Outpatient Institutional Crossover Claims

1. Go to the portal landing page and log in using your **User ID** and **password**. If you do not have a User ID and password, click **Register Now** or see the JOB+AID "**Registering on the Portal**."

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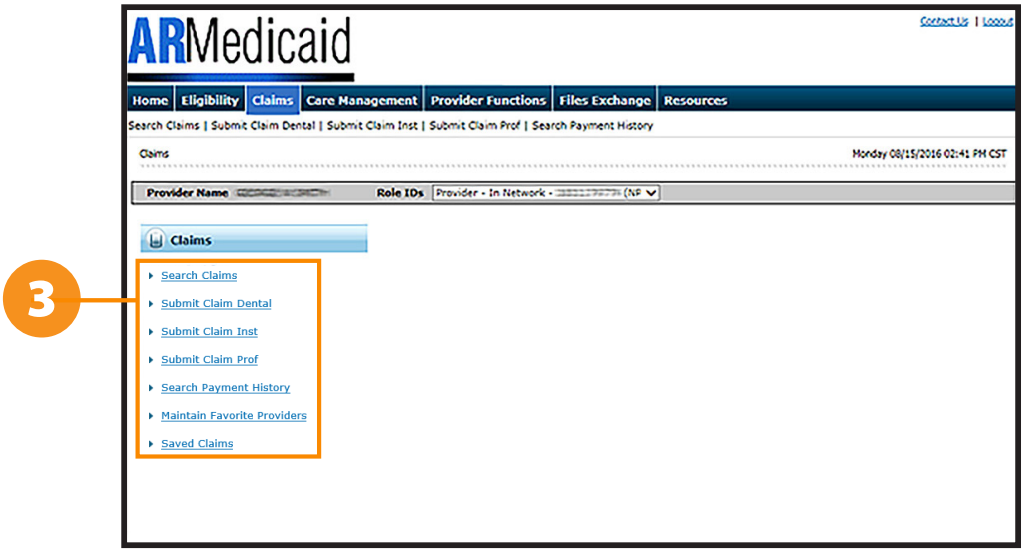
2. From the "Welcome Health Care Professional" Home page, select the Claims tab.



3. Select the type of claim form the data will be entered for: **Submit Claim Inst**

   You can also click **Search Claims** to search through claims you have previously submitted, or **Search Payment History** to search through your submitted claims that have already been paid.

   NOTE: To find a claim that was previously entered, use the ICN or use the Member ID and DOS options.

   Maintain Favorite Providers: The providers on this list will be available for selection as the Facility or Servicing provider when you are creating a claim. Up to 20 providers can be stored on your favorites list.

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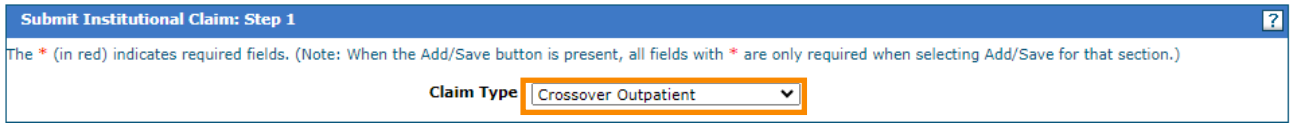
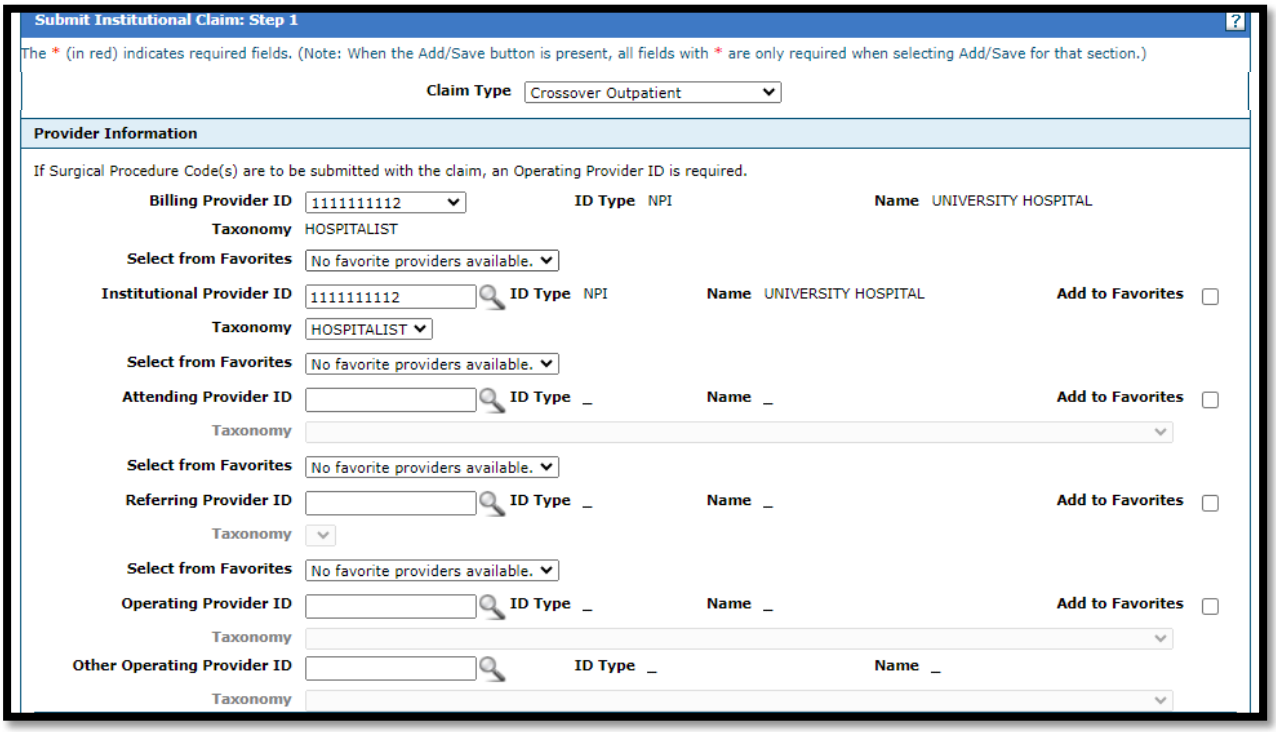
Step 1

4. From the "Claim Type" drop down box, choose "Crossover Outpatient."





4a. After selecting your claim type, enter the following information for **Step 1** as shown on the **Submit Institutional Claim: Step 1** screen.

- **Provider Information** (enter all applicable information): **Institutional Provider ID, Attending Provider ID, Referring Provider ID, Operating Provider ID, Other Operating Provider ID.**
- Note: If there are multiple nine-digit provider IDs associated with the NPI, click the magnifying glass to select the correct one.

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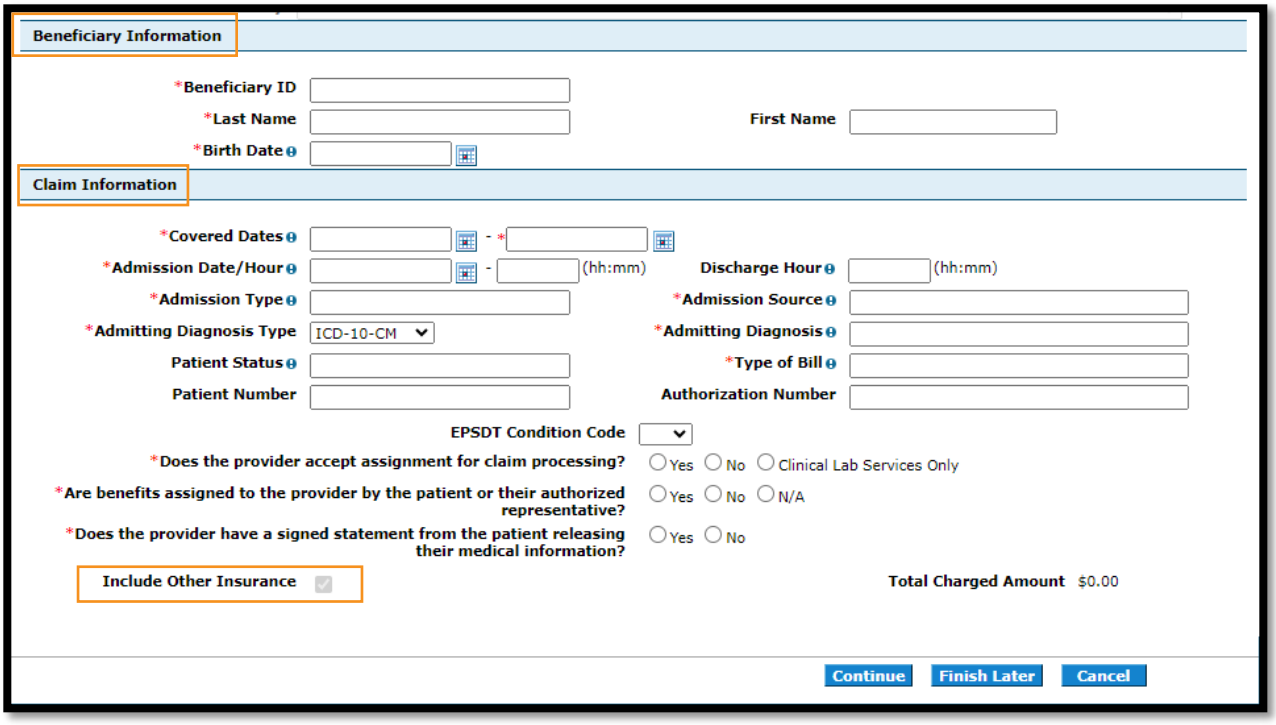

4b.
- **Beneficiary Information**: Beneficiary ID, Last Name, First Name, Birth Date
- **Claim Information** (enter **all applicable information available**): Covered Dates, Admission Date/Hour, Discharge Hour, Admission Type, Admission Source, Admitting Diagnosis Type, Admitting Diagnosis, Patient Status, Type of Bill, Patient Number, Authorization Number, four "yes/no" questions

Note: The other insurance box is grayed out purposely as Medicare crossover information must be entered on step 2 of the claim. Click Continue to complete this step.

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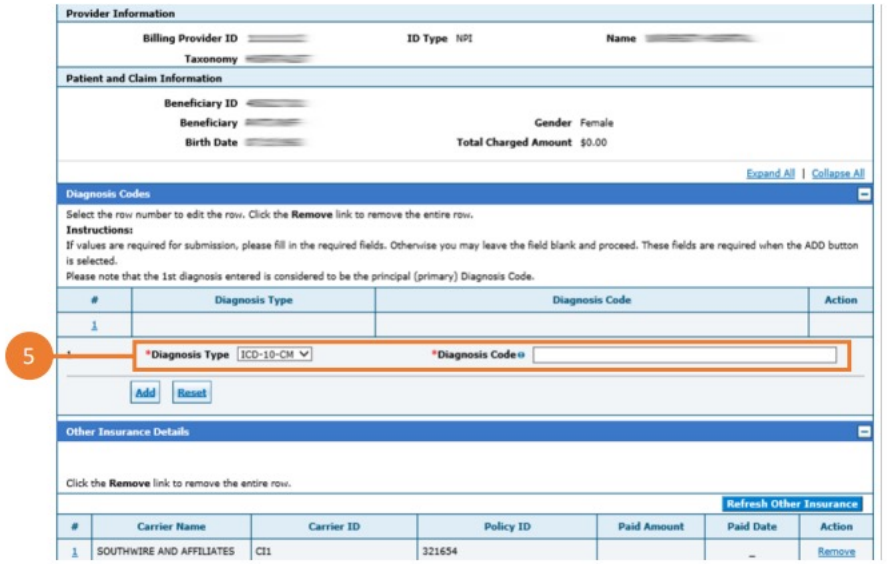
Step 2



5. Continue filling out claim information for **Step 2** as shown on the **Submit a Claim** screen (information at the top of the screen will auto-populate based on what you entered in Step 1):
   - **Diagnosis Codes**: Select **Diagnosis Type** (required) and enter a **Diagnosis Code** (required).
   - Once the Diagnosis fields have been populated, click **Add**. Click **Reset** to remove diagnosis codes and start over.

6. On the Other Insurance Details panel, Click to add a new other insurance.
   a. The following information is required to add the Carrier ID and other insurance details.
      i. Carrier Name
      ii. Carrier ID
      Note: You can click the link to access the Carrier ID Codes.
      iii. Policy Holder is: Person or Organization
      iv. Policy Holder Last Name
      v. First Name
      vi. Policy Holder ID
      vii. Policy ID

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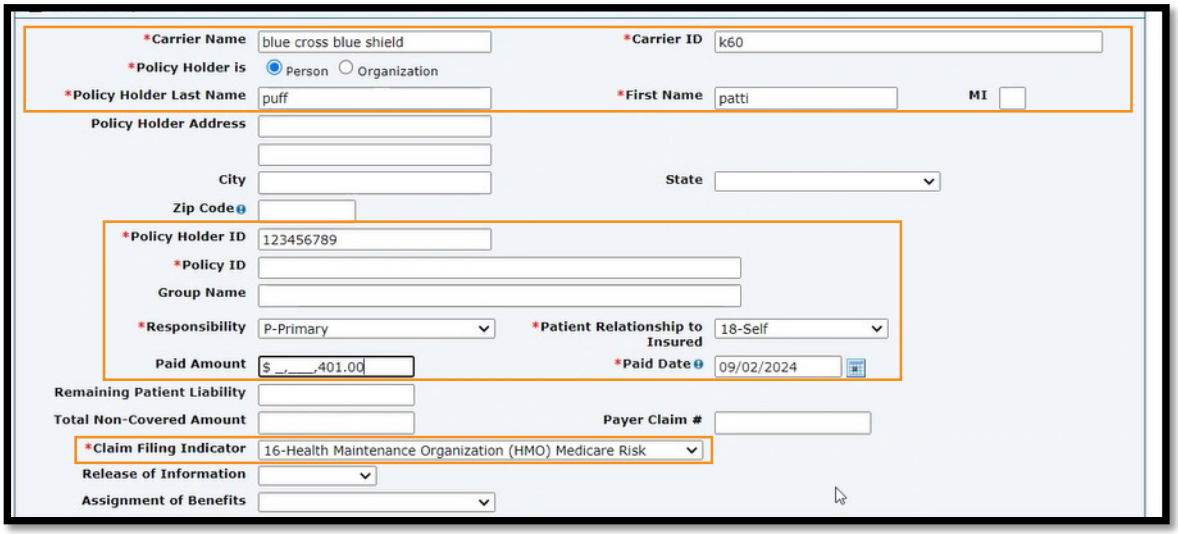
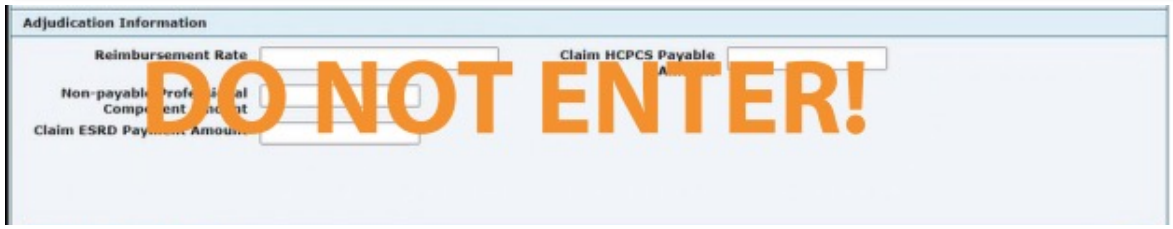
viii. Responsibility
ix. Patient Relationship to Insured
x. Paid Amount
xi. Paid Date
xii. Claim Filing Indicator
    1. Claim Filing Indicator 16 is for Part C Medicare Advantage
    2. Claim Filing Indicator MA is for Medicare Part A
    3. MB is for Medicare Part B.
xiii. NOTE: Do NOT enter "Remaining Patient Liability"
xiv. **Omit** the "Adjudication Information" panel

b. Once complete, click Add Insurance under the claim adjustment details panel.





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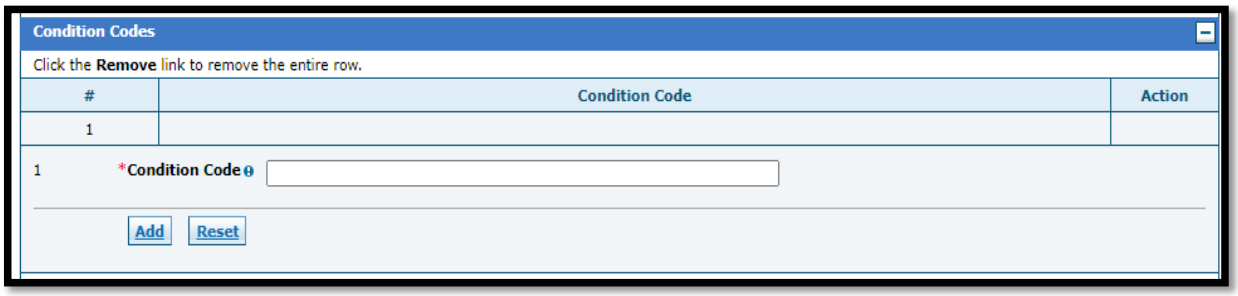
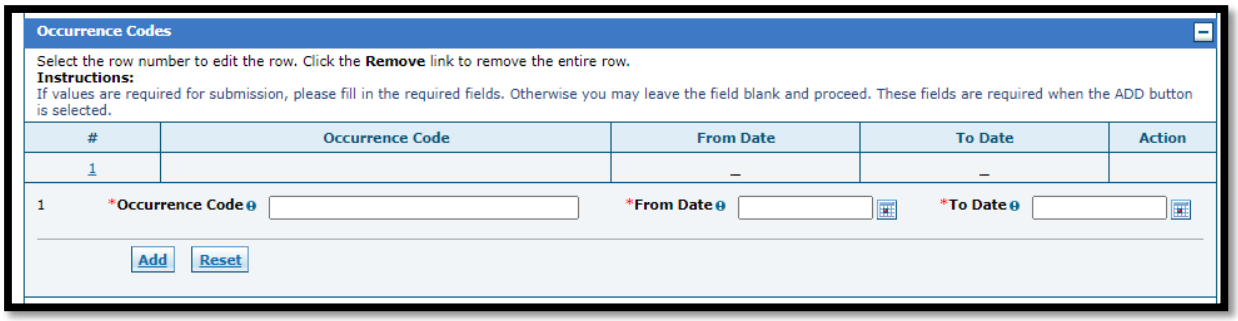
7. **DO NOT** enter any information in the Adjudication Information and Claim Adjustment Details Panel.
8. **Condition Codes**: Enter the condition code(s). Once populated, click **Add.**



9. **Occurence Codes**: **If applicable**, enter the Occurrence Codes. After entering, click "Add" to include the Occurrence Code in the claim.



10. **Value Codes**: **If applicable**, enter the Value Codes. After entering, click "Add" to include the Value Codes in the claim.
11. Click Continue.

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Step 3

12. Continue filling out claim information for Step 3 as shown on the Submit Institutional Claim screen (information at the top of the screen will auto-populate based on what you entered in steps 1 and 2). NOTE: Not all fields are required; complete only those that are applicable:
    - **Service Details**: Use this screen to add, edit, or remove services rendered to the beneficiary. To edit information previously entered, click on the numbered link appearing in the Svc # column. To remove information previously entered, click Remove in the Action column.
    - To add a detail, populate any data that applies for the following fields: Revenue Code, HCPCS/Proc Code, Modifiers, From Date, To Date, Units, Unit Type, Charge Amount. Do **NOT** enter any information in the "Other Insurance for Service Detail" panel or the "Claims Adjustment Details" panel.
    - Note: To remove data populated for a detail, but not yet added, click Reset.
13. Add the following required information on the Other Insurance for Service Detail panel. Please note, this panel is required for EACH DETAIL of the claim.
    - Other Carrier
        - » Select the Carrier information provided in Step 2 from the drop-down menu.
    - Procedure Code (if applicable)
        - » This should match the procedure code that was entered on the Service Detail line.
    - Modifiers (if applicable)
        - » This should match modifier that was entered on the Service Detail line.
    - Other Insurance Paid Amount
        - » Enter the precise amount paid by the Medicare plan for the specific procedure code, as indicated on the Medicare Explanation of Benefits (EOB).
    - Paid Date
        - » Enter the exact date as shown on the Medicare Explanation of Benefits (EOB).
    - Paid Units
        - » Enter the exact number of units as shown on the Medicare Explanation of Benefits (EOB).
    - NOTE: Do NOT enter "Remaining Patient Liability".
    - Revenue Code
        - » This should match the revenue code that was entered on the Service Detail line.
        - » Under the Claim Adjustment Details, click

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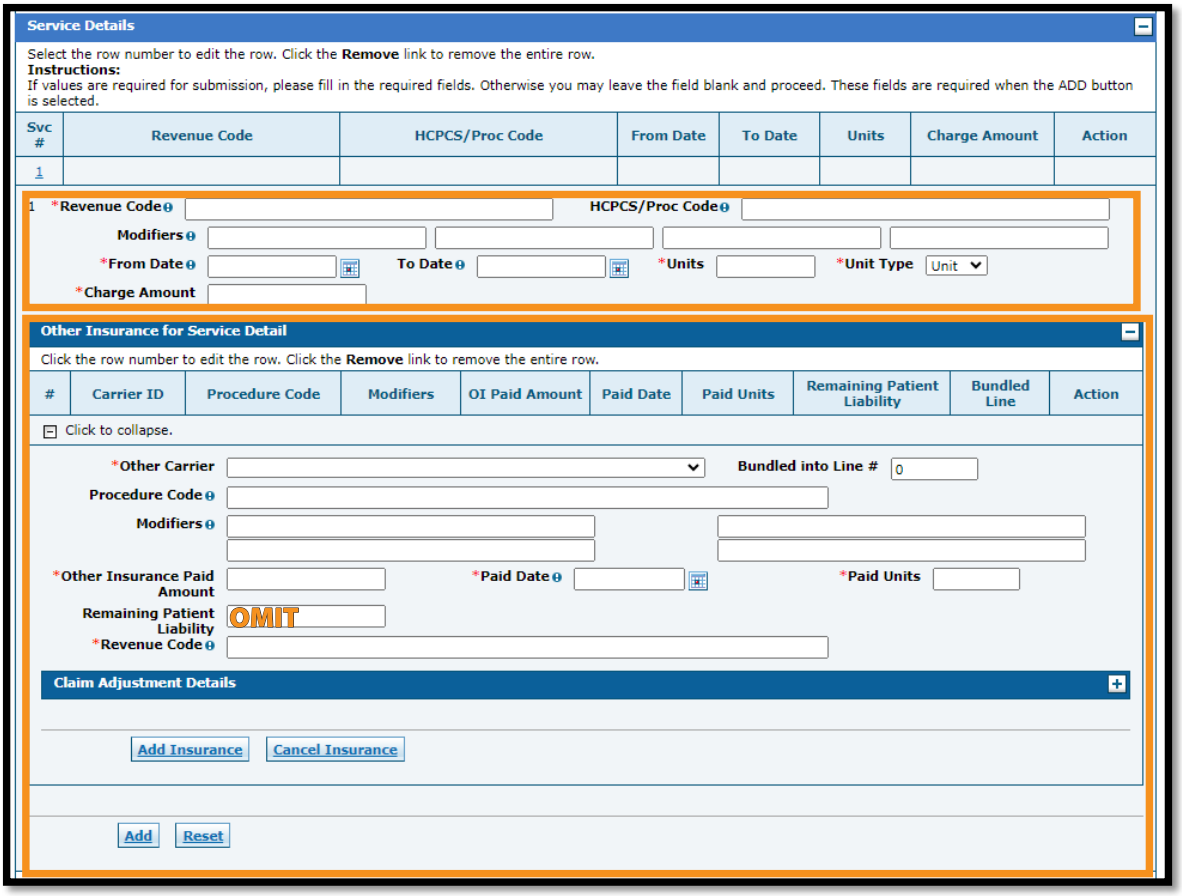

14. The Claim Adjustment Details panel will populate. Please ensure the Claim Adjustment Group Code and Reason Code are entered for each procedure code listed on the Medicare EOB. All monetary totals, claim adjustment group codes, and reason codes must exactly match the information on the Medicare EOB.

    Enter the following required information:

    a. Claim Adjustment Group Code
    Please choose from the following options:

    - **CO-Contractual Obligations**
      This is a code that assigns financial responsibility for an unpaid portion(s) of a claim balance to a provider.
    - **CR – Correction and Reversals**
      This code is used to indicate a change to a previously adjudicated claim.
    - **OA – Other adjustments**
      This code is used indicate "Other Adjustments." It is used when no other group code applies to the adjustments.

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- **PI – Payer Initiated Reductions**
  This code is used when a payer believes an adjustment is not the patient's responsibility. This code is used when there is no supporting contract between the payer and the provider.
- **PR – Patient Responsibility**
  This is used for patient responsibility such as but **not limited to** the following:
  1. 1- Deductibles
  2. 2 - Coinsurance
  3. 3 - Co-Payment
  4. 66 – Blood Deductible
  5. 122 – Psychiatric Reduction

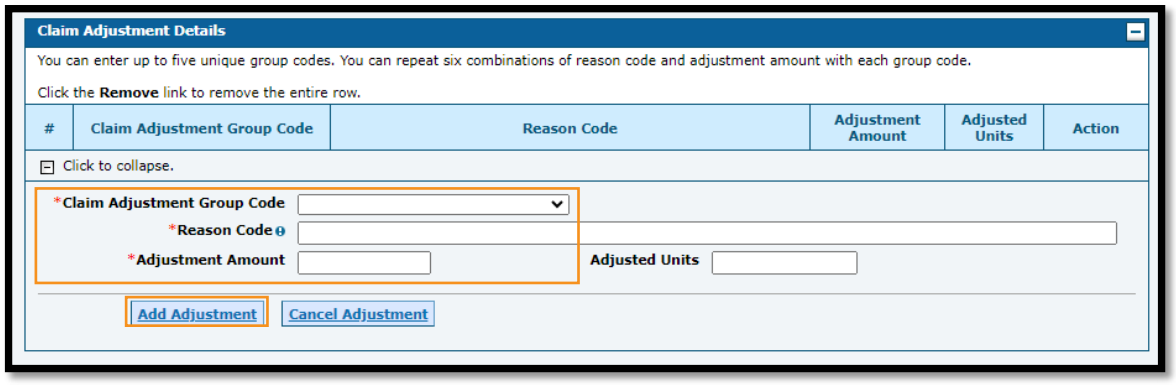
b. Reason Code
- Select the reason code that exactly matches the procedure code detail on the Medicare EOB.
- Note, this code explains why a claim was adjusted or denied. The codes are standardized and used across the healthcare industry to communicate claim adjustments.

c. Adjustment Amount
- Enter the exact amount assigned by the Medicare plan for the specific procedure code, as shown on the Medicare Explanation of Benefits (EOB).
- Note, adjustment units are **NOT** required. This field does not have to be populated.

15. Click

16. If more than one claim adjustment group code and reason code are listed on the Medicare Explanation of Benefits (EOB),

    a. If **no additional lines** are added, skip to step 21.
    b. If additional lines are needed, repeat steps 17 - 18.



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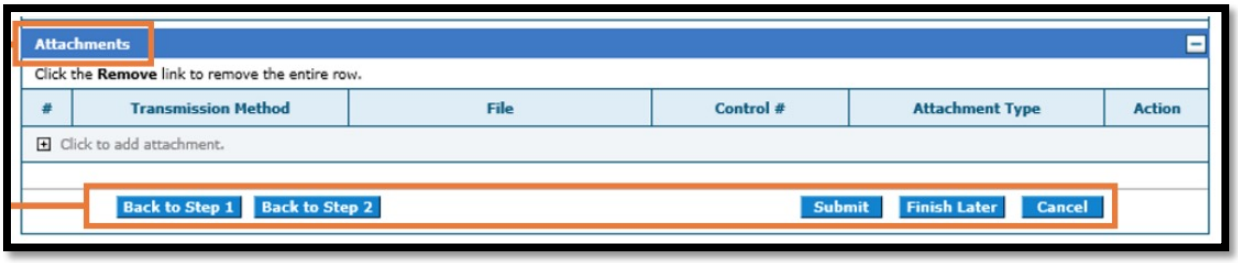
17. Click Add
    - If you need to add more than one **service line, repeat** step 15-20. If not, advance to step 15!!!!!!!!!!!!!!!!.
18. **Attachments**: Click the + to upload the Medicare Explanation of Benefits (EOB) that applies to the claim.
19. Click Submit to move to the next step of the claim submission process. Click Back to Step 1 or Back to Step 2 to revisit previous steps. Click Finish Later if you want to save your claim. Click Cancel to cancel the claim submission process.



20. Review the information that has been keyed/submitted. Click Back to Step 1, Back to Step 2 or Back to Step 3 to correct or add any additional information. Click Print Preview to preview the claim details entered. Click Confirm to submit your claim. Click Cancel to cancel the claim submission process.

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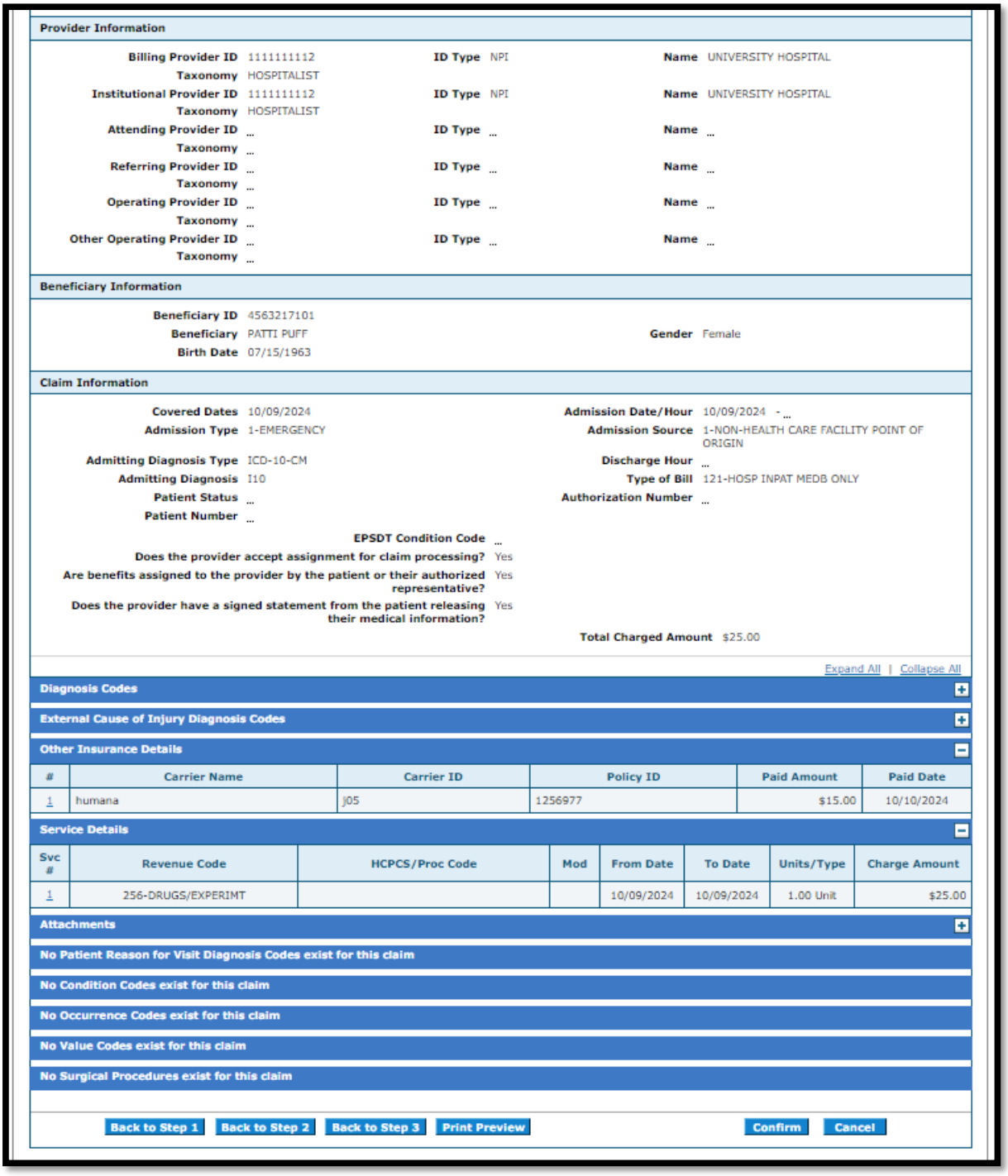

Provider Information

Billing Provider ID	1111111112	**ID Type**	NPI	**Name**	UNIVERSITY HOSPITAL
Taxonomy	HOSPITALIST				
Institutional Provider ID	1111111112	**ID Type**	NPI	**Name**	UNIVERSITY HOSPITAL
Taxonomy	HOSPITALIST				
Attending Provider ID	...	**ID Type**	...	**Name**	...
Taxonomy	...				
Referring Provider ID	...	**ID Type**	...	**Name**	...
Taxonomy	...				
Operating Provider ID	...	**ID Type**	...	**Name**	...
Taxonomy	...				
Other Operating Provider ID	...	**ID Type**	...	**Name**	...
Taxonomy	...				

Beneficiary Information

Beneficiary ID	4563217101		
Beneficiary	PATTI PUFF	**Gender**	Female
Birth Date	07/15/1963		

Claim Information

Covered Dates	10/09/2024	**Admission Date/Hour**	10/09/2024 - ...
Admission Type	1-EMERGENCY	**Admission Source**	1-NON-HEALTH CARE FACILITY POINT OF ORIGIN
Admitting Diagnosis Type	ICD-10-CM	**Discharge Hour**	...
Admitting Diagnosis	I10	**Type of Bill**	121-HOSP INPAT MEDB ONLY
Patient Status	...	**Authorization Number**	...
Patient Number	...		
EPSDT Condition Code	...		
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	$25.00

Expand All | Collapse All

Diagnosis Codes

External Cause of Injury Diagnosis Codes

Other Insurance Details

#	Carrier Name	Carrier ID	Policy ID	Paid Amount	Paid Date
1	humana	j05	1256977	$15.00	10/10/2024

Service Details

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	256-DRUGS/EXPERIMT			10/09/2024	10/09/2024	1.00 Unit	$25.00

Attachments

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

21. Once a claim is confirmed/submitted, the system will provide a claim receipt along with a 13-digit Claim ID.

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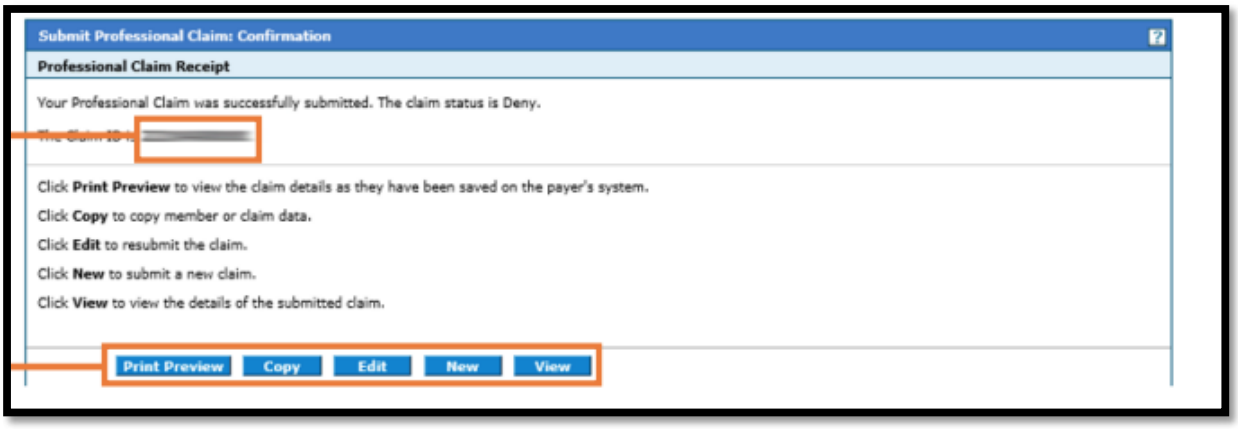
22. Click Print Preview to preview the claim details entered. Click Copy to copy claim. Click Edit to edit a denied claim. Click New to submit a new claim. Click View to view the details of your submitted claim.



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