

Institutional Crossover Claims

ARMedicaid

[Contact Us](#) | [Login](#)
[Español](#) | [Other](#)

Home

Home

Tuesday 08/02/2016 10:30 AM CST

Login

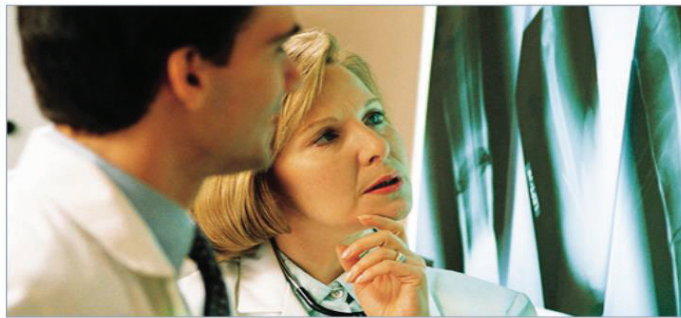
*User ID

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

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**."

2

ARMedicaid

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

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

Provider Name Role IDs

Welcome Health Care Professional!

User Details

Welcome System Test User One

My Profile

Manage Accounts

Provider

Name

Provider ID

Characteristics

Provider Services

Search Payment History

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.

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

3

ARMedicaid

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

Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History

Claims Monday 08/15/2016 02:41 PM CST

Provider Name Role IDs Provider - In Network (NP)

Claims

Search Claims

Submit Claim Dental

Submit Claim Inst

Submit Claim Prof

Search Payment History

Maintain Favorite Providers

Saved Claims

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.

Step 1

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

Submit Institutional 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 **Crossover Inpatient** ▼

Submit Institutional 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 **Crossover Inpatient** ▼

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	111111112 ▼	ID Type	NPI	Name	UNIVERSITY HOSPITAL	
Taxonomy	HOSPITALIST					
Select from Favorites	No favorite providers available. ▼					
Institutional Provider ID	111111112 🔍	ID Type	NPI	Name	UNIVERSITY HOSPITAL	Add to Favorites <input type="checkbox"/>
Taxonomy	HOSPITALIST ▼					
Select from Favorites	No favorite providers available. ▼					
Attending Provider ID	🔍	ID Type	_	Name	_	Add to Favorites <input type="checkbox"/>
Taxonomy	▼					
Select from Favorites	No favorite providers available. ▼					
Referring Provider ID	🔍	ID Type	_	Name	_	Add to Favorites <input type="checkbox"/>
Taxonomy	▼					
Select from Favorites	No favorite providers available. ▼					
Operating Provider ID	🔍	ID Type	_	Name	_	Add to Favorites <input type="checkbox"/>
Taxonomy	▼					
Other Operating Provider ID	🔍	ID Type	_	Name	_	
Taxonomy	▼					

- 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.



Beneficiary Information	
* Beneficiary ID	<input type="text"/>
* Last Name	<input type="text"/>
* Birth Date	<input type="text"/>
First Name	<input type="text"/>

Claim Information	
* Covered Dates	<input type="text"/> - <input type="text"/>
* Admission Date/Hour	<input type="text"/> (hh:mm)
* Admission Type	<input type="text"/>
* Admitting Diagnosis Type	ICD-10-CM
Patient Status	<input type="text"/>
Patient Number	<input type="text"/>
Discharge Hour	<input type="text"/> (hh:mm)
* Admission Source	<input type="text"/>
* Admitting Diagnosis	<input type="text"/>
* Type of Bill	<input type="text"/>
Authorization Number	<input type="text"/>
EPSTD Condition Code	<input type="text"/>
* Does the provider accept assignment for claim processing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clinical Lab Services Only
* Are benefits assigned to the provider by the patient or their authorized representative?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
* Does the provider have a signed statement from the patient releasing their medical information?	<input type="radio"/> Yes <input type="radio"/> No
Include Other Insurance	<input checked="" type="checkbox"/>
Total Charged Amount \$0.00	

[Continue](#) [Finish Later](#) [Cancel](#)

- 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.



Step 2

Provider Information

Billing Provider ID ID Type NPI Name

Taxonomy

Patient and Claim Information

Beneficiary ID

Beneficiary Gender Female

Birth Date Total Charged Amount \$0.00

[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 <input type="text"/>	

[Add](#) [Reset](#)

Other Insurance Details

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


[Refresh Other Insurance](#)

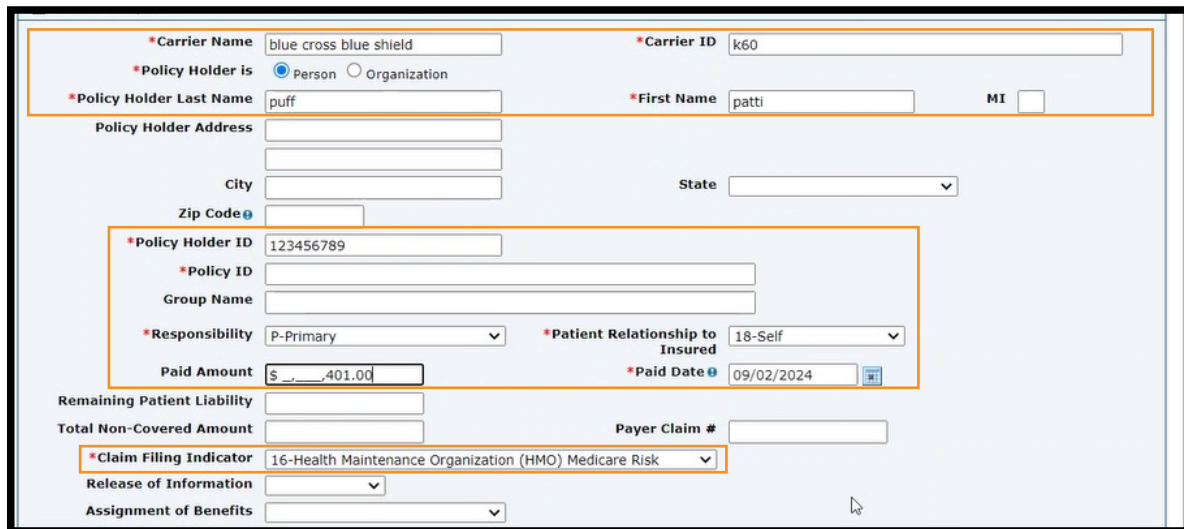
#	Carrier Name	Carrier ID	Policy ID	Paid Amount	Paid Date	Action
1	SOUTHWIRE AND AFFILIATES	CI1	321654			Remove

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



- 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  under the claim adjustment details panel.



7. 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.

- **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.

8. Click 

9. 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 10.
- b. If additional lines are needed, repeat steps 7 - 8.



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		Remove

☐ Click to collapse.

*Claim Adjustment Group Code

*Reason Code

*Adjustment Amount

[Add Adjustment](#)

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

☐ Click to add a new other insurance.

10. **Condition Codes:** Enter the condition code(s). Once populated, click **Add**.

Condition Codes

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

#	Condition Code	Action
1		

1 *Condition Code

[Add](#) [Reset](#)

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

Occurrence 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.

#	Occurrence Code	From Date	To Date	Action
1				

1 *Occurrence Code *From Date *To Date

[Add](#) [Reset](#)

12. **Value Codes:** **If applicable**, enter the Value Codes. After entering, click "Add" to include the Value Codes in the claim.

13. Click Continue.

☐ Click to add a new other insurance.

[Back to Step 1](#) [Continue](#) [Finish Later](#) [Cancel](#)

[Go to Top](#)

Step 3

14. 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.

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 #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1							

1

*Revenue Code

HCPCS/Proc Code

Modifiers

*From Date

To Date

*Units

*Unit Type

Unit

*Charge Amount

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 Car	Procedure							
	*Other Insu								
	Remaini								
	*Revenu								

Claim Adjustment

Add Insurance

Cancel Insurance

Add

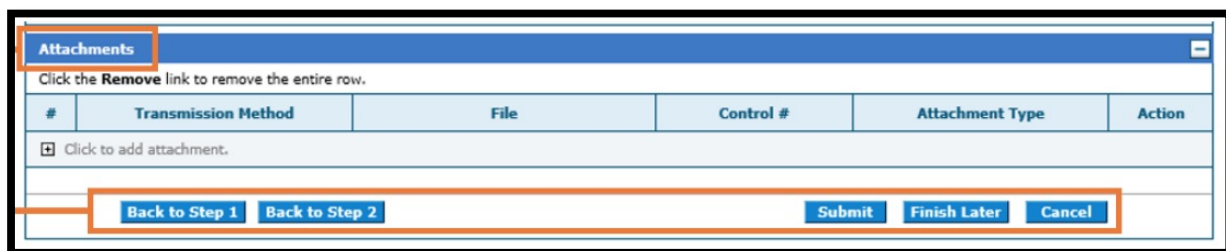
Reset

15. Click 

- If you need to add more than one **service line**, **repeat** step 13-14. If not, advance to step 15.

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.



#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

Back to Step 1 Back to Step 2 Submit Finish Later Cancel

18. 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.



Claim Type Crossover Inpatient							
Provider Information							
Billing Provider ID	111111112	ID Type	NPI	Name	UNIVERSITY HOSPITAL		
Taxonomy	HOSPITALIST						
Institutional Provider ID	111111112	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			Gender	Female		
Beneficiary	PATTI PUFF						
Birth Date	07/15/1963						
Claim Information							
Covered Dates	10/09/2024	Admission Date/Hour	10/09/2024 - ...	Admission Source	1-NON-HEALTH CARE FACILITY POINT OF ORIGIN		
Admission Type	1-EMERGENCY			Discharge Hour	...		
Admitting Diagnosis Type	ICD-10-CM			Type of Bill	121-HOSP INPAT MEDB ONLY		
Admitting Diagnosis	I10			Authorization Number	...		
Patient Status	...						
Patient Number	...						
EPSTD 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							

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 a denied claim. Click New to submit a new claim. Click View to view the details of your submitted claim.

Submit Professional Claim: Confirmation

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Deny.

The Claim ID is [REDACTED]

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.

Print Preview **Copy** **Edit** **New** **View**