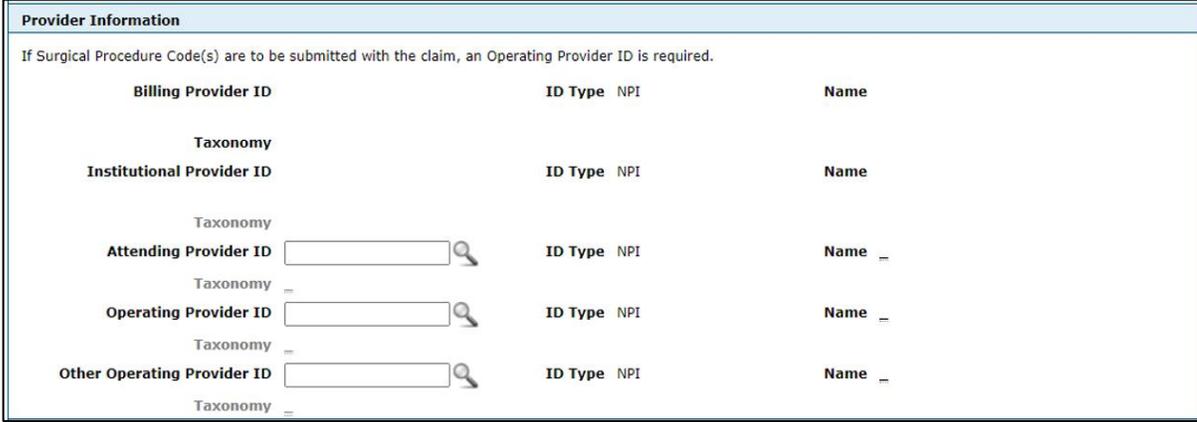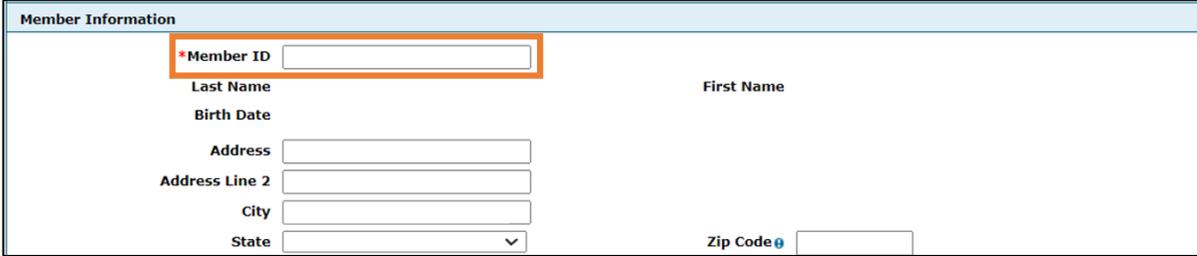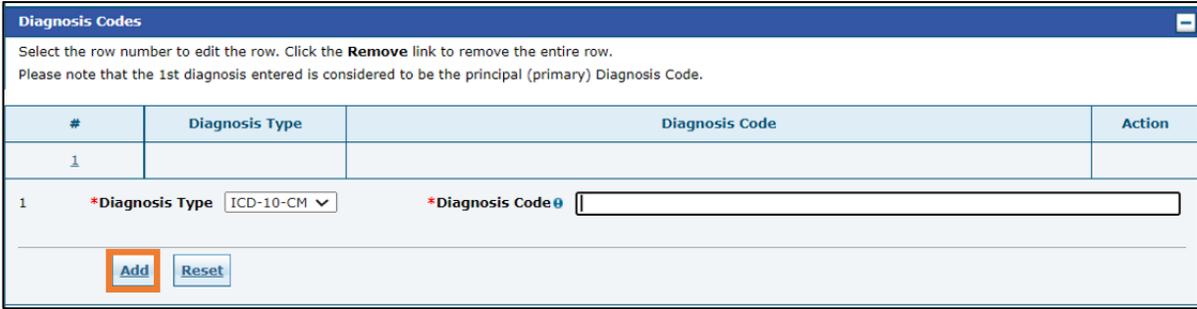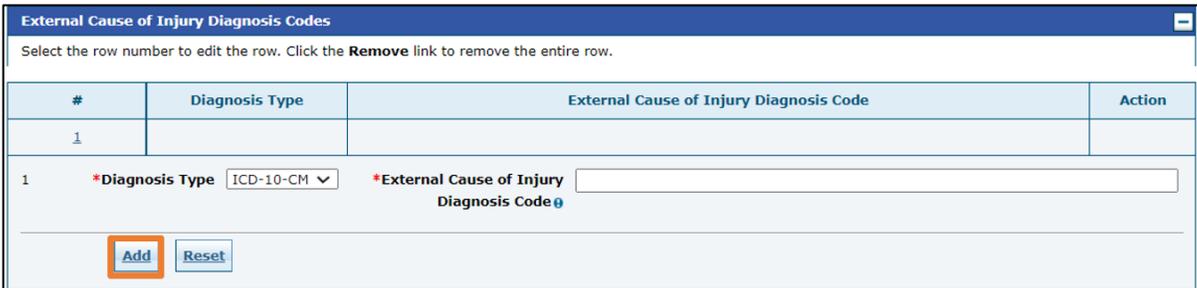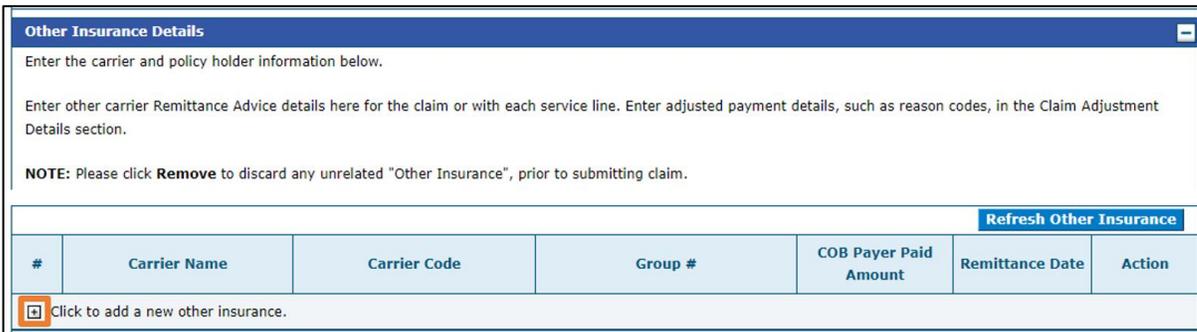# Job Aid

Inpatient Crossover Claim Submission

In this simulation, the user imitates a real-world process or activity. Please read the instructions thoroughly and follow all directions.

Review the Steps to Submit an Inpatient Crossover Claim

Steps	Description
Step 1	Login to the Portal. The **Portal Home** screen Displays.
Step 2	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. Click **Submit Claim Inst**.
Step 3	The Portal displays the "Submit Institutional Claim": Step 1 page.

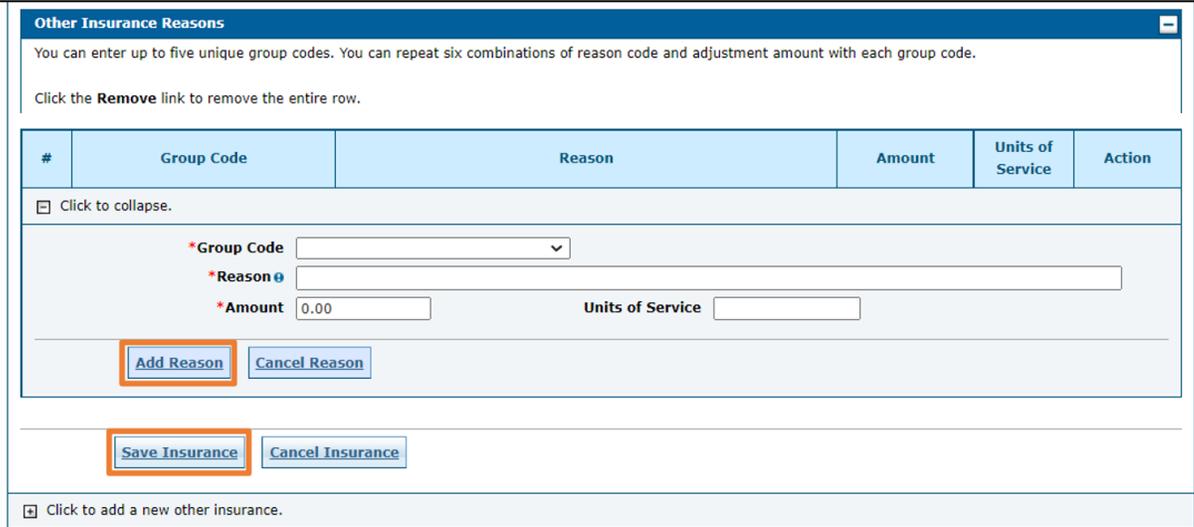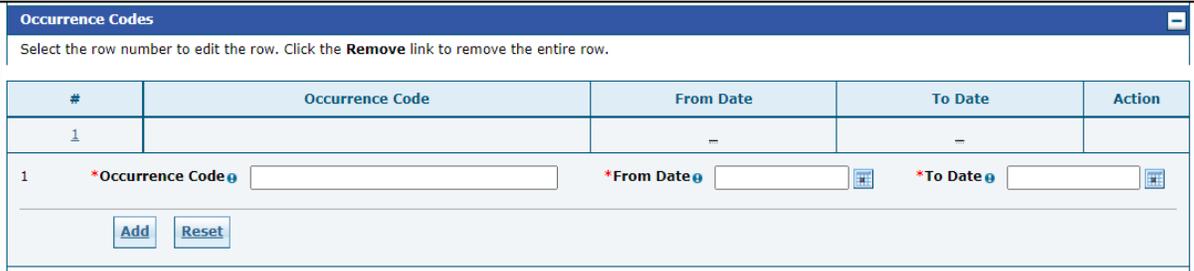| Steps	Description
	• Select **Claim Type** Crossover Inpatient. **Submit Institutional Claim: Step 1** * Indicates a required field. **Claim Type** Crossover Inpatient
Step 4	• Complete the **Provider Information** section. NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim the user is submitting. **Provider Information** If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required. Billing Provider ID ID Type NPI Name Taxonomy Institutional Provider ID ID Type NPI Name Taxonomy Attending Provider ID ID Type NPI Name Taxonomy Operating Provider ID ID Type NPI Name Taxonomy Other Operating Provider ID ID Type NPI Name Taxonomy
Step 5	• Complete the **Member Information** section. NOTE: Once the user enters a Member ID, the system generates the remaining fields in this section. Verify the fields populate correctly. **Member Information** *Member ID Last Name First Name Birth Date Address Address Line 2 City State Zip Code
Step 6	• Complete the **Claim Information** section. NOTE: The "**Include Other Insurance"** check box is selected based on the Claim Type selected. NOTE: Everything with a red asterisk * must be completed.

Steps	Description
	Claim Information *Covered Dates: 12/05/2022 - 12/06/2022 *Admission Date/Hour: 12/05/2022 - 05:48 (hh:mm) Discharge Hour: 10:27 (hh:mm) Admission Type: [blank] Admission Source: [blank] *Admitting Diagnosis Type: ICD-10-CM *Admitting Diagnosis: R071-CHEST PAIN ON BREATHING Patient Status: 01-DISCHARGED TO HOME OR SE *Type of Bill: 111-Hosp Inpt-Incl Mcr A Patient Number: [blank] Authorization Number: [blank] *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	• 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. **Medicare Crossover Details** Deductible Amount: 1,000.00 Co-insurance Amount: 0.00 Blood Deductible Amount: 0.00 *Medicare Payment Date: 12/09/2022 Copay Amount: 0.00 Allowed Medicare Amount: $0.00 Medicare Payment Amount: 150.00 **Continue** **Cancel**
Step 8	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. • Review the previously submitted information and scroll down. **Submit Institutional Claim: Step 2** * Indicates a required field. Claim Type Crossover Inpatient **Provider Information** Billing Provider ID ID Type NPI Name Taxonomy **Patient and Claim Information** Member ID Member Gender Birth Date Total Charged Amount Covered Dates Admission Date/Hour Admitting Diagnosis Type Admitting Diagnosis **Medicare Crossover Details** Deductible Amount $1,000.00 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
Step 9	• Enter the **Diagnosis Code** then click **Add**.

Steps	Description
	NOTE: Everything with a red asterisk * needs to be filled out and 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 ❶ [ ] **Add** **Reset**
Step 10	• Enter the **External Cause of Injury Diagnosis Codes** if applicable and click **Add**. NOTE: 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 ❶ [ ] **Add** **Reset**
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. • Click the **Plus Sign** to add any other 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.
Step 12	The required fields to be completed for the Other Insurance Details section depend on the selection in the **Claim Filing Indicator** dropdown. Select **16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B)** for the Claim Filing Indicator and the additional fields will not be displayed. Anything selected other than 16, MA, or MB will require additional fields to complete the Other Insurance Details section. • Select MB-Medicare Part B from the **Claim Filing Indicator** dropdown. • Click **Add Insurance**.

Steps	Description
Step 13	Other Insurance displays on line #1 for Medicare Part B. • Click the **plus sign** to add another Other Insurance.
Step 14	• Select LM-Liability Medical for the **Claim Filing Indicator**. The additional fields display once the selection is made. • Complete the additional other insurance fields that are required. o Link to Carrier Codes • Complete sections Outpatient Adjudication Information and Inpatient Adjudication Information if applicable. • Once all the information is entered click **Add Insurance**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.

Steps	Description

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

Click to collapse.

*Claim Filing Indicator LM-Liability Medical

*Carrier Name ___   *Carrier Code ___

*Subscriber Last Name ___   *First Name ___

Subscriber Address ___
___

City ___   State ___

Zip Code 🛈 ___   Country ___

*Subscriber ID ___

*Group # ___

Group Name ___

*Payer Responsibility ___   *Relationship to Subscriber ___

*COB Payer Paid Amount 0.00   *Remittance Date 🛈 ___

Remaining Patient Liability ___

*Release of Information ___

Assignment of Benefits ___

Steps	Description
Step 15	• After the other insurance has been added, click the number **2 hyperlink** to proceed to view the other insurance sub-panel. NOTE: Users can only view the Other Insurance Reasons sub-panel if the Claim Filing Indicator is anything other than 16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B). The user **MUST** click on the number hyperlink after adding insurance to view it.
Step 16	Scroll down to the **Other Insurance Reason** section.

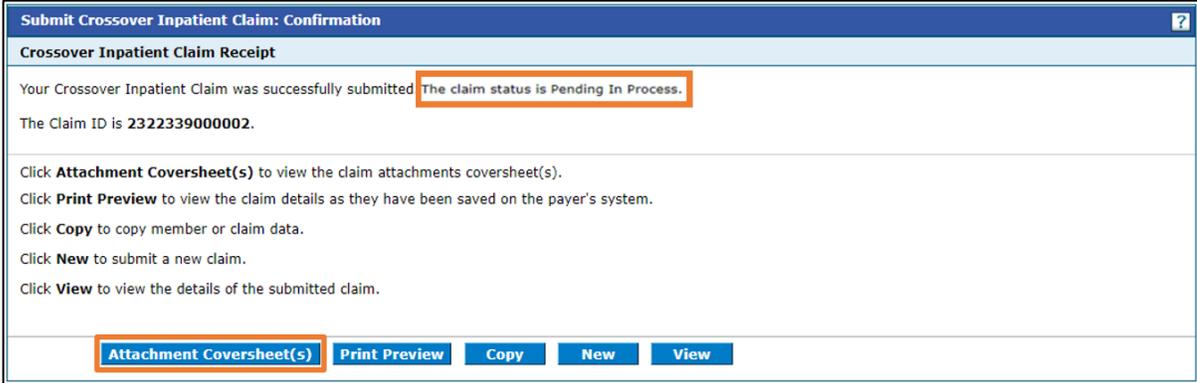| Steps	Description
	Fill out the Other Insurance Reasons section and click **Add Reason**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. Once the Other Insurance Reasons are added click **Save Insurance** and move on to the next section. **Other 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 | ☐ Click to collapse. *Group Code [▼] *Reason ⓘ [ ] *Amount [0.00] Units of Service [ ] [Add Reason] [Cancel Reason] [Save Insurance] [Cancel Insurance] ⊞ Click to add a new other insurance.
Step 17	• Enter the **Condition Codes** information if applicable then click **Add**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. **Condition Codes** Click the **Remove** link to remove the entire row. 	#	Condition Code	Action
1			 1 *Condition Code ⓘ [ ] [Add] [Reset]
Step 18	• Enter the **Occurrence Codes** information if applicable then click **Add**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. **Occurrence Codes** Select the row number to edit the row. Click the **Remove** link to remove the entire row. 	#	Occurrence Code	From Date	To Date	Action
1		--	--		 1 *Occurrence Code ⓘ [ ] *From Date ⓘ [ ] 📅 *To Date ⓘ [ ] 📅 [Add] [Reset]
Step 19	• Enter the **Value Codes** information if applicable then click **Add**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.

Steps	Description
	Value Codes ▬ Select the row number to edit the row. Click the **Remove** link to remove the entire row. | #	Value Code	Amount	Action | |---|---|---|---| | 1 | | | | 1 *Value Code ❶ [_____] *Amount [_____] [Add] [Reset]
Step 20	• Enter the **Surgical Procedures** information if applicable then click **Add**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. • 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 ❶ [_____] *Date ❶ [_____] 📅 [Add] [Reset] [Back to Step 1] [Continue] [Cancel]
Step 21	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.

Steps	Description

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

Member Gender

Birth Date Total Charged Amount

Covered Dates Admission Date/Hour

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

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	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 B'				
2	test	test	test	$0.00	12/05/2022

Step 22	• Fill out the required information for the **Service Details** section. • Once all information has been completed, click **Add**.

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 ℹ HCPCS/Proc Code ℹ

Modifiers ℹ

*From Date ℹ To Date ℹ *Units *Unit Type Unit ⌄

Charge Amount

Add   Reset

Step 23	• Click the **plus sign** in the Attachments section to attach a copy of the EOMB. NOTE: You are required to submit the Explanation of Medicare Benefits (EOMB) with all Medicare Crossover claims.

Steps	Description
	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
Step 24	• Select FT-File Transfer or NotSpecified-Not Specified from the **Transmission Method** dropdown. This selection affects the fields that display. • Complete the additional required fields for this section and click **Add**. NOTE: 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 If the user selects NotSpecified-Not Specified for the Transmission Method, add an Attachment Control Number (ACN) in the Control # field. NOTE: Users must create a unique Attachment Control Number (ACN) for each claim if they select NotSpecified-Not Specified as the Transmission Method. In addition, a Claim Attachment Form must accompany each EOMB and must identify the Provider NPI and ACN as it was entered in the Attachments section. **The Claim Attachment Form is located at: Forms - Mississippi Division of Medicaid**. **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 NotSpecified-Not Specified *Control # *Attachment Type Description Add Cancel Back to Step 1 Back to Step 2 Submit Cancel
Step 25	The attachments display in the Attachments section.

Steps	Description
	Review the information 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	NotSpecified-Not Specified	_	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 26	The Portal takes the user 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. 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. • Once reviewing the claims information entered has been completed, click Confirm to confirm the claim submission. **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 Inpatient **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 Address Address Line 2 City State Zip Code

Steps	Description

Claim Information

Covered Dates	12/05/2022 - 12/06/2022	Admission Date/Hour	12/05/2022 - 05:48
Admission Type	_	Admission Source	_
Admitting Diagnosis Type	ICD-10-CM	Discharge Hour	10:27
Admitting Diagnosis	R071-CHEST PAIN ON BREATHING	Type of Bill	111-Hosp Inpt-Incl Mcr A
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 [−]

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date
1	Claim Filing Indicator: 'Medicare Part B'				
2	test	test	test	$0.00	12/05/2022

Service Details [−]

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC			12/05/2022	12/05/2022	4.000 Unit	$0.00

Attachments [−]

#	Transmission Method	File	Control #	Attachment Type
1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221205152949448452	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
2	NotSpecified-Not Specified	_	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)

No External Cause of Injury Diagnosis Codes exist for this claim

No Patient Reason for Visit Diagnosis Codes exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

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

Step 29	The Portal returns the **Submit Crossover Inpatient Claim: Confirmation page**.

Steps	Description
	NOTE: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.
	NOTE: If the claim has an attachment with a not-specified transmission method then the Confirmation page has an Attachments Coversheet(s) button for the cover page.
	NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.

Submit Crossover Inpatient Claim: Confirmation

Crossover Inpatient Claim Receipt

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

The Claim ID is **2322339000002**.

Click **Attachment Coversheet(s)** to view the claim attachments coversheet(s).

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **New** to submit a new claim.

Click **View** to view the details of the submitted claim.

Attachment Coversheet(s)   **Print Preview**   **Copy**   **New**   **View**

Change History

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

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	12/12/2022	Gainwell	Initial publication