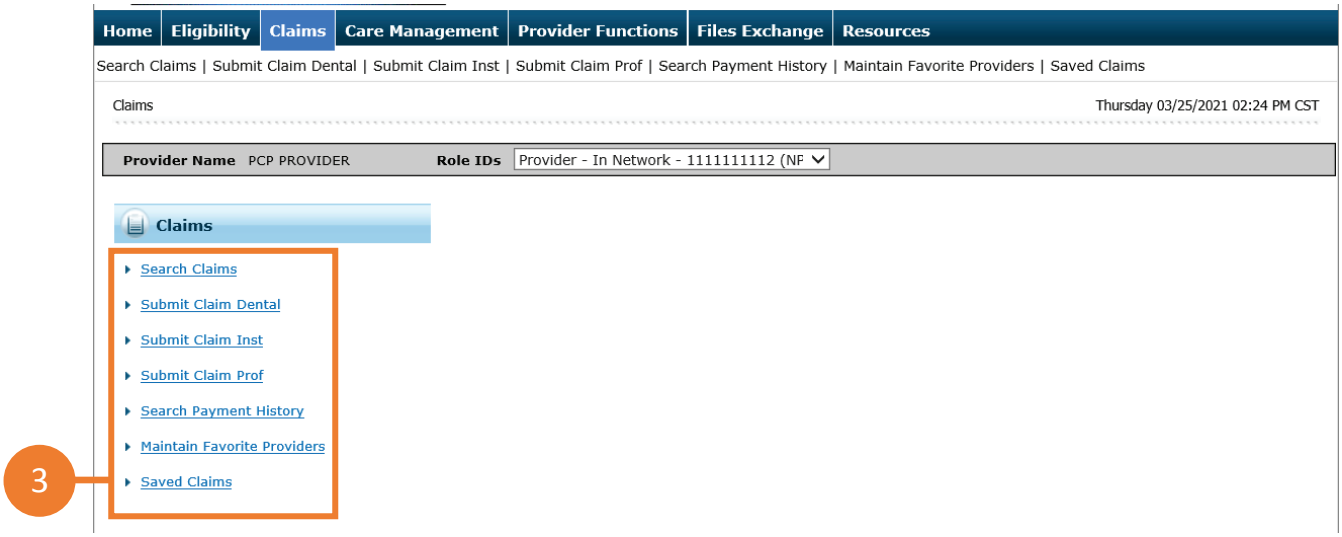
Provider Portal: How to Submit a Dental Claim

1. Go to the portal landing page and log in with the **User ID** and **password** previously created. If you do not have a User ID and password, click **Register Now** or see the JOB+AID "**Registering on the Portal**." (https://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx)

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

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



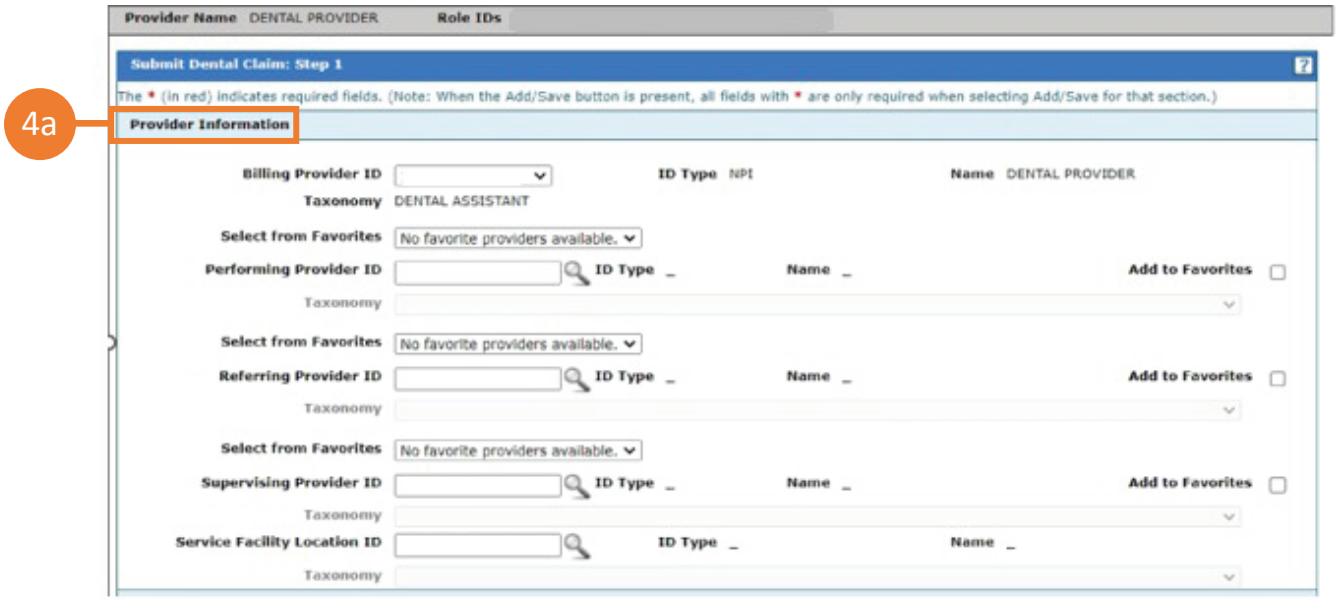
3. Select **"Submit Claim Dental."**

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 Date of Service (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.

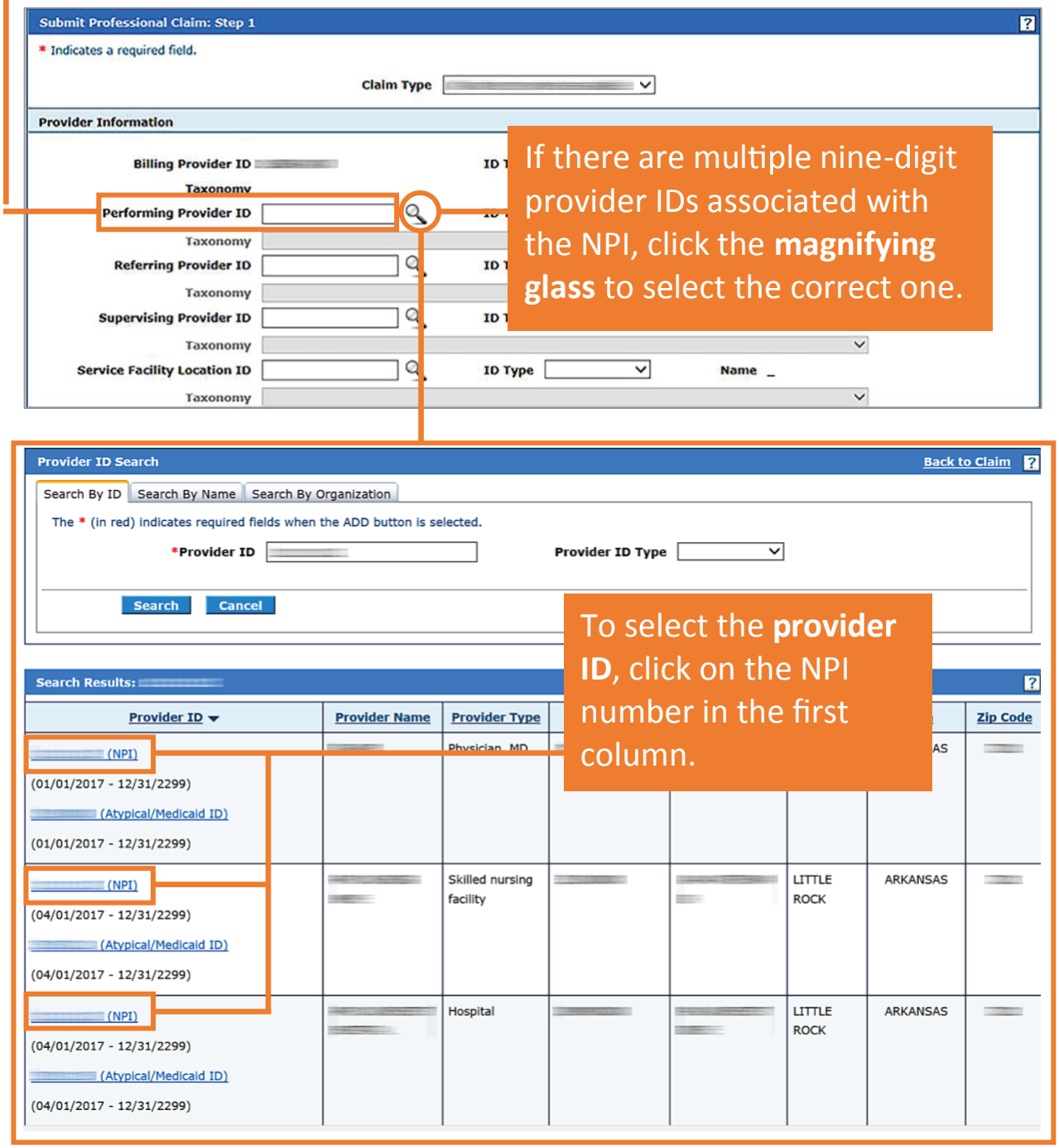
Saved Claims: This function allows you to save a claim for later and resume where you left off. The claim will be saved for 90 days.

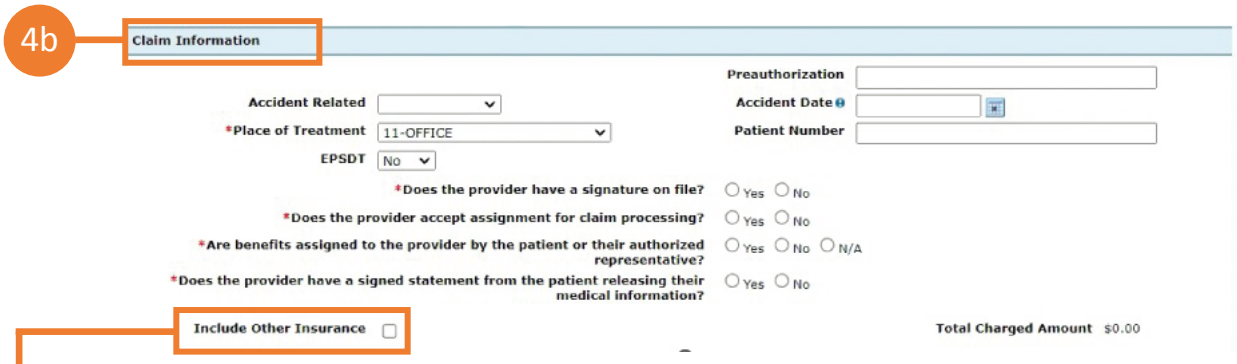


4a. • After selecting your claim type, enter the following information for **Step 1** as shown on the **Submit a Claim** screen.

- **Provider Information** (enter all applicable information):
  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: Enter the NPI number of the performing provider in the **Performing Provider ID** field.





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

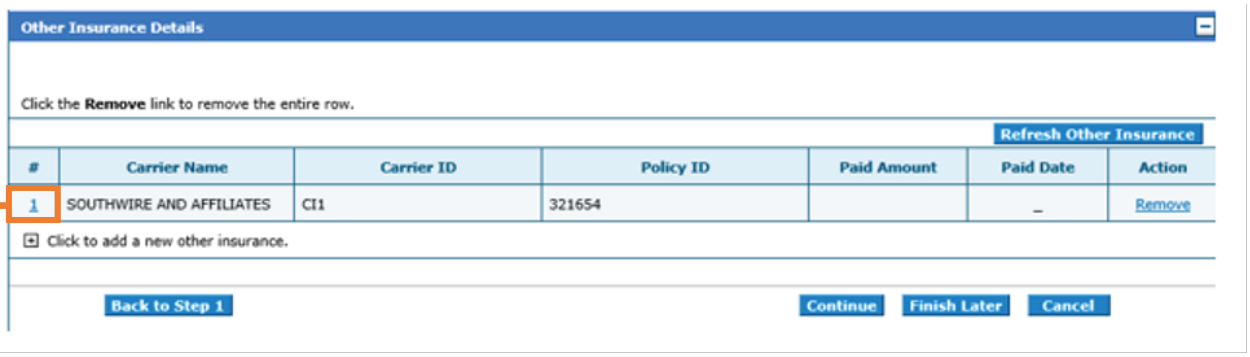
- **Claim Information** (enter all applicable information available): **Preauthorization, Accident Related, Accident Date, Place of Treatment, Patient Number, EPSDT (only if an EPSDT screening has been completed),** four "yes/no" questions.

Note: If the beneficiary has other insurance, check this box before clicking **Continue.** If there is no other insurance to enter, click **Continue** to complete this step.

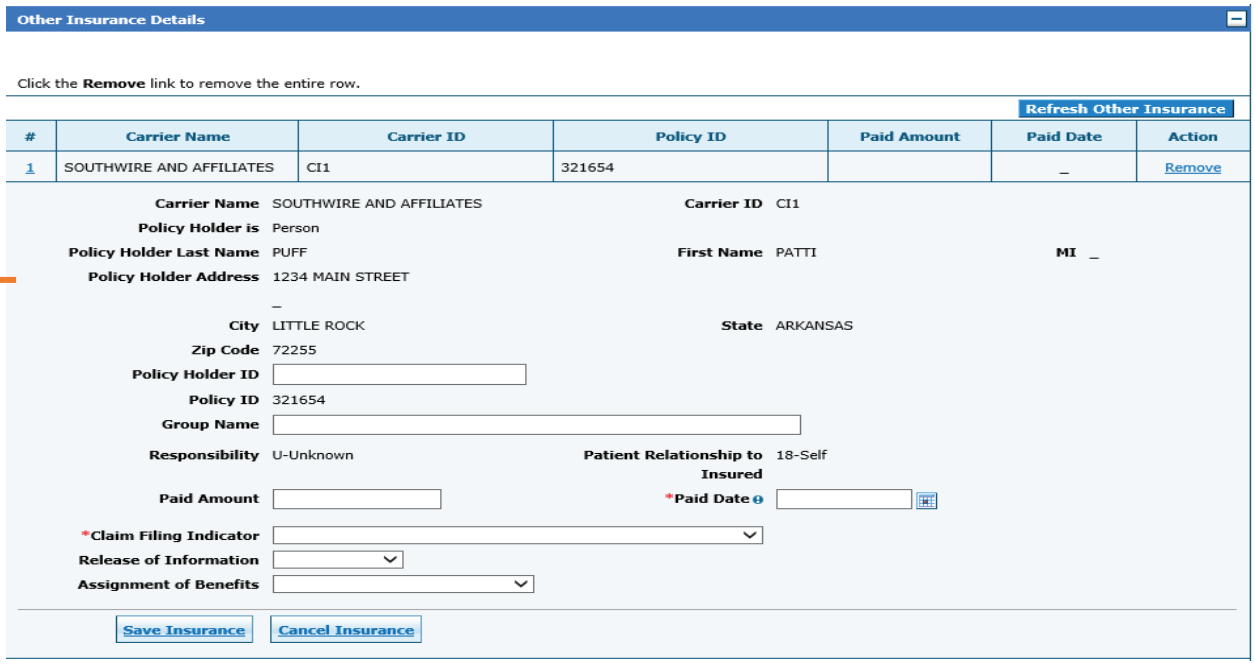
Fields marked with a red asterisk are required.

If you choose the “Include Other Insurance” option and select “Continue” on Step 1, it will bring you to the bottom of Step 2 which shows the panel for “Other Insurance Details.”

If not applicable, proceed to Step #5.

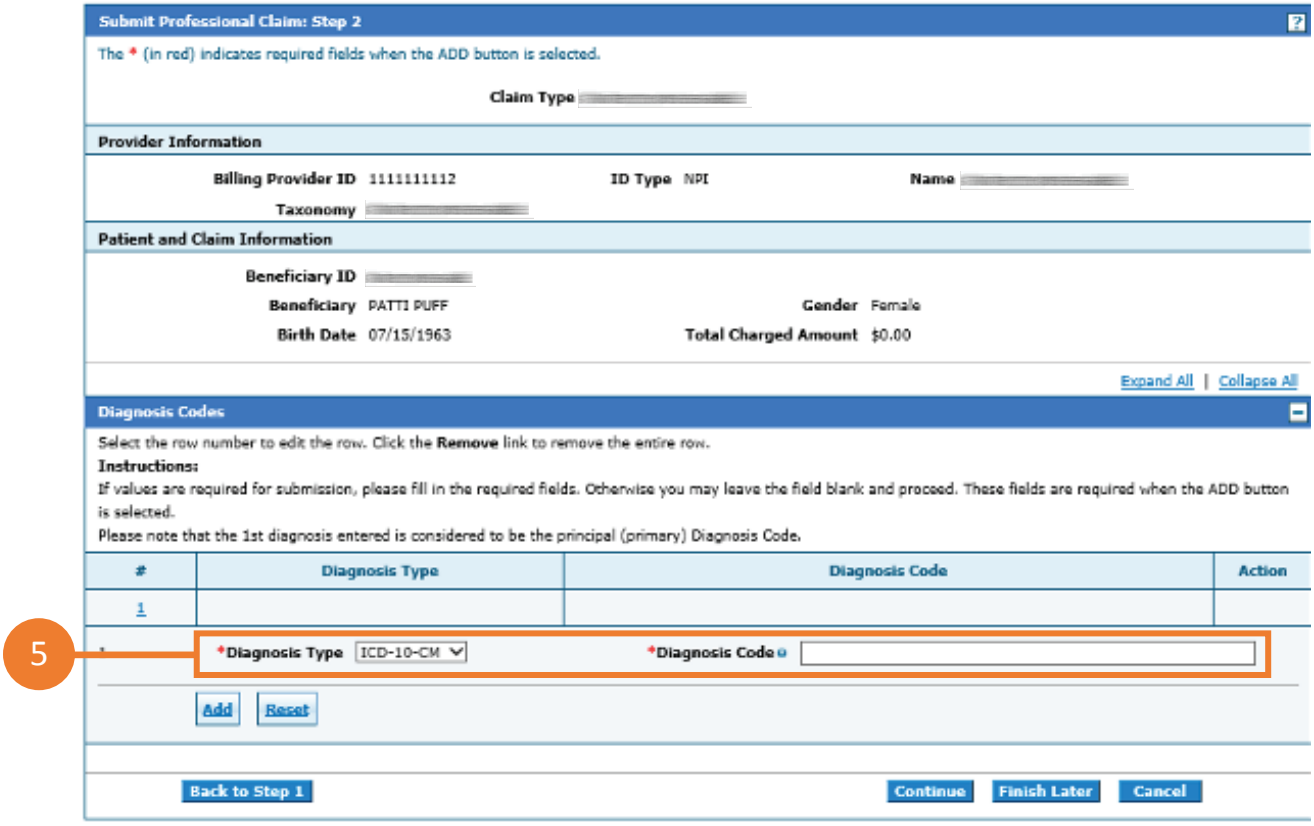


Click on the number next to the correct primary payor to enter all of the other insurance information. If you do not see the correct carrier listed, simply click the **+** to add the appropriate carrier and other insurance details.



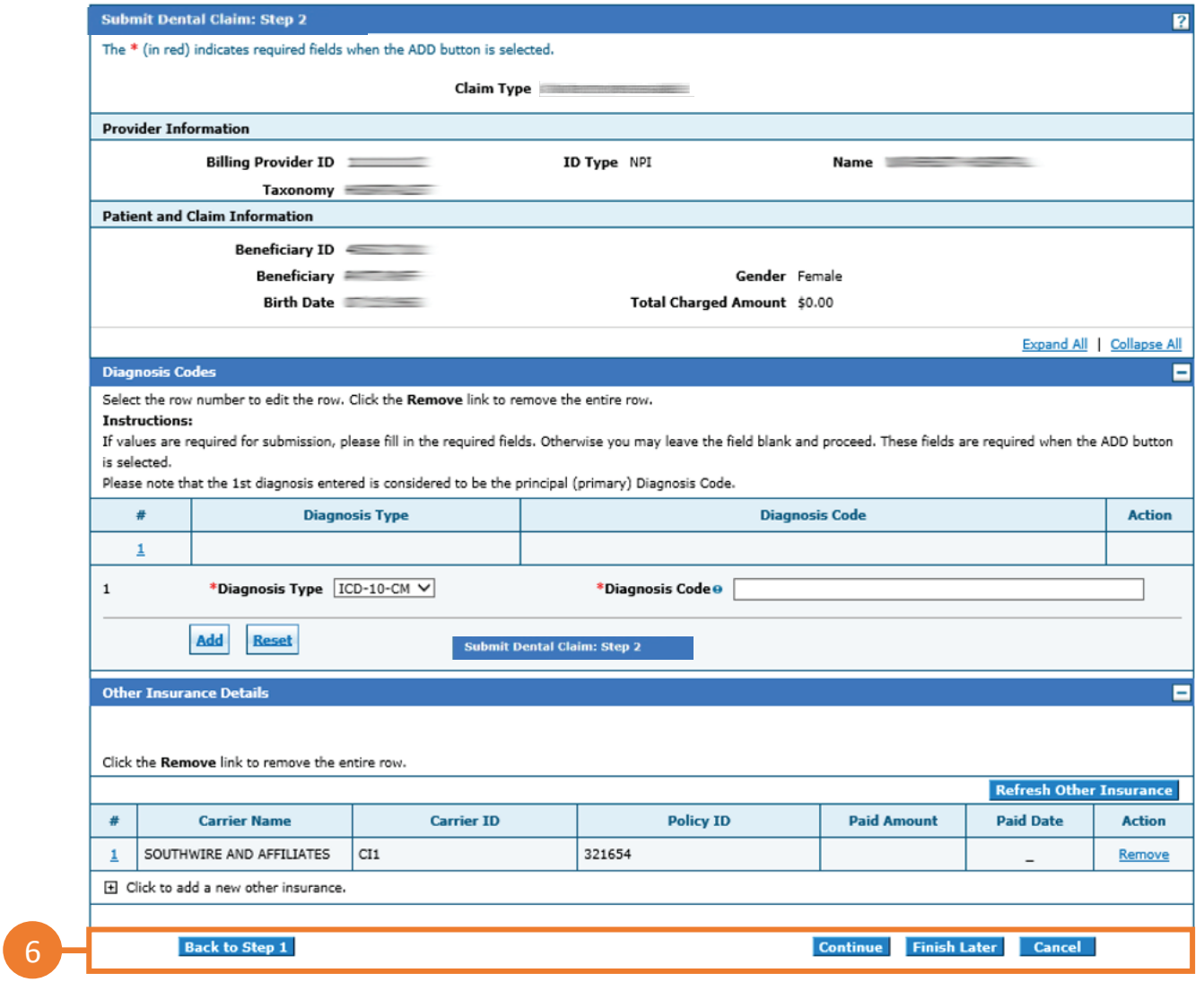
Once the information has been entered and all questions have been answered, select **Save Insurance**.

Fields marked with a red asterisk are required.



5. **Diagnosis codes are not required for dental claims. If opting to add diagnosis codes, follow the directions below:**

- **Diagnosis Codes:** Select **Diagnosis Type** (required) and enter a **Diagnosis Code** (required).



6. Click **Continue** to advance to Step 3. Click **Finish Later** if you want to save your claim. Click **Cancel** to cancel the claim or **Back to Step 1** to return to the first step.

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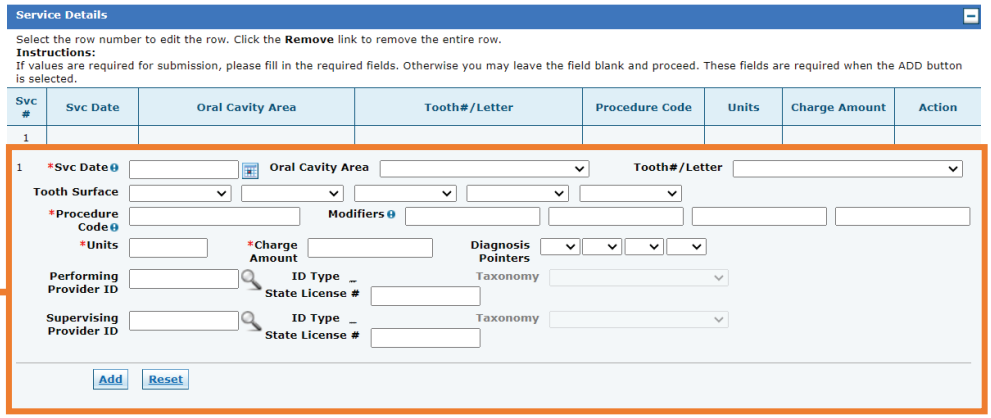

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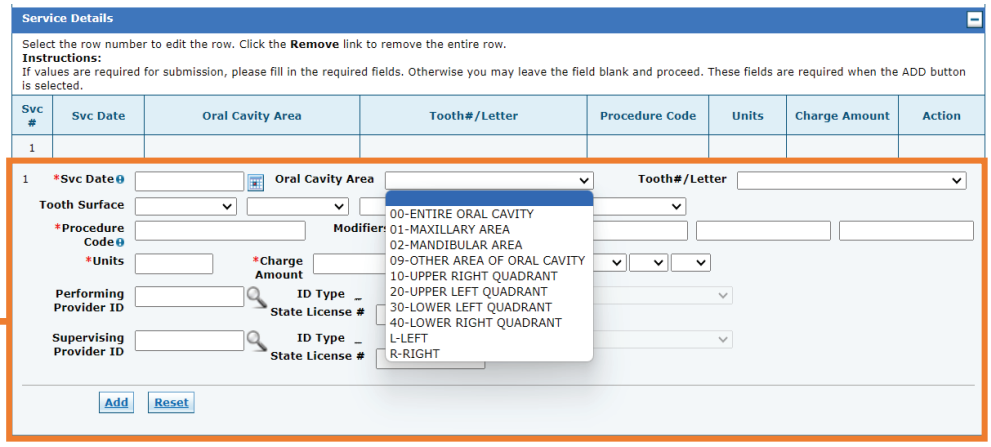

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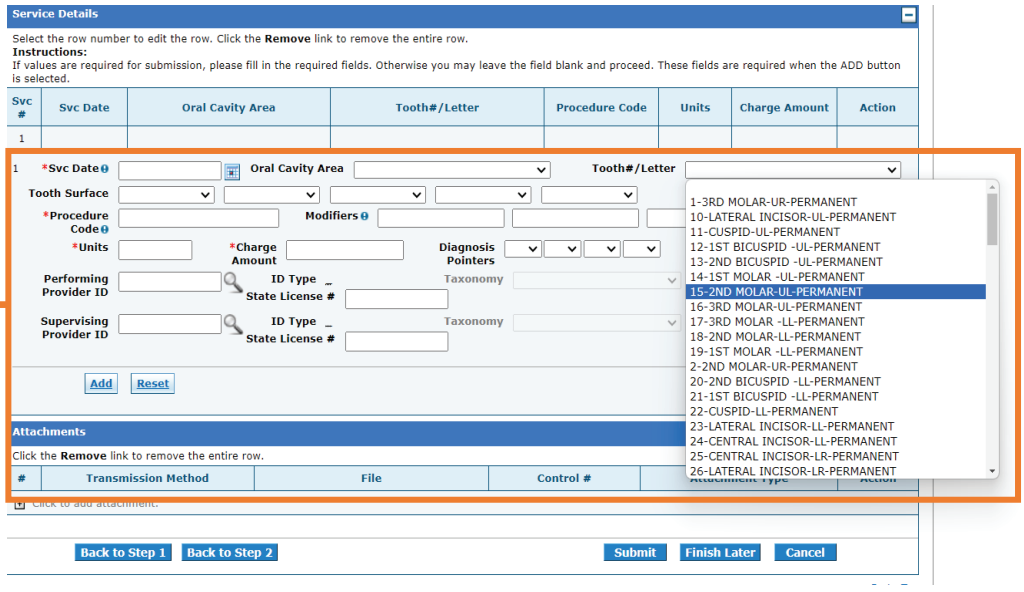

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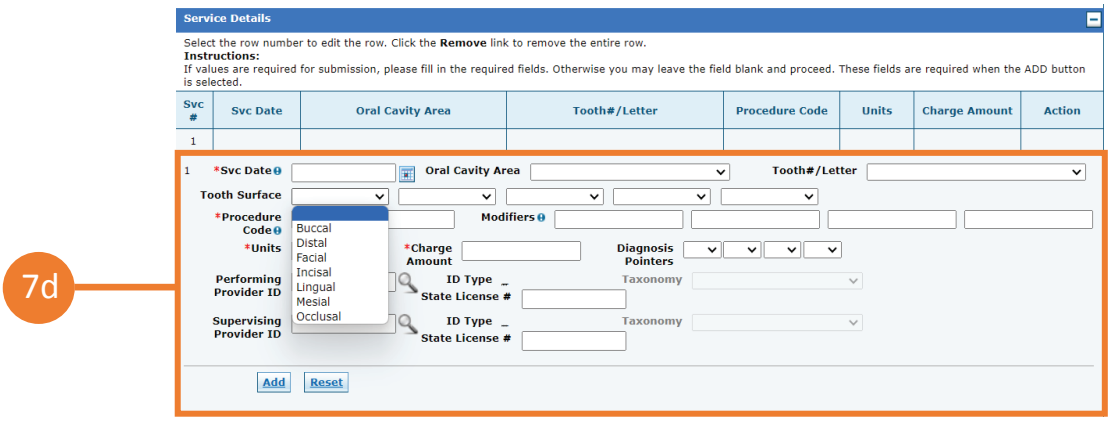
For more information call **1-800-457-4454**

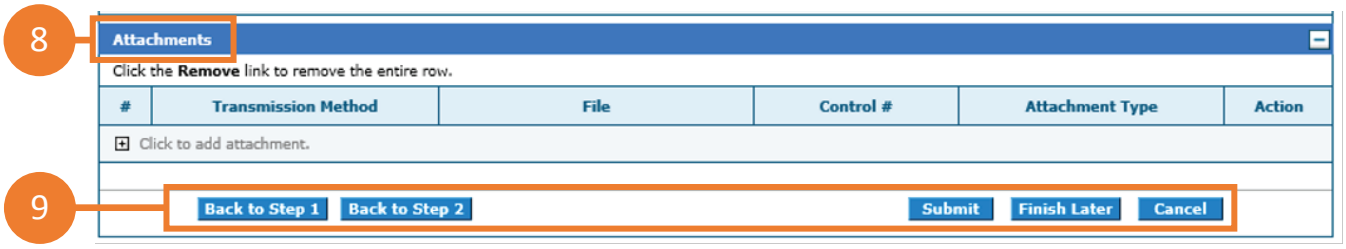


7. Continue filling out claim information for **Step 3** as shown on the **Submit a Claim** screen (information at the top of the screen will auto-populate based on what you entered in steps 1 and 2). ***Note: Not all fields are mandatory; please fill in only those marked with a red asterisk and any other relevant fields.***

- **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.

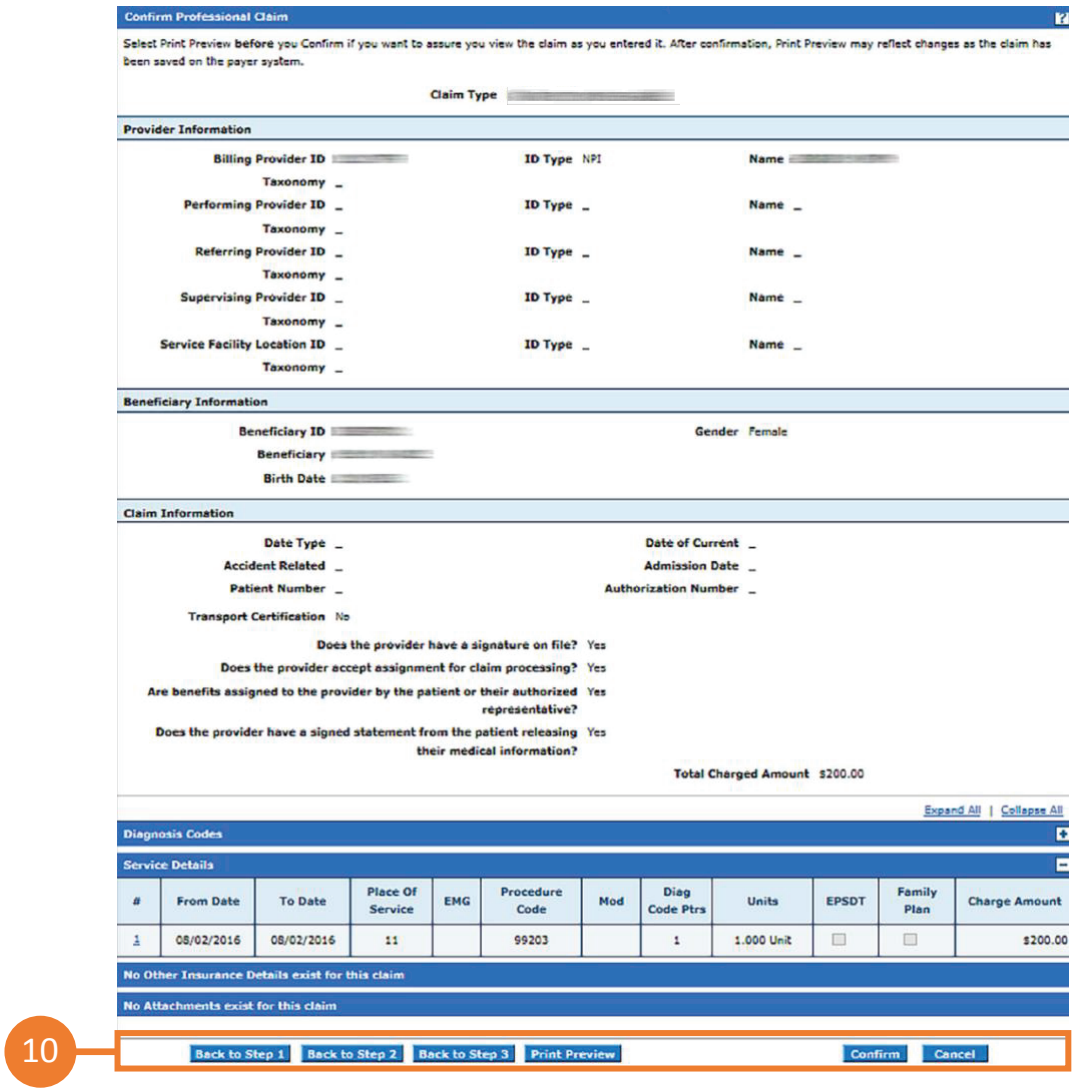
  To add a detail, populate any data that applies for the following fields and click "**Add**": **Svc Date; Oral Cavity Area, Tooth#/Letter, Tooth Surface, Procedure Code, Modifiers, Units, Charge Amount, Performing Provider ID, ID Type State License #, Supervising Provider ID, ID Type State License #.** To remove data populated for a detail, but not yet added, click **Reset.**

Please note: Limited orthodontic treatment services are NOT covered under codes D8020, D8030, or D8040. However, providers can bill Medicaid for limited orthodontic treatment under code D8999.

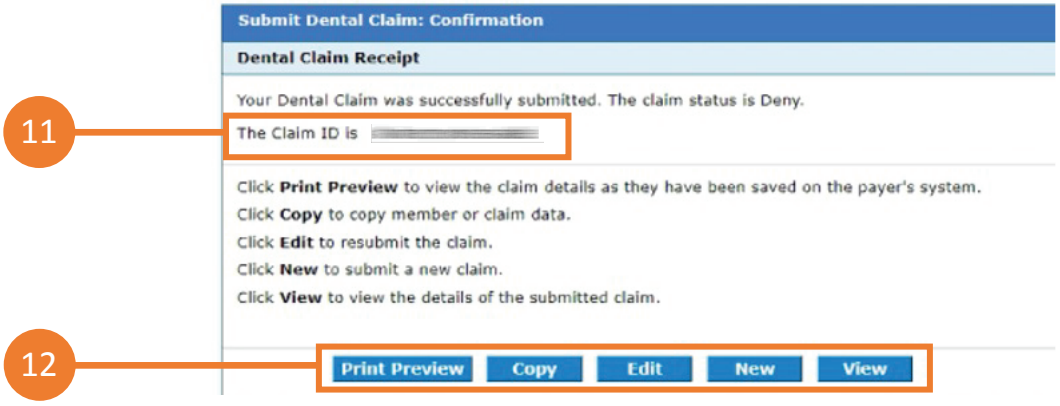


8. Attachments: Click the **+** to upload any attachments/documents that apply to the claim. Skip this step if there are no attachments.

9. 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.



10. 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.



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

12. 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. ***Note: Edit may also be used to adjust a paid claim.***