



# Outpatient Institutional Crossover Claims

ARMedicaid

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Home

Home

Tuesday 08/02/2016 10:30 AM CST

Login

\*User ID

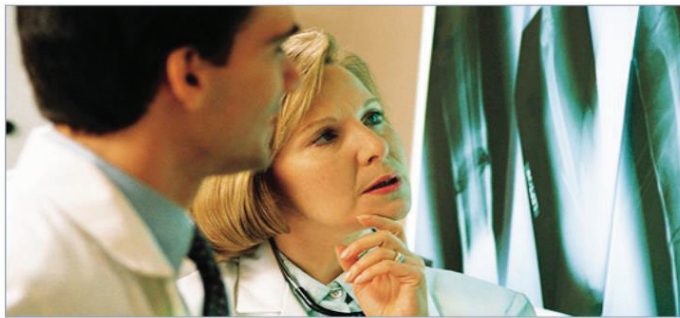
Log In

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

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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**."



For more information call 1-800-457-4454



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ARMedicaid

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.

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

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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

4. From the "Claim Type" drop down box, choose "Crossover Outpatient."

**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 Outpatient** ▼

**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 Outpatient** ▼





**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
Taxonomy	HOSPITALIST ▼				
Select from Favorites	No favorite providers available. ▼				
Attending Provider ID	🔍	ID Type	_	Name	_
Taxonomy	▼				
Select from Favorites	No favorite providers available. ▼				
Referring Provider ID	🔍	ID Type	_	Name	_
Taxonomy	▼				
Select from Favorites	No favorite providers available. ▼				
Operating Provider ID	🔍	ID Type	_	Name	_
Taxonomy	▼				
Other Operating Provider ID	🔍	ID Type	_	Name	_
Taxonomy	▼				

- 4a. 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) - <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	
*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
<div> <input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/> </div>	

- 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			<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.

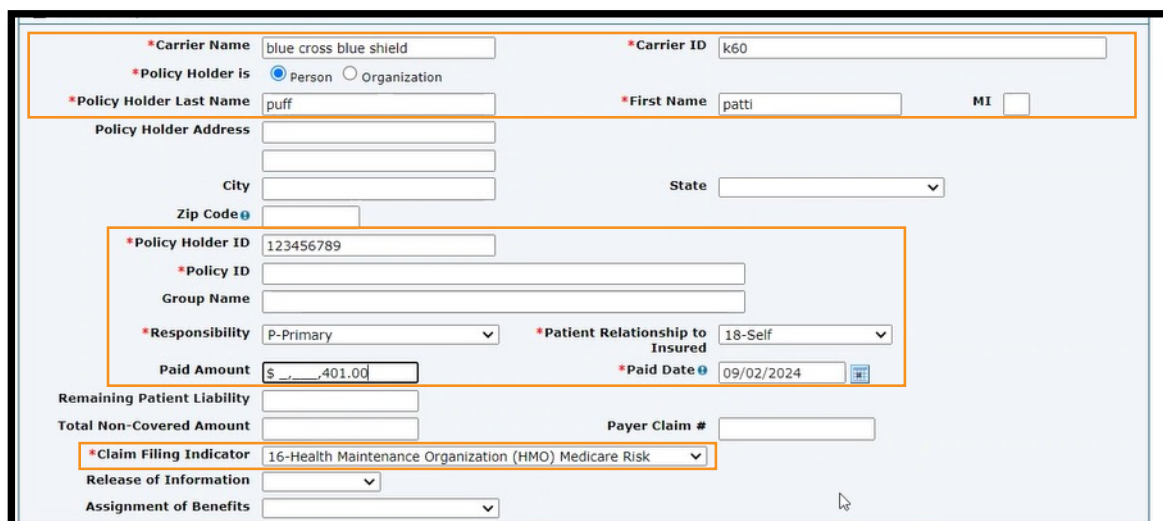
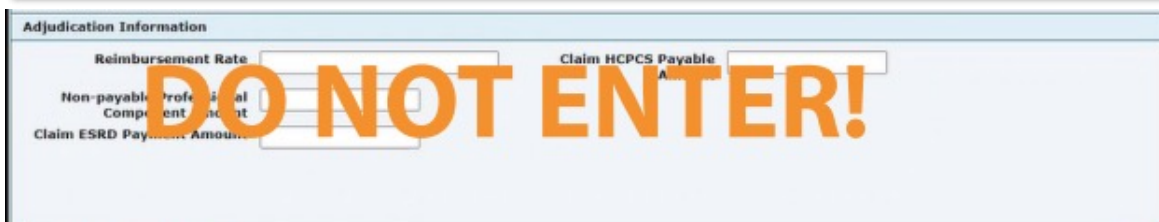
6. On the Other Insurance Details panel, [Click to add a new other insurance.](#)
- The following information is required to add the Carrier ID and other insurance details.
    - Carrier Name
    - Carrier ID  
Note: You can click the link to access the Carrier ID Codes.
    - Policy Holder is: Person or Organization
    - Policy Holder Last Name
    - First Name
    - Policy Holder ID
    - 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 [Add Insurance](#) under the claim adjustment details panel.


7. **DO NOT** enter any information in the Adjudication Information and Claim Adjustment Details Panel.
8. **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

9. **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

10. **Value Codes: If applicable**, enter the Value Codes. After entering, click "Add" to include the Value Codes in the claim.
11. Click Continue.

Click to add a new other insurance.

Back to Step 1

Continue

Finish Later

Cancel


Go to Top

### Step 3

12. 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.

13. 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
  - » Select the Carrier information provided in Step 2 from the drop-down menu.
- Procedure Code (if applicable)
  - » This should match the procedure code that was entered on the Service Detail line.
- Modifiers (if applicable)
  - » This should match modifier that was entered on the Service Detail line.
- Other Insurance Paid Amount
  - » 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
  - » Enter the exact date as shown on the Medicare Explanation of Benefits (EOB).
- Paid Units
  - » Enter the exact number of units as shown on the Medicare Explanation of Benefits (EOB).
- NOTE: Do NOT enter "Remaining Patient Liability".
- Revenue Code
  - » This should match the revenue code that was entered on the Service Detail line.
  - » Under the Claim Adjustment Details, click 





**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

\*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
<input type="checkbox"/> Click to collapse.									
	*Other Carrier <input type="text"/>	Bundled into Line # <input type="text"/>							
	Procedure Code <input type="text"/>								
	Modifiers <input type="text"/>								
	*Other Insurance Paid Amount <input type="text"/>	*Paid Date <input type="text"/>	*Paid Units <input type="text"/>						
	Remaining Patient Liability <b>OMIT</b> <input type="text"/>								
	*Revenue Code <input type="text"/>								

**Claim Adjustment Details**

14. 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.

15. Click 

16. If more than one claim adjustment group code and reason code are listed on the Medicare Explanation of Benefits (EOB), 

- If **no additional lines** are added, skip to step 21.
- If additional lines are needed, repeat steps 17 - 18.

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.

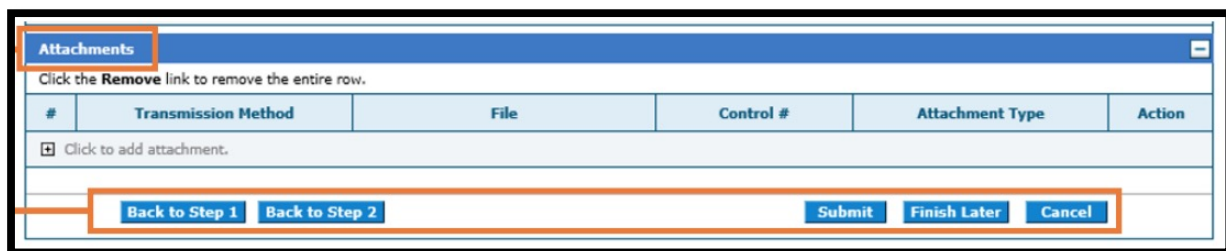
#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
<input type="checkbox"/> Click to collapse.					
<div> <div> <div>*Claim Adjustment Group Code</div> <div></div> </div> <div> <div>*Reason Code</div> <div></div> </div> <div> <div>*Adjustment Amount</div> <div></div> </div> <div> <div>Adjusted Units</div> <div></div> </div> </div>					
<div> <div>Add Adjustment</div> <div>Cancel Adjustment</div> </div>					

17. Click 

- If you need to add more than one **service line**, **repeat** step 15-20. If not, advance to step 15!!!!!!!!!!!!!!!!!!!!!!.

18. **Attachments:** Click the + to upload the Medicare Explanation of Benefits (EOB) that applies to the claim.

19. 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

20. 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.



Provider Information							
Billing Provider ID	111111112	ID Type	NPI				
Taxonomy	HOSPITALIST	Name	UNIVERSITY HOSPITAL				
Institutional Provider ID	111111112	ID Type	NPI				
Taxonomy	HOSPITALIST	Name	UNIVERSITY HOSPITAL				
Attending Provider ID	...	ID Type	...				
Taxonomy	...	Name	...				
Referring Provider ID	...	ID Type	...				
Taxonomy	...	Name	...				
Operating Provider ID	...	ID Type	...				
Taxonomy	...	Name	...				
Other Operating Provider ID	...	ID Type	...				
Taxonomy	...	Name	...				
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 Type	1-EMERGENCY	Admission Source	1-NON-HEALTH CARE FACILITY POINT OF ORIGIN				
Admitting Diagnosis Type	ICD-10-CM	Discharge Hour	...				
Admitting Diagnosis	I10	Type of Bill	121-HOSP INPAT MEDB ONLY				
Patient Status	...	Authorization Number	...				
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						
<a href="#">Expand All</a>   <a href="#">Collapse All</a>							
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							
<a href="#">Back to Step 1</a> <a href="#">Back to Step 2</a> <a href="#">Back to Step 3</a> <a href="#">Print Preview</a> <a href="#">Confirm</a> <a href="#">Cancel</a>							

21. Once a claim is confirmed/submitted, the system will provide a claim receipt along with a 13-digit Claim ID.



22. 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.