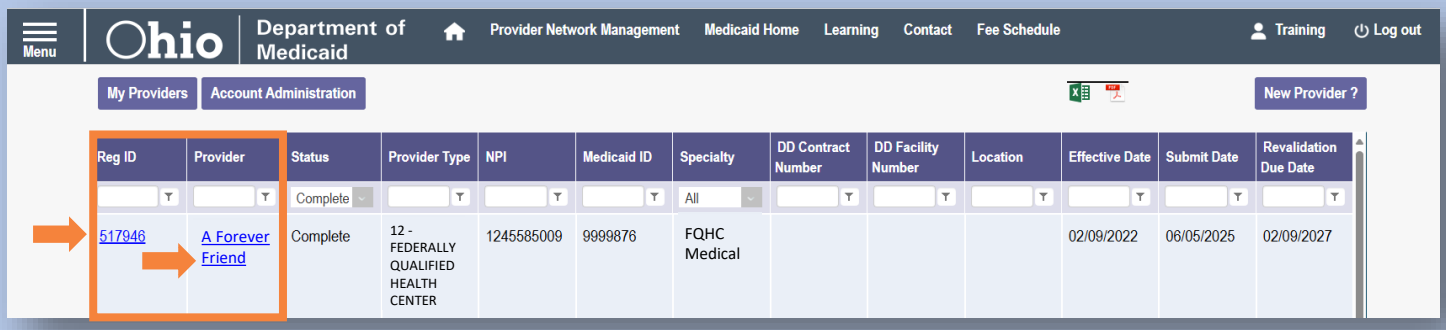
Quick Reference Guide: Submitting Crossover Claims for FQHC and RHC Cost Sharing Payments in the Provider Network Module (PNM)

Professional Claim Type

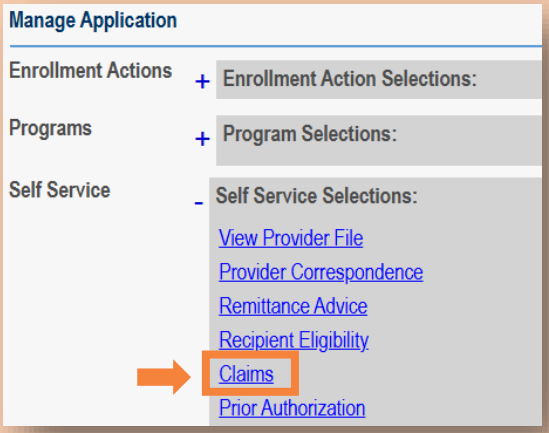
1 From the PNM User Dashboard, click **Provider Name** or **Reg ID** of the provider that needs a crossover cost sharing claim submitted.



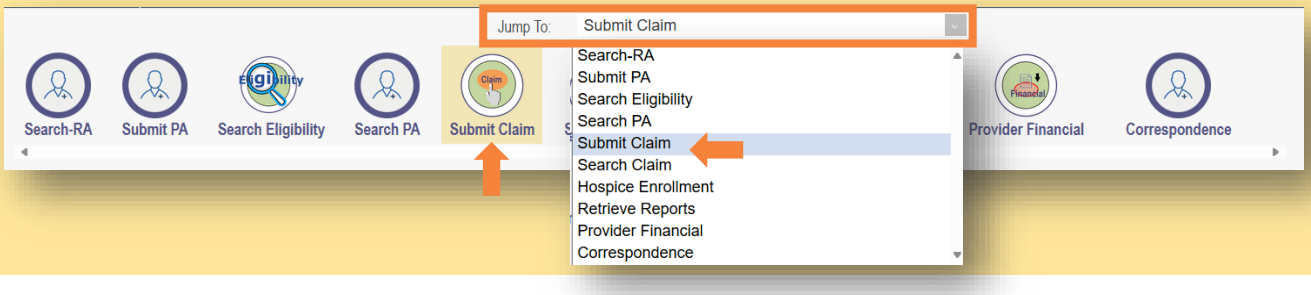
2

From the Manage Application section:

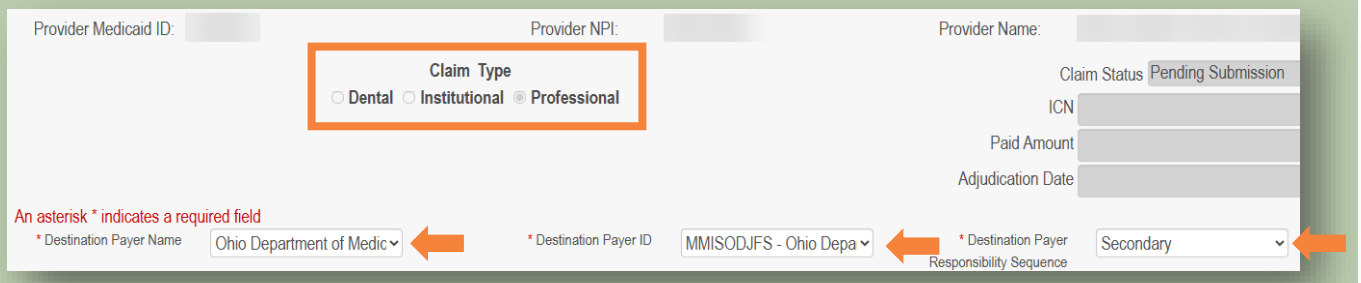
- Click the plus (+) sign to open **Self Service Selections**.
- Click the blue **Claims** link.



3 Click **Submit Claim** from the navigation bar or use the Jump To dropdown to select Submit Claim.



4 First, select **Professional Claim Type**.



Then, select **Destination Payer Name**, **Destination Payer ID**, and **Destination Payer Responsibility Sequence**.

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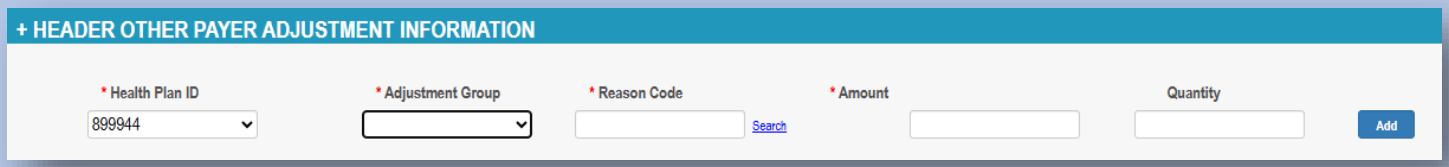
5 In the **Other Payer Information** section of the claim, enter any required (*) information or relevant other payer information for the claim. **Obtain Health Plan ID from the other payer.**

Other Payer Potential Insurance Combinations	Required Claim Filing Indicator(s) to Use
Medicare part B (MB)	MB
Commercial (CI) and Medicare part B (MB)	CI and MB
Medicare part C (16)	16
Commercial (CI) and Medicare part C (16)	CI and 16
Medicare part C (16) and Medicare wraparound payment (MB)	16 and MB
Commercial (CI), Medicare part C (16), and Medicare wraparound payment (MB)	CI, 16, and MB

Click the **Add** button to add each the other payer to the **Other Payer Information** section. Repeat the process to add all required claim filing indicators needed.

6 In the **Header Other Payer Adjustment Information** section, enter the required (*) information and then click the **Add** button.



Health Plan ID:

Will be available from the drop-down if in the Other Payer Information section of the claim adjudication level is 'Header', and the other payer responsibility sequence is prior to the destination payer.

Adjustment Group:

CO	Contractual Obligations
CR	Correction and Reversals
OA	Other Adjustments
PI	Payer Initiated Reductions
PR	Patient Responsibility

Reason Code:

- If information is added to this section, enter the claim-level Adjustment Reason Code (ARC) (for which there is a corresponding dollar amount) received from the carrier on the explanation of benefits, remittance advice, or 835 transaction.
- The Claim Adjustment Reason Code (CARC) should match the information provided on the Other Payer's Explanation of Benefits (EOB). If there was no EOB because the other insurance was not billed (for a non-covered service), select a CARC that most closely reflects the reason for non-payment by the other payer (e.g., 96). A current list of CARCs can be found at: Claim Adjustment Reason Codes | X12.

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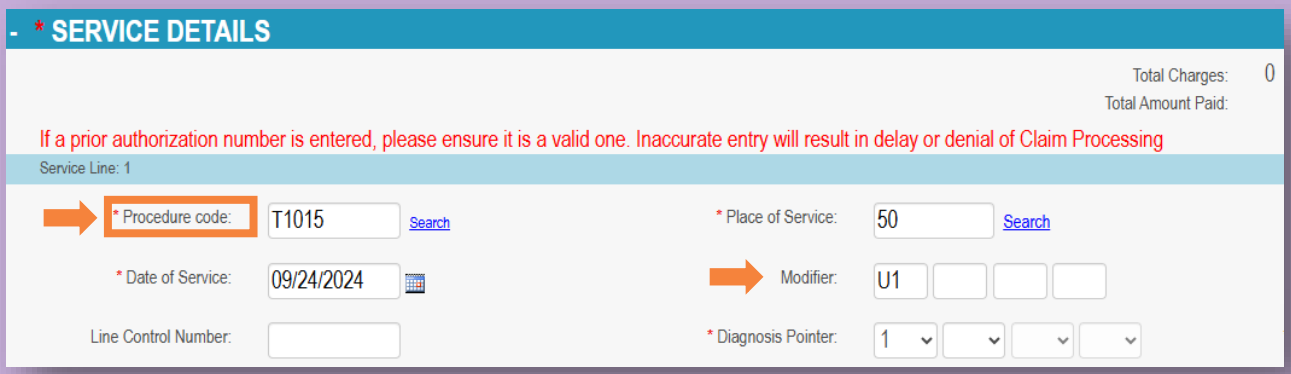
In the Service Details section of the claim enter any required (*) information to each Service Line detail.

- Procedure Codes: **Use Code T1015 (not G Codes) with applicable U-modifier,** and any other applicable procedure codes to each Service Line.



Click the **Add** button to add each **Service Line** detail.

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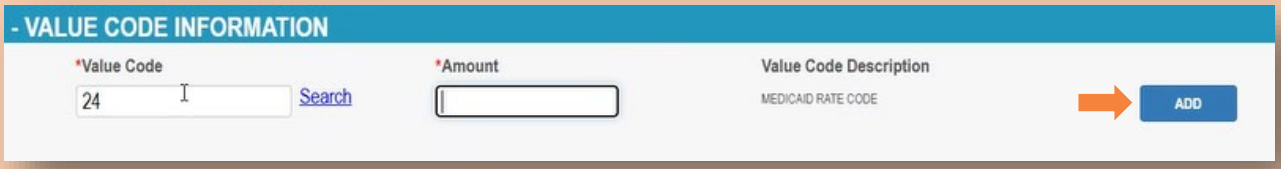
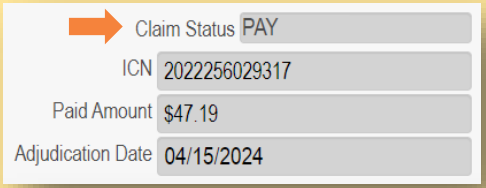
If needed, enter value code information in the Value Code Information section.

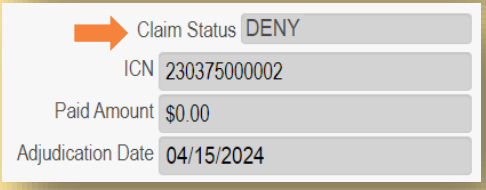


- Enter or search for the value code.
- Enter the amount.
- Click the **Add** button.
- Repeat the process, if more than one is needed.

9

After required (*) claim sections and fields are completed, click the **Submit** button at the bottom of the claim to submit the claim.





If there are no system errors after claim submission, then you will receive real time **PAY or DENY** adjudication information in the top right corner of the claim.

If a claim receives a 'Deny' status, review the Adjudication Errors section or the CARC and RARC Information section to obtain additional details.