

DDE Medicare crossover claims

With the implementation of the HIPAA 5010 billing format, changes were made to the direct data entry (DDE) screens for professional claims. Providers are now required to enter Medicare information at both the claim level AND the line level. When entering Medicare information at the claim level, please ensure the amounts entered in the Medicare fields are the sum of the amounts entered at the line level.

Note: This process does not apply to the institutional DDE crossover claim – 5010 implementation did add the Medicare information option at line level on the DDE screen, however line level information is NOT required on an institutional crossover claim.

Step 1 is to enter the **Medicare Crossover Items** at the claim level when you answer the Medicare question **Yes**, using the Medicare EOB. All fields marked with a red asterisk (*) are required and must be entered, even if that amount is zero. Complete the remaining required fields at the claim level down to the line item information.

? * Is this a Medicare Crossover Claim? Yes No

Medicare Cross Over Items

* Amount Paid by Medicare: \$ * Medicare Deductible: \$ * Medicare Co-payment: \$

* Medicare Co-insurance: \$ * Medicare Allowed Amount: \$

* Medicare Adjudication Date: mm dd ccyy

Step 2 is to enter all the required information for the **Basic Service Line Items**.

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd ccyy * Service Date To: mm dd ccyy


Place of Service:

* Procedure Code: Modifiers: 1: 2: 3: 4:

* Submitted Charges: \$ Diagnosis Pointers: * 1: 2: 3: 4:

* Units:

Step 3 is to expand the **Medicare Crossover Items** at the line level by clicking the red +. Complete the required line level Medicare information. If the claim only has one line, the Medicare payment data should be the same as what was entered at the claim level in Step 1.

 **Medicare Crossover Items**

* Medicare Deductible: \$ * Medicare Coinsurance: \$ * Medicare Co-payment: \$

* Medicare Paid: \$ * Medicare Allowed Amount: \$

* Medicare Paid Date: mm dd ccyy


Complete the line level entry by clicking the **Add Service Line Item** button.

Previously Entered Line Item Information
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$

Line Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
No	From		To	1	2	3	4	1	2	3				4

Note: For multi-line claims the Medicare paid, deductible, coinsurance, copay, and allowed amounts must equal the total Medicare paid, deductible, coinsurance, copay, and allowed amount entered at the claim level.

If all claim data and Medicare payment information has been entered, click on the **Submit Claim** button at the top of the claim screen. The Medicare EOB is not necessary to be sent with this claim.



Once you receive your **Submitted Professional Claim Detail** screen, click the final **Submit** button to send your claim to ProviderOne for processing.

Submitted Professional Claim Details:

TCN: 22181430000295000
 Provider NPI: 1801231717
 Client ID: 99999998WA
 Date of Service: 05/01/2018-05/01/2018
 Total Claim Charge: \$ 200.00

Please click "Add Attachment" button, to attach the documents.

Attachment List

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found !							