

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.



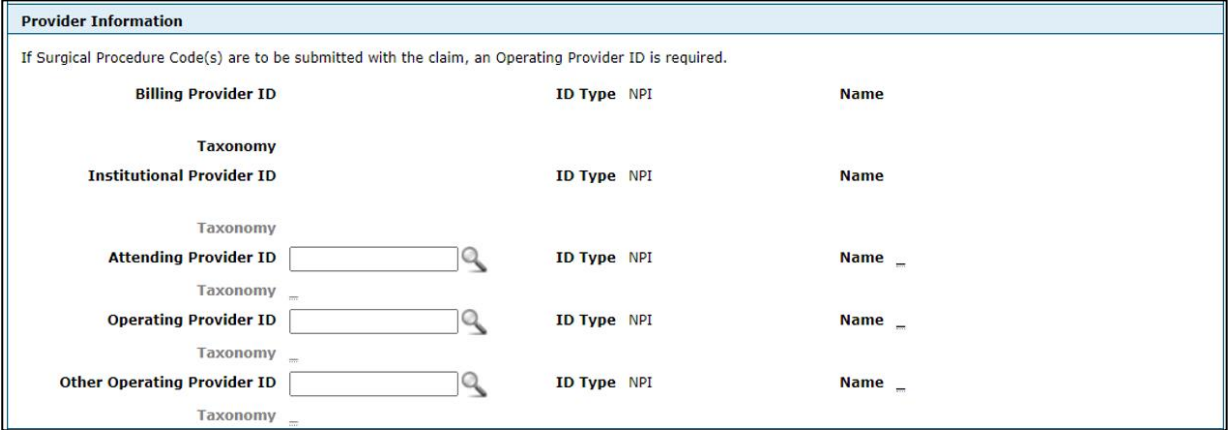
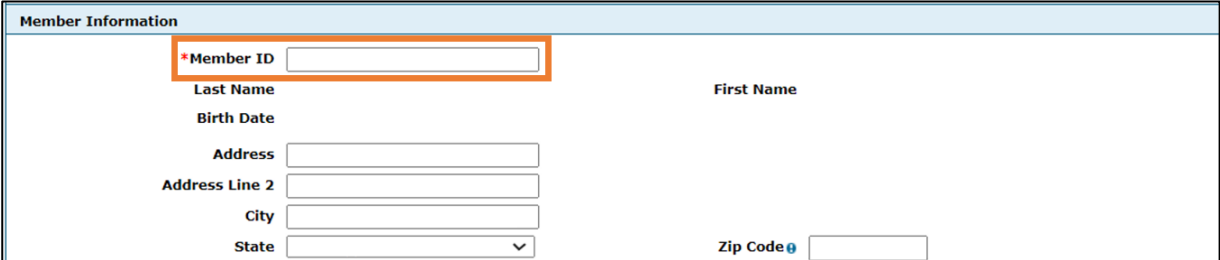
Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the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

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

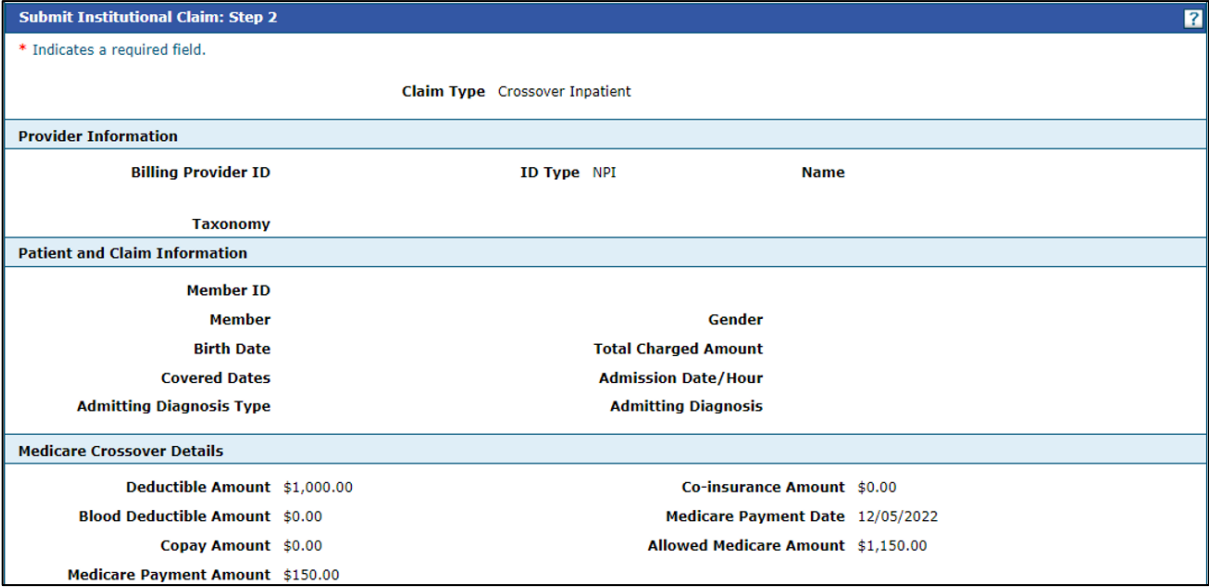
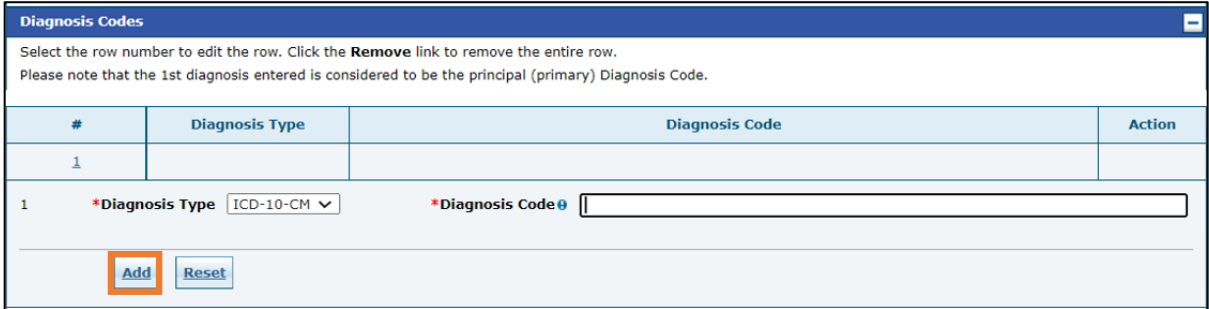
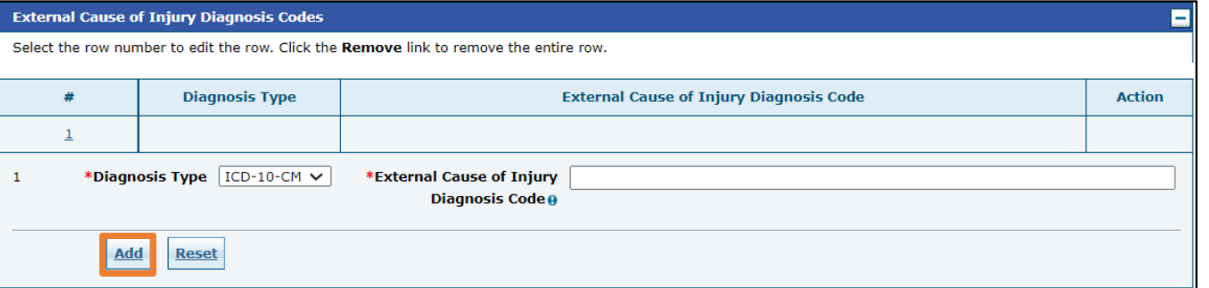
- Only include the EOMB(s) needed to process the claim.
- EOMBs must be completely legible.
- Negative dollar amounts are not accepted and must be entered as zero.
- All the data on the EOMB must match the data entered on the portal submitted claim.

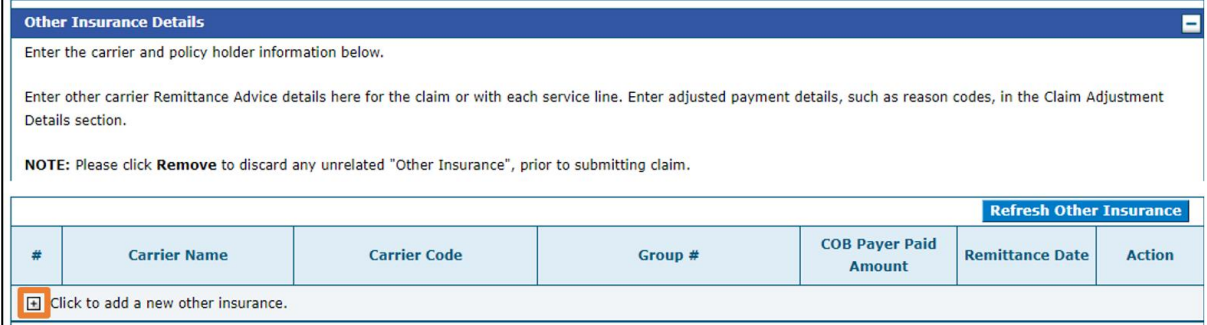
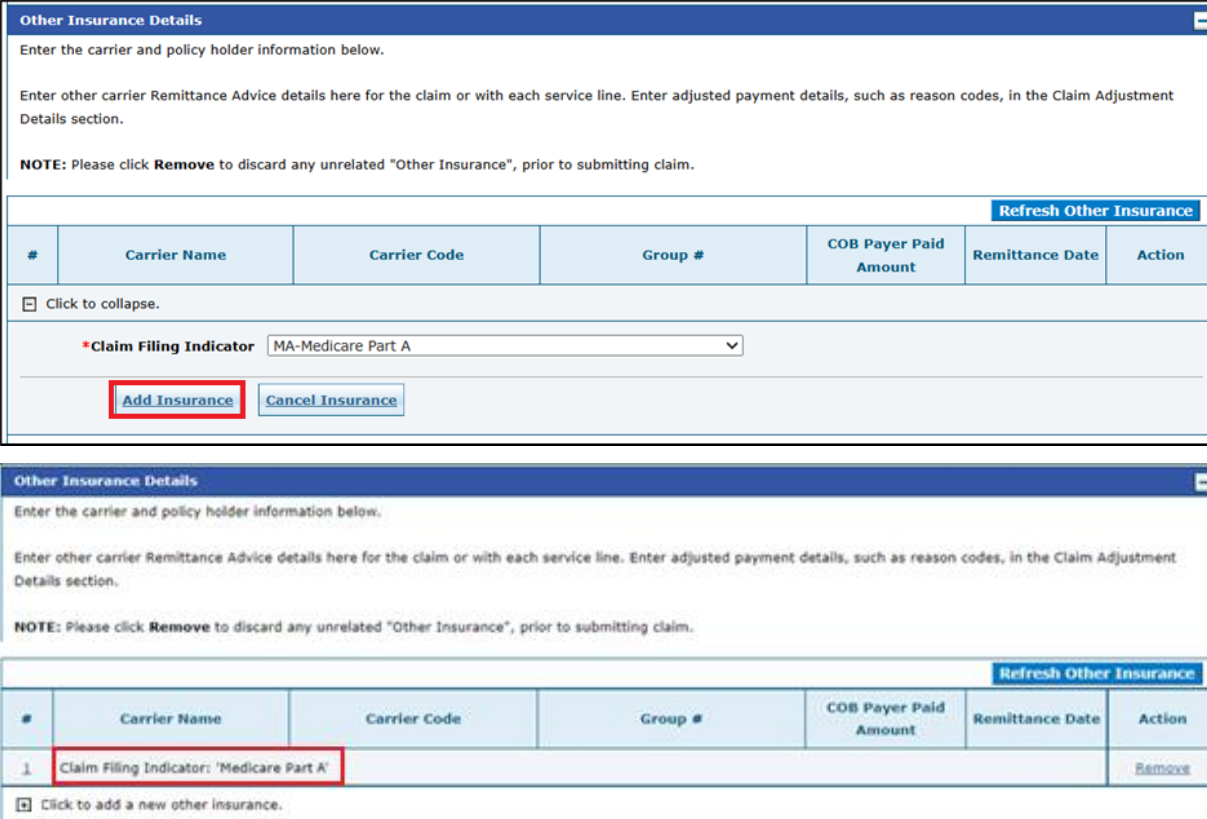
Review the Steps to Submit an Inpatient Crossover Claim

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 insurance. 
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 display Medicare Part A on line #1. 

Steps	Description										
Step 13	<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>*Condition Code</div><div></div></div><div><div>Add</div><div>Reset</div></div></div></div></div>	#	Condition Code	Action	1						
#	Condition Code	Action									
1											
Step 14	<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>*Occurrence Code</div><div></div><div>*From Date</div><div></div><div>*To Date</div><div></div></div><div><div>Add</div><div>Reset</div></div></div></div></div>	#	Occurrence Code	From Date	To Date	Action	1				
#	Occurrence Code	From Date	To Date	Action							
1											
Step 15	<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>*Value Code</div><div></div><div>*Amount</div><div></div></div><div><div>Add</div><div>Reset</div></div></div></div></div>	#	Value Code	Amount	Action	1					
#	Value Code	Amount	Action								
1											

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 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

*Surgical Procedure Type

ICD-10-PCS

*Surgical Procedure Code

*Date

Add

Reset

Back to Step 1

Continue

Cancel

Step 17

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	Total Charged Amount
Birth Date	Admission Date/Hour
Covered Dates	Admitting Diagnosis
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		

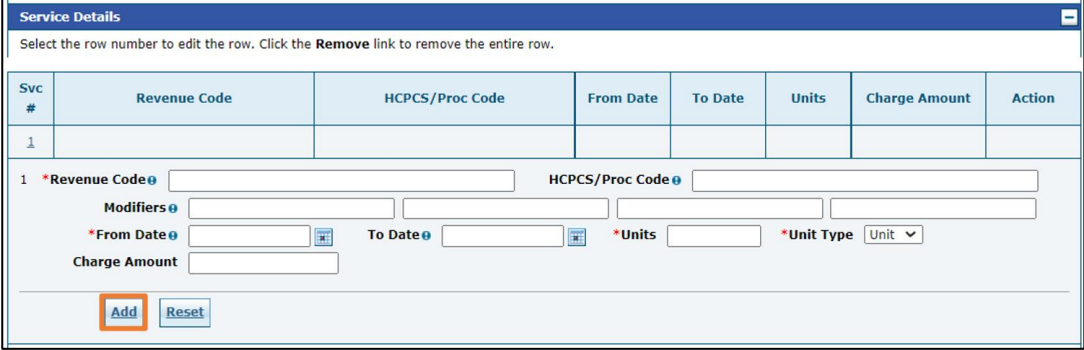
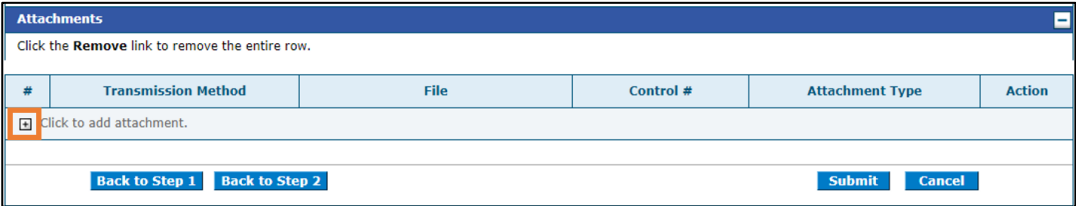
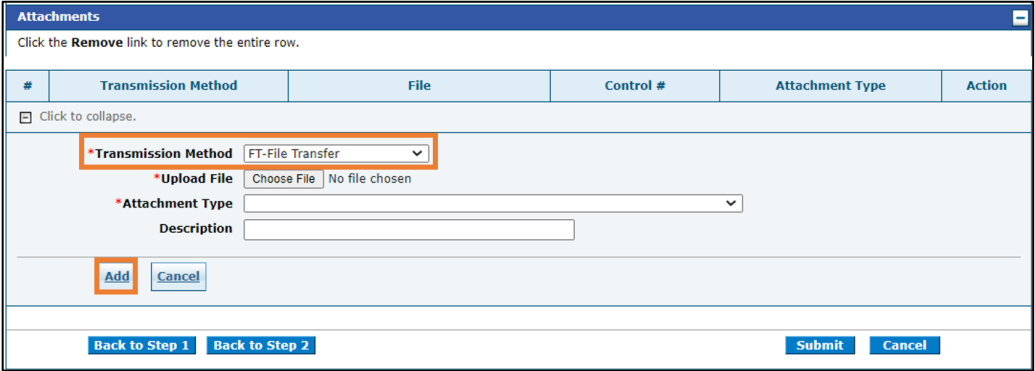
Diagnosis Codes

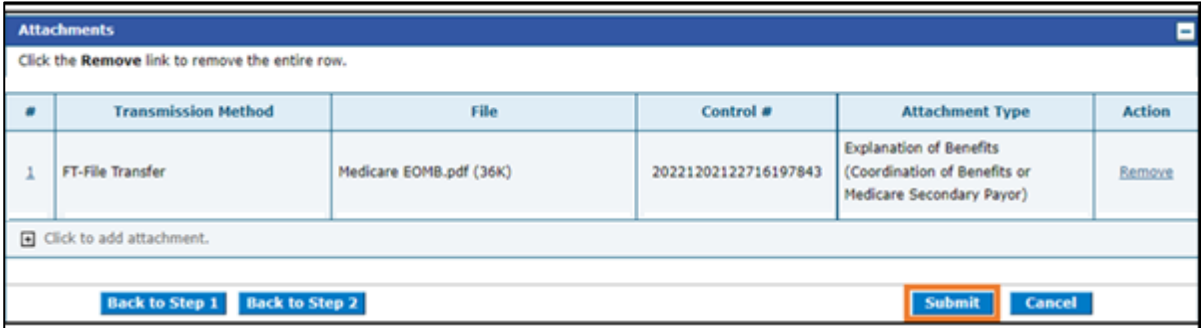
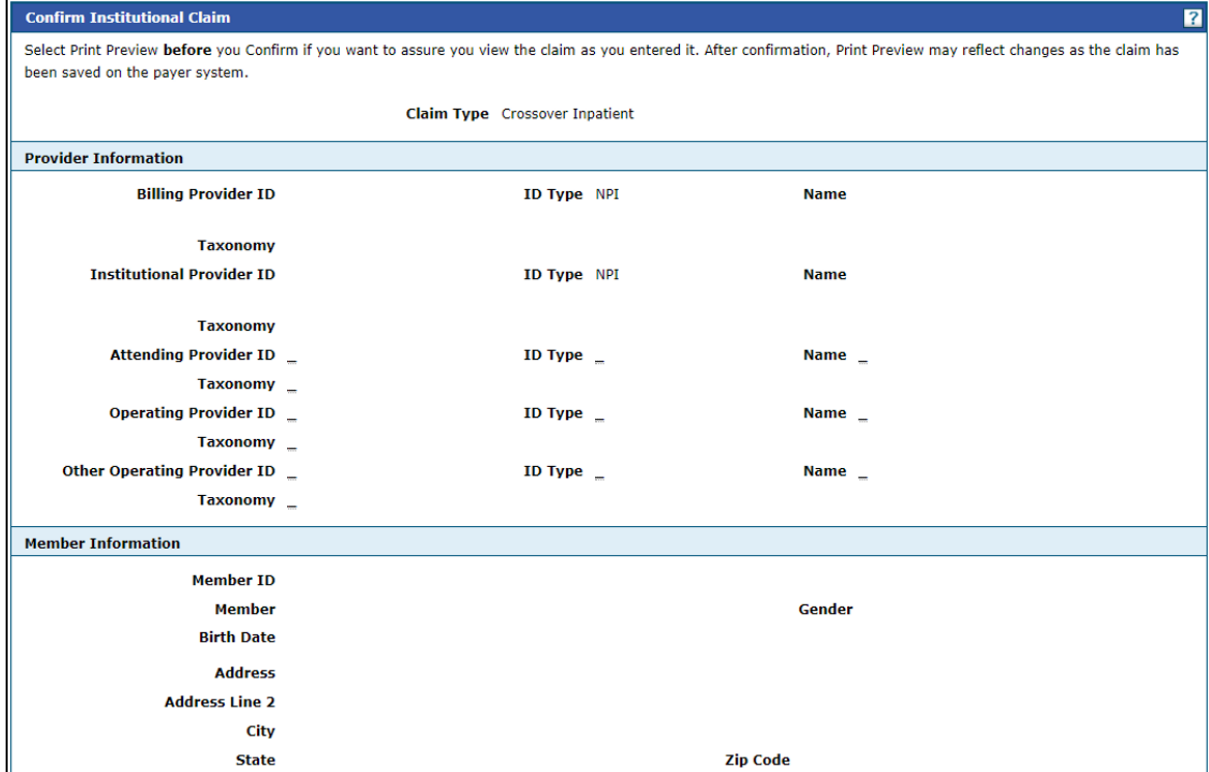
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	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'				

Steps	Description
Step 18	<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 19	<ul style="list-style-type: none"> Select the plus sign in the Attachments section to attach a copy of the EOMB. Note: Crossover Claims require the Explanation of Medicare Benefits (EOMB) to be attached. <ul style="list-style-type: none"> Attachments must be in PDF format. 
Step 20	<ul style="list-style-type: none"> Select FT-File Transfer from the Transmission Method dropdown. This selection affects the fields that display. Complete the additional required fields for this section. Everything with a red asterisk * must be completed if the section is applicable to the claim.  <p>Select Add to save the attachment to the claim.</p>

Steps	Description
Step 21	<p>The attachments are displayed in the Attachments section.</p> <ul style="list-style-type: none"> Review the information entered for Step 3 and click Submit. 
Step 22	<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> 

Steps	Description
	<div> <div> Claim Information <div> <div> <div>Covered Dates</div> <div>12/05/2022 - 12/06/2022</div> </div> <div> <div>Admission Date/Hour</div> <div>12/05/2022 - 05:48</div> </div> </div> <div> <div>Admission Type</div> <div>_</div> </div> <div> <div>Admission Source</div> <div>_</div> </div> </div> <div> <div>Admitting Diagnosis Type</div> <div>ICD-10-CM</div> </div> <div> <div>Discharge Hour</div> <div>10:27</div> </div> </div> <div> <div>Admitting Diagnosis</div> <div>R071-CHEST PAIN ON BREATHING</div> </div> <div> <div>Type of Bill</div> <div>111-Hosp Inpt-Ind Mcr A</div> </div>

Patient Status

01-DISCHARGED TO HOME OR SELF CARE
(ROUTINE DISCHARGE)

Authorization Number

_

Patient Number

_

Does the provider accept assignment for claim processing?

Yes

Are benefits assigned to the provider by the patient or their authorized representative?

Yes

Does the provider have a signed statement from the patient releasing their medical information?

Yes

Total Charged Amount

\$0.00

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

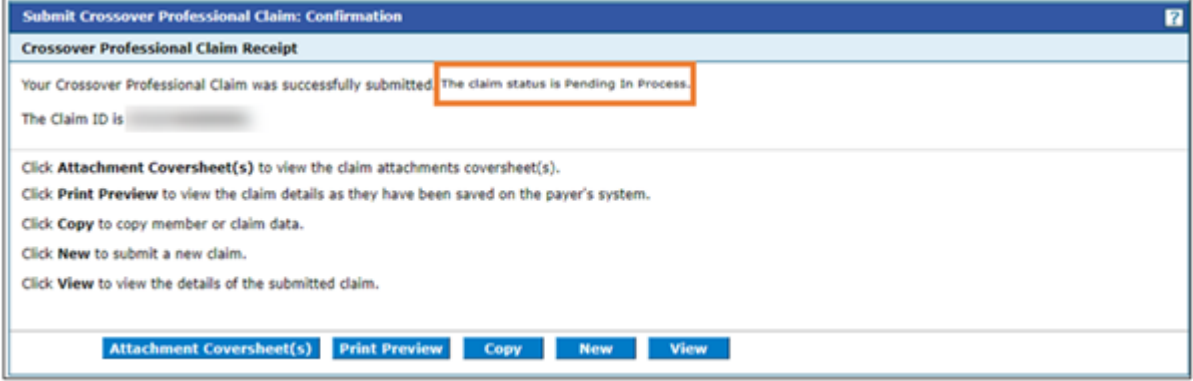
Allowed Medicare Amount

\$1,150.00

Medicare Payment Amount

\$150.00

[Expand All](#) | [Collapse All](#)
Diagnosis Codes**Other Insurance Details**

Steps	Description
Step 23	<p>The Portal returns the Submit Crossover Inpatient Claim: Confirmation page.</p> <p>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