Steps on How to File a Claim with MO HealthNet as the Tertiary Payer

Occasionally, providers must file a Medicare crossover claim for a MO HealthNet participant who has a supplemental and/or secondary insurance policy. When this occurs, the provider should take the following steps:

1. Log onto to eMOMED
2. Choose the appropriate crossover claim form
3. Complete and Save the Claim Header information
4. Complete each line detail, saving after each entry
5. Complete the Other Payers header summary using the information on the Medicare EOMB and "Save Other Payer Data and Manage Codes"
6. Complete the associated line item fields based on the information on the Medicare EOMB (show PR-Patient Responsibility and CO-Contractual Obligation) and "Save Codes to Other Payers" after completing the required fields for each line on the claim
7. Complete the Other Payers header summary for the supplemental policy and "Save Other Payer Data and Manage Codes"
8. Complete the associated line items fields:

Claim Group Code	Next Claim Group Code	Next Claim Group Code
o Choose OA-Other Adjustments o Claim adjustment reason code: 023 (payment and/or adjustments from other payer) o Adjustment amount: The amount Medicare paid on the line	o Choose PR-Patient Responsibility o Claim adjustment reason code: 001-Deductible or 002-Co-insurance o Adjustment amount: The amount of deductible/co-insurance due minus what the supplemental policy paid on the line	o Choose CO-Contractual Obligation o Claim adjustment reason code is typically 045 o Adjustment amount: The amount of the contractual or write-off on the line

You must complete an associated line item for each line on the claim.

If billing for inpatient services on the Medicare UB-04 Part A Institutional Crossover Claim, complete your claim header information and enter each revenue code and days/units billed to Medicare. Be sure to save after each entry. Providers must complete the other payer header summary for both Medicare and the supplemental insurance policy. Part A claims are processed at the header. Therefore, the Payer at Header Level box must be checked.

Providers can contact Provider Communications using the *Provider Communications Management* direct messaging tool on **eMOMED** or by calling (573) 751-2896 with questions.