Job Aid

Professional Crossover Claim Submission

This job aid provides step by step instructions to submit a Professional Crossover Claim in the MESA portal. Please read the instructions thoroughly and follow all directions.
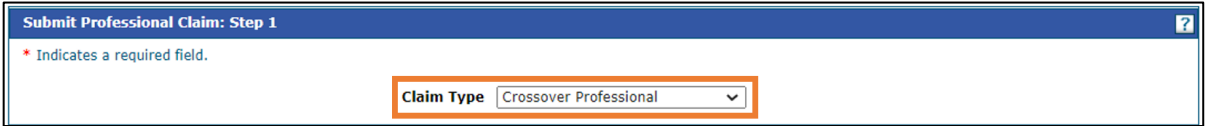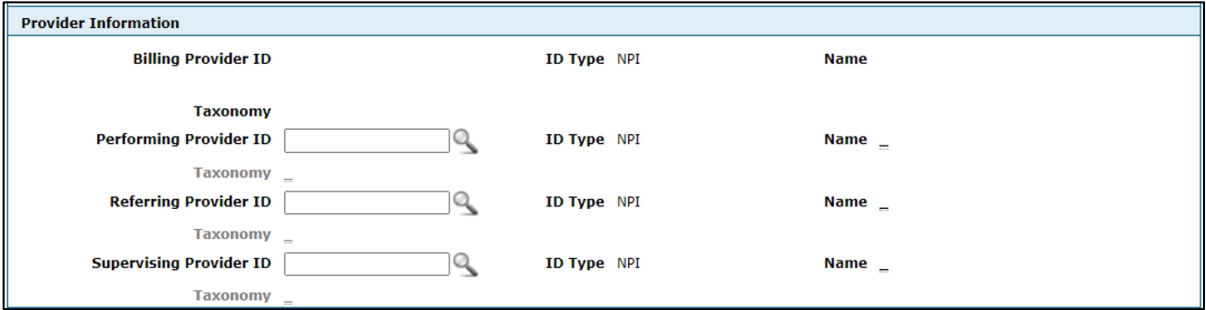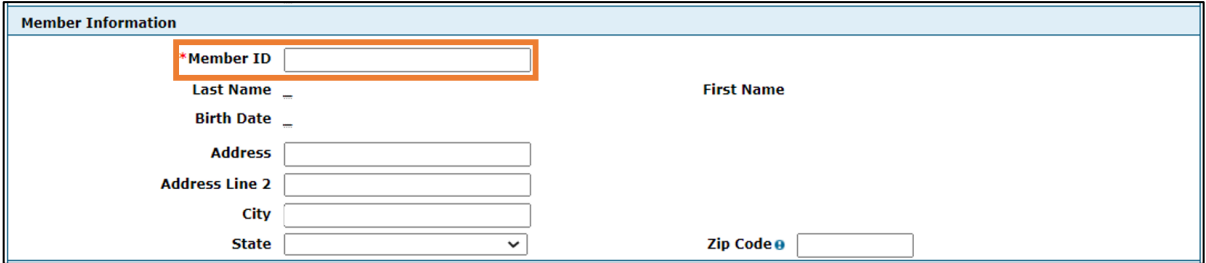
Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the 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 a Professional Crossover Claim

Steps	Description
Step 1	Login to the Portal. The **Portal Home** screen Displays.

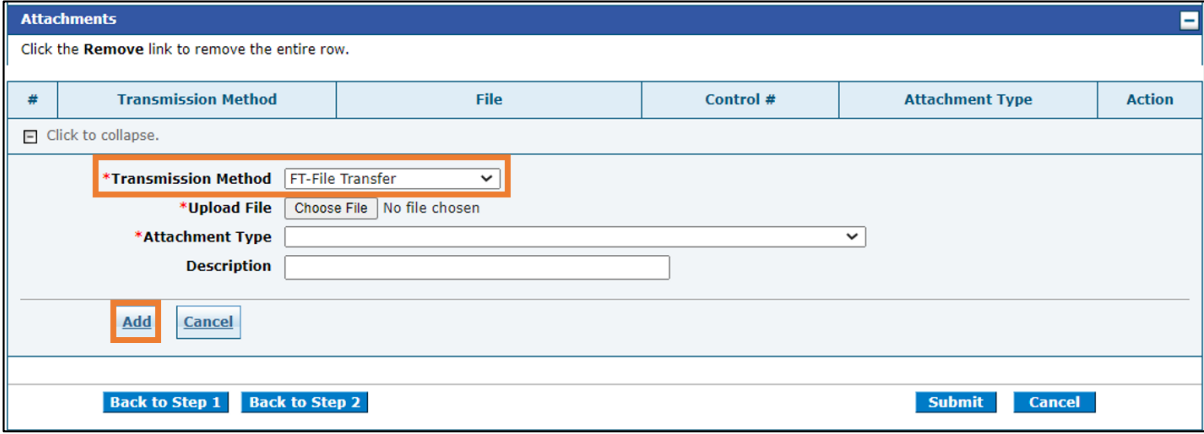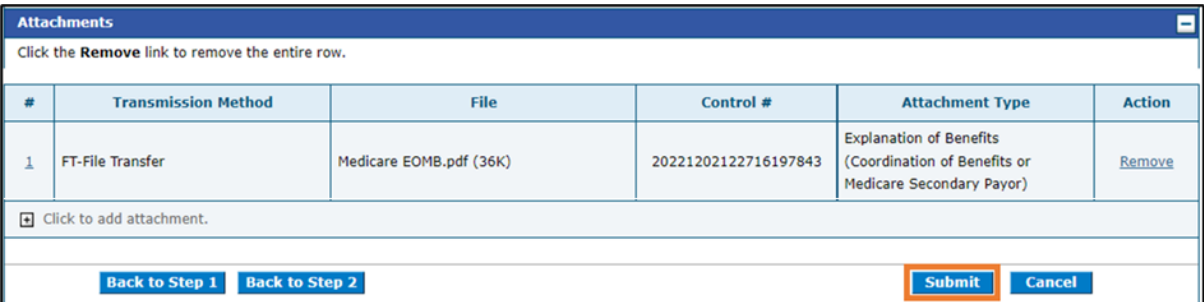| Steps	Description
Step 2	The following steps will review how to submit a Professional Crossover Claim in MESA: Hover over the **Claims** tab on the menu bar. A list of claim types displays below. • Select **Submit Claim Prof**. Home Eligibility **Claims** Care Management Patient Health History Files Exchange Resources Contact Us Search Claims	Submit Claim Dental	Submit Claim Inst	**Submit Claim Prof**	Submit Claim Pharm	Search Payment History
Step 3	The Portal displays the "Submit Professional Claim": Step 1 page. • Select **Claim Type** Crossover Professional. **Submit Professional Claim: Step 1** * Indicates a required field. **Claim Type** Crossover Professional
Step 4	• Complete the **Provider Information** section. **NOTE**: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted. **Provider Information** Billing Provider ID ID Type NPI Name Taxonomy Performing Provider ID ID Type NPI Name Taxonomy Referring Provider ID ID Type NPI Name Taxonomy Supervising Provider ID ID Type NPI Name Taxonomy
Step 5	• Complete the **Member Information** section. **NOTE**: Once the Member ID is entered, the system will generate 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 Zip Code

Steps	Description
Step 6	• Complete the **Claim Information** section. **NOTE**: The "**Include Other Insurance"** box is grayed out for Crossover Claim Types. Everything with a red asterisk * must be completed.
Step 7	• Review all sections on Submit Professional Claim: Step 1 page. If all the information entered is correct select **Continue** to move on to Step 2.

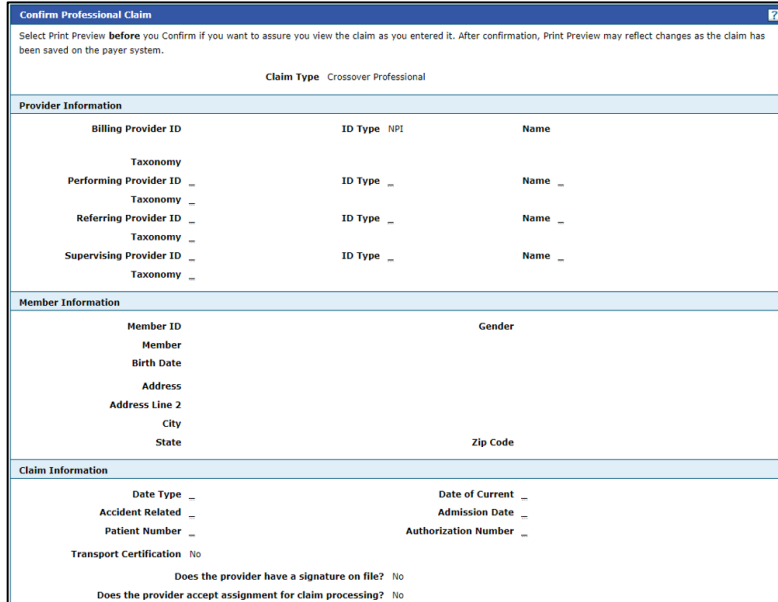| Steps	Description
Step 8	The Portal displays the "Submit Professional Claim": Step 2 page. The previous information that was entered in step 1 will display at the top of the page in step 2. • Review the previously submitted information and scroll down. **Submit Professional Claim: Step 2** * Indicates a required field. Claim Type Crossover Professional **Provider Information** Billing Provider ID ID Type NPI Name Taxonomy **Patient and Claim Information** Member ID Member Gender Birth Date Total Charged Amount
Step 9	• Enter the **Diagnosis Code** then select **Add**. Repeat to add more than one Diagnosis code. Everything with a red asterisk * needs to be completed if the section is applicable to the claim. **Diagnosis Codes** Select the row number to edit the row. Click the **Remove** link to remove the entire row. Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. 	#	Diagnosis Type	Diagnosis Code	Action
---	---	---	---
1				 1 *Diagnosis Type [ICD-10-CM ▾] *Diagnosis Code [ ] [Add] [Reset]
Step 10	Scroll down to the **Other Insurance Detail** panel. **NOTE:** If there is other insurance information already populated that is out of date, select the **Remove** button under the **Action** column. • Select the **plus sign** to add the Medicare insurance. **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	Remittance Date	Action
---	---	---	---	---	---	---	 ⊞ Click to add a new other insurance.

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Steps	Description
Step 11	To add **Medicare Part A, B, or C** follow these steps. Using the **Claim Filing Indicator** dropdown, select **16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B)**. No additional fields are necessary for these selections. • For this example, MB-Medicare Part B was selected from the **Claim Filing Indicator** dropdown. • Click **Add Insurance** to save the selection. • Other Insurance Details displays Medicare Part B on line #1. **Other Insurance Details** Enter the carrier and policy holder information below. Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section. 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 | Click to collapse. *Claim Filing Indicator MB-Medicare Part B Add Insurance Cancel Insurance
Step 12	The Portal displays the "**Submit Professional Claim**": Step 3 page. The previous information that was 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**: Select the plus and minus for each section to expand and collapse the section. **Submit Professional Claim: Step 3** * Indicates a required field. Claim Type Crossover Professional **Provider Information** Billing Provider ID ID Type NPI Name Taxonomy **Patient and Claim Information** Member ID Member Gender Birth Date Total Charged Amount **Medicare Crossover Details** Allowed Medicare Amount $0.00 Co-insurance Amount $0.00 Deductible Amount $0.00 Psychiatric Services Amount $0.00 Medicare Payment Amount $0.00 Medicare Payment Date _ Copay Amount $0.00 Expand All	Collapse All **Diagnosis Codes** Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. 	#	Diagnosis Type	Diagnosis Code
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: 'Health Maintenance Organization (HMO) Medicare Risk'					

Steps	Description

Step 13	• Fill out the required information for the **Service Details** section.
	  ○ Complete the **Medicare Crossover Details** section.
	  ○ Complete the **NDCs for Svc. #** panel if applicable.
	• Once all the information has been completed, select **Add**.
	The data entered must match the submitted EOMB or the system could deny.
	
	 *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.*
	
	Ex: EOMB shows Medicare Payment Date of 10/01/2024 but the date entered was 09/30/2024. That will cause the claim to be denied.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	01/01/2025	01/01/2025	11-Office	99215-OFFICE O/P EST HI 40 MIN	$175.00	1.000 Unit	Remove
2							

2 *From Date ❶ [ ] 📅 To Date ❶ [ ] 📅 *Place of [⌄] EMG [⌄]
Service

*Procedure [ ] Modifiers ❶ [ ] [ ] [ ] [ ] *Diagnosis [⌄] [⌄] [⌄] [⌄]
Code ❶ Pointers

Charge Amount [ ] *Units [ ] *Unit Type [Unit ⌄] EPSDT ☐

Clia Number [ ] Authorization Number [ ]

Referring [ ] 🔍 ID Type NPI Taxonomy _
Provider ID

Performing [ ] 🔍 ID Type NPI Taxonomy _
Provider ID

Ordering [ ] 🔍 ID Type NPI Taxonomy _
Provider ID

Medicare Crossover Details

Allowed Medicare Amount $0.00 Co-insurance Amount [$0.00]

Deductible Amount [$0.00] Psychiatric Services Amount [$0.00]

Medicare Payment Amount [$0.00] Medicare Payment Date ❶ [ ] 📅

Copay Amount [$0.00]

NDCs for Svc. # 2 ⊞

[Add] [Reset]

Steps	Description

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	01/01/2025	01/01/2025	11-Office	99215-OFFICE O/P EST HI 40 MIN	$175.00	1.000 Unit	Remove

1 *From Date ❶ 01/01/2025 To Date ❶ 01/01/2025 *Place of Service 11-Office EMG N

*Procedure Code ❶ 99215-OFFICE O/P | Modifiers ❶ *Diagnosis Pointers 1

Charge Amount $175.00 *Units 1.000 *Unit Type Unit EPSDT ☐

Clia Number Authorization Number

Referring Provider ID ID Type NPI Taxonomy _

Performing Provider ID ID Type NPI Taxonomy _

Ordering Provider ID ID Type NPI Taxonomy _

Medicare Crossover Details

Allowed Medicare Amount $78.00 Co-insurance Amount $3.00

Deductible Amount $10.00 Psychiatric Services Amount $0.00

Medicare Payment Amount $65.00 Medicare Payment Date ❶ 01/30/2025

Copay Amount $0.00

NDCs for Svc. # 2 ⊞

[Add] Reset

- Once all information has been completed, click **Add**.

Note: Repeat this step for each detail on the claim.

Step 14

- 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.

- Attachments must be in PDF format.

Attachments ⊟

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
⊞	Click to add attachment.				

Back to Step 1 Back to Step 2 Submit Cancel

Steps	Description
Step 15	• Complete the additional required fields for this section. Everything with a red asterisk * must be completed if the section is applicable to the claim. **Attachments** Click the **Remove** link to remove the entire row. | # | Transmission Method | File | Control # | Attachment Type | Action | ☐ Click to collapse. *Transmission Method FT-File Transfer *Upload File Choose File No file chosen *Attachment Type Description Add Cancel Back to Step 1 Back to Step 2 Submit Cancel • Select **Add** to save the attachment to the claim.
Step 16	The attachments display in the Attachments section. • Review the information entered for Step 3 and select **Submit**. **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) | Remove | ☐ Click to add attachment. Back to Step 1 Back to Step 2 Submit Cancel

Steps	Description
Step 17	The Portal displays the **Confirm Professional Claim** page. • Review all the information entered for this claim. Select the plus and minus to expand and collapse each section. Expand All and Collapse All to expand and collapse all the sections at once. **NOTE:** At the bottom of the page, select **Back** to Step 1, 2, or 3 to go back and edit the information entered for this claim. **Confirm Professional Claim** 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. Claim Type Crossover Professional **Provider Information** Billing Provider ID ID Type NPI Name Taxonomy Performing Provider ID _ ID Type _ Name _ Taxonomy _ Referring Provider ID _ ID Type _ Name _ Taxonomy _ Supervising Provider ID _ ID Type _ Name _ Taxonomy _ **Member Information** Member ID Gender Member Birth Date Address Address Line 2 City State Zip Code **Claim Information** Date Type _ Date of Current _ Accident Related _ Admission Date _ Patient Number _ Authorization Number _ Transport Certification No Does the provider have a signature on file? No Does the provider accept assignment for claim processing? No **Scroll down to see all service details panels.**

Steps	Description

	Are benefits assigned to the provider by the patient or their authorized representative? No
	Does the provider have a signed statement from the patient releasing their medical information? No
	Total Charged Amount $0.00

Medicare Crossover Details

Allowed Medicare Amount $0.00	Co-insurance Amount $0.00
Deductible Amount $0.00	Psychiatric Services Amount $0.00
Medicare Payment Amount $0.00	Medicare Payment Date _
Copay Amount $0.00	

Expand All | Collapse All

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code
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: 'Health Maintenance Organization (HMO) Medicare Risk'				
2	test	test	test	$0.00	12/09/2022

Service Details

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Charge Amount
1	12/07/2022	12/08/2022	02		01232		1	1.000 Unit	☐	$0.00

Attachments

Back to Step 1   Back to Step 2   Back to Step 3   Print Preview   Confirm   Cancel

Once reviewing the claims information entered has been completed, select **Confirm** to confirm the claim submission.

Step 18	The Portal returns the Submit Crossover Professional Claim: **Confirmation page**.
	NOTE: The confirmation page displays. **ALL** Crossover claims go to a **PENDING** status to verify the EOMB.

Submit Crossover Professional Claim: Confirmation

Crossover Professional Claim Receipt

Your Crossover Professional Claim was successfully submitted. The claim status is Pending In Process.

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	12/14/2022	Gainwell	Initial publication
1.1	06/02/2023	Gainwell	Updated providers display to show CCO information based on CR1925.
1.2	12/06/2023	Gainwell	Updated portal access to inactive providers date of termination based on CR 2278.
1.3	4/19/2024	Gainwell	Updated an image and some verbiage in steps 6, 14, 15 and 16.
1.4	07/22/2024	Gainwell	Updated per CR2113
1.5	8/13/2024	Gainwell	Updated the Other Insurance information for clearer instructions.
1.6	11/13/2024	Gainwell	Added tips to introduction
1.7	04/04/2025	Gainwell	Updated steps per Claims Resolution feedback