Job Aid

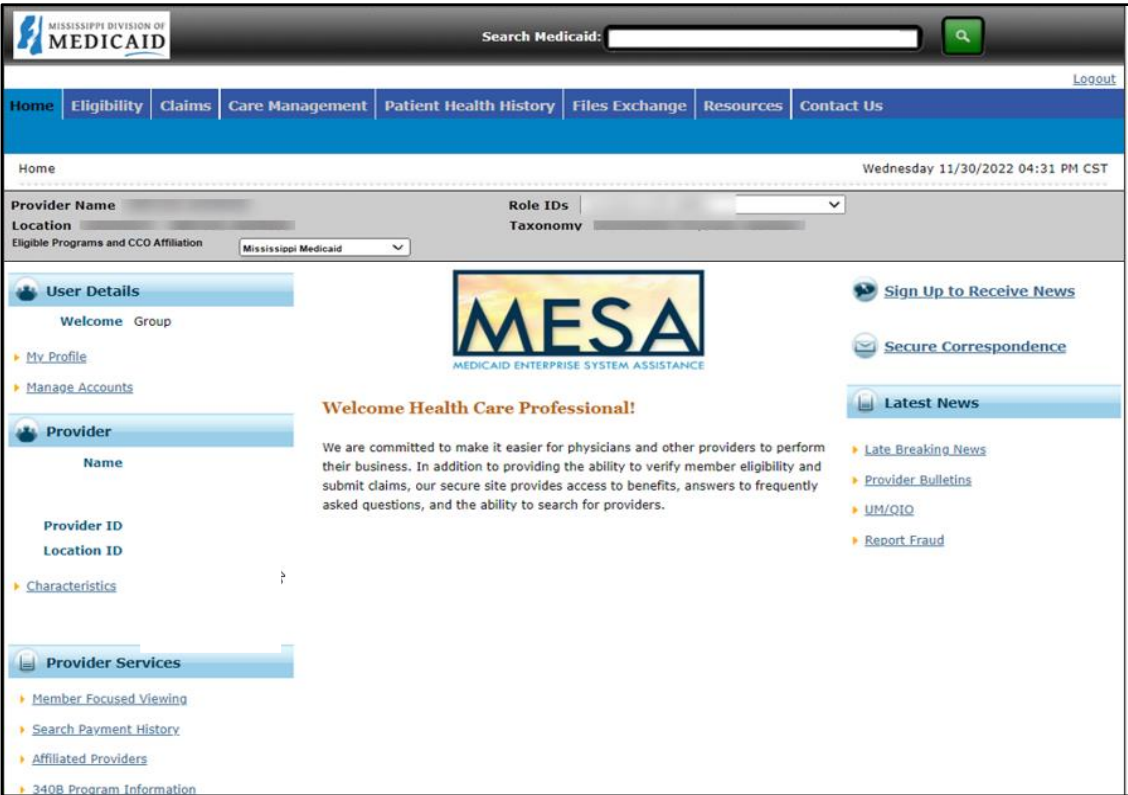# Outpatient Medicare with TPL Crossover Claim Submission

In this simulation, the user imitates a real-world process or activity. Please read the instructions thoroughly and follow all directions.
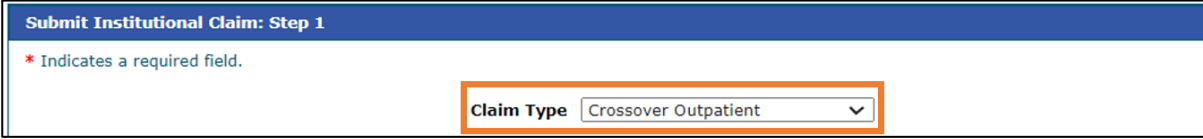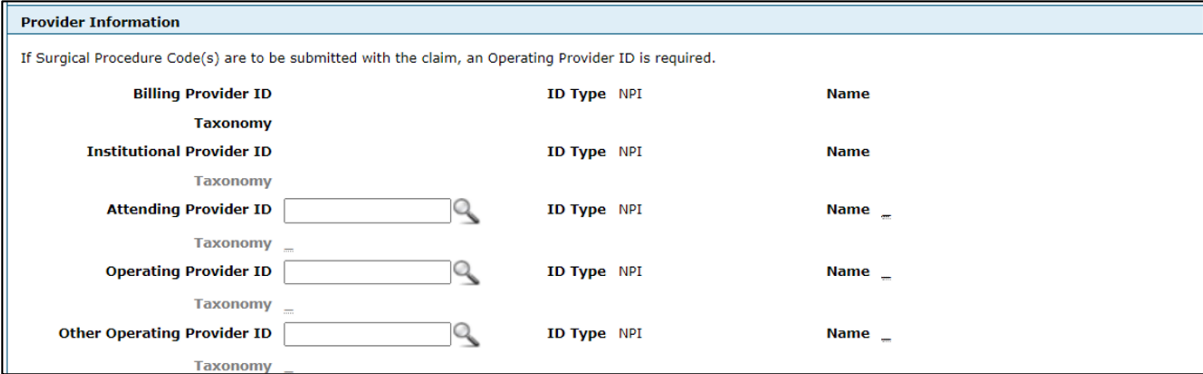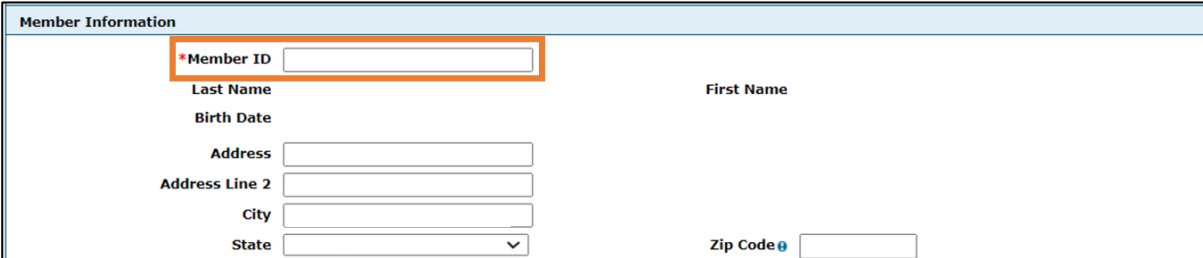
Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the termination date will be denied.

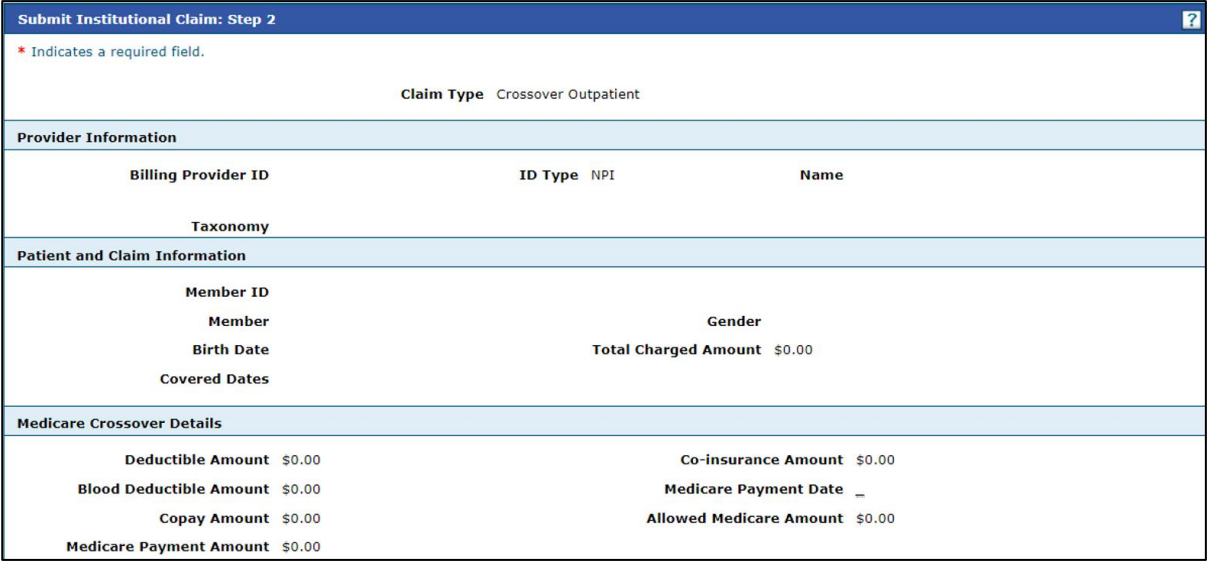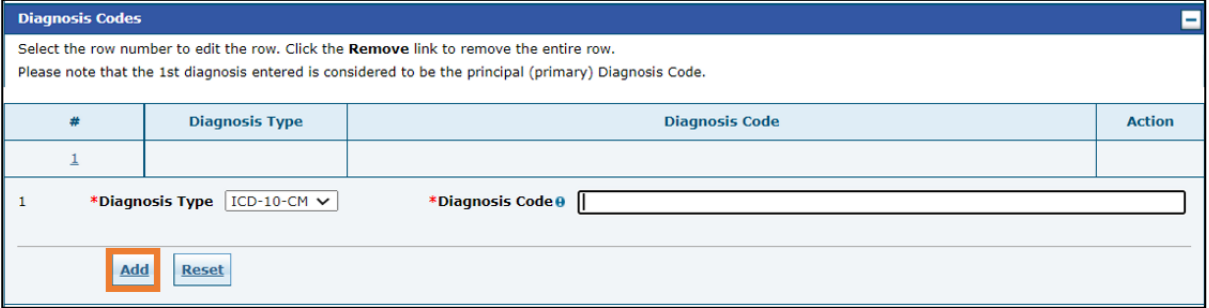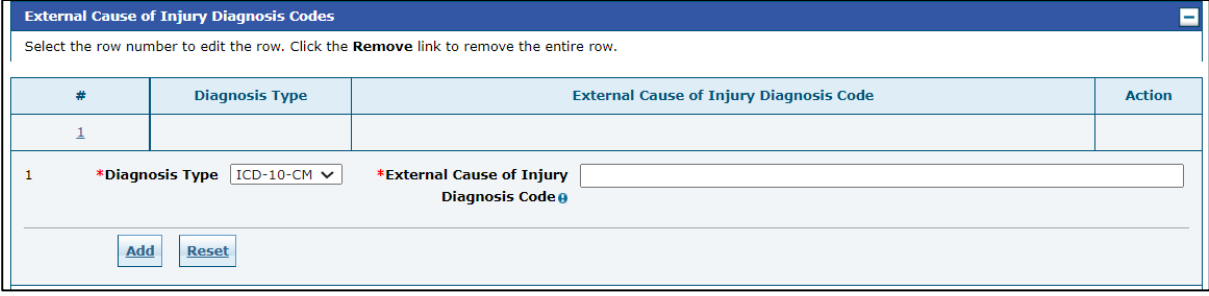**When submitting a crossover claim make sure to follow these tips:**

➢ 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.

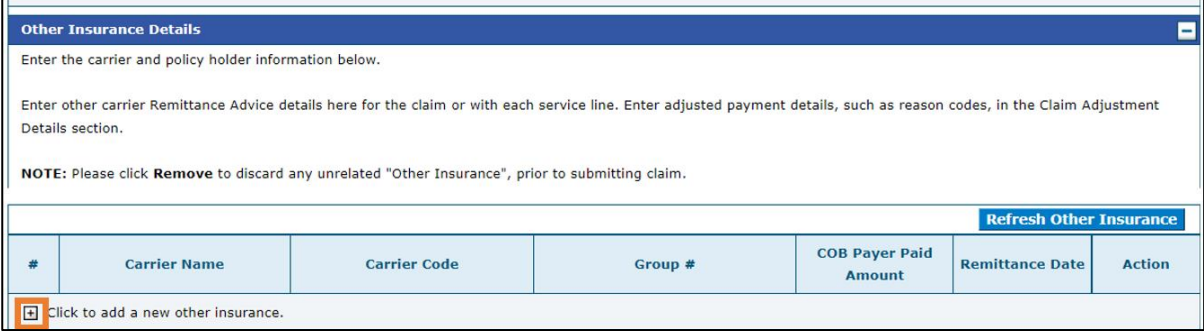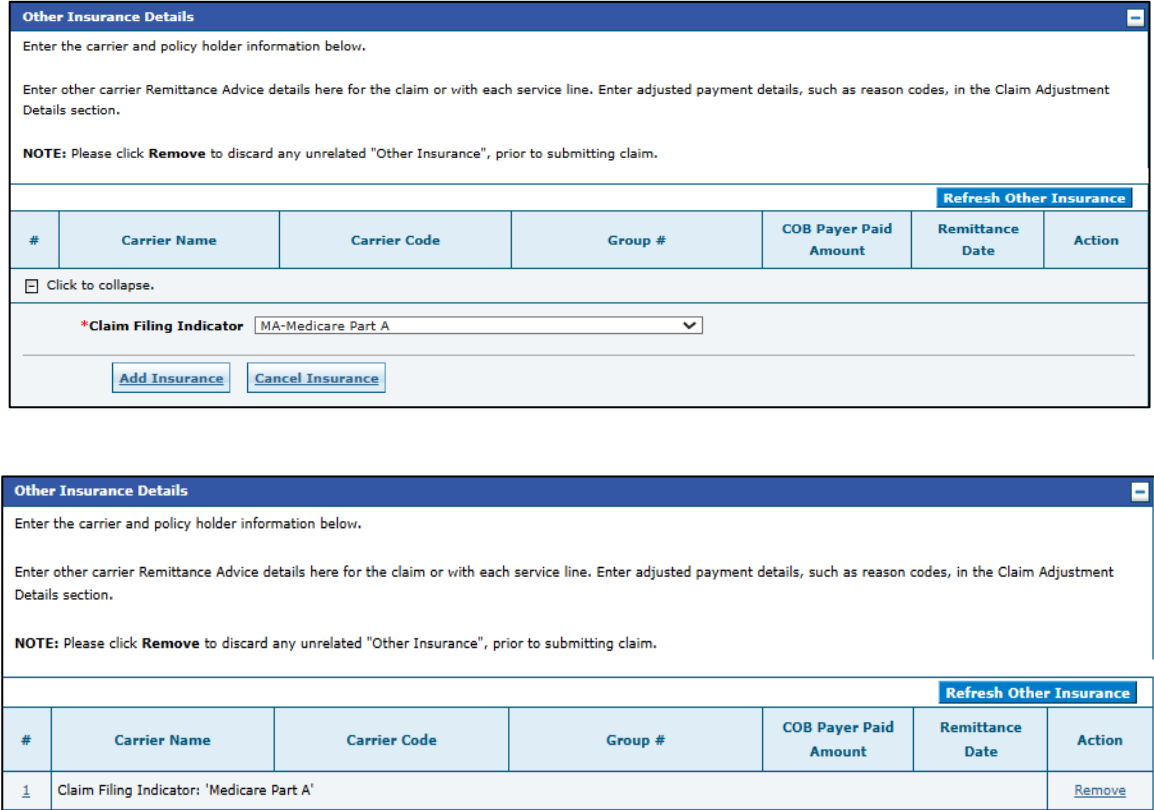➢ All the data on the EOMB must match the data entered on the portal submitted claim.

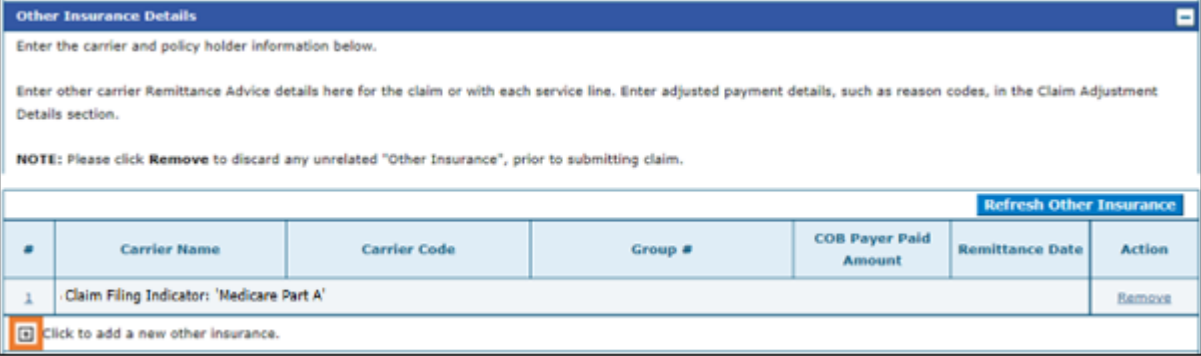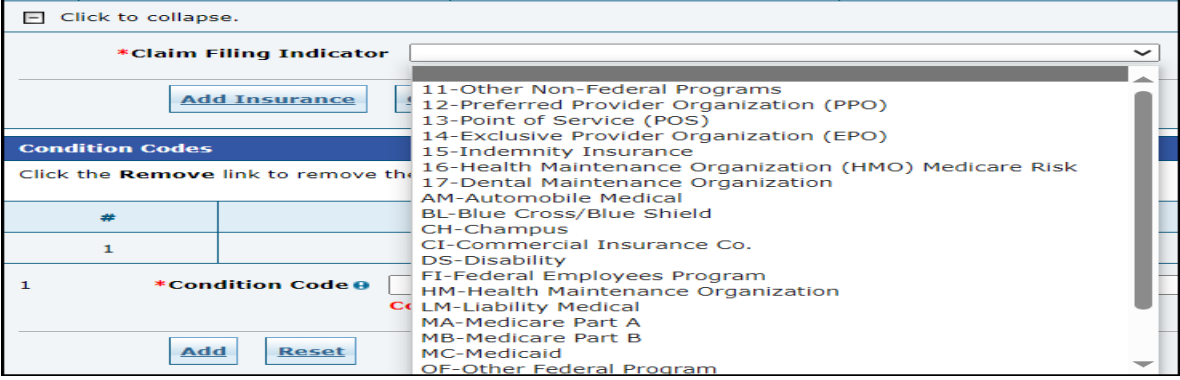## Review the steps to submit an Outpatient Crossover Claim

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 an Outpatient Crossover Claim in MESA: Hover over the **Claims** tab on the menu bar. A list of claim types displays below. • Click **Submit Claim Inst**.
Step 3	The Portal displays the "Submit Institutional Claim": Step 1 page. • Select **Claim Type** Crossover Outpatient.
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 you are submitting.
Step 5	• Complete the **Member Information** section. NOTE: Once you enter a Member ID, the system will generate the remaining fields in this section. Verify the fields populate correctly.

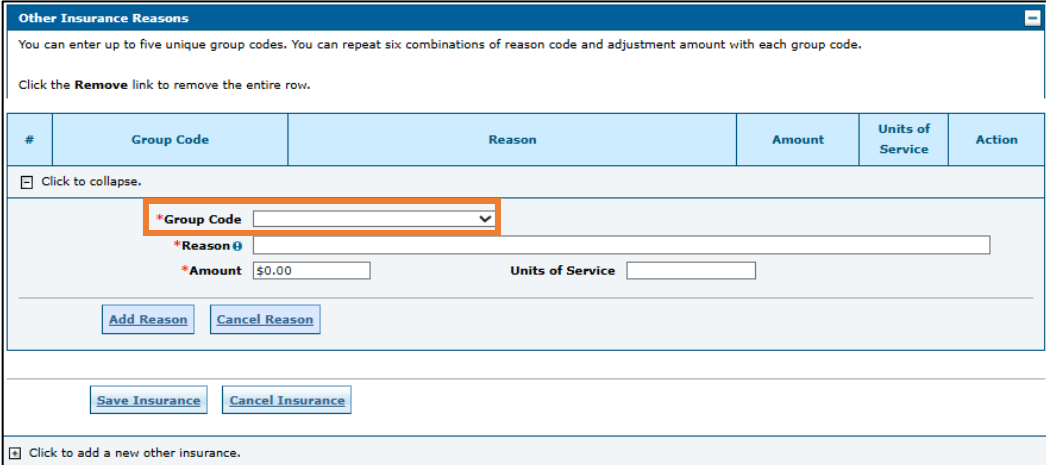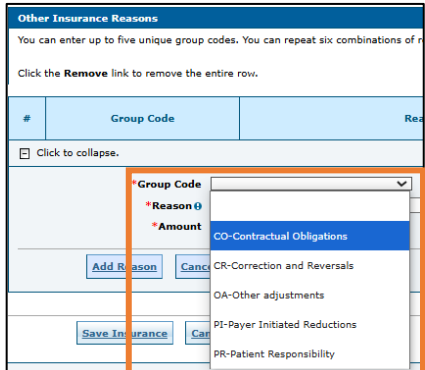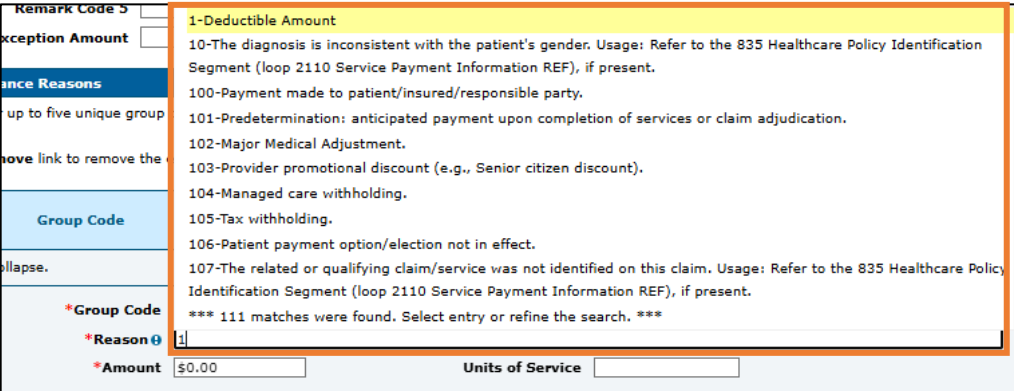| Steps	Description
Step 6	• Complete the **Claim Information** section. **NOTE**: The "**Include Other Insurance**" box is grayed out for Medicare Crossover Claim Type. Everything with a red asterisk * must be completed. **Claim Information** *Covered Dates ⓘ 10/30/2022 - 11/29/2022 Admission Date/Hour ⓘ (hh:mm) Discharge Hour ⓘ (hh:mm) Admission Type ⓘ Admission Source ⓘ Admitting Diagnosis Type ICD-10-CM ▾ Admitting Diagnosis ⓘ Patient Status ⓘ *Type of Bill ⓘ 124-Hosp Inpt-Mcr Part B Patient Number Authorization Number *Does the provider accept assignment for claim processing? ● Yes ○ No ○ Clinical Lab Services Only *Are benefits assigned to the provider by the patient or their authorized representative? ● Yes ○ No ○ N/A *Does the provider have a signed statement from the patient releasing their medical information? ● Yes ○ No Include Other Insurance ☑ Total Charged Amount $0.00
Step 7	• Review all sections on Submit Institutional Claim: Step 1 page. If all the information entered is correct click **Continue** to move onto Step 2. *Does the provider accept assignment for claim processing? ● Yes ○ No ○ Clinical Lab Services Only *Are benefits assigned to the provider by the patient or their authorized representative? ○ Yes ○ No ● N/A *Does the provider have a signed statement from the patient releasing their medical information? ● Yes ○ No Include Other Insurance ☑ Total Charged Amount $0.00 [Continue] [Cancel]

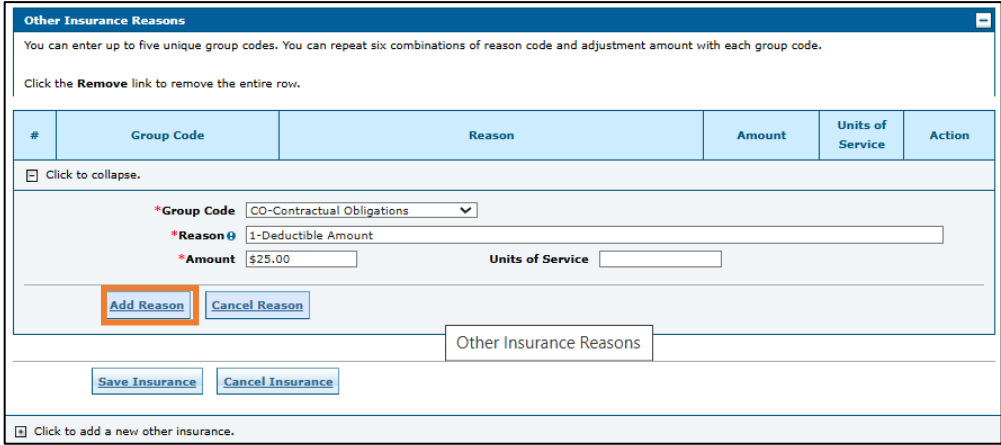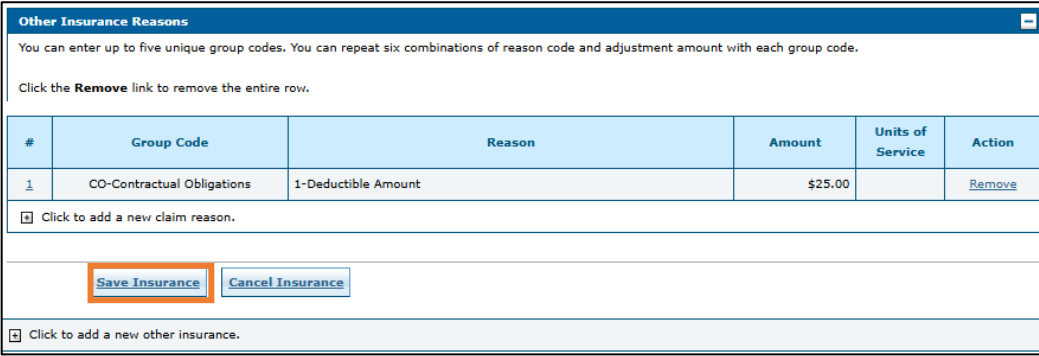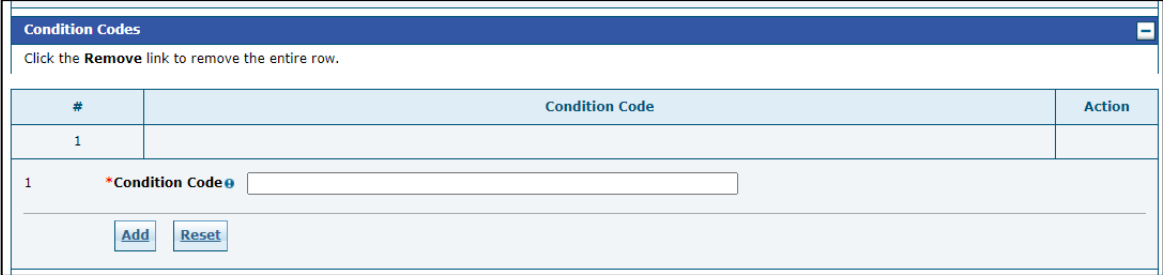| Steps	Description
Step 8	The Portal displays the "Submit Institutional Claim": Step 2 page. The previous information you entered on step 1 will display at the top of the page on step 2. • Review the previously submitted information and scroll down. **Submit Institutional Claim: Step 2** [?] * Indicates a required field. Claim Type Crossover Outpatient **Provider Information** Billing Provider ID ID Type NPI Name Taxonomy **Patient and Claim Information** Member ID Member Gender Birth Date Total Charged Amount $0.00 Covered Dates **Medicare Crossover Details** Deductible Amount $0.00 Co-insurance Amount $0.00 Blood Deductible Amount $0.00 Medicare Payment Date _ Copay Amount $0.00 Allowed Medicare Amount $0.00 Medicare Payment Amount $0.00
Step 9	• 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 must 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	• Enter the **External Cause of Injury Diagnosis Codes** if applicable and click **Add**. Everything with a **Red** asterisk * must be completed if the section is applicable to the claim. **External Cause of Injury Diagnosis Codes** [−] Select the row number to edit the row. Click the **Remove** link to remove the entire row. | #	Diagnosis Type	External Cause of Injury Diagnosis Code	Action
1				 1 *Diagnosis Type [ICD-10-CM ▾] *External Cause of Injury Diagnosis Code ⓘ [ ] [Add] [Reset]

Steps	Description
Step 11	Scroll down to the **Other Insurance Detail** panel. **NOTE**: If there is other insurance information already populated that is out of date, click 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. **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.
Step 12	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 A was selected from the **Claim Filing Indicator** dropdown. • Click **Add Insurance** to save the selection. • Other Insurance Details displays Medicare Part A on line #1. **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 MA-Medicare Part A Add Insurance Cancel 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 | | 1 | Claim Filing Indicator: 'Medicare Part A' | | | | | Remove |

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 | Remittance Date | Action | | 1 | Claim Filing Indicator: 'Medicare Part A' | | | | | Remove | ⊞ Click to add a new other insurance.
Step 14	• 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. ⊟ Click to collapse. *Claim Filing Indicator [▾] **Add Insurance** 11-Other Non-Federal Programs 12-Preferred Provider Organization (PPO) 13-Point of Service (POS) 14-Exclusive Provider Organization (EPO) 15-Indemnity Insurance 16-Health Maintenance Organization (HMO) Medicare Risk 17-Dental Maintenance Organization AM-Automobile Medical BL-Blue Cross/Blue Shield CH-Champus CI-Commercial Insurance Co. DS-Disability FI-Federal Employees Program HM-Health Maintenance Organization LM-Liability Medical MA-Medicare Part A MB-Medicare Part B MC-Medicaid OF-Other Federal Program **Condition Codes** Click the **Remove** link to remove the... | # | | | 1 | | 1 *Condition Code ⓘ [ ] **Add** **Reset** • Complete the additional other insurance fields that are required. ○ Link to Carrier Codes **Scroll down to see all other insurance details panels.**

Steps	Description

- Select the appropriate Payor Responsibility. If not known, select Unknown.

- Complete sections **Outpatient Adjudication Information** and **Inpatient Adjudication Information** if applicable.

Everything with a **Red** asterisk * must be completed if the section is applicable to the claim.

- Once all the information is entered click **Add Insurance.**

Scroll down to see all other insurance details panels.

Steps	Description

Outpatient Adjudication Information

Reimbursement Rate	Claim HCPCS Payable Amount
Remark CoMS 1	
Remark Code 2	
Remark Code 3	
Remark Code 4	
Remark Code 5	Non-payable Professional Component Amount
Claim ESRD Payment Amount	

Inpatient Adjudication Information

Lifetime Psychiatric Days	Claim DRG Amount
Remark CoMS 1	
Claim Disproportionate Share Amount	Claim MSP Pass-through Amount
Claim PPS Capital Amount	PPS-Capital FSP DRG Amount
PPS-Capital HSP DRG 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 Specific DRG Amount	Claim PPS Capital Outlier Amount
Claim Indirect Teaching Amount	Non-payable Professional Component Amount
Remark Code 2	
Remark Code 3	
Remark Code 4	
Remark Code 5	
PPS-Capital Exception Amount	

Add Insurance   Cancel Insurance

Step 15

After the other insurance 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 A'					Remove
2	test	test	test	$0.00	11/30/2022	Remove

⊞ Click to add a new other insurance.

Steps	Description
Step 16	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 the Group Code from the drop-down list. • Start typing the reason code. Select the appropriate code from the list.

Steps	Description
	• Select **Add Reason** to save the information to the reason. • Once the **Other Insurance Reasons** are added, select **Save Insurance** to move to the next section.
Step 17	• Enter the **Condition 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.

Steps	Description
Step 18	Enter the **Occurrence 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.
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.
Step 20	Enter the **Surgical Procedures** information if applicable. Everything with a **Red** asterisk * must be completed if the section is applicable to the claim. • Click **Add** to save the information. • Review all sections on Submit Institutional Claim: Step 2 page. If all the information is correct click **Continue** to move onto Step 3.

Steps	Description
Step 21	The Portal displays the "Submit Institutional Claim": Step 3 page. The previous information you entered on step 1 and step 2 displays 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.

Steps	Description

Step 22	• Fill out the required information for the **Service Details** section.
	
	    o Complete the **Medicare Crossover Details** section if applicable.
	
	    o Complete the **NDCs for Svc. #1** panel if applicable.
	
	The data entered must match the submitted EOMB or the system could deny.
	
	*Ex: EOMB shows the member has a copay of $10. The **Copay field** must have $10 entered. If $20 is entered in the **Coinsurance field** that will cause the claim to deny.*
	
	Ex: EOMB shows Medicare Payment Date of 02/01/2025 but the date entered was 03/01/2025. That will call the claim to deny.
	
	Service Details
	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 🛈 [_____] HCPCS/Proc Code 🛈 [_____] Modifiers 🛈 [___] [___] [___] [___] *From Date 🛈 [_____] 📅 To Date 🛈 [_____] 📅 *Units [_____] *Unit Type [Unit ▾] Charge Amount [_____] **Medicare Crossover Details** Deductible Amount [$0.00] Co-insurance Amount [$0.00] Blood Deductible Amount [$0.00] Medicare Payment Date 🛈 [_____] 📅 Copay Amount [$0.00] Allowed Medicare Amount $0.00 Medicare Payment Amount [$0.00] **NDCs for Svc. # 1** [Add] [Reset] **Service Details** 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 🛈 [124-ROOM AND BOARD - SEMI-PRIVATE TWO BED - P] HCPCS/Proc Code 🛈 [_____] Modifiers 🛈 [___] [___] [___] [___] *From Date 🛈 [11/30/2024] 📅 To Date 🛈 [12/30/2024] 📅 *Units [30.000] *Unit Type [Unit ▾] Charge Amount [_____] **Medicare Crossover Details** Deductible Amount [$10.00] Co-insurance Amount [$50.00] Blood Deductible Amount [$0.00] Medicare Payment Date 🛈 [03/01/2025] 📅 Copay Amount [$50.00] Allowed Medicare Amount $0.00 Medicare Payment Amount [$50.00] **NDCs for Svc. # 1** [Add] [Reset] • Once all information has been completed, click **Add**. **Note**: Repeat this step for each detail on the claim.

Steps	Description
Step 23	• Click the **hyperlink** in the **Svc #** column to view the Other Insurance Details for each detail in the service section.

Step 24	• 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 the Svc #** section displays and <mark>must</mark> be completed.
	      If the **Other Insurance Details for the Services Details** 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.

Steps	Description
	• Select **Save** to save the service detail information added to this section. • Repeat the above steps (Step 23 and 24) for each detail listed. **Service Details** 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	124-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PSYCHIATRIC		11/30/2024	12/30/2024	30.000 Unit		Remove | 1 *Revenue Code ❶ 124-ROOM AND BOARD - SEMI-PRIVATE TWO BED - P HCPCS/Proc Code ❶ Modifiers ❶ *From Date ❶ 11/30/2024 To Date ❶ 12/30/2024 *Units 30.000 *Unit Type Unit ▾ Charge Amount **Medicare Crossover Details** Deductible Amount $10.00 Co-insurance Amount $50.00 Blood Deductible Amount $0.00 Medicare Payment Date ❶ 03/01/2025 Copay Amount $50.00 Allowed Medicare Amount $160.00 Medicare Payment Amount $50.00 **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	111011			$0.00	03/01/2025	30.00	$0.00	0	Remove	 ⊞ Click to add a new other insurance. **Save** Reset Cancel
Step 25	• 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. **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 26	- Select FT-File Transfer from the **Transmission Method** dropdown. This selection effects 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. - Select **Add** to save the attachment to the claim.

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 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 |
| Step 27 | The attachments display in the Attachments section. Review the information you entered for Step 3 and click **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
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 |

Steps	Description
Step 28	The Portal takes you to the **Confirm Institutional Claim** page. • 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. **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.

| 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

Claims > Submit Claim Inst > Submit Claim Inst 2 > Submit Claim Inst 3 > Confirm Institutional Claim   Wednesday 11/30/2022 02:56 PM CST

| Provider Name | | Role IDs | |
| Location | | Taxonomy | |

Print Preview

Confirm Institutional 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 Outpatient

Provider Information

Billing Provider ID	ID Type NPI	Name
Taxonomy		
Institutional Provider ID	ID Type NPI	Name
Taxonomy		
Attending Provider ID _	ID Type _	Name _
Taxonomy _		
Operating Provider ID _	ID Type _	Name _
Taxonomy _		
Other Operating Provider ID _	ID Type _	Name _
Taxonomy _		

Member Information

Member ID	
Member	Gender
Birth Date	

Steps	Description
	Once reviewing the claims information entered has been completed, click **Confirm** to confirm the claim submission.
Step 29	The Portal returns the **Submit Crossover Outpatient Claim: Confirmation page**. **NOTE**: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.

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	12/5/2022	Gainwell	Initial publication
1.1	6/5/2023	Gainwell	Updated providers display to show CCO information based on CR1925.
1.2	12/06/2023	Gainwell	Updated portal access to inactive providers termination date based on CR 2278.
1.3	04/19/2024	Gainwell	Updated verbiage and one images in steps 6, 15, 16 and 22.
1.4	07/22/2024	Gainwell	Updated per CR 2113 removed header amounts in Step one.
1.5	08/13/2024	Gainwell	Updated the Other Insurance information for clearer instructions.
1.6	11/13/2024	Gainwell	Added tips at the beginning of the document.
1.7	06/06/2025	Gainwell	Updated steps per Claims Resolution feedback