MISSISSIPPI DIVISION OF MEDICAID

Job Aid

Professional Crossover Claim with TPL Submission

This job aid provides step by step instructions to submit a Professional Crossover Claim with TPL 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 with TPL

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

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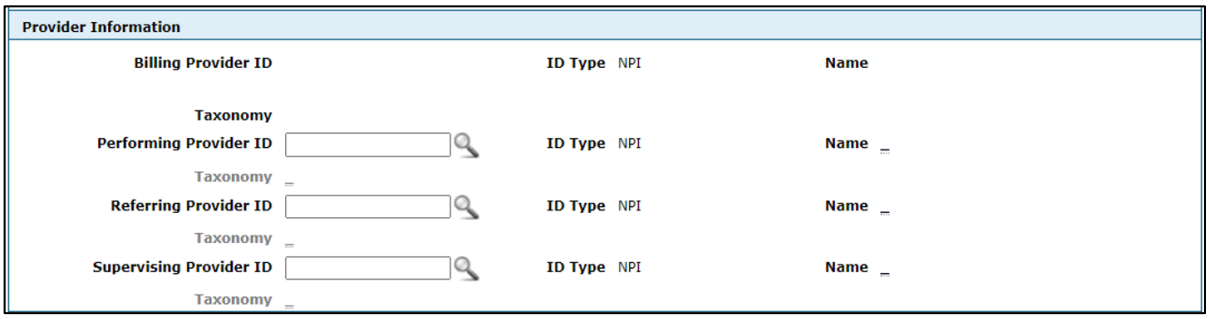
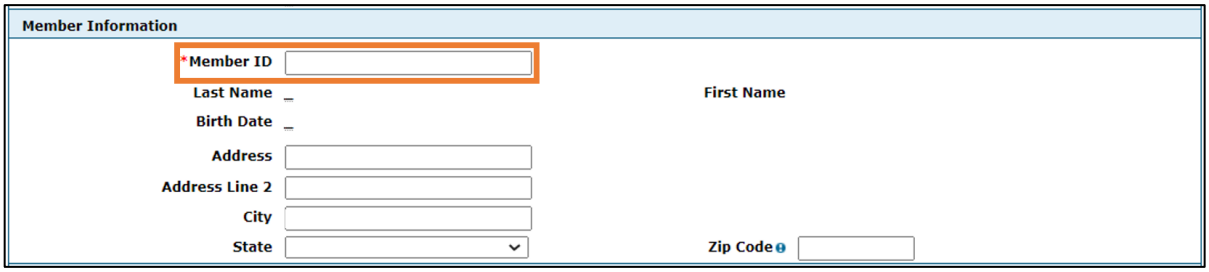
Steps	Description
Step 2	The following steps will review how to submit a Professional Crossover Claim in MESA: Hover over the **Claims** tab on the menu bar. A list of claim types displays below. • Select **Submit Claim Prof**.
Step 3	The Portal displays the "Submit Professional Claim": Step 1 page. • Select **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. 
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. 

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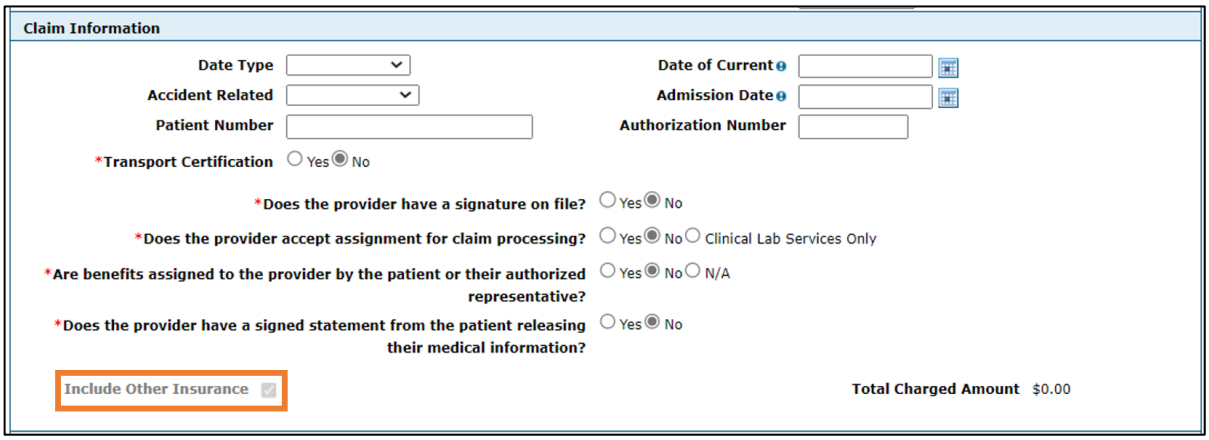
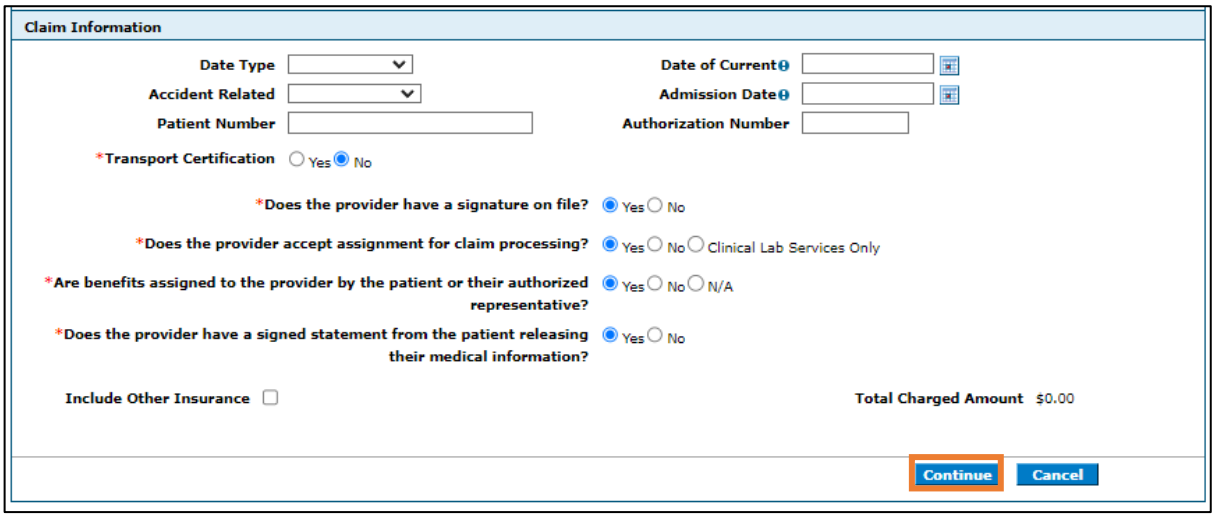
Steps	Description
Step 6	• Complete the **Claim Information** section. **NOTE**: The "**Include Other Insurance"** box is grayed out for Crossover Claim Types. Everything with a **Red** asterisk * must be completed. 
Step 7	• Review all sections on Submit Professional Claim: Step 1 page. If all the information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

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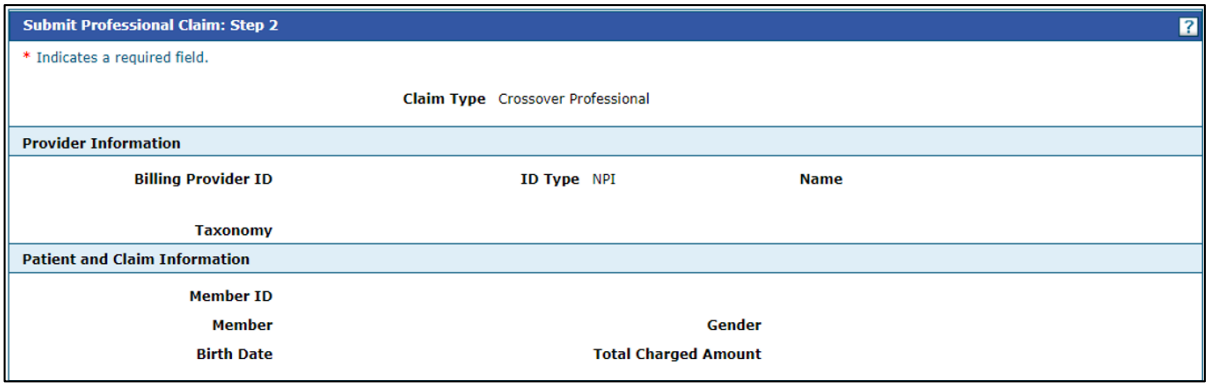
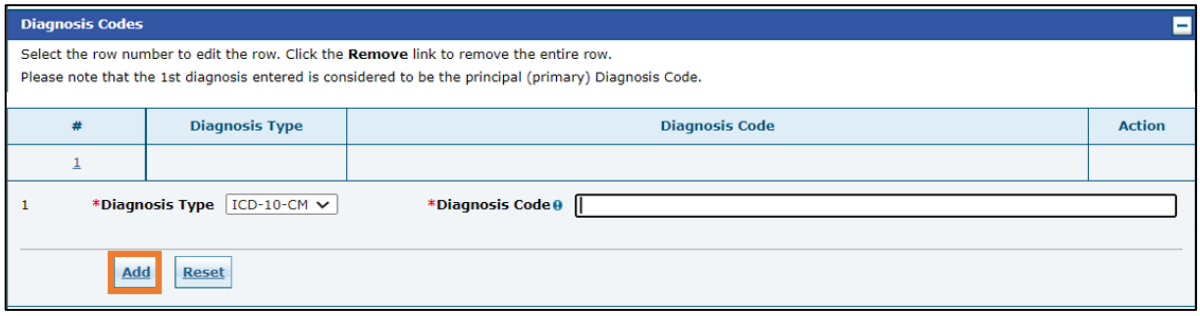
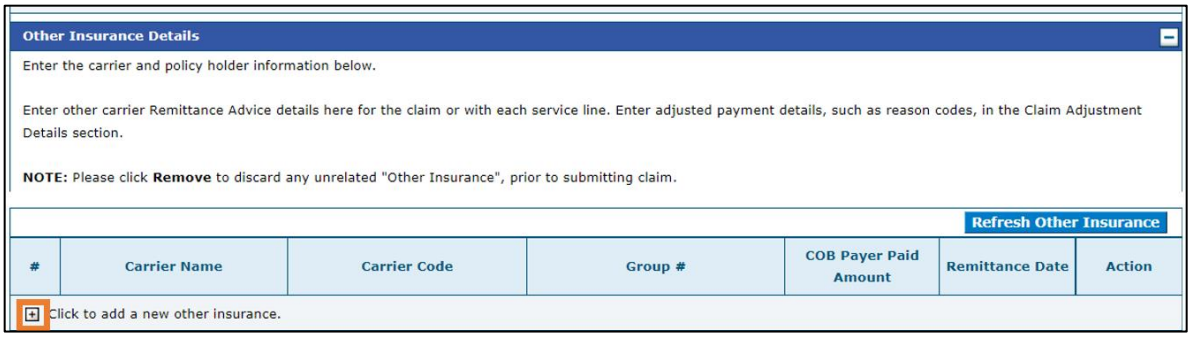
Steps	Description
Step 8	The Portal displays the “Submit Professional Claim”: Step 2 page. The previous information that was entered in step 1 will display at the top of the page in step 2. • Review the previously submitted information and scroll down. 
Step 9	• Enter the **Diagnosis Code** then select **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. 
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 any other insurance. Steps are shown below to add Medicare and other insurance outside of Medicare. 

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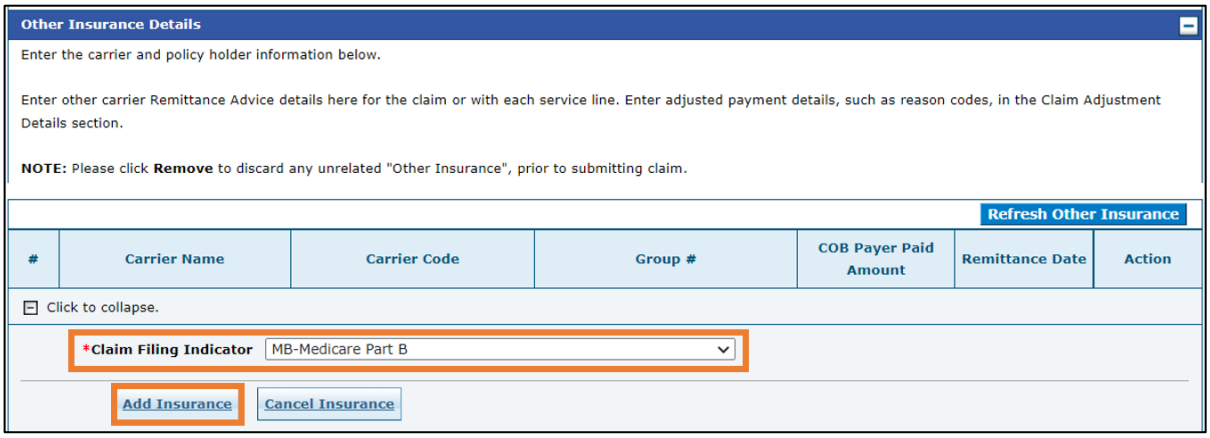
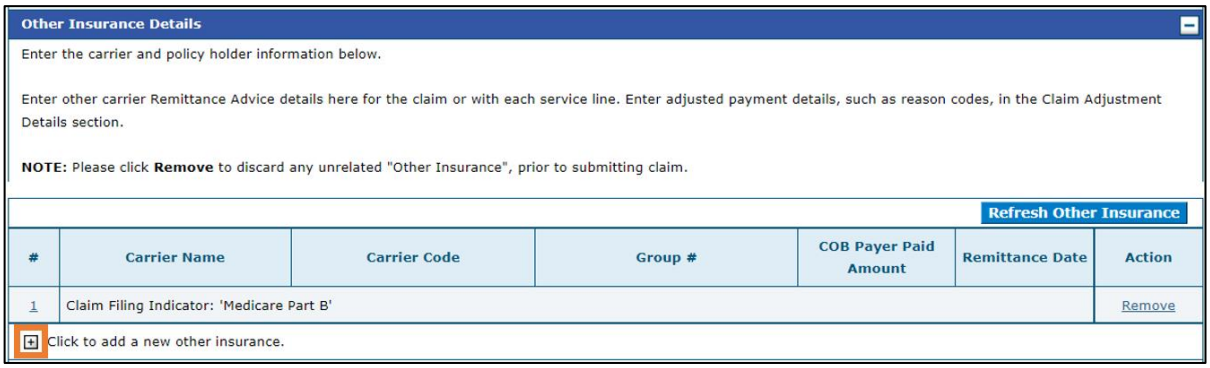
Steps	Description
Step 11	To add **Medicare Part A, B, or C** follow these steps. Using the **Claim Filing Indicator** dropdown, select **16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B**). No additional fields are necessary for these selections. • For this example, MB-Medicare Part 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. 
Step 12	**To add another insurance, follow these steps.** • Select the **plus sign again**. 

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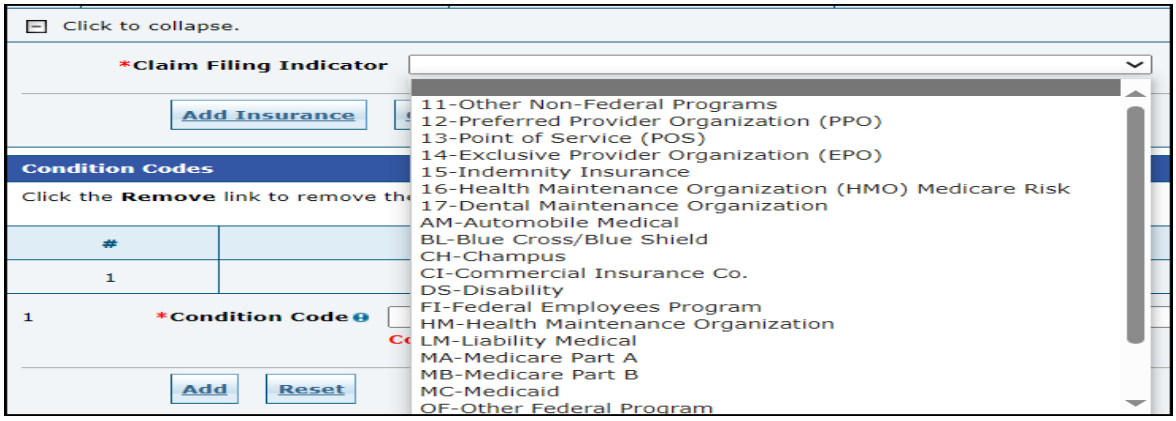
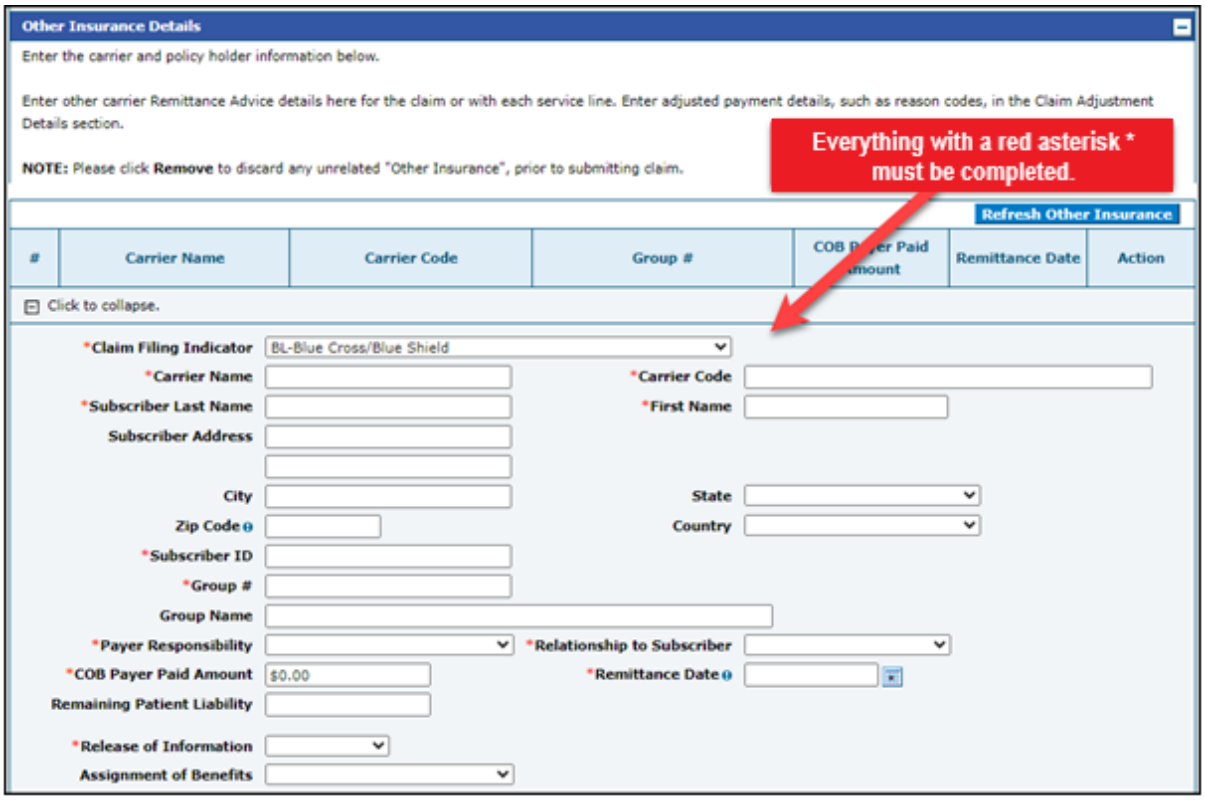
Steps	Description
Step 13	• If selecting insurance that is applicable from the **Claim Filing Indicator** list is different than Medicare A (MA), Medicare B (MB), or Medicare C (Claim filing indicator = 16), then additional fields will display once the selection is made. Those fields are for the insurance referenced by the Claim Filing Indicator for that line.  • Complete the additional other insurance fields that are required. • Link to Carrier Codes  **Scroll down to see all other insurance details panels.**

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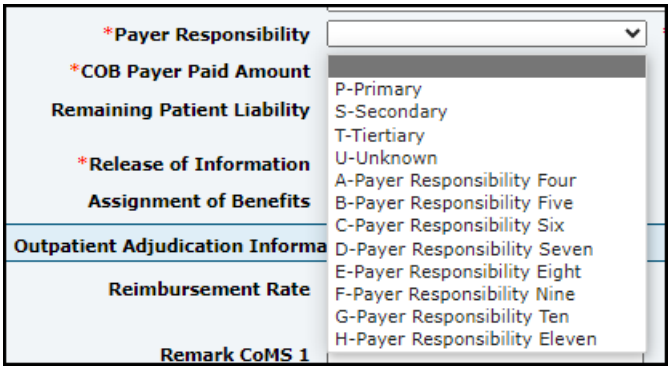
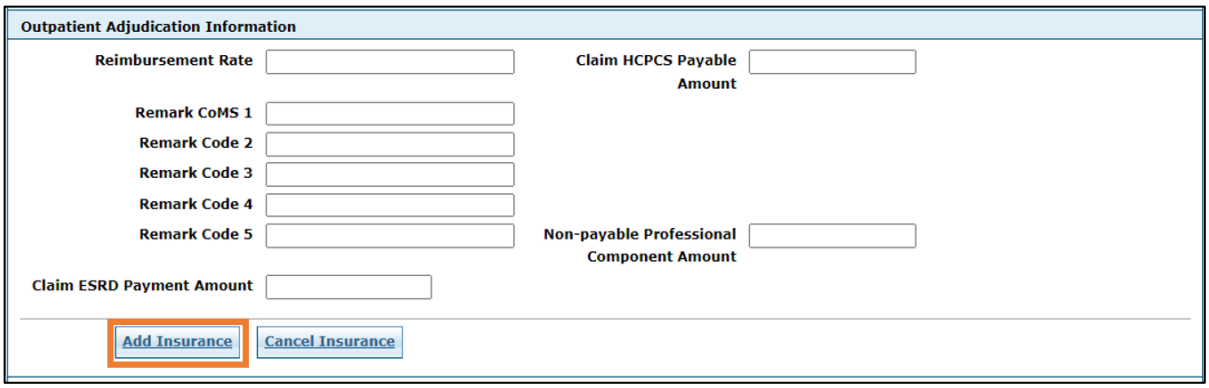
Steps	Description
	• Select the appropriate Payor Responsibility. If not known, select Unknown.  • Everything with a **Red** asterisk * must be completed if the section is applicable to the claim. • Once all the information is entered select **Add Insurance**.  **Scroll down to see all other insurance details panels.**

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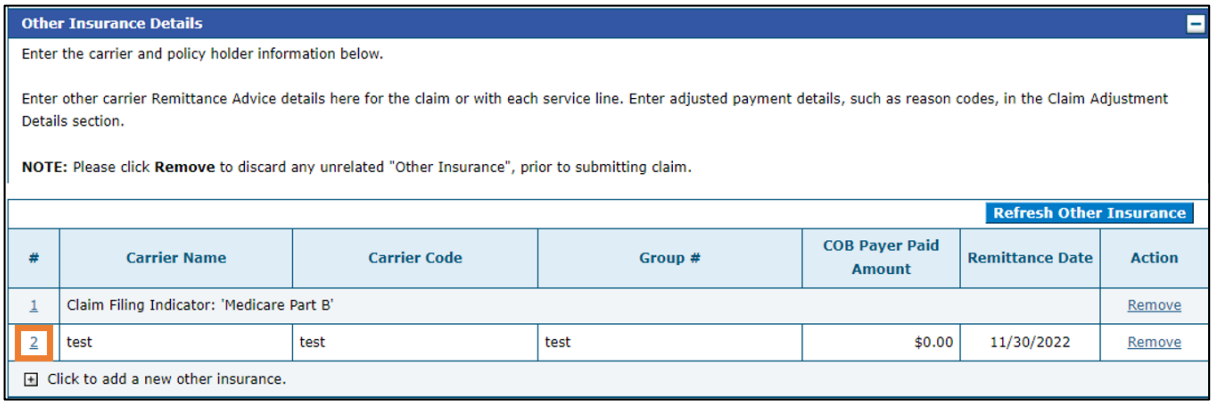
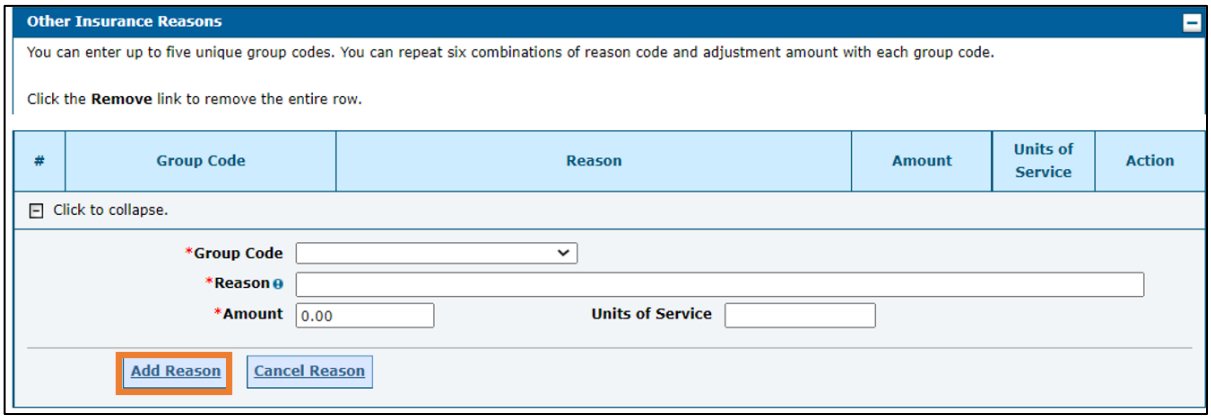
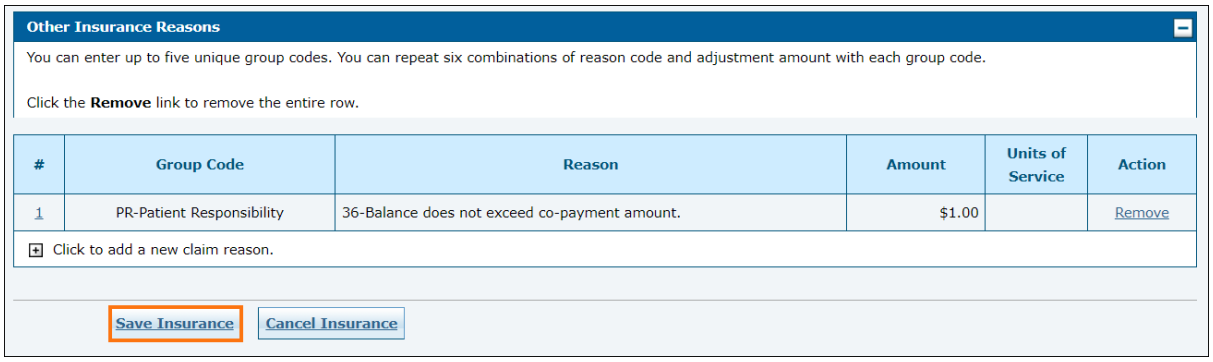
Steps	Description
Step 14	After all other insurance policies has been added, select the number **hyperlink** to view the other insurance just added. **NOTE:** Users can only view the Other Insurance Reasons sub-panel if the Claim Filing Indicator is anything other than Medicare A, B, or 16. *The user **MUST** click on the other insurance hyperlink after adding insurance to add additional information.  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 | | 1 | Claim Filing Indicator: 'Medicare Part B' | | | | | Remove | | 2 | test | test | test | $0.00 | 11/30/2022 | Remove | Click to add a new other insurance.
Step 15	Scroll down to the **Other Insurance Reason** section. • Fill out the Other Insurance Reasons section. Everything with a **Red** asterisk * must be completed if the section is applicable to the claim. • Select **Add Reason** to save the information to the reason.  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 *Amount 0.00 Units of Service Add Reason Cancel Reason • Once the **Other Insurance Reasons** are added, select **Save Insurance** to move to the next section.  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 | | 1 | PR-Patient Responsibility | 36-Balance does not exceed co-payment amount. | $1.00 | | Remove | Click to add a new claim reason. Save Insurance Cancel Insurance

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Steps	Description
Step 16	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'				
2	test	test	test	$0.00	12/09/2022

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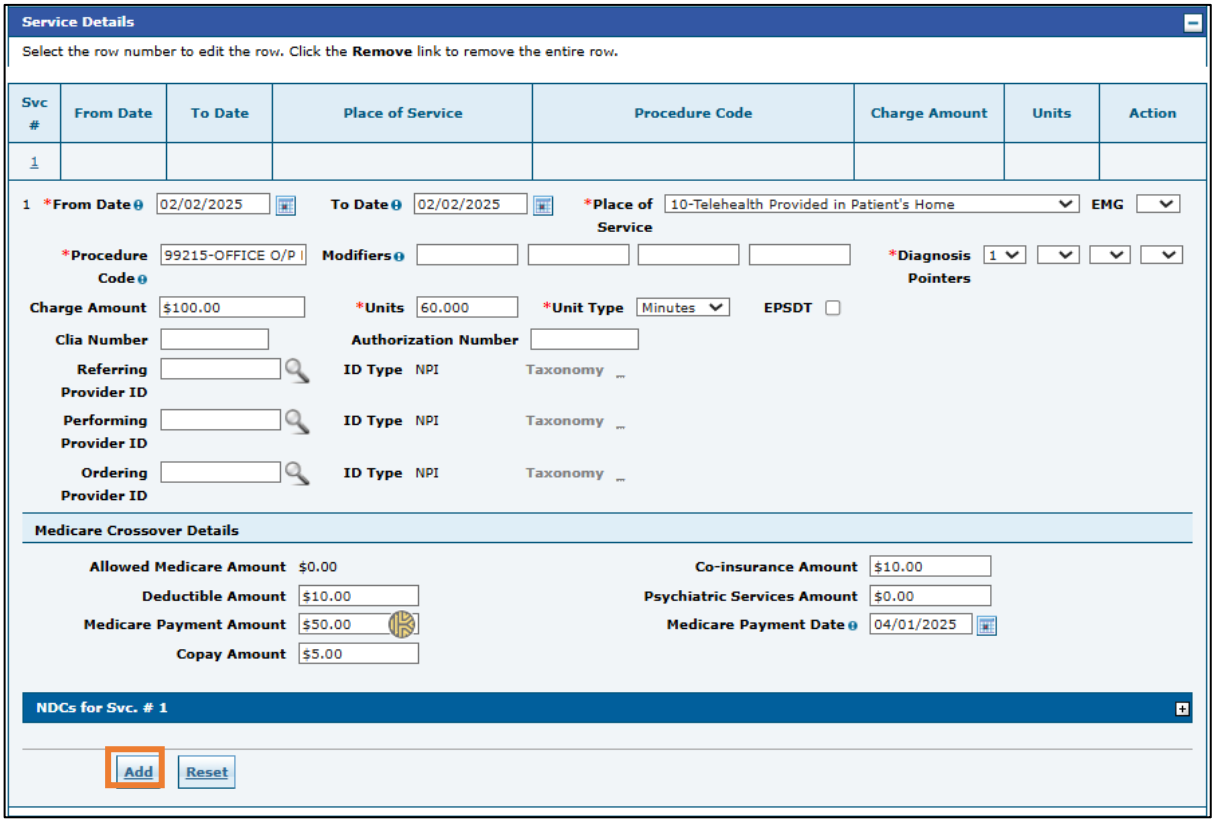
Steps	Description

Step 17	• 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 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 deny,*
	 
	Note: Repeat this step for each detail on the claim.

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Steps	Description
Step 18	• Click the **hyperlink** in the **Svc #** column to view the Other Insurance Details for each detail in the service section.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	02/02/2025	02/02/2025	10-Telehealth Provided in Patient's Home	99215-OFFICE O/P EST HI 40 MIN	$100.00	60.000 Minutes	Remove
2							

2 *From Date | To Date | *Place of Service | EMG

*Procedure Code | Modifiers | *Diagnosis Pointers

Charge Amount | *Units | *Unit Type Unit | EPSDT

Clia Number | Authorization Number

Referring Provider ID | ID Type NPI | Taxonomy

Displays a list of Service Details.

Performing Provider ID | ID Type NPI | Taxonomy

Ordering Provider ID | ID Type NPI | Taxonomy

Medicare Crossover Details

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

NDCs for Svc. # 2

Add Reset

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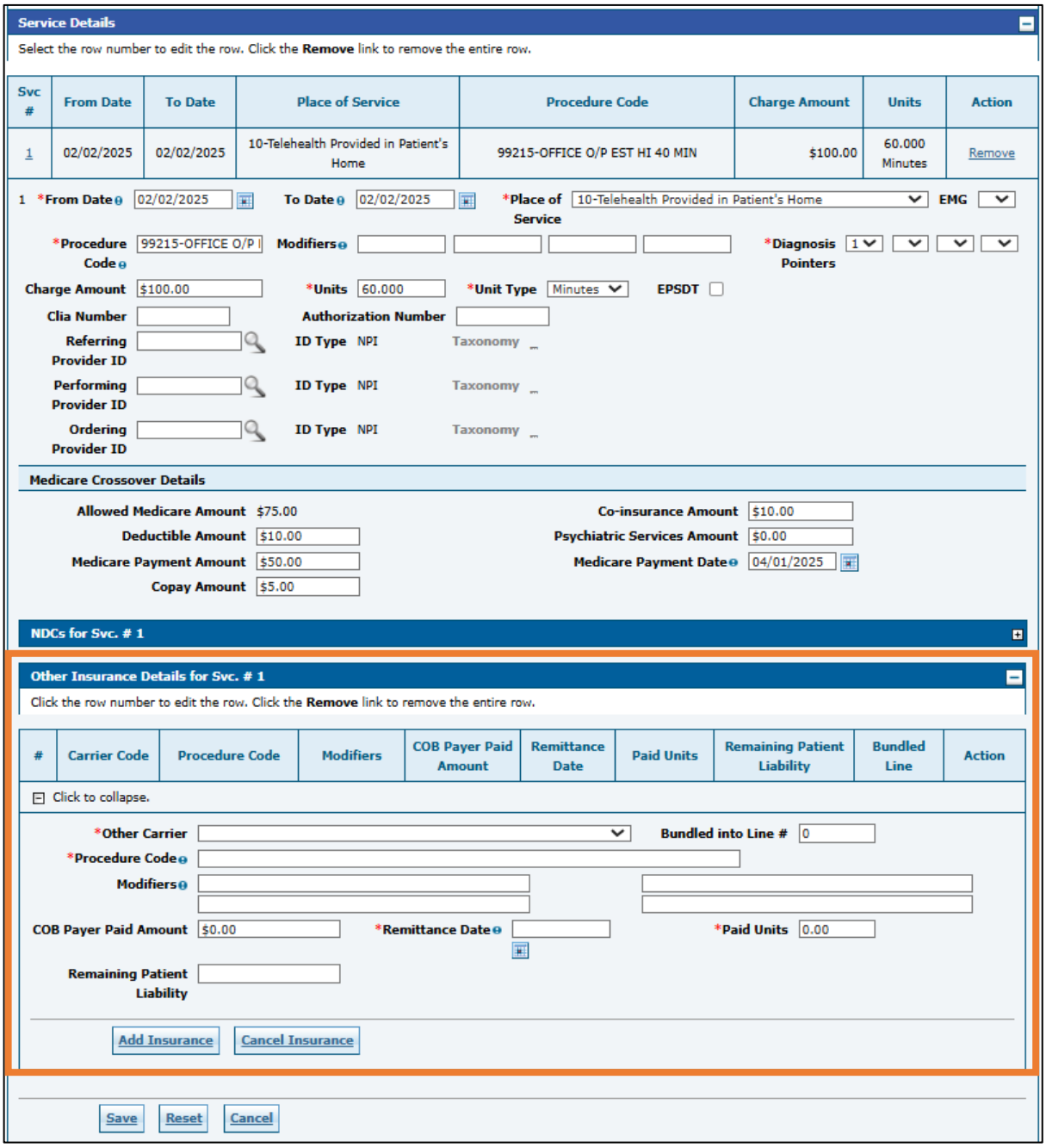
Steps	Description
Step 19	• Complete the required information for the **Other Insurance Details for the Services Details** section. **Note:** If you **added any insurance** with a Claim Filing Indicator value other than 16, MA, or MB then the **Other Insurance Details for Svc #** section displays **must** be completed. If the **Other Insurance Details for Svc #** section is displayed then the **Other Carrier** dropdown will only display the insurance carrier options with Claim Filing Indicator values other than 16, MA, or MB. • Select **Add Insurance** to save the insurance information for that service. Everything with a **Red** asterisk * must be completed if the section is applicable to the claim. 

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	02/02/2025	02/02/2025	10-Telehealth Provided in Patient's Home	99215-OFFICE O/P EST HI 40 MIN	$100.00	60.000 Minutes	Remove

1 *From Date 02/02/2025 To Date 02/02/2025 *Place of Service 10-Telehealth Provided in Patient's Home EMG

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

Charge Amount $100.00 *Units 60.000 *Unit Type Minutes 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 $75.00 Co-insurance Amount $10.00

Deductible Amount $10.00 Psychiatric Services Amount $0.00

Medicare Payment Amount $50.00 Medicare Payment Date 04/01/2025

Copay Amount $5.00

NDCs for Svc. # 1

Other Insurance Details for Svc. # 1

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

#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action

Click to collapse.

*Other Carrier Bundled into Line # 0

*Procedure Code

Modifiers

COB Payer Paid Amount $0.00 *Remittance Date *Paid Units 0.00

Remaining Patient Liability

Add Insurance Cancel Insurance

Save Reset Cancel

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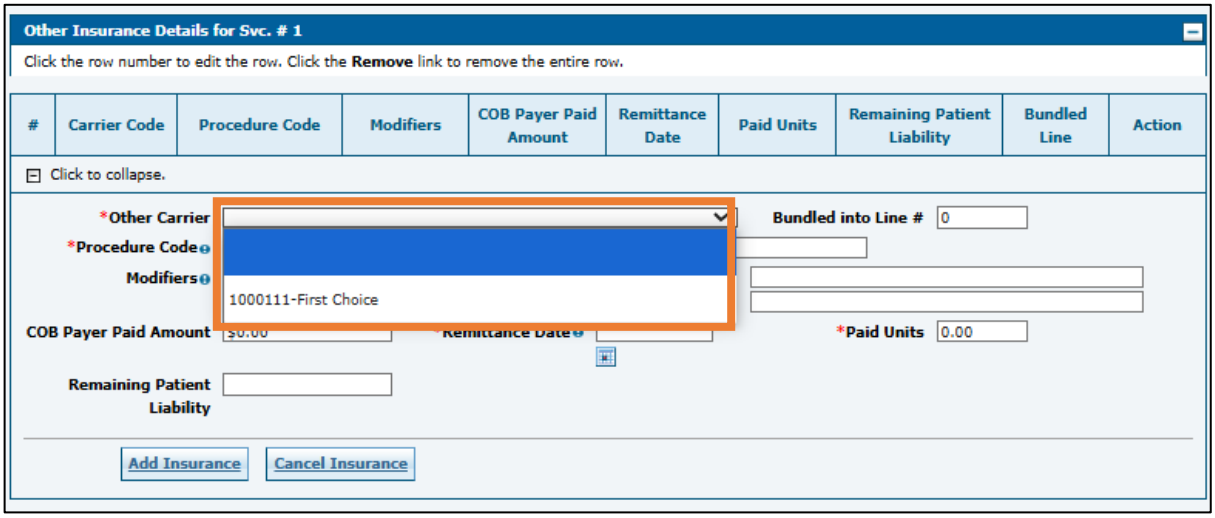
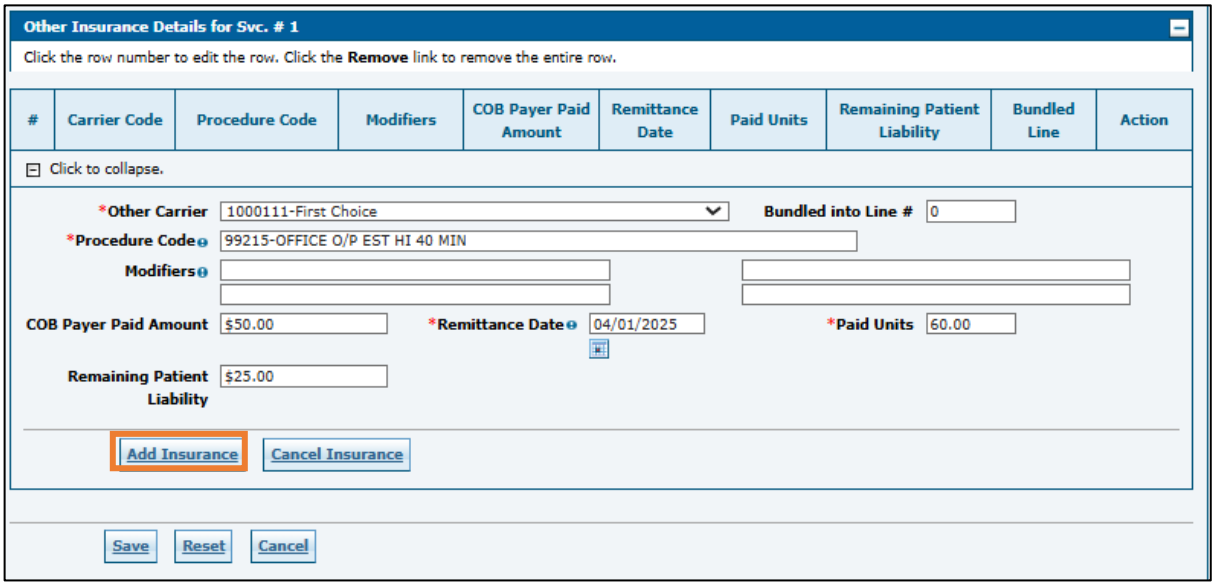
Steps	Description
	• Select the Other Carrier from the drop-down list.  • Add all information about the detail as applicable. • Any **Red** asterisk * fields are required.  • Once the **Add Insurance** is clicked, it is added to the detail and will look like the panel below.

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Steps	Description
	Service Details Select the row number to edit the row. Click the **Remove** link to remove the entire row. Svc # | From Date | To Date | Place of Service | Procedure Code | Charge Amount | Units | Action 1 | 02/02/2025 | 02/02/2025 | 10-Telehealth Provided in Patient's Home | 99215-OFFICE O/P EST HI 40 MIN | $100.00 | 60.000 Minutes | Remove 1 *From Date 02/02/2025 To Date 02/02/2025 *Place of Service 10-Telehealth Provided in Patient's Home EMG *Procedure Code 99215-OFFICE O/P Modifiers *Diagnosis Pointers 1 Charge Amount $100.00 *Units 60.000 *Unit Type Minutes 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 $75.00 Co-insurance Amount $10.00 Deductible Amount $10.00 Psychiatric Services Amount $0.00 Medicare Payment Amount $50.00 Medicare Payment Date 04/01/2025 Copay Amount $5.00 **NDCs for Svc. # 1** **Other Insurance Details for Svc. # 1** Click the row number to edit the row. Click the **Remove** link to remove the entire row. # | Carrier Code | Procedure Code | Modifiers | COB Payer Paid Amount | Remittance Date | Paid Units | Remaining Patient Liability | Bundled Line | Action 1 | 1000111 | 99215-OFFICE O/P EST HI 40 MIN | | $50.00 | 04/01/2025 | 60.00 | $25.00 | 0 | Remove Click to add a new other insurance. Save Reset Cancel
Step 20	Next, to add Other Insurance Reasons, click the row number in front of the **Other Insurance Details for Svc. #.** **Other Insurance Details for Svc. # 1** Click the row number to edit the row. Click the **Remove** link to remove the entire row. # | Carrier Code | Procedure Code | Modifiers | COB Payer Paid Amount | Remittance Date | Paid Units | Remaining Patient Liability | Bundled Line | Action 1 | 1000111 | 99215-OFFICE O/P EST HI 40 MIN | | $50.00 | 04/01/2025 | 60.00 | $25.00 | 0 | Remove Click to add a new other insurance.

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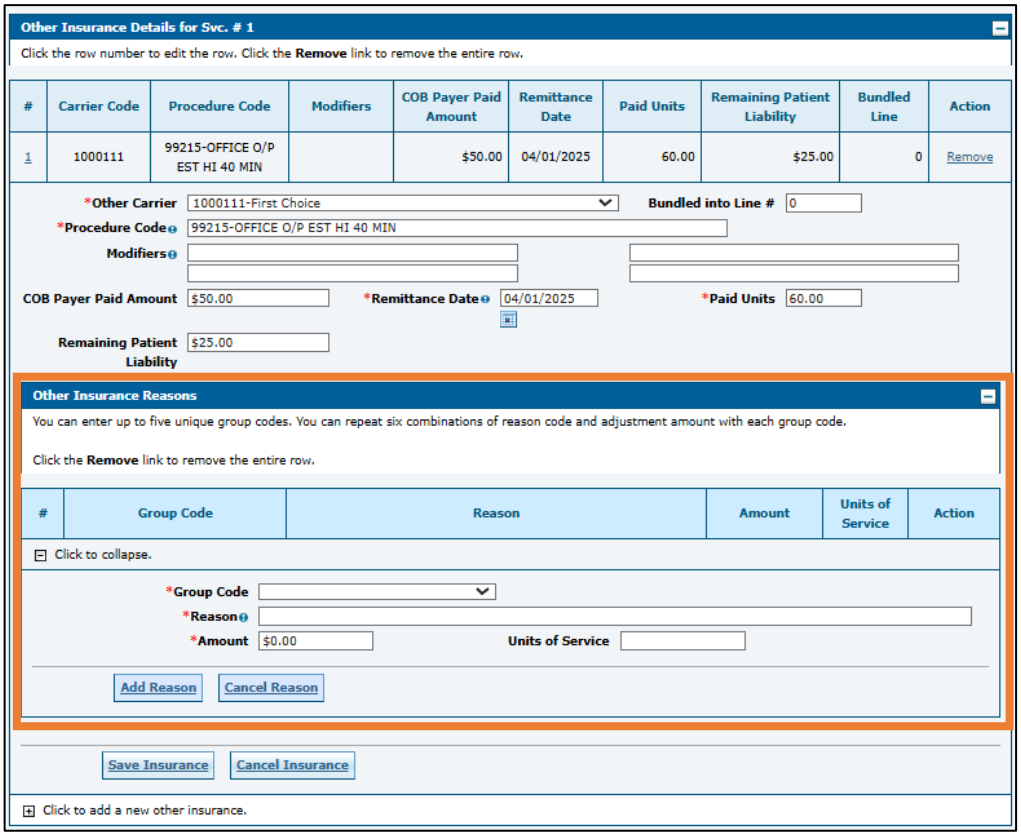
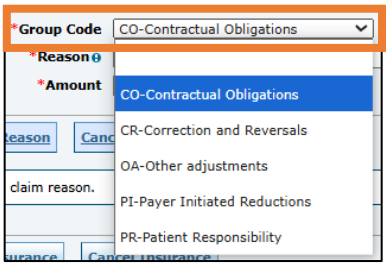
Steps	Description

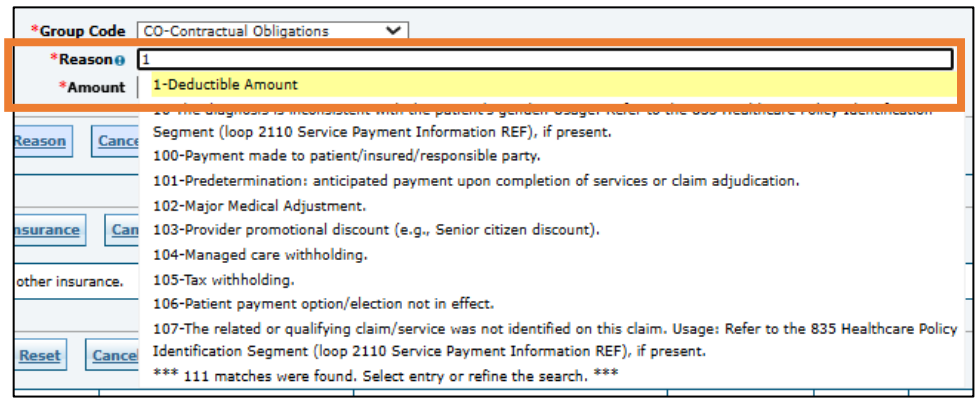
- The panel will expand and show the **Other Insurance Reasons** area.



- Select the **Group Code** from the dropdown list:



- Next, choose the **Reason** for the code-named reason above:



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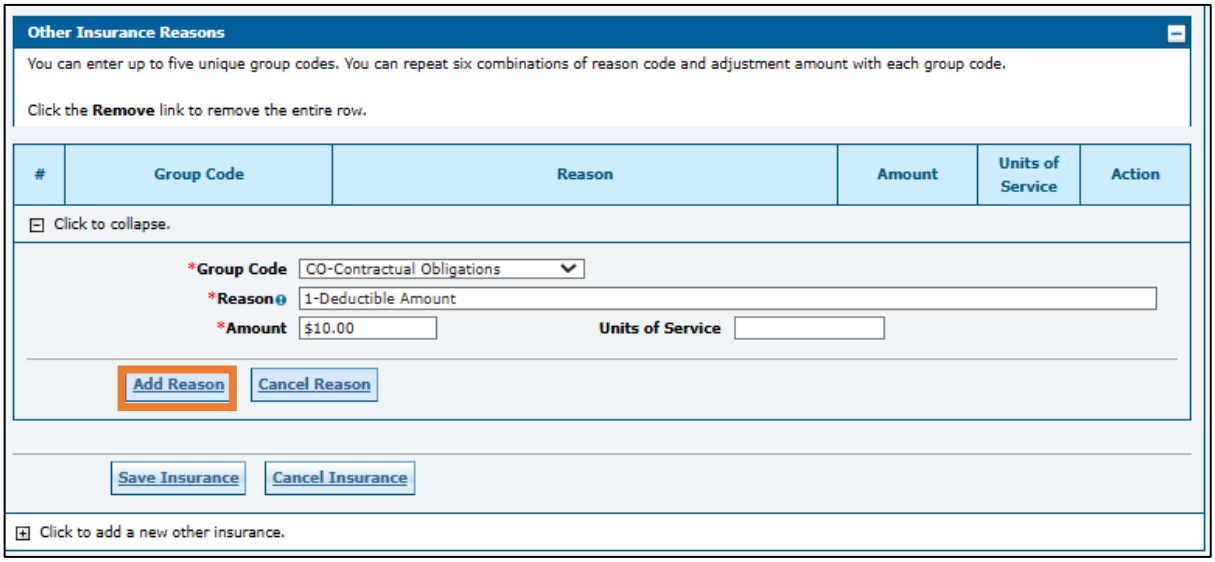
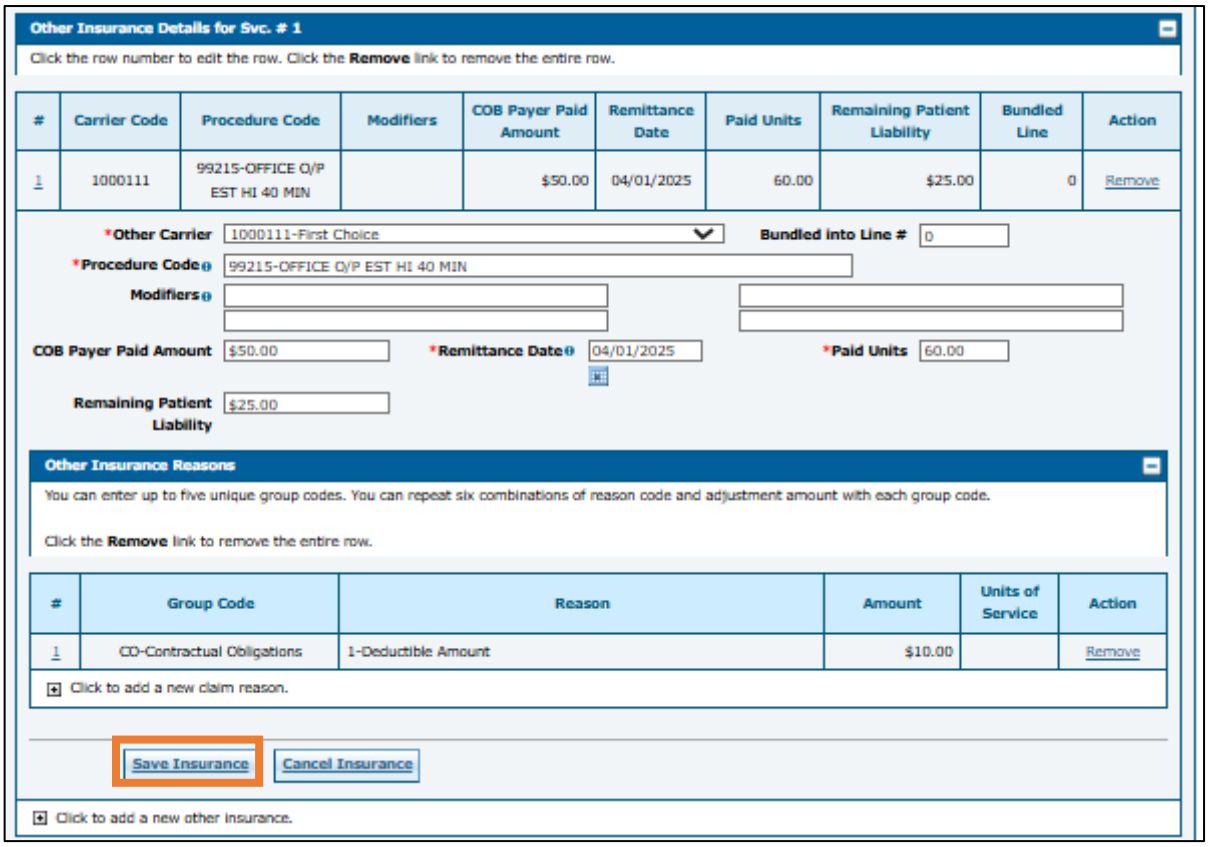
Steps	Description
	• Enter the amount for the reason and units of service if applicable. • Click **Add Reason** to add it to the service detail.  • Click Save Insurance once all reason codes are added. 

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: CO-Contractual Obligations
*Reason: 1-Deductible Amount
*Amount: $10.00
Units of Service:

Add Reason | Cancel Reason

Save Insurance | Cancel Insurance

Click to add a new other insurance.

Other Insurance Details for Svc. # 1

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

#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action
1	1000111	99215-OFFICE O/P EST HI 40 MIN		$50.00	04/01/2025	60.00	$25.00	0	Remove

*Other Carrier: 1000111-First Choice
Bundled into Line #: 0
*Procedure Code: 99215-OFFICE O/P EST HI 40 MIN
Modifiers:
COB Payer Paid Amount: $50.00
*Remittance Date: 04/01/2025
*Paid Units: 60.00
Remaining Patient Liability: $25.00

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
1	CO-Contractual Obligations	1-Deductible Amount	$10.00		Remove

Click to add a new claim reason.

Save Insurance | Cancel Insurance

Click to add a new other insurance.

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Steps	Description
	• Once all changes have been made to the service detail, click **Save**.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	02/02/2025	02/02/2025	10-Telehealth Provided in Patient's Home	99215-OFFICE O/P EST HI 40 MIN	$100.00	60.000 Minutes	Remove

1 *From Date 02/02/2025 To Date 02/02/2025 *Place of Service 10-Telehealth Provided in Patient's Home EMG

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

Charge Amount $100.00 *Units 60.000 *Unit Type Minutes 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 $75.00 Co-insurance Amount $10.00

Deductible Amount $10.00 Psychiatric Services Amount $0.00

Medicare Payment Amount $50.00 Medicare Payment Date 04/01/2025

Copay Amount $5.00

NDCs for Svc. # 1

Other Insurance Details for Svc. # 1

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

#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action
1	1000111	99215-OFFICE O/P EST HI 40 MIN		$50.00	04/01/2025	60.00	$25.00	0	Remove

Click to add a new other insurance.

Save Reset Cancel

- The service detail will display.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	02/02/2025	02/02/2025	10-Telehealth Provided in Patient's Home	99215-OFFICE O/P EST HI 40 MIN	$100.00	60.00 Minutes	Remove
2							

2 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

Charge Amount *Units *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 $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

NDCs for Svc. # 2

Add Reset

- If the detail needs to be removed, click the **Remove** at the end of the row.

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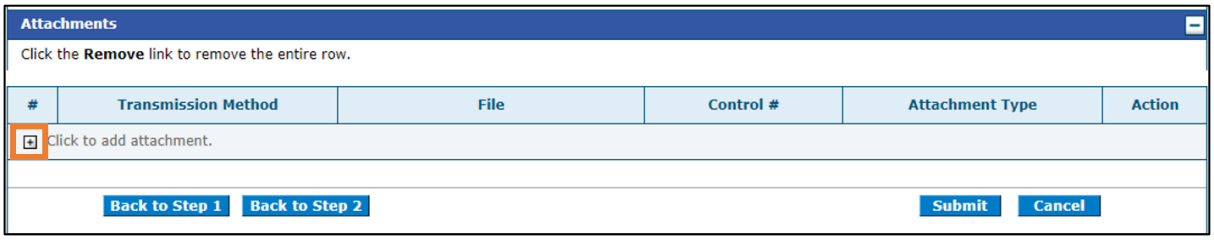
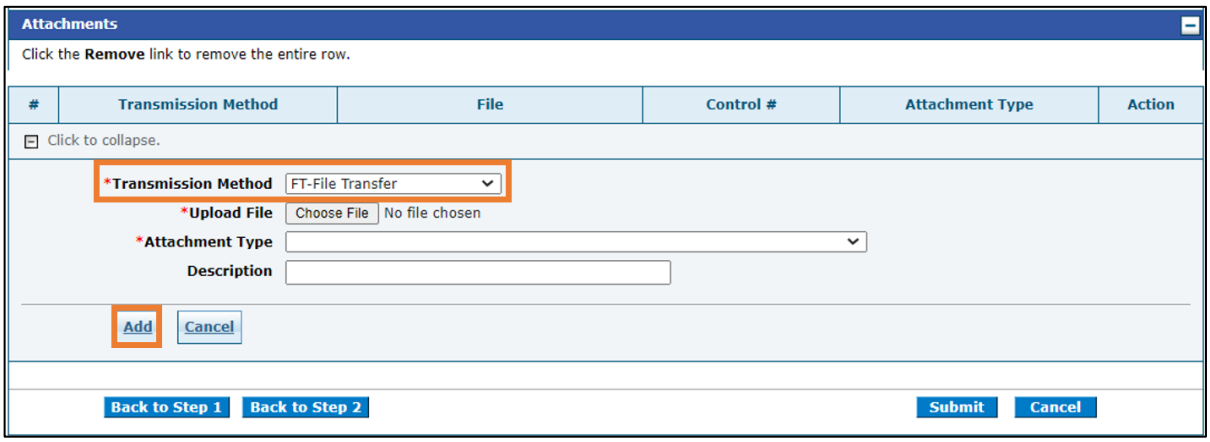
Steps	Description
Step 21	• Select the **plus sign** in the Attachments section to attach a copy of the EOMB. **Note:** Crossover Claims require the Explanation of Medicare Benefits (EOMB) to be attached. • If Other insurance information was added, then the Explanation of Benefits (EOB) for that carrier must be attached as well. • Attachments must be in PDF format. 
Step 22	• Complete the additional required fields for this section. Everything with a red asterisk * must be completed if the section is applicable to the claim.  • Select **Add** to save the attachment to the claim.
Step 23	The attachments display in the Attachments section. • Review the information entered for Step 3 and select **Submit**.

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Steps	Description
	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 | | 2 | FT-File Transfer | Other Carrier EOMB.pdf | 123 | 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
Step 24	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.**

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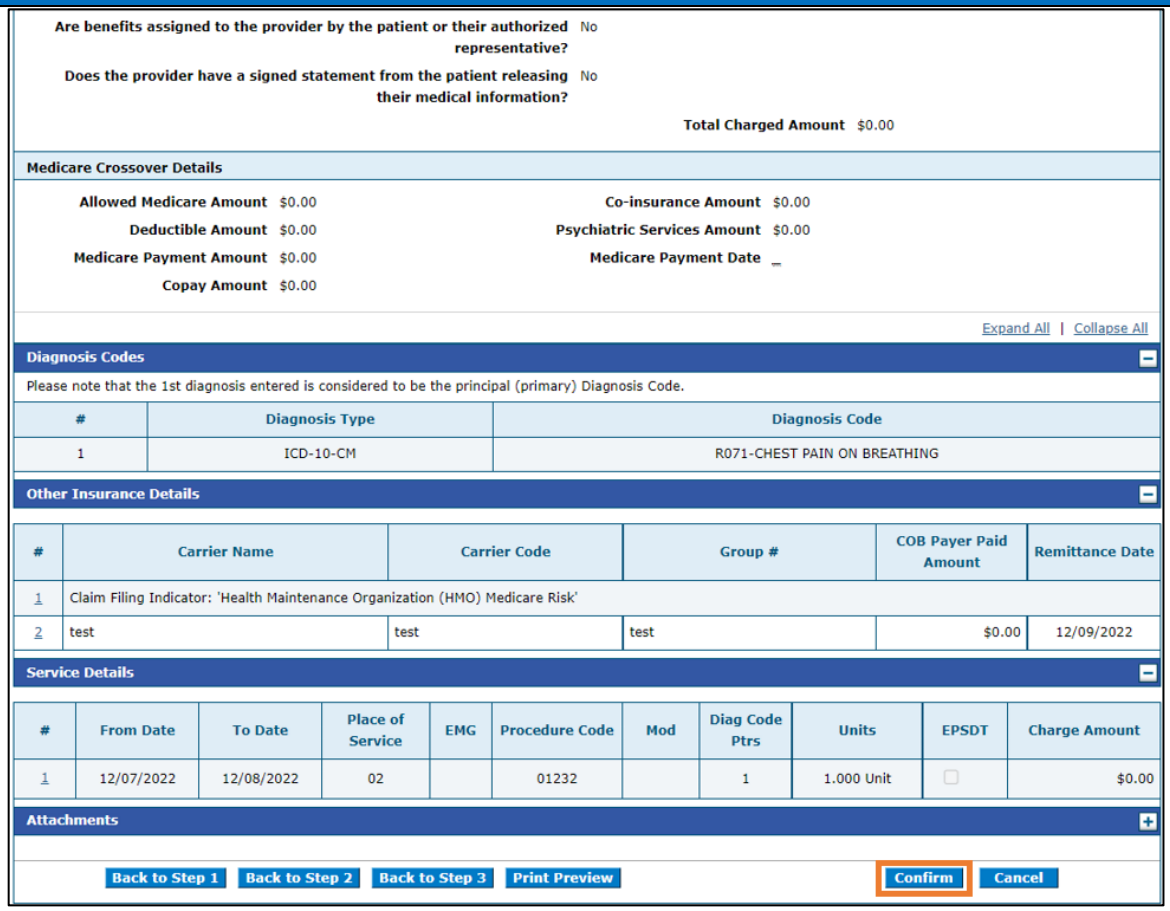
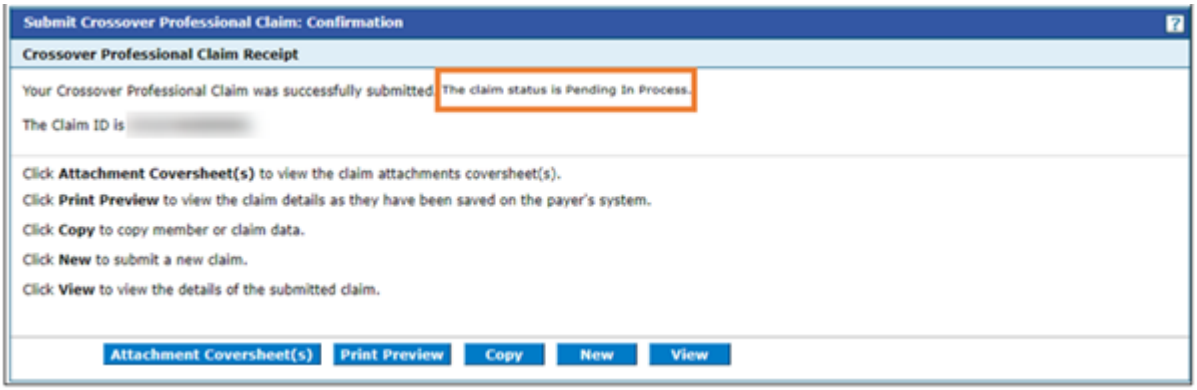
Steps	Description
	 Are benefits assigned to the provider by the patient or their authorized representative? No Does the provider have a signed statement from the patient releasing their medical information? No Total Charged Amount $0.00 **Medicare Crossover Details** Allowed Medicare Amount $0.00 — 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 25	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 [redacted] 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

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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	06/05/2025	Gainwell	Updated steps per Claims Resolution feedback

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