

## Professional Crossover

ARMedicaid

Contact Us | Login  
Español | Other

Home

Home Tuesday 08/02/2016 10:30 AM CST

**Login** ?

\*User ID

**Log In**

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.

[FAQs](#) [Links and Tools](#) [Learn More About](#)

[Help us provide better service to you! Click here to give us your feedback.](#)  
[Website Requirements](#)  
[Provider Manual](#)

**Protect Your Privacy!**  
Always log off and close all of your browser windows

**Would you like to enroll as a Provider or a Trading Partner?**

[Provider](#)  
[Trading Partner](#)

**Looking for a Doctor or Hospital near you?**

[Search Providers](#)

**DHS-703 form**

[Fill out Medical Eligibility Application](#)  
[Check Status of Medical Eligibility](#)

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**."

If you have already logged in, skip to step 2.

ARMedicaid [Contact Us](#) | [Logout](#)

Home Eligibility **Claims** Care Management Provider Functions Files Exchange Resources

Home Tuesday 01/24/2017 11:11 AM CST

Provider Name  Role IDs

**User Details**

Welcome System Test User One

- My Profile
- Manage Accounts

**Provider**

Name

Provider ID

- Characteristics

**Provider Services**

- Search Payment History

**Welcome Health Care Professional!**



[Contact Us](#)

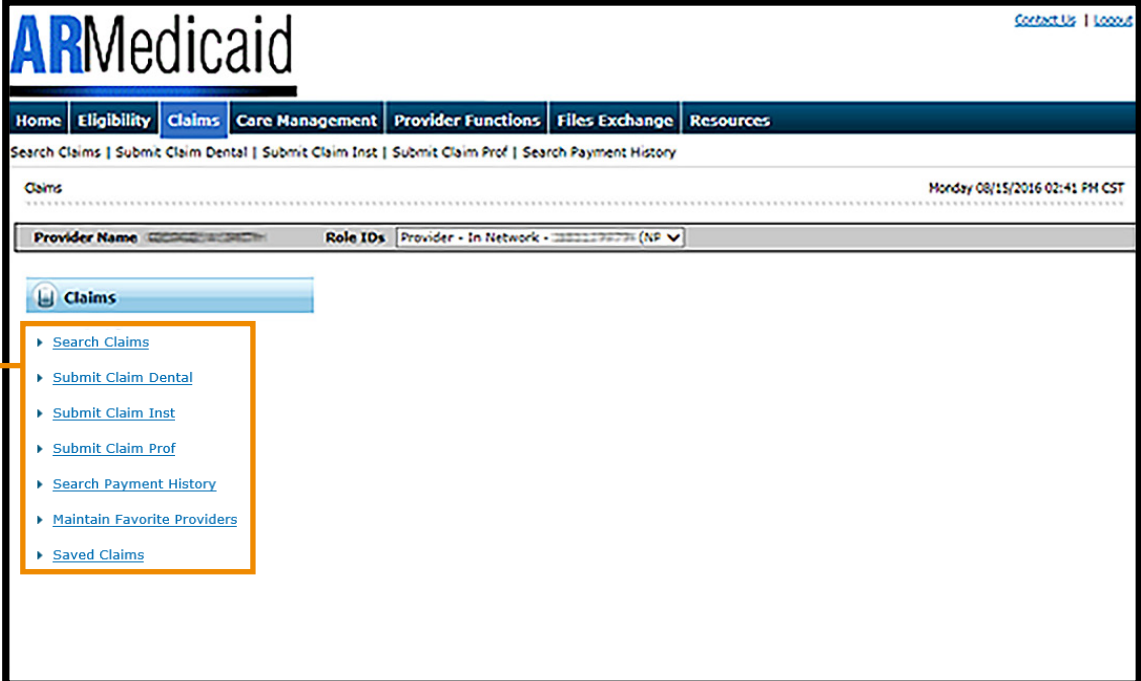
[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

Claims  
HP Enterprise Services  
PO BOX 8034  
LITTLE ROCK, AR 72203

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

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



The screenshot shows the ARMedicaid Healthcare Portal interface. At the top, there is a navigation bar with tabs for Home, Eligibility, Claims, Care Management, Provider Functions, Files Exchange, and Resources. Below this, there are links for Search Claims, Submit Claim Dental, Submit Claim Inst, Submit Claim Prof, and Search Payment History. The main content area is titled 'Claims' and contains a list of links: Search Claims, Submit Claim Dental, Submit Claim Inst, Submit Claim Prof, Search Payment History, Maintain Favorite Providers, and Saved Claims. A red circle with the number '3' is positioned to the left of the 'Submit Claim Prof' link, with a line pointing to it.

3. Select the type of claim form the data will be entered for: **Submit Claim Prof** (Professional).

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.

**Save Claims:** This function allows you to save a claim for later and resume where you left off. The claim will be saved for 90 days.

## Step 1

- From the "Claim Type" drop down box, choose "Crossover Professional."

**Submit Professional Claim: Step 1** ?

The \* (in red) indicates required fields. (Note: When the Add/Save button is present, all fields with \* are only required when selecting Add/Save for that section.)

Claim Type: Professional

Provider Information

Professional

Crossover Professional

4a

**Submit Professional Claim: Step 1** ?

The \* (in red) indicates required fields when the ADD button is selected.

Claim Type: Professional

**Provider Information**

Billing Provider ID: [ ] ID Type: [ ] Name: [ ] Taxonomy: [ ]

Select from Favorites: [ ]

Performing Provider ID: [ ] ID Type: [ ] Name: [ ] Add to Favorites:

Taxonomy: [ ]

Select from Favorites: [ ]

Referring Provider ID: [ ] ID Type: [ ] Name: [ ] Add to Favorites:

Taxonomy: [ ]

Select from Favorites: [ ]

Supervising Provider ID: [ ] ID Type: [ ] Name: [ ] Add to Favorites:

Taxonomy: [ ]

Service Facility Location ID: [ ] ID Type: [ ] Name: [ ] Taxonomy: [ ]

**4a.** • After selecting your claim type, enter the following information for **Step 1** as shown on the **Submit a Claim** screen. *Please note that all three claim options will lead to the following screens: for the purpose of this job aid, we will walk through a professional claim, which is the most common type of claim:*

- **Provider Information** (enter at least one of the following):  
**Performing Provider ID and ID Type, Referring Provider ID and ID Type, Supervising Provider ID and ID Type, Service Facility Location ID and ID Type**

**NOTE:** Performing providers (also known as Rendering providers) must enter their PIN or NPI number in the **Performing Provider ID** field.

Submit Professional Claim: Step 1

\* Indicates a required field.

Claim Type: Professional

**Provider Information**

Billing Provider ID [ ] ID Type [ ] Taxonomy [ ]

Performing Provider ID [ ] ID Type [ ] Taxonomy [ ]

Referring Provider ID [ ] ID Type [ ] Taxonomy [ ]

Supervising Provider ID [ ] ID Type [ ] Taxonomy [ ]

Service Facility Location ID [ ] ID Type [ ] Name [ ] Taxonomy [ ]

If there are multiple nine-digit provider IDs associated with the NPI, click the magnifying glass to select the correct one.

Provider ID Search

Search By ID | Search By Name | Search By Organization

The \* (in red) indicates required fields when the ADD button is selected.

\* Provider ID [ ] Provider ID Type [ ]

Search Cancel

Search Results:

Provider ID	Provider Name	Provider Type	City	State	Zip Code
[ ] (NPI) (01/01/2017 - 12/31/2299) [ ] (Atypical/Medicaid ID)		Physician, MD		AS	
[ ] (NPI) (04/01/2017 - 12/31/2299) [ ] (Atypical/Medicaid ID)		Skilled nursing facility	LITTLE ROCK	ARKANSAS	
[ ] (NPI) (04/01/2017 - 12/31/2299) [ ] (Atypical/Medicaid ID)		Hospital	LITTLE ROCK	ARKANSAS	

To select the Provider ID, click on the NPI number in the first column.

4b

**Beneficiary Information**

\*Beneficiary ID

\*Last Name  First Name

\*Birth Date

**Claim Information**

Date Type

Accident Related

Patient Number

Date of Current

Admission Date

Authorization Number

Therapy Code

EPSDT Condition Code

Local Education Agency

\*Does the provider have a signature on file?  Yes  No

\*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

4b. • **Beneficiary Information:** Beneficiary ID, Last Name, First Name, Birth Date

• **Claim Information** (enter all applicable information available): **Date Type, Date of Current, Accident Related, Admission Date, 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 steps 2 and 3 of the claim. Click Continue to complete this step.

*Fields marked with a red asterisk are required.*

## Step 2

**Provider Information**

Billing Provider ID <input type="text"/>	ID Type <span>NPI</span>	Name <input type="text"/>
Taxonomy <input type="text"/>		

**Patient and Claim Information**

Beneficiary ID <input type="text"/>	Beneficiary <input type="text"/>	Gender <span>Female</span>
Birth Date <input type="text"/>	Total Charged Amount <span>\$0.00</span>	

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

**Instructions:**  
If values are required for submission, please fill in the required fields. Otherwise you may leave the field blank and proceed. These fields are required when the ADD button is selected.  
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1			

\*Diagnosis Type ICD-10-CM  \*Diagnosis Code

**Other Insurance Details**

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Paid Amount	Paid Date	Action
1	SOUTHWIRE AND AFFILIATES	CI1	321654		-	<a href="#">Remove</a>

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.

**Submit Professional Claim: Step 2** ?

The \* (in red) indicates required fields when the ADD button is selected.

**Claim Type** Professional

**Provider Information**

**Billing Provider ID**  **ID Type** NPI **Name**   
**Taxonomy**

**Patient and Claim Information**

**Beneficiary ID**  **Gender** Female  
**Beneficiary**  **Total Charged Amount** \$0.00  
**Birth Date**

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes** -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

**Instructions:**

If values are required for submission, please fill in the required fields. Otherwise you may leave the field blank and proceed. These fields are required when the ADD button is selected.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1	*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

**Other Insurance Details** -

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Paid Amount	Paid Date	Action
1	SOUTHWIRE AND AFFILIATES	CI1	321654		-	<a href="#">Remove</a>

Click to add a new other insurance.

6





7. On the Other Insurance Details panel, Click to add a new other insurance.
- The following information is required to add the [Carrier ID](#) and other insurance details.
    - A. Carrier Name
    - B. [Carrier ID](#) (click here to access Carrier ID Codes)
    - C. Policy Holder is: Person or Organization
    - D. Policy Holder Last Name
    - E. First Name
    - F. Policy Holder ID
    - G. Policy ID
    - H. Responsibility
    - I. Patient Relationship to Insured
    - J. Paid Amount
    - L. 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. Claim Filing Indicator MB is for Medicare Part B.
    - M. NOTE: Do **NOT** enter "Remaining Patient Liability"
    - N. No information is required in the "Adjudication Information" panel
- K. Paid Date
- Once complete, click Add Insurance under the Claim Adjustment Details Panel.

\*Carrier Name  \*Carrier ID

\*Policy Holder is  Person  Organization

\*Policy Holder Last Name  \*First Name  MI

Policy Holder Address

City  State

Zip Code

\*Policy Holder ID

\*Policy ID

Group Name

\*Responsibility  \*Patient Relationship to Insured

Paid Amount  \*Paid Date

Remaining Patient Liability

Total Non-Covered Amount  Payer Claim #

\*Claim Filing Indicator

Release of Information

Assignment of Benefits

**Adjudication Information**

Reimbursement Rate  Claim HCPCS Payable

Non-payable Professional Component

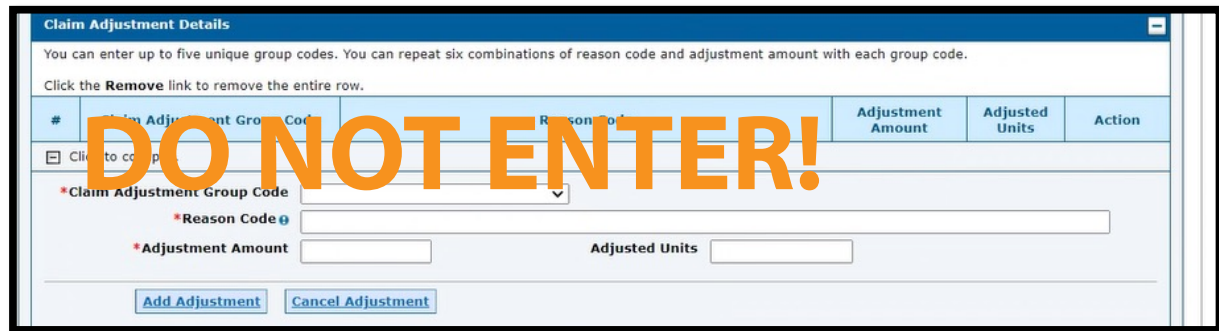
Claim ESRD Payment Amount

Claim Adjustment Details
+

Add Insurance
Cancel Insurance

DO NOT ENTER!

8. **DO NOT** enter any information in the Claims Adjustment Details Panel.



9. Click Continue.



## Step 3

10. Continue filling out claim information for Step 3 as shown on the Submit a 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, click Add and populate any data that applies for the following fields:
  - From Date
  - Diagnosis Pointers
  - Performing Provider ID
  - To Date
  - Charge Amount
  - ID Type and State License #
  - Place of Service
  - Units
  - Referring Provider ID
  - EMG (Emergency)
  - Unit Type
  - Ordering Provider ID
  - Procedure Code
  - EPSDT or Family Plan
  - ID Type
  - Modifiers
  - CLIA Number
- Note: To remove data populated for a detail, but not yet added, click Reset.

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.  
**Instructions:**  
 If values are required for submission, please fill in the required fields. Otherwise you may leave the field blank and proceed. These fields are required when the ADD button is selected.

Svc #	From Date	To Date	Place Of Service	Procedure Code	Charge Amount	Units	Action
1							

1 \*From Date  To Date  \*Place Of Service  EMG

\*Procedure Code  Modifiers    \*Diagnosis Pointers

\*Charge Amount  \*Units  \*Unit Type  EPSDT  Family Plan

Clia Number

Performing Provider ID  ID Type - Taxonomy  State License #

Referring Provider ID  ID Type - Taxonomy


Ordering Provider ID  ID Type - Taxonomy

Supervising Provider ID  ID Type - Taxonomy

Fund Code

NDCs for Svc. # 1

11. 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
  - i. Select the Carrier information provided in Step 2 from the drop-down menu.
- Procedure Code
  - i. This should match the procedure code that was entered on the Service Detail line.
- Modifiers (if applicable)
  - i. This should match modifier that was entered on the Service Detail line.
- Other Insurance Paid Amount
  - i. 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
  - i. Enter the exact date as shown on the Medicare Explanation of Benefits (EOB).
- Paid Units
  - i. Enter the exact number of units as shown on the Medicare Explanation of Benefits (EOB).
- NOTE: Do **NOT** enter "Remaining Patient Liability".
  - Under the Claim Adjustment Details, click 

**Other Insurance for Service Detail**

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	Procedure Code	Modifiers	OI Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Bundled Line	Action
Click to collapse.									
	*Other Carrier							Bundled into Line # 0	
	*Procedure Code								
	Modifiers								
	*Other Insurance Paid Amount			*Paid Date		*Paid Units			
	Remaining Patient Liability	<b>OMIT</b>							

**Claim Adjustment Details**

[Add Insurance](#) [Cancel Insurance](#)

[Save](#) [Reset](#) [Cancel](#)

12. The Claim Adjustment Details panel will display. 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 one of the following codes for the **required** field Claim Adjustment Group Code:

i. Claim Adjustment Group Code

1. Please choose from the following options:

a. **CO-Contractual Obligations**

- i. This is a code that assigns financial responsibility for an unpaid portion(s) of a claim balance to a provider.

b. **CR – Correction and Reversals**

- i. This code is used to indicate a change to a previously adjudicated claim.

c. **OA – Other adjustments**

- i. This code is used indicate “Other Adjustments.” It’s used when no other group code applies to the adjustments.

d. **PI – Payer Initiated Reductions**

- i. This code is used when a payer believes an adjustment is not the patient’s responsibility. This code is used when there’s no supporting contract between the payer and the provider.

e. **PR – Patient Responsibility**

- i. 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

ii. Reason Code

1. Enter the Reason Code that exactly matches the procedure code detail on the Medicare EOB. Begin typing in the Reason Code field to access the Reason Codes available.

- a. 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.

iii. Adjustment Amount

1. Enter the exact amount assigned by the Medicare plan for the specific procedure code, as shown on the Medicare Explanation of Benefits (EOB).

- iv. Note, adjustment units are **NOT** required. This field does not have to be populated.

13. Click [Add Adjustment](#)
14. If more than one Claim Adjustment Group Code and Reason Code are listed on the Medicare Explanation of Benefits (EOB), [Click to add a new claim adjustment.](#)
- If no **additional lines** are added, skip to step 15.
  - If additional lines are needed, repeat steps 12 & 13.

Remaining Patient Liability

**Claim Adjustment Details**

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.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
1	CO-Contractual Obligations	253-SEQUESTRATION - REDUCTION IN FEDERAL PAYMENT.	\$2.58		<a href="#">Remove</a>

Click to collapse.

\*Claim Adjustment Group Code

\*Reason Code

\*Adjustment Amount

[Add Adjustment](#)

Adjusted Units

[Save Insurance](#) [Cancel Insurance](#)

Click to add a new other insurance.

15. Click [Add](#)
- If you need to add more than one **service line** with associated information, repeat steps 10-15. If not, advance to step 16.
16. Attachments: Click the + to upload the Medicare Explanation of Benefits (EOB) that applies to the claim.
17. 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.

**Confirm Professional 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 Professional

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**Provider Information**

Billing Provider ID _____	ID Type NPI	Name _____
Taxonomy _		
Performing Provider ID _	ID Type _	Name _
Taxonomy _		
Referring Provider ID _	ID Type _	Name _
Taxonomy _		
Supervising Provider ID _	ID Type _	Name _
Taxonomy _		
Service Facility Location ID _	ID Type _	Name _
Taxonomy _		

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**Beneficiary Information**

Beneficiary ID \_\_\_\_\_ Gender Female

Beneficiary \_\_\_\_\_

Birth Date \_\_\_\_\_

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**Claim Information**

Date Type \_ Date of Current \_

Accident Related \_ Admission Date \_

Patient Number \_ Authorization Number \_

Transport Certification No

Does the provider have a signature on file? Yes

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 \$200.00

[Expand All](#) | [Collapse All](#)

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**Diagnosis Codes**

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**Service Details**

#	From Date	To Date	Place Of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
1	08/02/2016	08/02/2016	11		99203		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$200.00

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No Other Insurance Details exist for this claim

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No Attachments exist for this claim

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[Back to Step 1](#)
[Back to Step 2](#)
[Back to Step 3](#)
[Print Preview](#)
[Confirm](#)
[Cancel](#)

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- 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.

The screenshot shows a web application window titled "Submit Professional Claim: Confirmation". Below the title bar is a section titled "Professional Claim Receipt". The main content area contains the following text: "Your Professional Claim was successfully submitted. The claim status is Deny." Below this text is a 13-digit Claim ID, which is highlighted with a red box and labeled with the number 19. Below the Claim ID are five action buttons: "Print Preview", "Copy", "Edit", "New", and "View". The "Print Preview" button is highlighted with a red box and labeled with the number 20. Below the buttons is a footer area with the text: "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 **Edit** to resubmit the claim. Click **New** to submit a new claim. Click **View** to view the details of the submitted claim."

19. Once a claim is confirmed/submitted, the system will provide a claim receipt along with a 13-digit Claim ID.
20. Click **Print Preview** to preview the claim details entered. Click **Copy** to copy claim. Click **Edit** to edit denied claim. Click **New** to submit a new claim. Click **View** to view the details of your submitted claim.