to the introduction.
1.5	04/04/2025	Gainwell	Updated steps per Claims Resolution feedback