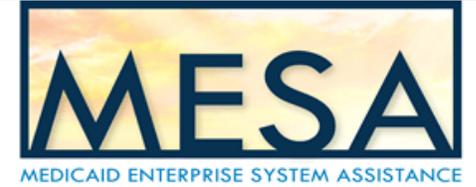




MESA Provider Portal

Professional Claims Submissions



The Provider Portal allows you to:

- Enter claims directly on the portal and send them to the Medicaid Enterprise System (MES) for processing. Claims are processed in real time with the claim status instantly returned to the user.
- Search for and view previously entered claims.
- Use the copy capabilities to reuse previously entered information on new claims.
- Easily find the appropriate Remittance Advice (RA) using either claim or payment information.
- Void and replace claims when necessary.

Welcome to the MESA Provider Portal

Home Eligibility **Claims** Care Management Patient Health History Files Exchange Resources

Home Friday 06/11/2021 05:40 PM CST

Click the Claims tab

Provider Name BOGUS PROVIDER NAME **Role IDs** 099999998
Location 099999998 - BOGUS PROVIDER NAME **Taxonomy** 208D00000X-General Practice

User Details
Welcome Melissa
▶ [My Profile](#)
▶ [Manage Accounts](#)

Provider
Name BOGUS PROVIDER NAME
Provider ID 099999998
Location ID 099999998
▶ [Characteristics](#)

Provider Services
▶ [Member Focused Viewing](#)
▶ [Search Payment History](#)
▶ [EHR Incentive Program](#)

MESA
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

Welcome Health Care Professional!
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.

[Sign Up to Receive News](#)
[Secure Correspondence](#)

Latest News
▶ [Late Breaking News](#)
▶ [Provider Bulletins](#)
▶ [UM/QIO](#)
▶ [Report Fraud](#)

To submit Professional Claims, start on the home screen and select the claims tab

The screenshot displays the Mississippi Division of Medicaid website interface. At the top left is the logo for the Mississippi Division of Medicaid. A search bar and a green search icon are located at the top right. Below the logo is a navigation menu with tabs for Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, and Resources. The Claims tab is currently selected and highlighted. Underneath the navigation menu, there are links for Search Claims, Submit Claim Dental, Submit Claim Inst, Submit Claim Prof (which is highlighted with a yellow box), Submit Claim Pharm, and Search Payment History. The main content area shows the Claims section with a yellow callout box that says "Click the Submit Claims Prof subtab". Below this, there is a form with fields for Provider Name (BOGUS PROVIDER NAME) and Location (099999998 - BOGUS PROVIDER NAME). A dropdown menu is visible next to the Location field, showing "000X-General Practice". At the bottom left of the page, there is a link for Privacy.

MISSISSIPPI DIVISION OF
MEDICAID

Text Size | [Logout](#)

Home | **Eligibility** | **Claims** | **Care Management** | **Patient Health History** | **Files Exchange** | **Resources**

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | **[Submit Claim Prof](#)** | [Submit Claim Pharm](#) | [Search Payment History](#)

Claims Tuesday 07/20/2021 02:19 PM CST

Provider Name BOGUS PROVIDER NAME
Location 099999998 - BOGUS PROVIDER NAME

Click the Submit Claims Prof subtab

Claims

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Inst](#)
- ▶ [Submit Claim Prof](#)
- ▶ [Submit Claim Pharm](#)
- ▶ [Search Payment History](#)

[Privacy](#)

From the claims tab, select Professional Claim

Home	Eligibility	Claims	Care Management	Patient Health History	Files Exchange	Resources
Search Claims Submit Claim Dental Submit Claim Inst Submit Claim Prof Submit Claim Pharm Search Payment History						
Claims > Submit Claim Prof				Submit Professional Claim - Step 1		Friday 06/11/2021 05:42 PM CST
Provider Name BOGUS PROVIDER NAME		Role IDs 099999998				
Location 099999998 - BOGUS PROVIDER NAME		Taxonomy 208D00000X-General Practice				
Submit Professional Claim: Step 1 ?						
* Indicates a required field.						
			Claim Type Professional			
Provider Information						
Billing Provider ID 099999998		ID Type Medicaid ID		Name BOGUS PROVIDER NAME		
Taxonomy 208D00000X-General Practice						
Performing Provider ID <input type="text"/>		ID Type NPI		Name ..		
Taxonomy ..						
Referring Provider ID <input type="text"/>		ID Type NPI		Name ..		
Taxonomy ..						
Supervising Provider ID <input type="text"/>		ID Type NPI		Name ..		
Taxonomy ..						
Member Information						
*Member ID <input type="text"/>						
Last Name ..				First Name ..		
Birth Date ..						
Address <input type="text"/>						
Address Line 2 <input type="text"/>						
City <input type="text"/>						

The submit claim screen opens to step 1

Home | Eligibility | **Claims** | Care Management | Patient Health History | Files Exchange | Resources

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

[Claims](#) > Submit Claim Prof Submit Professional Claim - Step 1 Friday 06/11/2021 05:42 PM CST

Provider Name BOGUS PROVIDER NAME **Role IDs** 099999998
Location 099999998 - BOGUS PROVIDER NAME **Taxonomy** 208D00000X-General Practice

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type Professional

Professional
Crossover Professional

Provider Information

Billing Provider ID 099999998	ID Type Medicaid ID	Name BOGUS PROVIDER NAME
Taxonomy 208D00000X-General Practice		
Performing Provider ID <input type="text"/>	ID Type NPI	Name ..
Taxonomy ..		
Referring Provider ID <input type="text"/>	ID Type NPI	Name ..
Taxonomy ..		
Supervising Provider ID <input type="text"/>	ID Type NPI	Name ..
Taxonomy ..		

Member Information

*Member ID <input type="text"/>	
Last Name ..	First Name ..
Birth Date ..	
Address <input type="text"/>	
Address Line 2 <input type="text"/>	
City <input type="text"/>	

Start by selecting Professional in the claim type drop down.

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

<p>Billing Provider ID 099999998</p> <p>Taxonomy 208D00000X-General Practice</p> <p>Performing Provider ID <input type="text"/> </p> <p>Taxonomy --</p> <p>Referring Provider ID <input type="text"/> </p> <p>Taxonomy --</p> <p>Supervising Provider ID <input type="text"/> </p> <p>Taxonomy --</p>	<p>ID Type Medicaid ID</p> <p>Name BOGUS PROVIDER NAME</p> <p>ID Type NPT</p> <p>Name --</p> <p>Name --</p> <p>Name --</p>
---	--

Click the corresponding magnifying glass icon to search for a performing, referring, or supervising provider

Member Information

<p>*Member ID <input type="text"/></p> <p>Last Name --</p> <p>Birth Date --</p> <p>Address <input type="text"/></p> <p>Address Line 2 <input type="text"/></p> <p>City <input type="text"/></p>	<p>First Name --</p>
---	-----------------------------

In the Provider section, the Provider's information is auto populated from the Secure Portal.

Provider ID Search [Back to Claim](#) ?

Search By ID **Search By Name** Search By Organization

** Indicates a required field.*

***Provider ID** **Provider ID Type** NPI

Taxonomy 363L00000X-Nurse Practitioner ▼

Click a tab to select search criteria

Search Results: NPI 1073737318 ?

Total Records: 2

<u>Provider ID</u> ▲	<u>Provider Name</u>	<u>Taxonomy</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
	PROVIDER E W SMITH JONES	363L00000X-Nurse Practitioner				38133-4062
	PROVIDER SMITH JONES	363L00000X-Nurse Practitioner				38655

In the Provider search tab, you may search by Provider ID, name or Organization.

Once completed, click search, and search results appear below. Click the Provider ID to add.

Taxonomy	208D00000X-General Practice	
Performing Provider ID	<input type="text" value=""/>	ID Type NPI
Name	PROVIDER SMITH JONES	
*Taxonomy	363L00000X-Nurse Practitioner	
Referring Provider ID	<input type="text" value=""/>	ID Type NPI
Name	..	
Taxonomy	...	
Supervising Provider ID	<input type="text" value=""/>	ID Type NPI
Name	..	
Taxonomy	...	
Member Information		
*Member ID	<input type="text" value=""/>	
Last Name	TRAINING	First Name MEMBERBOY
Birth Date	<input type="text" value=""/>	
Address	<input type="text" value=""/>	
Address Line 2	<input type="text" value=""/>	
City	OLIVE BRANCH	
State	Mississippi	Zip Code 386544841
Claim Information		
Date Type	<input type="text" value=""/>	Date of Current <input type="text" value=""/>
Accident Related	<input type="text" value=""/>	Admission Date <input type="text" value=""/>
Patient Number	<input type="text" value=""/>	Authorization Number <input type="text" value=""/>
*Transport Certification	<input type="radio"/> Yes <input checked="" type="radio"/> No	
*Does the provider have a signature on file?	<input type="radio"/> Yes <input type="radio"/> No	
*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	

Once you've entered the Member ID, additional Member information will auto populate.

Taxonomy	208D00000X-General Practice	
Performing Provider ID	<input type="text"/>	ID Type NPI
Name	<input type="text"/>	
*Taxonomy	363L00000X-Nurse Practitioner	
Referring Provider ID	<input type="text"/>	ID Type NPI
Name	..	
Taxonomy	..	
Supervising Provider ID	<input type="text"/>	ID Type NPI
Name	..	
Taxonomy	..	

Member Information

*Member ID	<input type="text"/>	First Name	MEMBERBOY
Last Name	TRAINING		
Birth Date	<input type="text"/>		
Address	<input type="text"/>		
Address Line 2	<input type="text"/>		
City	OLIVE BRANCH		
State	Mississippi	Zip Code	386544841

Claim Information

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Admission Date	<input type="text"/>
Patient Number	<input type="text"/>	Authorization Number	<input type="text"/>
*Transport Certification	<input type="radio"/> Yes <input checked="" type="radio"/> No		
*Does the provider have a signature on file?	<input type="radio"/> Yes <input type="radio"/> No		
*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		

Next, in the claim section, if there is a first date of illness, injury or Pregnancy, select from the date type dropdown. Once completed, answer the required questions and click continue.

Submit Professional Claim: Step 2



* Indicates a required field.

Add diagnoses

Claim Type Professional

Provider Information

Billing Provider ID 099999998

ID Type Medicaid ID

Name BOGUS PROVIDER NAME

Taxonomy 208D00000X-General Practice

Patient and Claim Information

Member ID 664240512

Member MEMBERBOY B
TRAINING

Gender Male

Birth Date 10/06/2006

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.

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

#	Diagnosis Type	Diagnosis Code	Action
1			

1

*Diagnosis Type ICD-10-CM

*Diagnosis Code

Add

Reset

[Back to Step 1](#)

[Continue](#)

[Cancel](#)

In step 2, a prompt will be populated to add the diagnosis codes

Submit Professional Claim: Step 2



* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 099999998

ID Type Medicaid ID

Name BOGUS PROVIDER NAME

Taxonomy 208D00000X-General Practice

Patient and Claim Information

Member ID 664240512

Member MEMBERBOY B
TRAINING

Gender Male

Birth Date 10/06/2006

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

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>			

1

*Diagnosis Type ICD-10-CM

*Diagnosis Code

Add

Reset

[Back to Step 1](#)

[Continue](#)

[Cancel](#)

The default Diagnosis Type is ICD-10

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>			

1 *Diagnosis Type *Diagnosis Code

R07-PAIN IN THROAT AND CHEST
 R070-PAIN IN THROAT
 R071-CHEST PAIN ON BREATHING
 R072-PRECORDIAL PAIN
 R078-OTHER CHEST PAIN
 R0781-PLEURODYNIA
 R0782-INTERCOSTAL PAIN
 R0789-OTHER CHEST PAIN

A list of codes will appear as you type. You may select a code from the list or continue typing. Once the Diagnosis is entered, you can select Add. To add multiple codes, repeat this process or click continue to move forward with the claim.

Submit Professional Claim: Step 3 ?

* Indicates a required field.

Enter Service Details and attach documents

Claim Type Professional

Provider Information

Billing Provider ID 099999998 **ID Type** Medicaid ID **Name** BOGUS PROVIDER NAME
Taxonomy 208D00000X-General Practice

Patient and Claim Information

Member ID 664240512 **Gender** Male
Member MEMBERBOY B TRAINING
Birth Date 10/06/2006 **Total Charged Amount** \$0.00

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

Diagnosis Codes +

Service Details -

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>							

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT

Clia Number Authorization Number

Step 3 allows you to add service details and attach documents

Service Details -

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>							

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type Unit EPSDT

Cla Number Authorization Number

Referring Provider ID ID Type Taxonomy

Performing Provider ID ID Type

Hint: It is best practice to tab to the fields when entering information

NDCs for Svc. # 1 +

Attachments -

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

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

When entering the claim information, it is best to tab to each field. This is to ensure you start at each portion of the field.

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>							

1 *From Date 05/04/2021 To Date *Place of Service EMG

*Procedure Code *Diagnosis Pointers

*Charge Amount Unit EPSDT

Clia Number

Referring Provider ID ID Type NPI Taxonomy ...

Performing Provider ID ID Type NPI Taxonomy ...

NDCs for Svc. # 1

Attachments

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

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

There is no need to complete the To Date field if the From and To Dates are the same

Enter the service dates starting with the first DOS. If the from and to dates are the same, you may tab through the fields and the date will auto populate. If the dates are no the same, enter the to date.

Service Details

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

Svc #	From Date	To Date	Place of Service	Charge Amount	Units	Action
<u>1</u>						

Type 1 in the Place of Service field to quickly enter 11-Office

1 *From Date 05/04/2021 To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type Unit EPSDT

Clia Number Authorization Number

Referring Provider ID ID Type NPI Taxonomy

Performing Provider ID ID Type NPI Taxonomy

NDCs for Svc. # 1

Attachments

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

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

You can quickly select POS 11 by placing 1 in the POS field.
 A dropdown will populate, and you may select any place of service that is applicable.

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>							

1 *From Date 05/04/2021 To Date *Place of Service 11-Office EMG

*Procedure Code 99213 Modifiers *Diagnosis Pointers

99211-OFFICE O/P EST MINIMAL PROB
 99212-OFFICE O/P EST SF 10-19 MIN
 99213-OFFICE O/P EST LOW 20-29 MIN
 99214-OFFICE O/P EST MOD 30-39 MIN
 99215-OFFICE O/P EST HI 40-54 MIN
 99217-OBSERVATION CARE DISCHARGE
 99218-INITIAL OBSERVATION CARE
 99219-INITIAL OBSERVATION CARE
 G9921-NO OR PART SCRND RNG OR OS
 Q9921-INJECTION OF EPO, PER 1000 UNI

EPSDT

Add **Reset**

Attachments

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

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

Back to Step 1 **Back to Step 2** **Submit** **Cancel**

Next, Enter the HCPCS or CPT code in the procedure code field. As you type, a list of CPT code will appear for you to choose from.

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>							

1 *From Date 05/04/2021 To Date *Place of Service 11-Office EMG

*Procedure Code 99213 Modifiers *Diagnosis Pointers

*Charge Amount *Units EPSDT

Clia Number Authoriz

Referring Provider ID ID Type

Performing Provider ID ID Type NPI Taxonomy

Enter up to 4 modifiers in the Modifiers fields

NDCs for Svc. # 1

Add Reset

Attachments

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

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

Back to Step 1 Back to Step 2 Submit Cancel

Enter any modifiers in the modifier field. The Portal allows up to 4 modifiers.

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>							

1 *From Date 05/04/2021 To Date *Place of Service 11-Office EMG

*Procedure Code 99213 Modifiers 25 *Diagnosis Pointers

*Charge Amount *Units *Unit Type Unit EPSDT

Clia Number Authorization Number

Referring Provider ID ID Type NPI Taxonomy

Performing Provider ID ID Type NPI Taxonomy

Type the diagnosis pointers for the line in the Diagnosis Pointers fields

NDCs for Svc. # 1

Add Reset

Attachments

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

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

Back to Step 1 Back to Step 2 Submit Cancel

Type the diagnosis pointers for the line in the diagnosis fields.
The portal accepts up to 4 diagnosis pointers.

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>							

1 *From Date 05/04/2021 To Date *Place of Service 11-Office EMG

*Procedure Code 99213 Modifiers 25 *Diagnosis Pointers 1 2

*Charge Amount \$ Unit EPSDT

Enter the amount charged for the service line in the Charge Amount field

Clia Number Referring Provider ID Performing Provider ID ID Type NPI Taxonomy

NDCs for Svc. # 1

Add Reset

Attachments

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

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

Back to Step 1 Back to Step 2 Submit Cancel

Enter the amount charged for the service line in the Charge Amount field.
For best results, start at the far left of the charge amount field to ensure accuracy.

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>							

1 *From Date 05/04/2021 To Date *Place of Service 11-Office EMG

*Procedure Code 99213 Modifiers 25 *Diagnosis Pointers 1 2

*Charge Amount 150.00 *Units 1 *Unit Type Unit EPSDT

Clia Number Referring Provider ID Performing Provider ID

Authorization Number ID Type NPI Taxonomy ID Type NPI Taxonomy

If necessary, select the unit type from the drop-down list

NDCs for Svc. # 1

Add Reset

Attachments

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

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

Back to Step 1 Back to Step 2 Submit Cancel

Tab to units to add the units in the units' field

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>							

1 *From Date 05/04/2021 To Date *Place of Service 11-Office EMG

*Procedure Code 99213 Modifiers 25

*Charge Amount 150.00 *Units 1.000 *Unit Type Unit EPSDT

Clia Number Authorization Number

Referring Provider ID ID Type NPI Taxonomy

Performing Provider ID ID Type NPI Taxonomy

Select the EPSDT check box if the claim is an Early and Periodic Screening, Diagnostic and Treatment claim

Select EPSDT and enter the CLIA and/or Authorization Number when applicable. If any referring or performing Provider information should be entered, use the magnifying glass to find the correct Provider, Location combination

NDCs for Svc. # 1

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type, Prescription Date).

Code Type

NDC/UPN

Quantity

Unit of Measure

Prescription Number

Prescription Type

Prescription Date

Add

Reset

If an NDC is required, select the dropdown and enter the NDC information.
When entering the NDC, you must also add the Code Type, Quantity and Unit of Measure.
Click Add.

NDCs for Svc. # 3 +

Attachments -

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

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

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

#	Transmission Method	Control #	Attachment Type	Action
	File			

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

***Transmission Method**

***Upload File**

***Attachment Type**

Description

Click the plus next to Click to add attachment

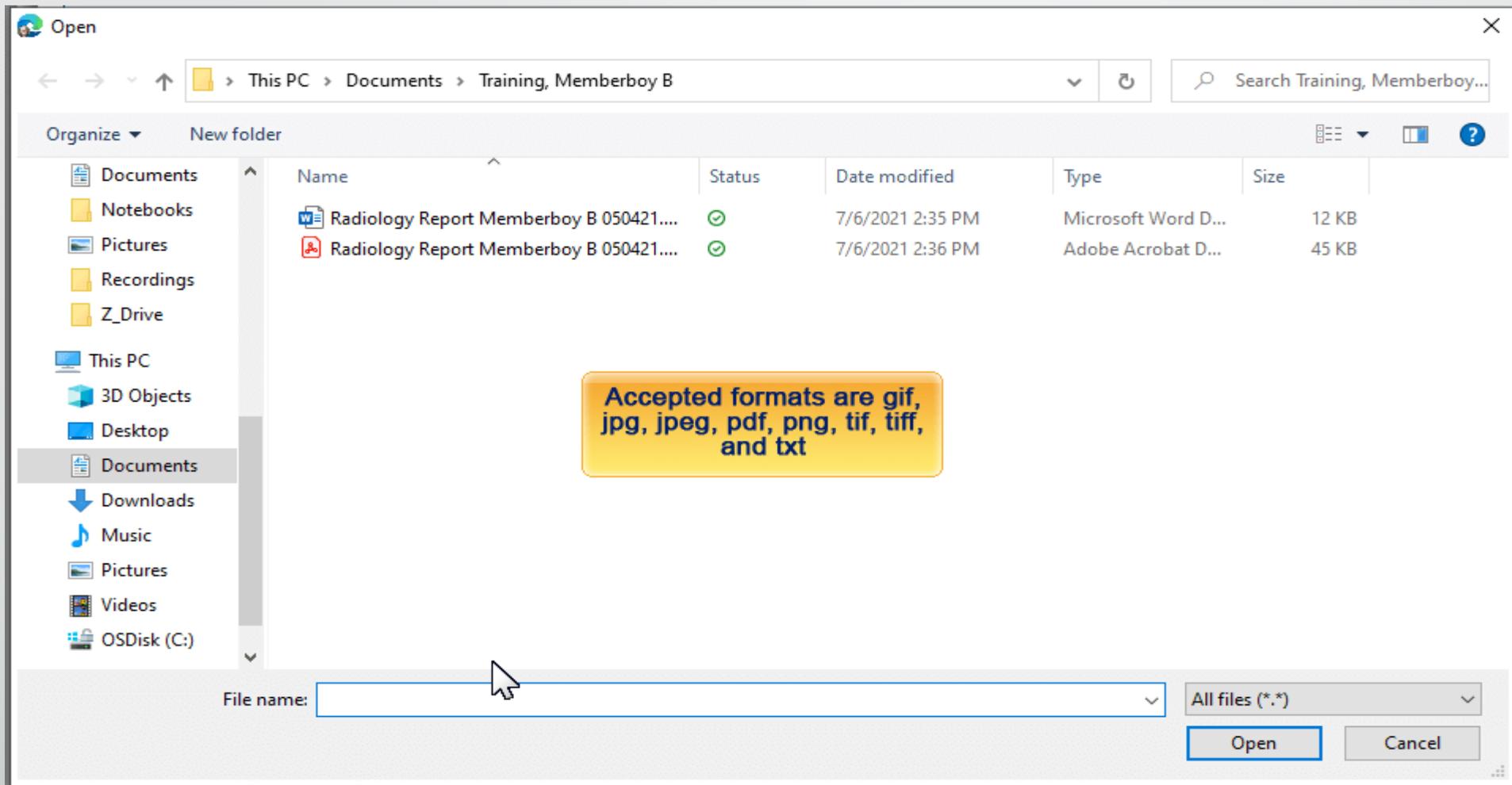
Select the transmission method from the Transmission Method drop-down list

FT-File Transfer

FT-File Transfer

NOTSPECIFIED-NOTSPECIFIED

In the attachment section, you may add attachments. Select transmission method, upload file and attachment type.



Select the file on your computer and click open.

#	Transmission Method	File	Control #	Attachment Type	Action												
<input type="checkbox"/> Click to collapse.																	
<p>*Transmission Method <input type="text" value="FT-File Transfer"/></p> <p>*Upload File <input type="button" value="Choose File"/> Radiology Re... B 050421.pdf</p> <p>*Attachment Type <input type="text" value=""/></p> <p>Description</p> <ul style="list-style-type: none"> PY-Physician's Report PZ-Physical Therapy Certification RB-Radiology Films RR-Radiology Reports RT-Report of Tests and Analysis Report RY-Respirable Oxygen Content Averaging Report <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p>																	
<p>Attachments <input type="button" value="Collapse"/></p> <p>Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td>FT-File Transfer</td> <td>Radiology Report Memberboy B 050421.pdf (60K)</td> <td>20210706164433437636</td> <td>RR-Radiology Reports</td> <td>Remove</td> </tr> </tbody> </table> <p><input type="checkbox"/> Click to add attachment.</p>						#	Transmission Method	File	Control #	Attachment Type	Action	<u>1</u>	FT-File Transfer	Radiology Report Memberboy B 050421.pdf (60K)	20210706164433437636	RR-Radiology Reports	Remove
#	Transmission Method	File	Control #	Attachment Type	Action												
<u>1</u>	FT-File Transfer	Radiology Report Memberboy B 050421.pdf (60K)	20210706164433437636	RR-Radiology Reports	Remove												
<p><input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/></p>																	

Make a selection from the Attachment Type drop-down list

If you have additional documents to attach, complete these steps.
If you are finished, click submit.

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 \$250.00

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

Diagnosis Codes +

Service Details -

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	Rate	Amount
<u>1</u>	05/04/2021	05/04/2021	11		99213	25	1,2	1		\$150.00
<u>2</u>	05/04/2021	05/04/2021	11		71046	26	1	1.000 Unit	<input type="checkbox"/>	\$100.00

Attachments +

No Other Insurance Details exist for this claim

Back to Step 1 Back to Step 2 Back to Step 3 Print Preview
Confirm Cancel

[Go to Top](#)

Click a Plus/Minus icon to open and close sections for easier viewing

Once you've completed all steps, you'll have the opportunity to review your entries before confirming. If all information is correct, click confirm.

MISSISSIPPI DIVISION OF MEDICAID

Text Size | [Logout](#)

[Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Patient Health History](#) | [Files Exchange](#) | [Resources](#)

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Submit Claim Pharm](#) | [Search Payment History](#)

[Claims](#) > Claim Receipt Thursday 06/24/2021 12:29 AM CST

Provider Name BOGUS PROVIDER NAME **Role IDs** 099999998
Location 099999998 - BOGUS PROVIDER NAME **Taxonomy** 208D00000X-General Practice

Submit Professional Claim: Confirmation ?

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Finalized Payment.

The Claim ID is **222117500001**.

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](#)

[Privacy](#)

The Claim Confirmation Page appears with the claim ID and multiple options. You may print preview, copy the claim information, edit, start a new claim or view. If you are finished, you may select the home button, or log out of the secure Portal.



Submitting a Professional Crossover Claim

[Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Patient Health History](#) | [Files Exchange](#) | [Resources](#)

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Submit Claim Pharm](#) | [Search Payment History](#)

[Claims](#) > [Submit Claim Prof](#) Thursday 07/15/2021 10:48 PM CST

Provider Name BOGUS PROVIDER NAME **Role IDs** 099999998
Location 099999998 - BOGUS PROVIDER NAME **Taxonomy** 208D00000X-General Practice

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type Crossover Professional

Provider Information

Billing Provider BOGUS PROVIDER NAME
Taxonomy ...
Performing Provider ...
Taxonomy ...
Referring Provider ...
Taxonomy ...
Supervising Provider ID **ID Type** NPI **Name** ...
Taxonomy ...

Professional Crossover Claims

Enter as you would any other claim with other coverage, plus:

- Select the Crossover Professional Claim Type
- Complete the line-level Medicare Crossover Details
- Attach a copy of the Explanation of Medicare Benefits (EOMB)

Member Information

***Member ID** 591869055
Last Name TRAINING **First Name** MEMBER
Birth Date 03/12/1946
Address 58 W MADISON ST
Address Line 2
City COLUMBUS

Once you are logged into the secure Portal, select claim type and enter the Member's ID

Birth Date 03/12/1946

Address [REDACTED]

Address Line 2 [REDACTED]

City COLUMBUS

State Mississippi

Zip Code 397028501

Claim Information

Date Type [REDACTED]

Accident Related [REDACTED]

Patient Number [REDACTED]

Date of Current [REDACTED]

Admission Date [REDACTED]

Authorization Number [REDACTED]

*Transport Certification Yes No

*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

Medicare Crossover Details

Allowed Medicare Amount \$0.00

Deductible Amount 0.00

Medicare Payment Amount 0.00

Copay Amount 0.00

Co-insurance Amount 0.00

Psychiatric Services Amount 0.00

Medicare Payment Date [REDACTED]

[Continue](#) [Cancel](#)

Scroll to the bottom of the window and you can find the Medicare Crossover Details. Do not complete this section in step 1. This will be completed in step 3. Click continue.

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

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>	ICD-10-CM	R071-CHEST PAIN ON BREATHING	Remove
<u>2</u>			

2 *Diagnosis Type *Diagnosis Code

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

NOTE: Please click **Remove** to discard any unrelated "Other Insurance", prior to submitting claim.

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
---	--------------	--------------	---------	-----------------------	-----------------	--------

Click to add a new other insurance.

[Go to Top](#)

Once the Diagnosis has been added, click the plus sign next under Other Insurance details to proceed to the next step

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
Refresh Other Insurance						
Click to collapse.						
*Carrier Name		Medicare Carrier		*Carrier Code		1234567
*Subscriber Last Name		Training		*First Name		Member
Subscriber Address				State		
				Country		
City				Complete required fields in the Other Insurance Details section		
Zip Code						
*Subscriber ID		76543				
*Group #		123456				
Group Name						
Insurance Type						
*Payer Responsibility		P-Primary		*Relationship to Subscriber		18-Self
*COB Payer Paid Amount		100.00		*Remittance Date		05/01/2021
Remaining Patient Liability				Payer Claim #		
Total Non-Covered Amount				Referral #		
Authorization #						
*Claim Filing Indicator		MB-Medicare Part B				
*Release of Information		Y-Yes				
Assignment of Benefits						
Patient Signature Source Code						
Outpatient Adjudication Information						
Reimbursement Rate				Claim HCPCS Payable Amount		
Remark: C-MS-1						

Now, you may add the Medicare information line by line.
Fields with red asterisk marks are all require fields

Group Name

Insurance Type

*Payer Responsibility *Relationship to Subscriber

*COB Payer Paid Amount *Remittance Date

Remaining Patient Liability

Total Non-Covered Amount

Authorization #

*Claim Filing Indicator

*Release of Information

Assignment of Benefits

Payer Claim #

Referral #

Patient Signature Source Code

Outpatient Adjudication Information

Reimbursement Rate

Claim HCPCS Payable Amount

Remark CoMS 1

Remark Code 2

Remark Code 3

Remark Code 4

Remark Co

Non-payable Professional Component Amount

Claim ESRD Payment Am

When you are done, click Add Insurance

[Go to Top](#)

Once all required information is completed, select Add Insurance before clicking continue.

Service Details

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

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

1 *From Date 04/27/2021 To Date *Place of Service 11-Office EMG

*Procedure Code 99212 Modifiers *Diagnosis Pointers 1

*Charge Amount 125.00 *Units 1.000 *Unit Type Unit EPSDT

Clia Number Referring Provider ID Performing Provider ID Authorization Number ID Ty ID Ty

Medicare Crossover Details

Allowed Medicare Amount	\$0.00	Co-insurance Amount	25.00
Deductible Amount	0.00	Psychiatric Services Amount	0.00
Medicare Payment Amount	100.00	Medicare Payment Date	05/01/2021
Copay Amount	0.00		

NDCs for Svc. # 1

Add Reset

Attachments

Once you've advance to step 3, enter the Medicare amounts and the Medicare Paid Date. Click Add

Other Insurance Details for Svc. # 1

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

#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action
1	1234567	99212-OFFICE O/P EST SF 10-19 MIN		\$100.00	05/01/2021	1.00	\$0.00	0	Remove

***Other Carrier** **Bundled into Line #**

***Procedure Code**

Modifiers

COB Payer Paid Amount ***Remittance Date** ***Paid Units**

Remaining Patient Liability

Other Insurance Reasons

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.

#	Group Code	Reason	Amount	Units of Service	Action
1	PR-Patient Responsibility	2-Coinsurance Amount	\$25.00		Remove

***Group Code**

***Reason**

***Amount** **Units of Service**

Once the Medicare information has been added, click the number hyperlink to add Other Insurance Reasons.
Click Save Reasons

EST SF 10-19 MIN

*Other Carrier 1234567-Medicare Carrier Bundled into Line # 0

*Procedure Code 99212-OFFICE O/P EST SF 10-19 MIN

Modifiers

COB Payer Paid Amount 100.00 *Remittance Date 05/01/2021 *Paid Units 1.00

Remaining Patient Liability

Other Insurance Reasons

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.

#	Group Code	Reason	Amount	Units of Service	Action
1	PR-Patient Responsibility	2-Coinsurance Amount	\$25.00		Remove

+ Click to add a new claim reason.

[Save Insurance](#) Click Save Insurance

+ Click to add a new other insurance.

Save Reset Cancel

2

2 *From Date To Date *Place of Service EMG

To save all the insurance information to the line, you must select save insurance and then click save.

Provider ID
 Performing Provider ID ID Type NPI Taxonomy ...

Medicare Crossover Details

Allowed Medicare Amount \$0.00
 Deductible Amount
 Medicare Payment Amount
 Copay Amount

Co-insurance Amount
 Psychiatric Services Amount
 Medicare Payment Date

NDCs for Svc. # 2

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
<u>1</u>	FT-File Transfer	Medicare EOMB Training, Member M.pdf (65K)	20210716000622510756	EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)	Remove

Click to add attachment.

Required!

[Go to Top](#)

Finally, attach a copy of the EOMB and click submit. You will then be directed to the conformation page, and click confirm

Text Size | [Logout](#)

[Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Patient Health History](#) | [Files Exchange](#) | [Resources](#)

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Submit Claim Pharm](#) | [Search Payment History](#)

[Claims](#) > Claim Receipt Friday 07/16/2021 12:07 AM CST

Provider Name BOGUS PROVIDER NAME	Role IDs <input type="text" value="099999998"/>
Location 099999998 - BOGUS PROVIDER NAME	Taxonomy 208D00000X-General Practice

Submit Crossover Professional Claim: Confirmation ?

Crossover Professional Claim Receipt

Your Crossover Professional Claim was successfully submitted. The claim status is Pending In Process.

The Claim ID is **2321197000001**.

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.

[Privacy](#)

Next is the confirmation page. ALL Crossover claims go to a PENDING status to verify the EOMB

Questions



Access Dental Claims in the secure Provider Portal

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

[Privacy Policy](#)

[Provider Enrollment Access](#)

[Enrollments Forms](#)

[Trading Partner Enrollment](#)

[Late Breaking News](#)



What you can do in the Medicaid Portal for Providers

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



Providers may access the secure Portal by entering their User ID in the field provided and clicking login



Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.
If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.
If this is not your site key token or passphrase, do not type your password.
Call the customer help desk to report the incident using the appropriate number below:

Member Services – 1-866-759-4108.

Provider Services – 1-800-884-3222.

Site Key:



Passphrase Ballpark

*Password

Sign In

[Forgot Password?](#)

Once the User ID has been entered, there will be a prompt to enter your password

Home Eligibility **Claims** Care Management Patient Health History Files Exchange Resources

Text Size - + Logout

Home

Tuesday 07/27/2021 12:36 PM CST

Name BOGUS PROVIDER NAME Role IDs 000116502

000116502 - BOGUS PROVIDER NAME Taxonomy 1223S0112X-Dentist - Oral and Maxillofacial Surgery

Provider Details

Welcome Dental Group

Accounts

Provider

Name BOGUS PROVIDER NAME

Provider ID

License ID

Characteristics

Provider Services

- Member Focused Viewing
- Search Payment History
- EHR Incentive Program

MESA
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

Welcome Health Care Professional!

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.

[Sign Up to Receive News](#)

[Secure Correspondence](#)

Latest News

- Late Breaking News
- Provider Bulletins
- UM/QIO
- Report Fraud

Select Claims tab from menu to see claims subcategories.

Claims

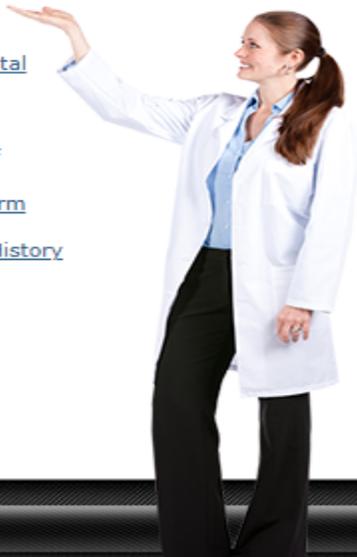
Tuesday 07/27/2021 12:44 PM CST

Provider Name BOGUS PROVIDER NAME
Location 000116502 - BOGUS PROVIDER NAME

Role IDs
Taxonomy 1223S0112X-Dentist - Oral and Maxillofacial Surgery

Claims

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Inst](#)
- ▶ [Submit Claim Prof](#)
- ▶ [Submit Claim Pharm](#)
- ▶ [Search Payment History](#)



You may select the search claims subtab, or the search claims hyper link.

Provider Name BOGUS PROVIDER NAME
Location 099999998 - BOGUS PROVIDER NAME

Role IDs 099999998
Taxonomy 208D00000X-General Practice

Search Claims



Medical/Dental Pharmacy

A minimum of one field is required.
Either 'Pay/Deny Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.

Claim Information

Claim ID

TCN

Member Information

Member ID

Service Information

Performing Provider ID

ID Type NPI

Claim Type

Service From

To

Claim Status

Pay/Deny Date

Search

Reset

The search claim window appears and is set to Medical/Dental claims by default

Provider Name BOGUS PROVIDER NAME
Location 099999998 - BOGUS PROVIDER NAME

Role IDs 099999998
Taxonomy 208D00000X-General Practice

Search Claims

Medical/Dental Pharmacy

A minimum of one field is required.
Either 'Pay/Deny Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.

Claim Information

Claim ID

TCN

Member Information

Member ID

Service Information

Performing Provider ID

ID Type NPI

Claim Type

Service From

To

Claim Status

Pay/Deny Date

Search

Reset

The Best way to search for a claim would be by the claim ID

Provider Name BOGUS PROVIDER NAME
Location [REDACTED] BOGUS PROVIDER NAME

Role IDs [REDACTED]

Taxonomy 1223S0112X-Dentist - Oral and Maxillofacial Surgery

Search Claims

Medical/Dental Pharmacy

A minimum of one field is required.
Either 'Pay/Deny Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.

Claim Information

Claim ID

TCN

Member Information

Member ID [REDACTED]

Service Information

Performing Provider ID

ID Type NPI

Claim Type

Service From 07/14/2021

To

Claim Status

Pay/Deny Date

Search

Reset

You may also check for a claim by entering the Member's ID and DOS

Claim Information

Claim ID TCN

Member Information

Member ID

Service Information

Performing Provider ID  ID Type Claim Type 

Service From  To  Claim Status 

Pay/Deny Date 

Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 13

	<u>Claim ID</u>	TCN	<u>Claim Type</u>	<u>Claim Status</u>	<u>Service Date</u> ▼	<u>Member ID</u>	<u>Performing Provider ID</u>	<u>Medicaid Paid Amount</u>	<u>Pay/Deny Date</u>	<u>Member Responsibility</u>
<input type="checkbox"/>	6921204000002		Dental	Finalized Denied	07/14/2021	719175266		\$0.00	01/01/1900	
<input type="checkbox"/>	2221204000002		Dental	Finalized Payment	07/14/2021	719175266		\$28.60	01/01/1900	
<input type="checkbox"/>	2221203000001		Dental	Finalized Denied	07/14/2021	719175266		\$0.00	01/01/1900	

1 2

Search results appear at the bottom of the window

Total Records: 6

	Claim ID	TCN	Claim Type	Claim Status	Service Date ▼	Member ID	Performing Provider ID	Medicaid Paid Amount	Pay/Deny Date	Member Responsibility
+	2221203000003		Dental	Finalized Denied	07/14/2021	719175266		\$0.00	01/01/1900	
+	2321195000001		Dental	Pending In Process	07/14/2021	719175266		\$0.00	01/01/1900	
+	2221203000002		Dental	Finalized Denied	07/14/2021	719175266		\$0.00	01/01/1900	
+	2321201000001		Dental	Finalized Denied	07/14/2021	719175266		\$0.00	01/01/1900	
-	2221204000002		Dental	Finalized Payment	07/14/2021	719175266		\$28.60	01/01/1900	

Dental Claim Information

Member LILLIE MCVEY
Birth Date ██████████
Performing Provider ---
Claim Status Finalized Payment

Total Charge Amount \$150.00
Total Paid Amount \$28.60
Pay/Deny Date 01/01/1900

Service Information

Service	Service Date	Line Status	Units	Procedure/Modifiers	Charge	Paid
1	07/14/2021 - 12/31/9999	Finalized Payment	1	D1120	\$150.00	\$28.60

[RA Copy](#)

+	2221203000001		Dental	Finalized Denied	07/14/2021	719175266		\$0.00	01/01/1900	
-------------------	-------------------------------	--	--------	------------------	------------	-----------	--	--------	------------	--

To see details of the searched claim, click the plus sign to the left of the claim ID to retrieve details. For in depth details, click the claim hyperlink. In addition, the remittance advice may be viewed by clicking RA Copy

Provider Name BOGUS PROVIDER NAME
Location 000116502 - BOGUS PROVIDER NAME

Role IDs 000116502
Taxonomy 1223S0112X-Dentist - Oral and Maxillofacial Surgery

[Print Preview](#)

View Dental Claim - ID 2221204000002

[Back to Search Results](#) ?

Provider Information

Billing Provider ID	[REDACTED]	ID Type	Medicaid ID	Name	BOGUS PROVIDER NAME
Taxonomy	1223S0112X-Dentist - Oral and Maxillofacial Surgery				
Performing Provider ID	--	ID Type	--	Name	--
Taxonomy	--				
Service Facility Location ID	--	ID Type	--	Name	--
Taxonomy	--				

Patient Information

Claim Status	Finalized Payment		
Member ID	[REDACTED]	Gender	Male
Member	[REDACTED]		
Birth Date	[REDACTED]		
Address	[REDACTED]		
Address Line 2	--		
City	PASS CHRIS	Zip Code	39571-2204
State	Mississippi		

Claim Information

The first section provides the Provider's information followed by the Member's information. Continue to scroll downward for additional claim information.

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

Adjudication Errors +

Diagnosis Codes +

Other Insurance Details

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance D
<u>1</u>	BLUE CROSS DENTAL	0001004410	000050	\$0.00	07/14/202

Service Details

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

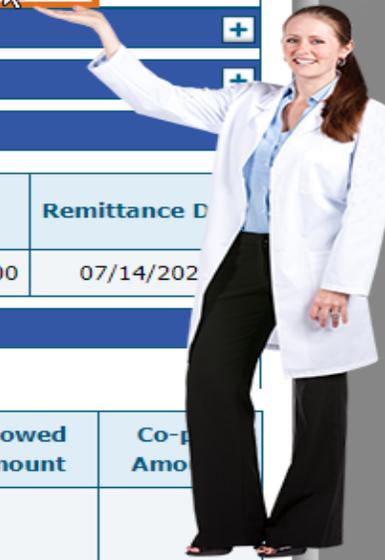
Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-p Am
<u>1</u> Finalized Payment	07/14/2021				D1120		1	\$150.00		

Attachments -

#	Transmission Method	File	Control #	Attachment Type
<u>1</u>	FT-File Transfer	Premolar.pdf	20210723120913955805	DA-Dental Models

[Edit](#) [Copy](#) [Void](#) [Print Preview](#) [RA Copy](#)

[Go to Top](#)



To generate all applicable fields, select Expand All

Adjudication Errors						
Claim / Service #	HIPAA Adj	Description	HIPAA Adj Remark	Description	EOB	Description
Claim	548	INVALID ADJUSTMENT PROVIDER ID NOT PRESENT			0000	THIS CLAIM/SERVICE IS PENDING FOR PROGRAM REVIEW.
Claim	548	INVALID ADJUSTMENT PROVIDER ID NOT PRESENT			1667	UNABLE TO PROCESS YOUR ADJUSTMENT REQUEST. PROVIDER ID NOT PRESENT.

Diagnosis Codes		
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.		
#	Diagnosis Type	Diagnosis Code
1	ICD-10-CM	K0381-CRACKED TOOTH

Other Insurance Details					
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date
1	BLUE CROSS DENTAL	0001004410	000050	\$0.00	07/14/2021

Service Details										
Select the row number to edit the row. Click the Remove link to remove the entire row.										
Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount
1 Finalized Payment	07/14/2021				D1120		1	\$150.00		

Attachments										
-------------	--	--	--	--	--	--	--	--	--	--

Adjudication Errors gives explanation for pending or denied claims.

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount
<u>1</u> Finalized Denied	07/14/2021				D1120		1	\$150.00		

Diagnosis -- -- --
Pointers
Authorization --
Number
Performing -- **ID Type** -- **Taxonomy** --
Provider ID

No Other Insurance Details for Svc. # 1 exist for this claim

Attachments -

#	Transmission Method	File	Control #	Attachment Type
<u>1</u>	FT-File Transfer	Premolar.pdf	20210720131351131465	DA-Dental Models

Description Models

Edit
Copy
Void
Print Preview
RA Copy

[Go to Top](#)

At the end of the claim preview under attachments, multiple options will appear. Please note, the edit and void buttons would only appear on paid claims.

Location 000116502 - BOGUS PROVIDER NAME Taxonomy 122350112X-Dentist - Oral and Maxillofacial Surgery

Confirm Dental Claim - ID 2221204000002

Provider Information

Billing Provider ID	000116502	ID Type	Medicaid ID	Name	BOGUS PROVIDER NAME
Taxonomy	122350112X-Dentist - Oral and Maxillofacial Surgery				
Performing Provider ID	..	ID Type	..	Name	..
Taxonomy	..				
Service Facility Location ID	..	ID Type	..	Name	..
Taxonomy	..				

Patient Information

Claim Status	Finalized Payment		
Member ID	719175266	Gender	Male
Member	LILLIE MCVEY		
Birth Date	11/22/2003		
Address	353 TURNERVILLE RD		
Address Line 2	..		
City	PASS CHRIS	Zip Code	39571-2204
State	Mississippi		

Claim Information

Accident Related	Other Accident	Accident Date	07/22/2021
Place of Treatment	11-Office		
Patient Number	NA		
Initial X-Ray/Photo Date	..		
Related Claim ICDN	..		
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			\$150.00

Medicare Crossover Details

Allowed Medicare Amount	\$0.00	Co-insurance Amount	\$0.00
Deductible Amount	\$0.00	Medicare Payment Date	..
Medicare Payment Amount	\$0.00		
Copay Amount	\$0.00		

Adjudication Errors +

Diagnosis Codes +

Other Insurance Details -

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date
1	BLUE CROSS DENTAL	0001004410	000050	\$0.00	07/14/2021

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

Printer
Microsoft Print to PDF

Copies
1

Layout
 Portrait
 Landscape

Pages
 All
 e.g. 1-5, 8, 11-13

Color
Color

[More settings](#)

Print using system dialog (Ctrl+Shift+P)

Print **Cancel**

Once Print is selected, the print dialog displays. Select layout format and print for your records.

MISSISSIPPI DIVISION OF MEDICAID

Text Size [-] [+] | Logout

Home | Eligibility | **Claims** | Care Management | Patient Health History | Files Exchange | Resources

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

Claims > Search Claims > View Dental Claim > Copy Claim Wednesday 07/28/2021 04:43 PM CST

Provider Name BOGUS PROVIDER NAME Role IDs [REDACTED] Taxonomy 1223S0112X-Dentist - Oral and Maxillofacial Surgery
Location [REDACTED] BOGUS PROVIDER NAME

Copy Dental Claim

Select the information you would like to have copied to the new claim. Press Copy to initiate the claim and continue entering claim information.

<input type="radio"/> Member Information	<input type="radio"/> Service Information	<input type="radio"/> Member and Service Information	<input checked="" type="radio"/> Entire Claim
Member ID	Service Facility Location	Copies data listed in previous 2 columns.	Copies data listed in columns 1 and 2 PLUS:
Last Name	Place of Treatment		Referring Provider
First Name	Procedure Code(s)		Accident Related
Birth Date	Modifier(s)		Accident State
Patient Number	Units		Accident Country
Address	Detail Charge Amount(s)		Oral Cavity Area(s)
	Rendering Provider(s)		Tooth Number(s)
	Diagnosis Code		Tooth Surface(s)
	Diagnosis Pointer		All Dates

[Privacy](#)

Once the claim review is completed, select copy, and the copy claim window populates. There are multiple options to choose from. Select the appropriate field and click copy.

Submitting Dental Claims

Text Size | [Logout](#)

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[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Submit Claim Pharm](#) | [Search Payment History](#)

[Claims](#) > [Submit Claim Dental](#) Wednesday 07/28/2021 06:55 PM CST

Provider Name BOGUS PROVIDER NAME **Role IDs**
Location BOGUS PROVIDER NAME **Taxonomy** 1223S0112X-Dentist - Oral and Maxillofacial Surgery

Submit Dental Claim: Step 1

* Indicates a required field.

Provider Information

Billing Provider ID <input type="text" value=""/>	ID Type Medicaid ID	Name BOGUS PROVIDER NAME
Taxonomy 1223S0112X-Dentist - Oral and Maxillofacial Surgery		
Performing Provider ID <input type="text" value=""/> <input type="button" value="🔍"/>	ID Type NPI	Name ..
Taxonomy ..		
Service Facility Location ID <input type="text" value=""/> <input type="button" value="🔍"/>	ID Type NPI	Name ..
Taxonomy ..		

Patient Information

***Member ID**

Last Name .. **First Name** ..

Birth Date ..

Address

Address Line 2

City

State **Zip Code**

Claim Information

To submit a new Dental claim, click the claims tab, then click submit Dental Claim
 And the claim dialog will appear.

Text Size | [Logout](#)

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[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Submit Claim Pharm](#) | [Search Payment History](#)

[Claims](#) > [Submit Claim Dental](#) Wednesday 07/28/2021 06:55 PM CST

Provider Name BOGUS PROVIDER NAME **Role IDs**
Location BOGUS PROVIDER NAME **Taxonomy** 1223S0112X-Dentist - Oral and Maxillofacial Surgery

Submit Dental Claim: Step 1

* Indicates a required field.

Provider Information

Billing Provider ID <input type="text" value=""/>	ID Type Medicaid ID	Name BOGUS PROVIDER NAME
Taxonomy 1223S0112X-Dentist - Oral and Maxillofacial Surgery		
Performing Provider ID <input type="text" value=""/> <input type="button" value="🔍"/>	ID Type NPI	Name ..
Taxonomy ..		
Service Facility Location ID <input type="text" value=""/> <input type="button" value="🔍"/>	ID Type NPI	Name ..
Taxonomy ..		

Patient Information

*Member ID <input type="text"/>	First Name ..
Last Name ..	
Birth Date ..	
Address <input type="text"/>	
Address Line 2 <input type="text"/>	
City <input type="text"/>	
State <input type="text" value=""/> <input type="button" value="v"/>	Zip Code <input type="text"/>

Claim Information

You may select the magnifying glass to search or enter the Performing Provider's information

Submit Dental Claim: Step 1 ?

* Indicates a required field.

Provider Information

Billing Provider ID	000116502	ID Type	Medicaid ID	Name	BOGUS PROVIDER NAME
Taxonomy	1223S0112X-Dentist - Oral and Maxillofacial Surgery				
Performing Provider ID	<input type="text"/>	ID Type	NPI	Name	_
Taxonomy	---				
Service Facility Location ID	<input type="text"/>	ID Type	NPI	Name	_
Taxonomy	---				

Patient Information

*Member ID	<input type="text"/>	First Name	<input type="text" value="LILLIE"/>
Last Name	<input type="text"/>		
Birth Date	<input type="text" value="11/22/2003"/>		
Address	<input type="text"/>		
Address Line 2	<input type="text"/>		
City	<input type="text" value="PASS CHRIS"/>		
State	<input type="text" value="Mississippi"/>	Zip Code	<input type="text" value="39571-2204"/>

Claim Information

Accident Related	<input type="text"/>	Accident Date	<input type="text"/>
*Place of Treatment	<input type="text" value="11-Office"/>		
Patient Number	<input type="text"/>	Authorization Number	<input type="text"/>
Initial X-Ray/Photo Date	<input type="text"/>		
*Does the provider have a signature on file? <input type="radio"/> Yes <input type="radio"/> No			
*Does the provider accept assignment for claim processing? <input type="radio"/> Yes <input type="radio"/> No			

Once the Member's ID is entered, the Member's information will auto populate

Address		
Address Line 2		
City		
State		Zip Code 39571-2204
Claim Information		
Accident Related	<input type="checkbox"/>	Accident Date <input type="text"/>
*Place of Treatment	11-Office	
Patient Number	<input type="text"/>	Authorization Number <input type="text"/>
Initial X-Ray/Photo Date	<input type="text"/>	
*Does the provider have a signature on file? <input type="radio"/> Yes <input type="radio"/> No		
*Does the provider accept assignment for claim processing? <input type="radio"/> Yes <input type="radio"/> No		
*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 type="checkbox"/>	Total Charged Amount \$0.00
Medicare Crossover Details		
Allowed Medicare Amount	\$0.00	Co-insurance Amount <input type="text" value="0.00"/>
Deductible Amount	<input type="text" value="0.00"/>	Medicare Payment Date <input type="text"/>
Medicare Payment Amount	<input type="text" value="0.00"/>	
Copay Amount	<input type="text" value="0.00"/>	
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>		

Next, click tab to navigate to the claim information section

Submit Dental Claim: Step 2 ❏

• Indicates a required field.

Provider Information

Billing Provider ID [REDACTED] **ID Type** Medicaid ID **Name** BOGUS PROVIDER NAME
Taxonomy 1223S0112X-Dentist - Oral and Maxillofacial Surgery

Patient and Claim Information

Member ID [REDACTED]
Member LILLIE MCVEY **Gender** Male
Birth Date 11/22/2003 **Total Charged Amount** \$0.00

Medicare Crossover Details

Allowed Medicare Amount \$0.00 **Co-insurance Amount** \$0.00
Deductible Amount \$0.00 **Medicare Payment Date** ...
Medicare Payment Amount \$0.00
Copay 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.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	K0381-CRACKED TOOTH	Remove
2	* Diagnosis Type ICD-10-CM ▼	* Diagnosis Code [REDACTED]	

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

Other Insurance Details ❏

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

NOTE: Please click **Remove** to discard any unrelated "Other Insurance", prior to submitting claim.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
❏ Click to add a new other insurance.						

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

[Go to Top](#)

If other insurance was checked on the previous screen, you may enter the information at the bottom of the next screen

Patient and Claim Information

Member ID 719175266

Member [REDACTED]

Birth Date 11/22/2003

Gender Male

Total Charged Amount \$0.00

Medicare Crossover Details

Allowed Medicare Amount \$0.00

Deductible Amount \$0.00

Medicare Payment Amount \$0.00

Copay Amount \$0.00

Co-insurance Amount \$0.00

Medicare Payment Date --

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

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

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

[Back to Step 1](#)

[Continue](#)

[Cancel](#)

[Go to Top](#)

Enter diagnosis codes in the diagnosis fields provided.
If there are multiple diagnosis codes, click the add button to add new diagnosis

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
<input type="checkbox"/> Click to collapse.						
	*Carrier Name	*Carrier Code				
	*Subscriber Last Name	*First Name				
	Subscriber Address					
	City	State				
	Zip Code	Country				
	*Subscriber ID					
	*Group #					
	Group Name					
	Insurance Type					
	*Payer Responsibility	*Relationship to Subscriber				
	*COB Payer Paid Amount	0.00	*Remittance Date			
	Remaining Patient Liability					
	Total Non-Covered Amount	Payer Claim #				
	*Claim Filing Indicator					
	*Release of Information					
	Assignment of Benefits					
Outpatient Adjudication Information						
	Reimbursement Rate	Claim HCPCS Payable Amount				
	Remark CoMS 1					
	Remark Code 2					
	Remark Code 3					
	Remark Code 4					

If Other insurance is check, enter the insurance information here. Please note that fields with red asterisks are required fields and you will not be able to move forward if the fields aren't completed. Scroll down and click the add button

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>	ICD-10-CM	K0381-CRACKED TOOTH	Remove
<u>2</u>			

2 ***Diagnosis Type** ***Diagnosis Code**

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

NOTE: Please click **Remove** to discard any unrelated "Other Insurance", prior to submitting claim.

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
<u>1</u>	BLUE CROSS DENTAL	0001004410	00050	\$0.00	07/14/2021	Remove

Click to add a new other insurance.

Once the other insurance is added, you will see the information in the other insurance details.

Service Details -

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

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Procedure Code	Units	Charge Amount	Action
1							

1
***Svc Date**
Oral Cavity Area
Tooth#/Letter

Tooth Surface

***Procedure Code**
Modifiers

***Units**
***Charge Amount**
***Diagnosis Pointers**

Authorization Number

Performing Provider ID
ID Type
NPI
Taxonomy

Medicare Crossover Details

Allowed Medicare Amount

Deductible Amount

Medicare Payment Amount

Copay Amount

Co-insurance Amount

Medicare Payment Date

Attachments -

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="button" value="Click to add attachment."/>					

Next, you will be able to enter the service details for the claim.

Service Details -

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

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Procedure Code	Units	Charge Amount	Action
1							

1 *Svc Date 07/14/2021 Oral Cavity Area Tooth#/Letter

Tooth Surface

*Procedure Code Modifier:

*Units Enter 3 or more characters to begin search. Select from list. Authorization Number

Performing Provider ID ID Type NPI

Medicare Crossover Details

Allowed Medicare Amount	\$0.00	Co-insurance Amount	<input type="text" value="0.00"/>
Deductible Amount	<input type="text" value="0.00"/>	Medicare Payment Date	<input type="text"/>
Medicare Payment Amount	<input type="text" value="0.00"/>		
Copay Amount	<input type="text" value="0.00"/>		

Attachments -

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

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



To assist with information, on certain fields, there is an exclamation Point to give a brief detail

Service Details

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

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Procedure Code	Units	Charge Amount	Action
1							

1 *Svc Date Oral Cavity Area Tooth#/Letter

Tooth Surface

*Procedure Code Modifiers

D1110-DENTAL PROPHYLAXIS ADULT

D1120-DENTAL PROPHYLAXIS CHILD

C1810-D114S DILATATION CATH

*Units Authorization Number

Performing Provider ID ID Type NPI Taxonomy ...

Medicare Crossover Details

Allowed Medicare Amount Co-insurance Amount

Deductible Amount Medicare Payment Date

Medicare Payment Amount

Copay Amount

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="button" value="⊕"/> Click to add attachment.					

Enter 3 or more fields in the procedure code field and select from the dropdown

Service Details ☰

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

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Procedure Code	Units	Charge Amount	Action
<u>1</u>	07/14/2021			D1120	1	\$150.00	Remove
2							

2 ***Svc Date** **Oral Cavity Area** **Tooth#/Letter**

Tooth Surface

***Procedure Code** **Modifiers**

***Units** ***Charge Amount** ***Diagnosis Pointers** **Authorization Number**

Performing Provider ID **ID Type** NPI **Taxonomy** ...

Medicare Crossover Details

Allowed Medicare Amount \$0.00 **Co-insurance Amount**

Deductible Amount **Medicare Payment Date**

Medicare Payment Amount

Copay Amount

Displays a list of Service Details.

Attachments ☰

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

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Once the information has been entered, click the add button to add the service line. Continue these steps to add additional lines.

2 *Svc Date Oral Cavity Area Tooth#/Letter

Tooth Surface

*Procedure Code Modifiers

*Units *Charge Amount *Diagnosis Pointers Authorization Number

Performing Provider ID ID Type NPI Taxonomy

Medicare Crossover Details

Allowed Medicare Amount \$0.00 Co-insurance Amount

Deductible Amount Medicare Payment Date

Medicare Payment Amount

Copay Amount

Attachments

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

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

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Next, lets add an attachment to the claim. Click the plus sign next to add an attachment

Medicare Crossover Details

Allowed Medicare Amount	\$0.00	Co-insurance Amount	0.00
Deductible Amount	0.00	Medicare Payment Date	<input type="text"/>
Medicare Payment Amount	0.00		
Copay Amount	0.00		

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
	*Transmission Method	FT-File Transfer			
	*Upload File	Choose File Premolar.pdf			
	*Attachment Type	Dental Models			
	Description	Models			

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Once the dropdown appears, there will be multiple options including Transmission Method, upload file and transaction type. Once all fields are completed, click the submit button

Medicare Crossover Details								
Allowed Medicare Amount	\$0.00	Co-insurance Amount	\$0.00					
Deductible Amount	\$0.00	Medicare Payment Date	_					
Medicare Payment Amount	\$0.00							
Copay Amount	\$0.00							
Expand All Collapse All								
Diagnosis Codes								
Other Insurance Details								
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date			
<u>1</u>	BLUE CROSS DENTAL	0001004410	000050	\$0.00	07/14/2021			
Service Details								
Select the row number to edit the row. Click the Remove link to remove the entire row.								
Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
<u>1</u>	07/14/2021				D1120		1	\$150.00
Attachments								
Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel								
Go to Top								
Privacy								

Next, before confirming, you may review the claim information entered. If any information is incorrect, you may choose one of the back buttons to make any corrections. Once completed, click confirm

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[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Submit Claim Pharm](#) | [Search Payment History](#)

[Claims](#) > Claim Receipt Thursday 08/05/2021 02:53 PM CST

Provider Name BOGUS PROVIDER NAME	Role IDs 000116502
Location 000116502 - BOGUS PROVIDER NAME	Taxonomy 1223S0112X-Dentist - Oral and Maxillofacial Surgery

Submit Dental Claim: Confirmation

Dental Claim Receipt

Your Dental Claim was successfully submitted. The claim status is Finalized Payment.

The Claim ID is **2221204000002**.

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.

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After confirmation has been selected, the claim confirmation screen will populate indicating the status of the submitted claim along with the claim ID.

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[Claims](#) > Claim Receipt Thursday 08/05/2021 02:53 PM CST

Provider Name BOGUS PROVIDER NAME **Role IDs**
Location 000116502 - BOGUS PROVIDER NAME **Taxonomy** 1223S0112X-Dentist - Oral and Maxillofacial Surgery

Submit Dental Claim: Confirmation

Dental Claim Receipt

Your Dental Claim was successfully submitted. The claim status is Finalized Payment.
The Claim ID is **2221204000002**.

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.

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After confirmation, there are multiple options to preview the claim, Copy the claim information for a new claim, edit to create a replacement claim, New to start a fresh claim with no copied data and view the claim. To start something new, click the home button, or if finished, you may logout of the secure Portal.

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[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Submit Claim Pharm](#) | [Search Payment History](#)

[Claims](#) > Claim Receipt Thursday 08/05/2021 02:53 PM CST

Provider Name BOGUS PROVIDER NAME **Role IDs** 000116502
Location 000116502 - BOGUS PROVIDER NAME **Taxonomy** 1223S0112X-Dentist - Oral and Maxillofacial Surgery

Submit Dental Claim: Confirmation

Dental Claim Receipt

Your Dental Claim was successfully submitted. The claim status is Finalized Payment.
The Claim ID is **2221204000002**.

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.

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After confirmation, there are multiple options to preview the claim, Copy the claim information for a new claim, edit to create a replacement claim, New to start a fresh claim with no copied data and view the claim. To start something new, click the home button, or if finished, you may logout of the secure Portal.

- Appeals
- Voids
- Adjustments
- Access and Review an RA



Appealing a Medicaid FFS Claim

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Home

Home Monday 07/12/2021 12:16 AM CST

Login [?]

*User ID

Log In

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

MESA
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

What you can do in the Medicaid Portal for Providers
Through this secure and easy to use internet portal, health care providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files, and search for other providers. In addition, health care providers can use this site to locate claim forms, provider participation materials and other Medicaid information and resources.

To appeal a Medicaid FFS claim's disposition, scroll to the bottom of the public Home page, and click the Provider Appeals hyperlink



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Provider Enrollment Access
[Enrollments Forms](#)
[Trading Partner Enrollment](#)

Late Breaking News
[Provider Bulletin](#)

[Search Providers](#)

Other Resources
[OIG Excluded Providers](#)
[Resources Links](#)
[Provider Appeals](#)

Did you know?
The Mississippi Division of Medicaid values all types of health care providers enrolled in the Medicaid program. Medicaid is a federal and state program created to provide medical assistance to eligible, low income populations. This service is in place to provide access to quality health care coverage for vulnerable Mississippians. To enroll as a Mississippi Medicaid provider, [click here](#).

[Website Requirements](#)

To Access Provider Appeals, on the MESA Home Screen and scroll down to the bottom and click the Provider Appeals hyperlink.

How to Become a Mississippi Medicaid Provider

To enroll as a Mississippi Medicaid provider, you have two submission options:

1. downloading the application and submitting hard copy signature pages/documents
2. enrolling online and submitting the hard copy signature pages and documentation

These application methods are located under "Provider" on the [Envision website](#) along with the enrollment requirements for each provider type.

The [Envision website](#) lists the application instructions and steps to become a Medicaid provider, required documentation and necessary forms. You can also check your provider enrollment status, download a change of address form and a primary care provider attestation form.

If you have any questions about the enrollment application and/or process, contact a Conduent provider enrollment specialist toll-free at 800-884-3222.

Provider Hearings

Medicaid providers are entitled to a fair hearing to challenge certain decisions made by the Mississippi Division of Medicaid in accordance with the [Mississippi Administrative Code Title 23, Part 300](#). Providers are allowed 30 days from the date of the adverse action in which to request an appeal.

The Office of Appeals is responsible for coordinating, scheduling, and facilitating appeals for Medicaid beneficiaries and providers. Cases are heard by an impartial hearing officer employed by or on contract with the agency. If you have questions regarding fair hearings, contact the Office of Appeals:

Toll-free: 800-421-2408

Phone: 601-359-6050

This takes you to the MS Division of Medicaid Website, which gives instructions on contacting the office of Appeals.



Voiding a Paid Claim

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 Allowed Amount ...

175.00

Voiding a Claim

- Completely reverses a paid claim
- Previously paid amount is reversed in the next financial cycle.
- Best used for claims that should not have been billed or claims where you want to start completely over.
- Do not use to correct a claim. Instead, use Edit.

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

Adjudication Errors

Diagnosis Codes

Service Details

#	From Date	To Date	Place of Service							Charge Amount	Allowed Amount	Co-pay Amount
<u>1</u> Finalized Payment	01/03/2021	01/03/2021	11	N	99212		1	1.000 Unit	<input type="checkbox"/>	\$175.00	\$36.95	\$3.00

No Other Insurance Details exist for this claim

No Attachments exist for this claim

[Edit](#) [Copy](#) [Void](#) [Print Preview](#) [RA Copy](#)

[Go to Top](#)

Reasons for Voiding a claim

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 \$175.00

Total Allowed Amount --- Total Co-pay Amount --- Total Paid Amount ---

Expand All | Collapse All

Adjudication Errors +

Diagnosis Codes +

Service Details -

Confirmation

Are you sure you want to void this Professional Claim ID 5921209000003?

OK Cancel

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Code Ptrs	Units	EPSDT	Charge Amount	Allowed Amount	Co-pay Amount
<u>1</u> Finalized Payment	01/03/2021	01/03/2021	11	N	99212		1	1.000 Unit	<input type="checkbox"/>	\$175.00	\$36.95	\$3.00

No Other Insurance Details exist for this claim

No Attachments exist for this claim

Edit Copy Void Print Preview RA Copy

Go to Top

To void a claim, first search for the claim. Once the claim has been located, click void, and a popup window will appear for confirmation.

Search Claims ?

Medical/Dental Pharmacy

A minimum of one field is required.
Either 'Pay/Deny Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.

Claim Information

Claim ID

Member Information

Member ID

Service Information

Performing Provider ID ID Type Claim Type

Service From To Claim Status

Pay/Deny Date

Confirmation X

Your Professional Claim ID 5921209000004 was successfully voided.

Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 3

	Claim ID	TCN	Claim Type	Claim Status	Service Date ▼	Member ID	Performing Provider ID	Medicaid Paid Amount	Pay/Deny Date	Member Responsibility
<input type="button" value="+"/>	5921209000003		Professional	Finalized Payment	01/03/2021	728840446		\$33.95	01/01/1900	

A new popup window will appear advising that the claim has been successfully voided.

Adjusting a Paid Claim

If a claim has been adjudicated and paid, you can still correct and edit it through the adjustment process

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 Allowed Amount ==

Amount \$150.00

Paid ==
Amount

Editing a Paid Claim

- The corrected claim is also known as a replacement claim or an adjustment
- You can only correct/edit claims that are in a paid status

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

Adjudication Errors +

Diagnosis Codes +

Service Details -

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Charge Amount	Allowed Amount	Co-pay Amount
<u>1</u> Finalized Payment	01/03/2021	01/03/2021	11	N	99213		1	1.000 Unit	<input type="checkbox"/>	\$150.00	\$61.64	\$3.00

No Other Insurance Details exist for this claim

No Attachments exist for this claim

Edit

Copy

Click Edit

Print Preview

RA Copy

[Go to Top](#)

Once the claim has been found, click the edit button.

Svc #	Fr	Place of Service	Procedure Code	Charge Amount	Units	Action
1	01	11-Office	99213-OFFICE O/P EST LOW 20-29 MIN	\$150.00	1.000 Unit	Remove
2						

2 *From Date To Date *Place of Service

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT

Clia Number Authorization Number

Referring Provider ID ID Type NPI Taxonomy ...

Performing Provider ID ID Type NPI Taxonomy ...

NDCs for Svc. # 2

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="button" value="Add"/> Click to add attachment.					

To make changes to the service line, click the number in the service # column.

Birth Date 08/29/1962

Total Charged Amount \$150.00

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

Adjudication Errors +

Diagnosis Codes +

Service Details -

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>	01/03/2021	01/03/2021	11-Office	99213-OFFICE O/P EST LOW 20-29 MIN	\$150.00	1.000 Unit	Remove

1 *From Date *To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT

Clia Number Authorization Number

Referring Provider ID ID Type NPI Taxonomy ...

Performing Provider ID ID Type NPI Taxonomy ...

NDCs for Svc. # 1

When you are done, click Save

When all corrections have been made, resubmit the claim

<u>2</u>							
----------	--	--	--	--	--	--	--

Once all changes have been made, click save to save your changes and resubmit the claim.

Claim Information	
Claim ID <input type="text"/>	TCN <input type="text"/>
Member Information	
Member ID <input type="text" value="728840446"/>	
Service Information	
Performing Provider ID <input type="text"/>	ID Type <input type="text" value="NPI"/>
Service From <input type="text" value="01/03/2021"/>	To <input type="text" value="01/03/2021"/>
Pay/Deny Date <input type="text"/>	Claim Type <input type="text" value=""/>
	Claim Status <input type="text" value=""/>
<input type="button" value="Search"/>	<input type="button" value="Reset"/>

The claim ID of a corrected claims begins with a 59

Search Results

To see service line information, or to view a reminder, click the '+' next to the claims ID.

Total Records: 2

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Member ID	Performing Provider ID	Medicaid Paid Amount	Pay/Deny Date	Member Responsibility
<input type="checkbox"/>	5921209000003		Professional	Finalized Payment	01/03/2021	728840446		\$33.95	01/01/1900	
<input type="checkbox"/>	2221209000006		Professional	Finalized Payment	01/03/2021	728840446		\$58.64	01/01/1900	

The claim ID of the corrected claim begins with 59, and will be above the original claim



Accessing and Viewing an RA

Search Claims ?

Medical/Dental Pharmacy

A minimum of one field is required.
Either 'Pay/Deny Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.

Claim Information

Claim ID TCN

Member Information

Member ID

Service Information

Performing Provider ID  ID Type Claim Type

Service From  To  Claim Status

Pay/Deny Date

Search Results

See service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 1

	<u>Claim ID</u>	<u>TCN</u>	<u>Claim Type</u>	<u>Claim Status</u>	<u>Service Date</u> ▼	<u>Member ID</u>	<u>Performing Provider ID</u>	<u>Medicaid Paid Amount</u>	<u>Pay/Deny Date</u>	<u>Member Responsibility</u>
	2321204000001		Professional	Finalized Payment	01/05/2021	728840446		\$58.64	01/19/2021	

Service Information

Service	Service Date	Line Status	Units	Procedure/Modifiers	Charge	Paid
1	01/05/2021	Finalized Payment	1	99213	58.64	\$58.64

To access an RA, first search for the claim. Once the claim has been located, click the plus button to access the drop down and click the RA Copy button.

Provider Name BOGUS PROVIDER NAME	Role IDs 099999998
Location 099999998 - BOGUS PROVIDER NAME	Taxonomy 208D00000X-General Practice

User Details

Welcome prov1000:

- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

Provider

Name BOGUS PROVIDER NAME
Provider ID 099999998
Location ID 099999998

- ▶ [Characteristics](#)

Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [EHR Incentive Program](#)



Welcome Health Care Professional!

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.

[Sign Up to Receive News](#)

[Secure Correspondence](#)

Latest News

- ▶ [Late Breaking News](#)
- ▶ [Provider Bulletins](#)
- ▶ [UM/QIO](#)
- ▶ [Report Fraud](#)

Click Search Payment History



Another option would be to click the Search Payment History hyperlink on the homepage of the Secure Portal

Provider Name
BOGUS PROVIDER NAME

Role IDs 099999998

Location 099999998 - BOGUS PROVIDER NAME

Taxonomy 208D00000X-General Practice

Search Payment History

Provider Information

Provider ID 099999998

ID Type Medicaid ID

Name BOGUS PROVIDER NAME

Location ID [REDACTED]

* Indicates a required field.

Payment Method All

Payment Type All

Payment ID

Issue Date *From 02/01/2021

*To 07/28/2021

Search

Reset

Note: Date spans entered cannot exceed 90 days

| Privacy

Use the date span to search for specific Ras, once done, click search

Search Payment History ?

Provider Information

Provider ID 099999998 **ID Type** Medicaid ID **Name** BOGUS PROVIDER NAME

Location ID [REDACTED]

* Indicates a required field.

Payment Method **Payment Type** **Payment ID**

Issue Date *From ***To**

Search Results

To see payment details, click on the payment ID link.

Total Records: 4

Issue Date ▼	Payment Method	Payment Type	Payment ID	Total Paid Amount	RA Copy
02/22/2021	EFT		000100955	\$2,951.43	<input type="button" value="📄"/>
02/15/2021	EFT		000100871	\$810.62	<input type="button" value="📄"/>
02/08/2021	EFT		000100785	\$469.80	<input type="button" value="📄"/>
02/01/2021	EFT		000100699	\$300.26	<input type="button" value="📄"/>

The search results appear. Find the correct payment and click RA Copy or the Payment ID Hyperlink

REPORT: CRA-TRAN-R
RA#: 12004257
PAYER: MMES

MS MEDICAID ENTERPRISE SYSTEM
MEDICAID
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

DATE: 06/17/2021
PAGE: 4

PAYEE ID 000125497 MCD
NPI
TAXONOMY
CHECK/EFT NUMBER 000102404
PAYMENT DATE 06/20/2021

-----NON-CLAIM SPECIFIC PAYOUTS TO PAYEE-----

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM	THRU	RELATED PROVIDER ID
28536	1,124.32	0008	000000	000000	
28537	22,187.60	0300	000000	000000	
TOTAL PAYOUTS:	23,311.92				

-----NON-CLAIM SPECIFIC REFUNDS FROM PAYEE-----

TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	CHECK/EFT NUMBER	RECEIPT DATE
--------------------	---------------	-------------	------------------	--------------

NO NON-CLAIM SPECIFIC REFUNDS FROM PAYEE

-----ACCOUNTS RECEIVABLE-----

A/R NUMBER	SETUP DATE	ORIG AMT	INT RATE	INTEREST APPLIED	PRINCIPAL COLLECTED	INTEREST COLLECTED	BALANCE	RSN CDE	ADJ PREV ICN	ICN	AMOUNT RECOUPED CURRENT CYCLE
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NO OUTSTANDING ACCOUNTS RECEIVABLE



1



2



3

The RA opens in a PDF Format.

In Summary

Access and View a Professional Claim

Submit a Professional Claim

Submit a Professional Claim with Other
Carrier Information

Submit a Professional Crossover Claim

Appeal a Professional Claim

Submit a Void or Adjustment for a
Professional Claim

Access and View an RA

Claim Reconsideration

- ▶ The Claim Reconsideration Form is for providers to initiate a request for reconsideration review by Gainwell's Medical Review staff of a denied claim.
- ▶ Denied claims should be submitted to Medical Review with a claim reconsideration form, an original red and white claim form, and medical documentation to support the revenue code.
- ▶ If it is determined that the reconsideration request is incomplete (missing claim, missing signature, missing claim reconsideration form, missing documentation, etc.), a letter is sent to the provider indicating the requested information.
- ▶ The Return to Provider Letter informs providers that Mississippi Medicaid Program (DOM) has attempted to process the claim but is unable to because of incorrect or insufficient information. This letter explains that the claim is being returned so the provider can resubmit with the required information.

Timely Filing

Claims filed within three-hundred sixty-five (365) calendar days from the initial date of service, but denied, can be resubmitted with the transaction control number (TCN) from the original denied claim. The original TCN must be placed in the appropriate field on the resubmitted claim and be received by the Division of Medicaid within three-hundred and sixty-five (365) days from the date of the submittal of the original claim.

If a provider is unable to submit a claim within three-hundred sixty-five (365) days from the date of service due to retroactive beneficiary eligibility, claims must be submitted within sixty (60) days of the eligibility determination.

Claims by newly enrolled providers must be submitted within three hundred sixty-five (365) calendar days from the date of service and must be for services provided on or after the effective date of the provider's enrollment

Medicare crossover claims for coinsurance and/or deductible must be filed with DOM within 180 days of the Medicare Paid Date

Providers may submit a corrected claim within 180 days of the Medicare paid date.

Providers may request an Administrative Review within thirty (30) calendar days of a denied Medicare crossover claim once the 180-day timely filing has been expired

More details on timely filing can be found Miss. Admin. Code Part 200 Rule 1.6: Timely Filing, Rule 1.7: Timely Processing of Claims, and Rule 1.8: Administrative Review of Claims. These new rules can be viewed at <http://www.sos.ms.gov/adminsearch/ACProposed/00024160b.pdf>

Timely Filing Cont'd.