

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



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

	Eligibility	Claims	Care Management	Patient H	ealth History	Files Exchange	Resources	
irch C	laims Submit	t Claim Der	ntal Submit Claim Inst	Submit Clai	m Prof Submit	Claim Pharm Searc l	h Payment History	
:laims							<u></u>	Tuesday 07/20/2021 02:19 PM
Provi	ider Name B ation 099999	OGUS PROV 1998 - BOG	/IDER NAME US PROVIDER NAME		Click the S Pro	Submit Claims f subtab	✓ D00X-General Practice	
0								
	Claims							
• <u>Se</u>	arch Claims							
▶ <u>Su</u>	ibmit Claim De	ntal						
► <u>Su</u>	Ibmit Claim Ins	<u>it</u>						
▶ <u>Su</u>	ibmit Claim Pro	of						
Su	ibmit Claim Ph	arm						
► <u>Se</u>	earch Payment	History						

From the claims tab, select Professional Claim

lome	Eligibility	Claims	Care Management	Patient Hea	Ith History	Files Exchange	Resources	
arch C	laims Submit	l Claim Den	tal Submit Claim Inst	 Submit Claim	Prof Submit	Claim Pharm Sea	I Irch Payment History	
Claime	> Submit Clai	m Drof		•	- Submit D	enfermiennel Claime - St		Eriday 06/11/2021 05:42 DM (
Liaims	> Submit Cla	m Pror			Submit Pi	rotessional Claim - St		Friday 06/11/2021 05:42 PM C
Provi	ider Name B	OGUS PROV	IDER NAME		Role IDs	09999998	~	
Loc	ation 099999	998 - BOGU	JS PROVIDER NAME			Taxonomy 208D	00000X-General Practice	
Sub	mit Professio	nal Claim:	Step 1					
* Inc	dicates a requir	red field.						
							1	
				Claim Type	Professional	*	J	
Prov	vider Informa	tion						
	Bil	ling Provid	ler ID 099999998		ID Type	Medicaid ID	Name BOGUS PR	OVIDER NAME
		Тахо	nomy 208D00000X-Ge	neral Practice				
	Perform	ning Provid	ler ID	0	ID Type	NPI	Name	
		Тахо	nomy					
	efer	ring Provid	ler ID	0	ID Type	NPI	Name	
	2	Тахо	nomy					
	Supervi	sing Provid	ler ID	0	ID Type	NPI	Name	
		Тахо	nomy					
Men	nber Informat	tion						
		*Memb	ber ID					
		Last	Name			First	Name	
		Birth	Date _					
		Ad	ldress					
		Address I	Line 2					
			City					

The submit claim screen opens to step 1

Home Eligibility Claims Care	Management Patient He	ealth History	Files Exchange	Resources				
Search Claims Submit Claim Dental Su	ıbmit Claim Inst Submit Cla i	im Prof Submit	Claim Pharm Searc	h Payment Histo	ry			
<u>Claims</u> > Submit Claim Prof		Submit Pr	ofessional Claim - Ster	51	Friday 06/11/2021 05:42 PM CST			
Provider Name BOGUS PROVIDER N Location 099999998 - BOGUS PROV	AME VIDER NAME	Role IDs	099999998 Taxonomy 208D00	0000X-General Pr	ractice			
Submit Professional Claim: Step 1					?			
* Indicates a required field.								
	Claim Type	Professional	~					
Provider Information		Crossover Profe	ssional					
Billing Provider ID	099999998	ID Type	Medicaid ID	Name	BOGUS PROVIDER NAME			
Taxonomy	208D00000X-General Practice							
Performing Provider ID	9	ID Type	NPI	Name				
Taxonomy								
Sferring Provider ID	9	ID Type	NPI	Name	-			
Taxonomy Supervising Provider ID			NPT	Name				
Tayonomy	<u> </u>	10 Type	NF1	Name	-			
Member Information	***							
*Member ID								
Last Name			First Na	ime _				
Birth Date	-							
Address								
Address Line 2								
City								

Start by selecting Professional in the claim type drop down.

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	Q	ID Type NPI	Name
Taxonomy		Click the corresponding	
sferring Provider ID	Q	magnifying glass icon to search for a performing	Name
Taxonomy		referring, or supervising	
Supervising Provider ID	Q	provider	Name
Тахопоту			
Member Information			
*Member ID			
Last Name		First Name	
Birth Date			
Address			
Address Line 2			
City			

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

Provider ID Sear	ch	CI	ick a tab to select	Back to Claim ?							
Search By ID S	earch By Name Search By	Organization	search criteria								
* Indicates a re	quired field.			J							
	*Provider ID		Provider ID Type NPI								
	Taxonomy 363L00000X-Nurse Practitioner 💙										
Se	Search Cancel										
		2									
Search Results: N	PI 1073737318					?					
					Tot	al Records: 2					
Provider ID	Provider Name	<u>Taxonomy</u>	Address	<u>City</u>	State	Zip Code					
	PROVIDER E W SMITH 363L00000X-Nurse		her			38133-4062					
	PROVIDER SMITH JONES	363L00000X-Nurse Practition	her			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		ID Type	NPI	Name PROVIDER SMITH JONES
*Taxonomy	363L00000X-Nurse Practitioner >	 Image: A set of the set of the		
Referring Provider ID		ID Type	NPI	Name
Тахопоту				
Supervising Provider ID	9	ID Type	NPI	Name
Taxonomy	-			
Member Information				
*Member ID				
Last Name	TRAINING		First Name	MEMBERBOY
Birth Date				
		_		
Address				
Address Line 2				
City	OLIVE BRANCH			
State	Mississippi 🗸	•	Zip Code 🛛	386544841
Claim Information				
Date Type	~		Date of Current 🛛	
Accident Related	~		Admission Date 🛛	
Patient Number			Authorization Number	
*Transport Certification	No			
		M A		
-De	bes the provider have a signature	e on file?		
Does the provider	accept assignment for claim pro	cessing? (JYes∪No∪Clinical Lab S	Services Only
*Are benefits assigned to the p	rovider by the patient or their au	ithorized (⊖Yes⊖No⊖N/A	
	represe	entative?		
*Does the provider have a sig	ned statement from the patient i	eleasing (JYes∪No	
	their medical info	rmation?		

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

Taxonomy	208D00000X-General Practice						
Performing Provider ID		ID Type	NPI	Name			
*Taxonomy	363L00000X-Nurse Practitioner 💙						
Referring Provider ID		ID Type	NPI	Name			
Тахопоту							
Supervising Provider ID		ID Type	NPI	Name			
Тахопоту							
Member Information							
*Member ID							
Last Name	TRAINING		First Name	MEMBERBOY			
Birth Date							
Address							
Address Line 2							
City	OLIVE BRANCH						
State	Mississippi 🗸		Zip Code 🛛	386544841			
Claim Information							
Date Type	~		Date of Current 0				
Accident Related			Admission Date 🛛				
Patient Number			Authorization Number				
*Transport Certification	 ◯Yes						
* •		(l-2)	Vac ONa				
AF	ses the provider have a signature of	on file?					
Does the provider	accept assignment for claim proce	essing?	Yes O No O Clinical Lab S	ervices Only			
*Are benefits assigned to the p	rovider by the patient or their auth represen	norized C tative?	○ Yes ○ No ○ N/A				
*Does the provider have a sign	ned statement from the patient rel their medical inform	leasing C	Yes O 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.

·									
* Indicates a re	quired field.								
	Add diagnose	es	Claim Type	Professional					
Provider Infor	<u>i</u>								
	Billing Provider ID	099999998		ID Type	Medicaid ID	Name	BOGUS PROVIDER NAM	ME	
	Taxonomy	208D00000X-Ge	neral Practice						
Patient and Cla	aim Information								
	Member ID	664240512							
	Member	MEMBERBOY B TRAINING			G	ender Male			
	Birth Date	10/06/2006			Total Charged Ar	mount \$0.00			
								Expand All	Collapse A
Diagnosis Cod	es								
Select the row n	umber to edit the row	Click the Remo	ve link to rem	ove the entire	FOW				
Select the row n Please note that	number to edit the row the 1st diagnosis ent	v. Click the Removered is considered	ve link to rem I to be the pri	ove the entire ncipal (primar	row. y) Diagnosis Code.				
Select the row n Please note that #	number to edit the row the 1st diagnosis ent Diagn	v. Click the Remo vered is considered	ve link to rem I to be the prin	ove the entire ncipal (primar	row. y) Diagnosis Code.	Diagnosis Code	2		Action
Select the row n Please note that # 1	number to edit the row the 1st diagnosis ent Diagn	v. Click the Remo vered is considered	ve link to rem I to be the prin	ove the entire ncipal (priman	row. y) Diagnosis Code.	Diagnosis Code	2		Action
Select the row n Please note that # 1 1	*Diagnosis Type	v. Click the Remo vered is considered nosis Type	ve link to rem I to be the prin	ove the entire ncipal (primar *Dia	row. y) Diagnosis Code. agnosis Code e	Diagnosis Code	2		Action
Select the row n Please note that	*Diagnosis Type (v. Click the Remo vered is considered	ve link to rem I to be the prin	ove the entire ncipal (primar *Di	row. y) Diagnosis Code. agnosis Code e	Diagnosis Code	2		Action
Select the row n Please note that	*Diagnosis Type (v. Click the Remo vered is considered nosis Type	ve link to rem I to be the prin	ove the entire ncipal (primar *Di	row. y) Diagnosis Code. agnosis Code e	Diagnosis Code	2		Action
Select the row n Please note that	*Diagnosis Type (Add Reset	v. Click the Remo ver rered is considered nosis Type	ve link to rem I to be the prin	ove the entire ncipal (primar *Di	row. y) Diagnosis Code. agnosis Code e	Diagnosis Code	Continue	Cancel	Action
Select the row n Please note that # 1 1 Ba	*Diagnosis Type (Add Reset	v. Click the Remo ver rered is considered nosis Type	ve link to rem	ove the entire ncipal (primar *Di	row. y) Diagnosis Code.	Diagnosis Code	e Continue	Cancel	Action
Select the row n Please note that # 1 1 Ba	*Diagnosis Type (Add Reset	v. Click the Remo vered is considered nosis Type ICD-10-CM ♥	ve link to rem I to be the print I to be the print I to be the print I to be the print I to be the print I to be the print I to be the pri	ove the entire ncipal (priman *Di be DODI	row. y) Diagnosis Code. agnosis Code e	Diagnosis Code	e Continue	Cancel	Action

Submit Profe	ssional Claim: Step 2	1					?
* Indicates a r	equired field.						
		Claim Typ	e Professional				
Provider Info	rmation						
	Billing Provider ID	099999998	ID Type	Medicaid ID	Name	BOGUS PROVIDER NAME	
	Taxonomy	208D00000X-General Practic	ce				
Patient and C	laim 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 Co	des						-
Select the row Please note tha	number to edit the row at the 1st diagnosis ent	r. Click the Remove link to re ered is considered to be the p	move the entire principal (primary	row. /) Diagnosis Code.			
#	Diagi	nosis Type		Diag	nosis Code	5	Action

1			
1	*Diagnosis Type ICD-10-CM 🗸	*Diagnosis Code 9	
	Add Reset		
E	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				
1						
1	*Diagnosis Type ICD-10-CM 🗸	*Diagnosis Code 🛛	R071			
			R07-PAIN IN THROAT AND CHEST			
	Add Reset	R070-PAIN IN THROAT				
			R071-CHEST PAIN ON BREATHING			
			R072-PRECORDIAL PAIN			
	ack to Step 1		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 r click continue to move forward with the claim.

-

Subn	nit Professior	al Claim: Step 3	3							?
* Indi	icates a requir	ed field.								
		Enter Servi attach	ice Details and documents	n Type	Professional					
Provi	ider Informa									
	Bill	ing Provider ID	099999998		ID Type	Medicaid ID	Name	BOGUS PROVIDER N	AME	
		Taxonomy	208D00000X-General	Practice						
Patie	nt 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
Diagr	nosis Codes									+
Servi	ice Details									_
Select	t the row num	per to edit the row	v. Click the Remove lin	k to remo	ve the entire	row.				
Svc #	From Date	To Date	Place of Ser	vice		Procedure Code		Charge Amount	Units	Action
1										
1 *F	rom Date 🛛]	To Date e			*Place of Service			~ I	EMG 🔽
	*Procedure Code 0		Modifiers 0					*Diagnosis Pointers	• •	~ ~
	*Charge Amount		*Units		*Unit	Type Unit 🗸	EPSDT			
C	Clia Number		Authorizat	ion Numl	ber					

Step 3 allows you to add service details and attach documents

-

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

Svc #	From Date	To Date	Place of S	Service	Procedure Code	Charge Amount	Units	Action
1								
1 *F	rom Datee	_/_/	📰 🛛 To Date 🛛		*Place of Service		~ €	MG 🔽
	*Procedure Code 0		Modifiers 0			*Diagnosis Pointers	~ ~ (~ ~
	*Charge Amount		*Units		*Unit Type Unit V EPSDT			
	Clia Number		Authoriz	ation Number				
	Referring		ID Type	NDT -	Favonomu			
	Provider ID			Hint: It is be	est practice to tab to the fields			
	Performing		ID Type	whe	n entering information			
	Provider ID					J		
ND	Cs for Svc. # 1							Ŧ
	Add	Reset						
Attac	hments							-
Click	the Remove lin	k to remove the	e entire row.					
#	Transr	nission Metho	d	File	Control #	Attachment	Туре	Action
+ C	lick to add attac	hment.						
	Back to	Step 1 Ba	ck to Step 2			Submit	Cancel	

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.

C	From Date	To Date	Place of Service	Procedure Co	Charge Amount	Units	Action	
*Fr	rom Date 9	05/04/2021	To Date 0	*Place of Service			∼ E	MG 🔽
c	*Procedure Code 0 *Charge Amount		There is no nee complete the To Da if the From and To are the same	d to the field Dates	EPSDT	*Diagnosis Pointers	▼ ▼	~ ~
1	Referring Provider ID		ID Type NPI	Taxonomy "				
NDC	ts for Svc. # 1							e
	Add	Reset						
tacl	hments							
CK U	ne Remove lini	k to remove the	entire row.					
	Trance	nission Methor	d File	Con	trol #	Attachment	Type	Action

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.

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

Svc #	From Date	To Date	Place of s	Service	Type 1 in 1 Service fie enter 1	he Place of ld to quickly 1-Office		Charge Amount	Units	Action
1 *F	From Date 🛛 🗍	05/04/2021] 📰 🛛 To Date e		Place	of			~] €	MG 🔽
	*Procedure		Modifiers 0		Servio			*Diagnosis Pointers	• •	~ ~
	*Charge [Amount		*Units		*Unit Type	Unit 💙 EF	PSDT 🗌			
•	Clia Number		Authoriz	zation Number]				
	Referring Provider ID		ID Type	NPI	Taxonomy					
	Performing (Provider ID		ID Type	NPI	Taxonomy					
ND	Cs for Svc. # 1	L								E
	Add	Reset								
Attac	hments									-
Click	the Remove lin	k to remove the	e entire row.							
#	Trans	mission Metho	d	File		Control #		Attachment 1	Гуре	Action
÷ C	lick to add attac	hment.								
	Back to	o Step 1 Ba	ck to Step 2					Submit	Cancel	

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.

—

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

Svc #	From Date	To Date	Place of 9	Service	Pro	cedure Code	Charge Amount	Units	Action
1									
1 *F	rom Date 🛛 🗌	05/04/2021	To Date 🛛		Place of Service	11-Office		~	EMG 🔽
ND	*Procedure Code 0 *Charge Amount Clia Number Referring Provider ID Performing Provider ID Cs for Svc. #	99213 99211-OFFICE 99212-OFFICE 99213-OFFICE 99214-OFFICE 99215-OFFICE 99217-OBSER 99218-INITIAI 99219-INITIAI G9921-NO OR Q9921-INJECT	Modifiers 0 O/P EST MINIMAL F O/P EST SF 10-19 F O/P EST LOW 20-29 O/P EST MOD 30-3 O/P EST HI 40-54 F VATION CARE DISCH OBSERVATION CARE DBSERVATION CARE PART SCRN ND RNG TON OF EPO, PER 10	PROB MIN 9 MIN 9 MIN 41N 4ARGE 8 8 8 8 9 OR OS 900 UNI		EPSDT	*Diagnosis Pointers	▼	▼
Attac	hments								-
Click	the Remove lin	ik to remove the	entire row.						
#	Trans	mission Metho	d	File		Control #	Attachment	Туре	Action
÷ C	lick to add attac	hment.							•
	Back to	o Step 1 Ba	ck 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.

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

Svc #	From Date	To Date		Place of S	ervice	Proc	edure Code		Charge Amount	Units	Action
<u>1</u>											
1 *F	rom Date e	05/04/2021		To Date 🛛 🛛		Place of Service	11-Office			~ E	MG 🔽
	*Procedure Code 0	99213		Modifiers 🛛					*Diagnosis Pointers	~ ~ (~ ~
	*Charge Amount			*Units	Enter up to	o 4 modifiers i	- E	EPSDT			
•	Clia Number			Authoriz	the Mo	difiers fields					
	Referring Provider ID		9	ID Type							
	Performing ID Type NPI Taxonomy										
ND	Cs for Svc. # :	L									Ŧ
	Add	Reset									
Attac	hments										=
Click the Remove link to remove the entire row.											
#	# Transmission Method File Control # Attachment Type Action										
Click to add attachment.											
	Back to	o Step 1 Ba	ck to S	tep 2					Submit	Cancel	

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

-

Select	the row	number to	edit the r	row. Click	the Remove	link t	to remove t	he entire row.
--------	---------	-----------	------------	------------	------------	--------	-------------	----------------

Svc #	From Date	To Date	Place of Se	ervice	Pr	ocedure Code		Charge Amount	Units	Action	
1											
1 *F	rom Date 🛛 🛛	05/04/2021	📰 To Date e		*Place of Service	f 11-Office			✓ E	MG 🔽	
	*Procedure (Code 0 *Charge (Amount	99213	Modifiers ()	25	*Unit Type	Jnit 🗸	EPSDT	*Diagnosis Pointers	~ ~ (✓	
(Clia Number (Referring (Provider ID Performing (Provider ID		Authoriza	ation Number NPI ·	Taxonomy			Type pointers Diagnos	the diagn for the line is Pointers	osis e in the s fields	
ND	Cs for Svc. # 1	l								Ŧ	
	Add	Reset									
Attac	hments									-	
Click the Remove link to remove the entire row.											
#	# Transmission Method File Control # Attachment Type Action										
+ C	Click to add attachment.										
	Back to	Step 1 Ba	k to Step 2					Submit	Cancel		

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

Servi	ice Details										-
Select	t the row numbe	er to edit the ro	w. Click the R	temove link to re	emove the	entire row.					
Svc #	From Date	To Date	Pla	ace of Service			Procedure Co	de	Charge Amount	Units	Action
1											
1 *F	rom Date 🛛 🕻	05/04/2021) 📰 🛛 To D	Date 🛛 🗌		*Plac Serv	e of 11-Office vice	2		~ ■	MG 🔽
	*Procedure Code 0 *Charge Amount Clia Number	99213 \$_,,	Modif	fiers 0 25 Inter the am for the servi Charge A	iount c ice line mount	harged in the field		EPSDT	*Diagnosis 1 Pointers	▼ 2 ▼ (~ ~
	Referring Provider ID		то	Type NPI	Та	axonomy	_				
	Performing [Provider ID			Type NPI	Та	xonomy					
ND	Cs for Svc. # 1	l									÷
	Add	Reset									
Attac	hments										_
Click	the Remove l in	k to remove the	e entire row.								
#	Transr	nission Metho	d		File		Con	itrol #	Attachment 1	Гуре	Action
+ C	lick to add attac	hment.									
	Back to	Step 1 Ba	ck to Step 2	2					Submit	Cancel	I

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.

Servi	ice Details									_
Select	t the row numb	er to edit the ro	w. Click the Remove	e link to remove t	the entire row.					
Cur										
5VC #	From Date	To Date	Place of	Service		Procedure Code	2	Charge Amount	Units	Action
1										
1 *F	From Date 🛛	05/04/2021] 📰 🛛 To Date 🖲		Place	of 11-Office			~] €	MG 🔽
	*Procedure	99213	Modifiers 0	25				*Diagnosis 1	✓ 2 ✓ [~ ~
	Code 😖							Pointers		
	*Charge (Amount	150.00	*Units	1	*Unit Type	Unit V Unit	EPSDT		5	
	Clia Number		Authori	zation Number		Minutes	If nece	essary, select t	he	
	Referring		ID Type	NPI	Taxonomy	_	uni	t type from the		
	Provider ID						u	lop-down list		
	Performing Provider ID		ID Type	NPI	Taxonomy					
ND	Cs for Svc. # 1	ι								Ŧ
8										
	Add	Reset								
Attac	hments									-
Click	the Remove lir	ik to remove the	e entire row.							
#	Trans	mission Metho	d	File		Contr	ol #	Attachment	Туре	Action
+ C	lick to add attac	hment.	·			·				•
	Back to	o Step 1 Ba	ck to Step 2					Submit	Cancel	I

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

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



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
Prescrip	otion Number	Prescription Type
Prescr	ription Date 🛛	
	Add Res	et

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				÷						
2										
Add Reset										
Attachments				-						
Click the Remove link to remove the entire row										
# Transmission Met Click the plut to add a	is next to Click	Control #	Attachment Type	Action						
Glick to add attachment.										
Click the Select the transmission method from the										
# Transmission Method drop-down list	File	Control #	Attachment Type	Action						
Click to compose										
*Transmission Method FT-File Transf	er 🗸									
*Upload File FT-File Transf *Attachment Type NOTSPECIFIE	er D-NOTSPECIFIED		~							
Description			,							
Add Cancel										

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						
ΞC	lick to collapse.										
	*Transmission Method	T-File Transfer									
	*Upload File	Choose File Radiology Re B 050421.pdf									
Atta Click	*Attachment Type PY-Physician's Report Description PY-Physician's Report PZ-Physical Therapy Certification Make a selection from the Attachment Type RB-Radiology Films Stachment Type RR-Radiology Reports RT-Report of Tests and Analysis Report DY Denouvable Owners Content Averaging Depart Total Concel Attachments Click the Remove link to remove the entire row.										
#	Transmission Method	File	Control #	Attachment Type	Action						
1	FT-File Transfer	Radiology Report Memberboy B 050421.pdf (60K)	20210706164433437636	RR-Radiology Reports	<u>Remove</u>						
. € (
	Back to Step 1 Back to Step 2 Submit Cancel										

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

Cigini													
		Date Type 🔔				Date o	f 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													
Ar	e benefits assign	ed to the provider	by the patient	or their	authorized Yes								
				repre	esentative?								
D	oes the provider	have a signed sta	atement from th	ne patier	nt releasing Yes								
			their m	edical in	formation?								
						Т	otal Charged /	Amou	nt \$250.00				
										Exp	and All Co	llapse	All
Diagno	osis Codes												+
Servio	e Details												
			Place of				Diag Code		Click a	Plus/Min	us icon to	• —	
#	From Date	To Date	Service	EMG	Procedure Code	Mod	Ptrs		open a	nd close	Sections	ou	it
									101		wing		
1	05/04/2021	05/04/2021	11		99213	25	1,2	1	<u> </u>	1	1	\$15	.00
2	05/04/2021	05/04/2021	11		71046	26	1	1	.000 Unit			\$10	.00
Attach	monto	1	1		•					1	1		
Attact	incits												
No Oth	ner Insurance De	tails exist for this	claim										
	Back to Ste	p 1 Back to St	ep 2 Back to	o Step 3	Print Preview				Cor	nfirm C	ancel		
										N		Got	o Top
												<u>00 u</u>	2 100

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

										Те	xt Size 🗕 🕂 <u> </u>
ome	Eligibility	Claims	Care Mai	nagement	Patient Health	History	Files Exchange	Resources			
arch Clai	ims Submit	Claim Der	ntal Submi	t Claim Inst	Submit Claim Prof	Submit C	Claim Pharm Sear	ch Payment History	7		
<u>claims</u> >	Claim Recei	pt								Thursday 06/2	24/2021 12:29 AM
Provid Locat	er Name Bi tion 099999	OGUS PROV 1998 - BOGI	/IDER NAME US PROVIDE	R NAME		Role IDs	099999998 Taxonomy 2080	000000X-General P	➤ ractice		
Subm	it Professio	nal Claim:	Confirmati	on							
Profes	ssional Clair	n Receipt									
Your Pr	rofessional C aim ID is 22 2	laim was su 2 1175000 0	iccessfully su 001.	ubmitted. The	claim status is Final	ized Payme	ent.				
Your Pr The Cla Click P	rofessional C aim ID is 223 Print Previev	aim was su 21175000 v to view th	occessfully su 001.	ubmitted. The	claim status is Final	ized Payme	ent. system.				
Your Pr The Cla Click P Click C	rofessional C aim ID is 222 Print Preview	aim was su 211750000 v to view th member or	uccessfully su 001. he claim deta.	ubmitted. The	o claim status is Final ave been saved on th	ized Payme e payer's s	ent. system.				
Your Pr The Cli Click P Click C Click E	rofessional C aim ID is 222 Print Preview Copy to copy Edit to resubr	aim was su 211750000 v to view th member or nit the clair	uccessfully su 001. he claim deta r claim data. m.	ubmitted. The	o claim status is Final	ized Payme e payer's s	ent. system.				
Your Pr The Cla Click P Click C Click E Click N	rofessional C aim ID is 222 Print Preview Copy to copy idit to resubr New to subm	aim was su 211750000 v to view th member or nit the clair it a new cla	uccessfully su 001. he claim deta r claim data. m.	ubmitted. The	claim status is Final	ized Payme	ent. system.				
Your Pr The Cla Click P Click C Click E Click N Click V	rofessional C aim ID is 22: Print Preview Copy to copy Edit to resubr New to subm New to subm	to view the member or nit the clair the details	nccessfully su 001. The claim deta r claim data. m. im. of the submi	ubmitted. The ails as they h	o claim status is Final	ized Payme	ent. system.				
Your Pr The Cla Click P Click C Click E Click N Click V	rofessional C aim ID is 22; Print Preview Copy to copy Edit to resubri New to submi New to submi New to view Print	aim was su 211750000 v to view th member or nit the clair it a new cla the details Preview	nccessfully su 001. The claim deta r claim data. m. im. of the submi	ubmitted. The ails as they h itted claim. Edit	e claim status is Final ave been saved on th New	ized Paymo e payer's s View	ent. system.				

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, of log out of the secure Portal.





Submitting a Professional Crossover Claim



Home Eligibility Claims Ca	are Management Patient Health	History File	es Exchange	Resources			
Search Claims Submit Claim Dental	Submit Claim Inst Submit Claim Pro	of Submit Cla	im Pharm Sea	rch Payment History			
Claims > Submit Claim Prof					Thursday 07/15/2021 10:48 PM CST		
Provider Name BOGUS PROVIDE	ER NAME	Role IDs 0	99999998				
Location 099999998 - BOGUS	PROVIDER NAME	Та	xonomy 208D	00000X-General Prac	tice		
Submit Professional Claim: Ste	ep 1				?		
* Indicates a required field.							
	Claim Type Cros	ssover Professio	nal 🗸				
Provider Information	Professional Crossover C	laims					
Billing Provide	Enter as you would any other	claim with	GUS PROVIDER NAME				
Taxon	Enter as you would any other						
Performing Provide	Select the Crossover Prote	essional Cla	im Type				
Taxon	Complete the line-level Me	he line-level Medicare Crossover Details					
Referring Provide	 Attach a copy of the Explan 	nation of Me	edicare Ben	efits (EOMB)			
Taxon							
Supervising Provider	ID S	ID Type NP	I	Name _	-		
Taxono	my						
Member Information							
*Member	ID 591869055)					
Last Na	me TRAINING	First Name MEMBER					
Birth Da	ate 03/12/1946						
Addro	ess 58 W MADISON ST)					
Address Lin	e 2)					
c	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			
Address Line 2			
City	COLUMBUS		
State	Mississippi 🗸	Zip Code 🛛	397028501
Claim Information			
Date Type	~	Date of Current 9	
Accident Related	~	Admission Date 😖	
Patient Number		Authorization Number	
*Transport Certification	⊖ Yes No		
*Dc	es the provider have a signature on fi		
*Deee the energider			Convision Only
Does the provider	accept assignment for claim processin		Services Only
*Are benefits assigned to the p	representativ	ve?	
*Does the provider have a sign	ned statement from the patient releas	ing Yes No	
	their medical information	on?	
Include Other Insurance 💿			Total Charged Amount \$0.00
Medicare Crossover Details			
Allowed Medicare Amount	\$0.00	Co-insurance A	mount 0.00
Deductible Amount	0.00	Psychiatric Services A	mount 0.00
Medicare Payment Amount	0.00	Medicare Payment	Date 🛛 📰
Copay Amount	0.00		
			Continue

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.

							Expand All	Collaps
Diagnosis	Codes							
Select the Please note	row number to edit the row. C e that the 1st diagnosis entere	Click the Remove link to need is considered to be the	emove the entire row. principal (primary) Diagnosis Co	ode.				
#	# Diagnosis Type Diagnosis Code						Acti	
1	ICD-1	0-CM	RI	071-CH	HEST PAIN O	N BREATHING		Rem
2								
2	*Diagnosis Type IC	D-10-CM 🗸	*Diagnosis Code	θ [
Other Ins Enter the c	urance Details arrier and policy holder inform	nation below.						
Other Ins Enter the c Enter othe Details sec	urance Details arrier and policy holder inform r carrier Remittance Advice de tion.	nation below. stails here for the claim or	with each service line. Enter ad	justed	payment det	ails, such as reaso	n codes, in the Claim A	djustmen
Other Ins Enter the o Enter other Details seo NOTE: Ple	urance Details carrier and policy holder inform r carrier Remittance Advice de tion. ase click Remove to discard a	nation below. stails here for the claim or any unrelated "Other Insur	with each service line. Enter ad	justed	payment det	ails, such as reaso	n codes, in the Claim A	djustment
Other Ins Enter the c Enter other Details sec NOTE: Ple	urance Details carrier and policy holder inform r carrier Remittance Advice de tion. ase click Remove to discard a	nation below. etails here for the claim or any unrelated "Other Insur	with each service line. Enter ad	justed	payment det	ails, such as reaso	n codes, in the Claim A Refresh Other	djustment • Insurar
Other Ins Enter the c Enter other Details sec NOTE: Ple	urance Details carrier and policy holder inform r carrier Remittance Advice de tion. ase click Remove to discard a Carrier Name	nation below. etails here for the claim or any unrelated "Other Insur Carrier Code	with each service line. Enter ad rance", prior to submitting claim Group	justed 	payment det	ails, such as reaso COB Payer Paid Amount	n codes, in the Claim A Refresh Other Remittance Date	djustment Insurat Actio
Other Ins Enter the c Enter other Details sec NOTE: Ples #	urance Details carrier and policy holder inform r carrier Remittance Advice de tion. ase click Remove to discard a Carrier Name	nation below. etails here for the claim or any unrelated "Other Insur Carrier Code	with each service line. Enter ad rance", prior to submitting claim Group	justed #	payment det	ails, such as reaso COB Payer Paid Amount	n codes, in the Claim A Refresh Other Remittance Date	djustmen r Insural Actio
Other Ins Enter the c Enter other Details sec NOTE: Ples #	urance Details carrier and policy holder inform r carrier Remittance Advice de tion. ase click Remove to discard a Carrier Name o add a new other insurance.	nation below. etails here for the claim or any unrelated "Other Insur Carrier Code	with each service line. Enter ad rance", prior to submitting claim Group	justed #	payment det	ails, such as reaso COB Payer Paid Amount	n codes, in the Claim A Refresh Other Remittance Date	djustmen r Insural Actio

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

						Refresh Other	Insurance
#	Carrier Name	Carrier Code	Group #		COB Payer Paid Amount	Remittance Date	Action
	lick to collapse.						
	*Carrier Name *Subscriber Last Name	Medicare Carrier	*Carrier Code *First Name	12345 Membe	67 er		
	Subscriber Address						
	City [Zip Code 0		State Country		complete require in the Other Inso Details secti	ed fields urance on	
	*Subscriber ID	76543					
	*Group #	123456					
	Group Name						
	Insurance Type					~	
	*Payer Responsibility	P-Primary V	*Relationship to Subscriber	18-Se	lf v]	
	*COB Payer Paid Amount	100.00	*Remittance Date 😣	05/01/	/2021		
F	Remaining Patient Liability						
· ·	otal Non-Covered Amount		Payer Claim #	<u></u>			
	Authorization #	MR Mediana Rest R	Referral #				
	*Release of Information						
	Assignment of Benefits	► 100 F					
Patie	ent Signature Source Code					~	
Outp	atient Adjudication Informat	ion					
	Reimbursement Rate		Claim HCPCS Payable Amount				

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

	[*******	J		
Group Name				
Insurance Type				~
*Payer Responsibility	P-Primary V	*Relationship to Subscriber	18-Self	✓
*COB Payer Paid Amount	100.00	*Remittance Date 🛛	05/01/2021	
Remaining Patient Liability				
Total Non-Covered Amount		Payer Claim #		
Authorization #		Referral #		
*Claim Filing Indicator	MB-Medicare Part B	~		
*Release of Information	Y-Yes 🗸			
Assignment of Benefits	~ ~ ~	•		
Patient Signature Source Code				~
Outpatient Adjudication Informa	ation			
Reimbursement Rate		Claim HCPCS Payable		
		Amount		
Remark CoMS 1				
Remark Code 2]		
Remark Code 3]		
Remark Code 4]		
Remark Co		Non-payable Professional		
	hen you are done, click	Component Amount		
Claim ESRD Payment Ame	Add Insurance			
		·		
Add Insurance	Cancel Insurance			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Back to Step 1				ontinue Cancel
				Go to Top

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

Service	Details								=			
Select th	e row numbe	er to edit the row	v. Click the <b>Remov</b>	e link to remove th	ne entire row.							
Svc #	rom Date	To Date	Place of	Service	Pro	cedure Code	Charge Amount	Units	Action			
1												
1 *From	1 *From Date 04/27/2021 To Date 0 *Place of 11-Office × EMG ×											
*Pi	Code o Code o *Charge	99212	Modifiers (	5 1.000	*Unit Type Ur	it V EPSDT 🗌	*Diagnosis 1 Pointers	<b>~ ~</b> (	<b>~ ~</b>			
Clia	Number	]	Author	rization Number								
Pro	Referring ovider ID			Enter the Med	dicare Crosso	ver						
Pe Pro	erforming ovider ID		ют,	De	etalis							
Medica	are Crossov	er Details										
	Allowed M	edicare Amou	nt \$0.00			Co-insurance Amour	nt 25.00					
	Ded	luctible Amou	nt 0.00		P	ychiatric Services Amour	nt 0.00					
	Medicare Pa	ayment Amou	nt 100.00			Medicare Payment Date						
		Copay Amou	nt 0.00									
NDCs	for Svc. # 1								Ŧ			
	Add	Reset					N					
Attachm	nents						3					

Once you've advance to step 3, enter the Medicare amounts and the Medicare Paid Date. Click Add
Oth	er Insurance Del	tails for Svo	. # 1							_
Click	the row number t	to edit the ro	ow. Click the	Remove link to r	emove the entire row	v.				
#	Carrier Code	Procedu	ire Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patien Liability	t Bundled Line	Action
1	1234567 99212-OFFICE O/P EST SF 10-19 MIN \$100.00 05/01/2021 1.00 \$0.00 0 Remo									<u>Remove</u>
	*Other Ca	rrier 1234	1567-Medica	re Carrier		~	Bundled i	nto Line # 0		
	*Procedure Co	de 🛛 9921	2-OFFICE O	/P EST SF 10-19	MIN					
Modifiers 0										
со	3 Payer Paid Amo	ount 100.0	00	*Ren	nittance Date 🛛 🚺	5/01/2021	*	Paid Units 1.00		
	Remaining Pat Liab	ient				-				
Of Ye	t <b>her Insurance R</b> ou can enter up to f	easons five unique <u>c</u>	group codes.	You can repeat si	x combinations of re	ason code and a	djustment amour	nt with each group cod	e.	
CI	ick the Remove lin	nk to remove	e the entire	row.						
#	e Gr	oup Code			Reaso	n		Amount	Units of Service	Action
1	PR-Patie	nt Responsit	bility	2-Coinsurance Am	nount			\$25.00		Remove
		*Group C	Code PR-P	atient Responsibil	ity 🗸				·	
		*Reas	on e 2-Co	insurance Amoun	t					
		*Amo	ount 25.0	0	U	inits of Service	•			
	Save	Reason	Cancel Re	ason						

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

	ESI	SF 10-19 MIN							
	*Other Carrier	1234567-Medic	are Carrier			Bundled	into Line # 0		
*Pi	rocedure Code 🛛	99212-OFFICE	D/P EST SF 10-19	MIN					
	Modifiers 0								
COB Pay	yer Paid Amount	100.00	*Ren	nittance Date 😣	05/01/2021		*Paid Units 1.00		
Re	emaining Patient								
	Liability								
Other	Insurance Reaso	ns							_
You can	n enter up to five u	nique group codes	. You can repeat si	x combinations of	reason code and a	djustment amou	nt with each group co	ode.	
Click th	ne <b>Remove</b> link to r	remove the entire	row.						
#	Group	Code		Rea	son		Amount	Units of Service	Action
1	PR-Patient Res	sponsibility	2-Coinsurance An	nount			\$25.00		Remove
+ Clic	ck to add a new clai	im reason.							
	Save Insura	Cli	ck Save Insu	rance					
		13							
Click	to add a new other	insurance.							
	Save Rese	<u>Cancel</u>							
2									
2 *From I	Date 🛛	To	Date		Place of		1	~	EMG 💙

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

	Provider ID Performing	ID Type NPI Taxonomy			
	Provider ID				
Ме	dicare Crossover Details				
	Allowed Medicare Amount \$	0.00	Co-insurance Amou	unt 0.00	
	Deductible Amount	0.00	Psychiatric Services Amou	int 0.00	
	Medicare Payment Amount	0.00	Medicare Payment Date	e 0	
	Copay Amount	0.00			
NL	Cs for Svc. # 2				Ŧ
	Add Reset	Attach a copy of the			
Atta	Add Reset	Attach a copy of the Medicare carrier's EOMB			
Atta	Add Reset	Attach a copy of the Medicare carrier's EOMB			E
Atta Click	Add Reset	Attach a copy of the Medicare carrier's EOMB			E
Atta Click #	Add Reset  chments the Remove link to remove the entir Transmission Method	Attach a copy of the Medicare carrier's EOMB e row. File	Control #	Attachment Type	Action
Atta Click #	Add Reset  chments the Remove link to remove the entir Transmission Method	Attach a copy of the Medicare carrier's EOMB e row. File Medicare EOMB Training Member M pdf	Control #	Attachment Type EB-Explanation of Benefits	Action
Atta Click #	Add     Reset       chments     the Remove link to remove the entir       Transmission Method       FT-File Transfer	Attach a copy of the Medicare carrier's EOMB e row. File Medicare EOMB Training, Member M.pdf (65K)	Control # 20210716000622510756	Attachment Type EB-Explanation of Benefits (Coordination of Benefits or Medicare Screndary Payor)	Action Remove
Atta Click # 1	Add     Reset       chments     Ite Remove link to remove the entire       Transmission Method       FT-File Transfer	Attach a copy of the Medicare carrier's EOMB         re row.         File         Medicare EOMB Training, Member M.pdf (65K)	Control # 20210716000622510756	Attachment Type EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)	Action Remove
Atta Click # 1	Add     Reset       chments     Ite Remove link to remove the entire       Transmission Method     Iteration       FT-File Transfer     Itek to add attachment.	Attach a copy of the Medicare carrier's EOMB re row. File Medicare EOMB Training, Member M.pdf (65K)	Control # 20210716000622510756 Required!	Attachment Type EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)	Action <u> <u> Remove</u> </u>
Atta Click #	Add       Reset         chments       Ite Remove link to remove the entire         Transmission Method       Iteration         FT-File Transfer       Itek to add attachment.         Back to Step 1       Back to Step 1	Attach a copy of the Medicare carrier's EOMB row. File Medicare EOMB Training, Member M.pdf (65K)	Control # 20210716000622510756 Required!	Attachment Type EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer) Submit Cancel	Action Remove

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 C	laims   Subm	it Claim Dei	ntal   Submit Claim Inst	Submit Claim Prof   Submit Cl	laim Pharm   Search	h Payment History	
Claims	> Claim Rece	eipt					Friday 07/16/2021 12:07 AM CST
Prov	ider Name	BOGUS PRO	VIDER NAME	Role IDs	099999998	~	
Loc	ation 09999	9998 - BOG	US PROVIDER NAME		Taxonomy 208D0	00000X-General Practice	
Sub	mit Crossove	r Professio	onal Claim: Confirmatio	'n			7
Cros	sover Profes	cional Clai	im Receint				
	sover Profes	sional cial	ini Kecelpt				
Your	Crossover Pro	fessional Cl	laim was successfully sub	mitted. The claim status is Pendi	ng In Process.		
The	Claim ID is <b>2</b> 3	21197000	001.				
Click	Print Previe	w to view t	he claim details as they h	ave been saved on the payer's s	ystem.		
Click	Copy to copy	member or	r claim data.				
Click	Edit to resub	mit the clair	m.				
Click	New to subn	nit a new cla	aim.				
Click	View to view	the details	of the submitted claim.				
	Print	Preview	Copy Edit	New View			
	Privac	Y					

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**



#### Home

#### Wednesday 07/21/2021 09:27 AM CST

Login

#### *User ID

P0000116502_TRN

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



#### Text Size 🗕 🕂 |

#### Home

#### Home > Site Token Password

#### Wednesday 07/21/2021 09:28 AM CST

a

## 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.



| Privacy

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



### Select Claims tab from menu to see claims subcategories.



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

Claims > Search Claims       Wednesday 07/07/2021 04:53 PM         Provider Name BOGUS PROVIDER NAME       Role IDs       099999998         Location 099999998 - BOGUS PROVIDER NAME       Taxonomy 208D0000X-General Practice         Search Claims       Medical/Dental       Pharmacy         A minimum of one field is required.       Ether "Psy/Deny Date" or "Service From" and "to" Date are required fields for the search when claim information is not entered.       Claim ID         Claim ID       TCN       Member ID         Service Information       Member ID       Service Information         Performing Provider ID 0       ID Type NPI       Claim Type       ✓         Service From 0       IE       To 0       IE       ✓         Pay/Deny Date 0       IE       To 0       IE       ✓						
Provider Name BOGUS PROVIDER NAME Role IDs 09999998 v Location 09999998 - BOGUS PROVIDER NAME Taxonomy 208D00000X-General Practice  Search Claims  Medical/Dental Pharmacy A minimum of one field is required. Ether 'Pay/Deny Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered. Claim ID Claim ID Claim ID Claim ID Claim ID From ID Ferforming Provider ID Ferform F	<u>ms</u> > Search Claims					Wednesday 07/07/2021 04:53 PM CS
Provider Name BOGUS PROVIDER NAME Role IDS (0)9999998   Location 09999998 - BOGUS PROVIDER NAME Taxonomy 208D00000X-General Practice     Search Claims     Medical/Dental     Medical/Dental     Pharmacy     A minimum of one field is required.   Ether 'Pay/Deny Date' or 'Service From' and To' Date are required fields for the search when claim information is not entered.     Claim ID     Claim ID     Member Information     Member ID     Service Information     Performing Provider ID @        ID Type NPI        Claim Status        Service From @   Pay/Deny Date @     To @			[			
Taxonomy 208D0000X-General Practice       Search Claims       Medical/Dental     Pharmacy       A minimum of one field is required.     Either 'Bay/Deny Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.       Claim ID     TCN       Member Information     TCN       Service Information     ID Type NPI       Service From 0     ID Type NPI       Service From 0     ID Type NPI       Pay/Deny Date 0     ITo 0	ovider Name BOGUS PROVIDER NAME	Role IDs	099999998	5	<b>~</b>	
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 Information         Service Information         Performing Provider ID @         Service From @         ID Type NPI         Claim Status         V         Pay/Deny Date @	ocation 099999998 - BOGUS PROVIDER NAME		Taxonomy	208D00000X-G	eneral 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         Member Information         Member ID         Service Information         Performing Provider ID 0         ID Type NPI         Claim Type         V         Pay/Deny Date 0         We reset						
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 Information   Member ID   Service Information   Performing Provider ID 0   Service From 0   ID Type NPI   Claim Status   Pay/Deny Date 0	earch Claims					7
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 ID	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 ID						
Either 'Pay/Deny Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.  Claim ID Claim ID Claim ID Member Information Member ID Service Information Performing Provider ID I	A minimum of one field is required.					
Claim Information   Claim ID   TCN     Member Information     Member ID     Service Information     Performing Provider ID 0   Service From 0   ID Type NPI   Claim Type     V   Pay/Deny Date 0     Search     Reset	Either 'Pay/Deny Date' or 'Service From' and 'To' Date are required fields for the $\mathfrak s$	earch when clain	m information i	s not entered.		
Claim ID TCN Claim ID Member Information  Member ID  Service Information  Performing Provider ID 0 ID Type NPI Claim Type  Y Service From 0 II To 0 Claim Status  Y Pay/Deny Date 0 II Reset	Claim Information					
Claim ID TCN     Member Information     Member ID     Service Information     Performing Provider ID 0     ID Type NPI   Claim Type     Service From 0   III   To 0   IIII     Claim Status     Search     Reset						
Member Information     Member ID     Service Information     Performing Provider ID 0     ID Type NPI   Claim Type     V   Service From 0   ID   Pay/Deny Date 0     Search     Reset	Claim ID			TCN		
Member Information         Member ID         Service Information         Performing Provider ID 0       ID Type NPI         Claim Type          Service From 0       ID Type NPI         Pay/Deny Date 0       III         Search       Reset						
Member ID   Service Information   Performing Provider ID 0   Service From 0   ID Type NPI   Claim Type   Pay/Deny Date 0     Search   Reset	Member Information					
Service Information     Performing Provider ID 0     ID Type NPI     Claim Type     Service From 0   Image: To 0     Claim Status     V     Search     Reset	Member ID					
Service Information     Performing Provider ID 0     ID Type NPI     Claim Type     Service From 0   Image: Claim Status     Pay/Deny Date 0     Search     Reset						
Performing Provider ID 0 ID Type NPI Claim Type >   Service From 0 III To 0 III Claim Status >   Pay/Deny Date 0 III	Service Information					
Performing Provider ID @     ID Type NPI     Claim Type       Service From @     III     To @     Claim Status       Pay/Deny Date @     III     IIII				<i></i>		
Service From 0 To 0 Claim Status v Pay/Deny Date 0 From 0	Performing Provider ID e	e NPI		Claim Type		· · · · · ·
Pay/Deny Date 9	Service From 🛛 📰 To 🖯			Claim Status		~
Search Reset	Pav/Denv Date					
Search Reset						
	Search Reset					

| Privacy

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

<u>Claims</u> > Search Claims	Wednesday 07/07/2021 04:53 PM CST
Provider Name     BOGUS PROVIDER NAME     Role IDs     099999998     V       Location     099999998 - BOGUS PROVIDER NAME     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       TCN         Claim ID       TCN         Member Information       Member ID	
Service Information         Performing Provider ID 0         Service From 0         Service From 0         Pay/Deny Date 0         Search         Reset	▼ ▼

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

Home Eligibility Claims Care Management Patient Health History Files Exchange Resources
earch Claims   Submit Claim Dental   Submit Claim Inst   Submit Claim Prof   Submit Claim Pharm   Search Payment History
Claims > Search Claims Thursday 07/15/2021 12:36 PM CST
Provider Name     BOGUS PROVIDER NAME     Role IDs       Location     BOGUS PROVIDER NAME     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
Service Information
Performing Provider ID () ID Type NPI Claim Type VPI
Service From 0     07/14/2021     To 0     Claim Status       Pay/Deny Date 0     Image: Claim Status
Search Reset
Privacy

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

Claim Information	
Claim ID	TCN
Member Information	
Member ID	719175266
Service Information	
Performing Provider ID 🔒	ID Type NPI Claim Type 🗸
Service From 0	07/14/2021 To 0 07/14/2021 Claim Status
Pay/Deny Date 🛛	
Search R	eset

#### 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.

	-	4.00
Iotai	Records:	13

	<u>Claim ID</u>	TCN	<u>Claim Type</u>	<u>Claim Status</u>	<u>Service</u> Date ▼	Member ID	Performing Provider ID	Medicaid Paid Amount	<u>Pay/Deny</u> <u>Date</u>	Member Responsibility
+	<u>6921204000002</u>		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	
+	<u>2221203000001</u>	2	Dental	Finalized Denied	07/14/2021	719175266		\$0.00	01/01/1900	
										<u>1</u> 2

Search results appear at the bottom of the window

			_							Total Records: 6
	<u>Claim ID</u>	TCN	<u>Claim Type</u>	<u>Claim Status</u>	<u>Service</u> Date ▼	Member ID	Performing Provider ID	Medicaid Paid Amount	<u>Pay/Deny</u> <u>Date</u>	Member Responsibility
+	222120300003		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	
+	222120300002		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 Inf	ormation								
	Per	Memb Birth Da forming Provid	er LILLIE MCVEY te er			Total Charg Total Pai Pay/[	e Amount \$150.0 d Amount \$28.60 Deny Date 01/01/	0 1900		
Ι_		Claim Stat	us Finalized Paym	nent						
	Service Informat	tion								
	Service	Servi	ce Date	Line	Status	Units	Procedure/I	Modifiers	Charge	e Paid
	1	07/14/2021	- 12/31/9999	Finalized Pay	ment	1	D112	0	\$150	.00 \$28.60
6										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



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

										Expa d	All   Collapse A		
Adju	dication Errors												
Diag	nosis Codes												
Othe	r Insurance Det	ails											
#		Carrier Name		Ca	rrier Code	(	Group #		COB Payer Amoun	Paid t	Remittance D		
<u>1</u>	BLUE CROSS DENTAL 0001004410					000050				\$0.00 07/14/202			
Servi	ce Details												
Selec	t the row number	to edit the row. Click	the <b>Remo</b>	<b>ve</b> link to remo	ove the entire row.								
Svc #	Svc Date	Oral Cavity Area	Tooth#	#/Letter	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allow Amou	ved Co-p unt Amo		
<u>1</u> Finalize Paymer	d 07/14/2021					D1120		1	\$150.00				
Attac	hments												
#	Transmi	ission Method			File		Con	trol #		Attachr	nent Type		
1	FT-File Transfer		Premola	r.pdf			202107231	209139558	05 DA-Dent	al Model	s		
	Edit	Сору	Void	Print Previev	v RA Copy								
											<u>G</u> o to		

To generate all applicable fields, select Expand All

Adjudic	ation Err	ors													-
Claim Service	/ e # H	IPAA Adj		Description	l.	HIPAA Adj Remark	Descrip	otion	EOB			Descri	ption		
Claim	548	3	INVALID AD	JUSTMENT PF	ROVIDER ID			0	0000	TI R	HIS CLAIM/S EVIEW.	ERVICE IS PEN	DING FO	OR PRO	GRAM
Claim	548	3	INVALID AD	JUSTMENT PF	ROVIDER ID			1	1667	U Pi	NABLE TO PR ROVIDER ID	OCESS YOUR A	ADJUSTN	1ENT R	EQUEST.
Diagnos	sis Codes	;													_
Please n	ote that th	he 1st diagn	osis entered i	is considered	to be the prin	ncipal (primary)	) Diagnosis	s Code.							
#	¥		I	Diagnosis Ty	ype						Diagnosis	Code			
1         ICD-10-CM         K0381-CRACKED TOOTH															
Other I	nsurance	Details				·									-
												60 <b>0</b> 0	a : I		
#		Carrie	r Name		Ca	rrier Code			Gro	oup #		COB Payer Amoun	raid t	Remi	ttance Date
<u>1</u> Bl	LUE CROS	S DENTAL			0001004410		0	00050					\$0.00	07	//14/2021
Service	Details														
Select th	ne row nur	mber to edit	the row. Clic	k the <b>Remov</b>	<b>/e</b> link to remo	ove the entire r	ow.								
Svc #	Svc Dat	te Ora	al Cavity Area	Tooth#	/Letter	Tooth Surf	ace	Proced Code	lure e	Mod	Units	Charge Amount	Allow Amor	ved unt	Co-pay Amount
1 Finalized Payment	07/14/20	021						D112	20		1	\$150.00			
Attachn	nents														-

Adjudication Errors gives explanation for pending or denied claims.

_					Procedure			Charge	Allowed	Co-pay
Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Tooth Surface	Code	Mod	Units	Amount	Amount	Amount
<u>1</u>	07/14/2021				D1122			¢150.00		
Denied	07/14/2021			-	01120		1	\$150.00		
	Diagnosis "									
A+	Pointers									
	Number									
P Pi	erforming		ID Туре	Taxonomy						
			No Other Insu	rance Details for Sv	c. # 1 exist for	this claim				
			No Other Insu	rance Details for Sv	c. # 1 exist for	this claim				
Attach	ments		No Other Insu	rance Details for Sv	c. # 1 exist for	this claim				
Attach #	ments Transm	ission Method		File	c. # 1 exist for	this claim	itrol #		Attachment ⁻	—
Attach # 1 F	ments Transm T-File Transfer	ission Method	Premolar.pdf	File	c. # 1 exist for	Cor 202107201	<b>itrol #</b> 313511314	165 DA-Den	Attachment T	—
Attach # <u>1</u> F	ments Transm T-File Transfer	ission Method Description Mod	Premolar.pdf	File	c. # 1 exist for	Con 202107201	<b>trol #</b> 313511314	165 DA-Den	Attachment tal Models	Туре
Attach # 1 F	ments Transm T-File Transfer	ission Method Description Mod	Premolar.pdf	File	c. # 1 exist for	Cor 202107201	i <b>trol #</b> 313511314	165 DA-Den	Attachment T	Туре
Attach # 1 1 F	ments Transm T-File Transfer Edit	ission Method Description Mod	Premolar.pdf fels Void Print Preview	File	c. # 1 exist for	Cor 202107201	t <b>rol #</b> 313511314	165 DA-Den	Attachment T	Туре
Attach # 1 1 F	ments Transm T-File Transfer Edit	ission Method Description Mod	Premolar.pdf dels Void Print Preview	File           V         RA Copy		Cor 202107201	itrol # 313511314	165 DA-Den	Attachment T	Type 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 PROV	IDER NAME	т	axonomy 122350112X-	Dentist - Oral a	and Maxillofacial Surger	Y
	Printer	l r	Confirm Dental Claim - ID 2221204	000002					
		- I P	Provider Information						
			Billing Provider ID	000116502	ID Type Medic	aid 1D	Name BOGUS	PROVIDER NAME	
	Microsoft Print to PDF 🛛 🗸 🗸	- 11	Taxonomy	122350112X-Den	tist - Oral and Maxillofacial Surger	y			
		- 11	Performing Provider ID	-	ID Type		Name _		
		- 11	Taxonomy	-					
	Copies	- 11	Service Facility Location ID	-	ID Type	1	Name _		
		- I L	Taxonomy	-					
			Patient Information						
Max	1	- 11	Claim Status	Finalized Payment					
Me		- 11	Member ID	719175266					
			Member	LILLIE MCVEY		Gender	Male		
	Layout		Birth Date	11/22/2003					
			Address	353 TURNERVILLI	E RD				
	O Portrait		Address Line 2	-					
		- 11	City	PASS CHRIS		Zin Code	39571-2204		
		L				Lip code	39371-2204		
	<ul> <li>Landscape</li> </ul>		Claim Information						
	<u> </u>	- 11	Accident Related	Other Accident		Accident Date	07/22/2021		
		- 11	Place of Treatment	11-Office					
	Dages	- 11	Patient Number	NA					
Adj	rages	- 11	Initial X-Ray/Photo Date						
	<b>•</b> • • •	- 11	Related Claim ICN	-					
Dia	O All	- 11		Does the pro	ovider have a signature on file?	Yes			
		- 11	Are benefits assigned to	the provider by	the patient or their authorized	Yes			
Oth		- 11			representative?				
	e.g. 1-5, o, 11-15	- 11	Does the provider have a sig	ned statement f	from the patient releasing their	Yes			
		- 11			medical information?	Total Charge	d Amount \$1	150.00	
#		-							
	Color		Medicare Crossover Details						
			Allowed Medicare Amount	\$0.00	c	o-insurance Amount	\$0.00		
1	Color		Deductible Amount	\$0.00	Me	ocare Payment Date	-		
			Copay Amount	\$0.00					
Ser									
<b>C</b> 1			Adjudication Errors						Ŧ
Sele	More settings 🗸	- 1 F	Diagnosis Codes						
		-   <del> </del>	Other Insurance Details						
Suc	Print using system dialog (Ctrl+Shift+P)		Sources and BUT BITCH LPRCH ID						
SVC	×		# Carrier Name		Carrier Code	Group 4		COB Payer Paid	Remittance Date
#	4							Amount	
			1 BLUE CROSS DENTAL		0001004410	000050		\$0.00	07/14/2021
1	Print Cancel	- I C	Service Details						E
		- 11	Select the row number to edit the row.	Click the Remov	Ink to remove the entire row.				

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

					Text Size 🗕 🕂   Log	out
Home	Eligibility Claim	s Care Management	Patient Health History	Files Exchange	Resources	
Search (	Claims   Submit Claim	Dental   Submit Claim Inst   S	ا Submit Claim Prof   Submit Cla	aim Pharm   Seard	h Payment History	
Claims	s > <u>Search Claims</u> > <u>Vi</u>	ew Dental Claim > Copy Clair	n		Wednesday 07/28/2021 04:43 PM C5	sт
						1. I.
Prov	rider Name BOGUS P	ROVIDER NAME	Role IDs		~	
Loo	ation B	OGUS PROVIDER NAME		Taxonomy 1223	S0112X-Dentist - Oral and Maxillofacial Surgery	
6						
Cop	y Dental Claim				<u>.</u>	4
Sele	ct the information you	would like to have copied to th	e new claim. Press Copy to init	iate the claim and o	continue entering claim information.	
	Member Informatio	n O Service Information	O Member and Servio	ce Information	Entire Claim	
	Member ID	Service Facility Locati	on Copies data listed in	previous 2 column	ns. Copies data listed in columns 1 and 2 PLUS:	
	Last Name	Place of Treatment				
	First Name	Procedure Code(s)			Referring Provider	
	Birth Date	Modifier(s)			Accident Related	
	Patient Number	Units			Accident State	
	Address	Detail Charge Amoun	t(s)		Accident Country	
		Rendering Provider(s	)		Oral Cavity Area(s)	
		Diagnosis Code			Tooth Number(s)	
		Diagnosis Pointer			Tooth Surface(s)	
					All Dates	
	Conv	Cancel				
						_
	Privacy					
		The second s				

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 S	ize – + Logout
Home Eligibility Claims Care	Management Pa	atient Health H	istory	Files Exchange	Resources		
Search Claims   Submit Claim Dental	Submit Claim Inst   3	Submit Claim Prof	Submit	Claim Pharm   Se	arch Payment Histo	ory	
Claims > Submit Claim Dental						Wednesday 07/28/2	2021 06:55 PM CST
Provider Name BOGUS PROVIDER N	NAME		Role IDs			~	
Location BOGUS PRO	VIDER NAME			Taxonomy 1223	S0112X-Dentist - 0	Oral and Maxillofacial Surgery	
Submit Dental Claim: Step 1							?
* Indicates a required field.							
Provider Information							
							-
Billing Provider ID		:	ID Type	Medicaid ID	Name	BOGUS PROVIDER NAME	
Taxonomy	1223S0112X-Dentist	- Oral and Maxillo	facial Sur	gery			J [
Performing Provider ID		0	ID Type	NPI	Name		
Taxonomy							
Service Facility Location ID		0	ID Type	NPI	Name		
Taxonomy	***						
Patient Information							
*Member ID							
Last Name	L			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
He	ome Eligibi	ility Claims	Car	e Management	Patient Health	History	Files Exchan	ge Reso	urces	
Sea	rch Claims   S	ubmit Claim	Dental	Submit Claim Ins	t   Submit Claim Pr	rof   Submit	t Claim Pharm	Search Payı	ment Histor	x
<u> </u>	<u>laims</u> > Subm	it Claim Denta								Wednesday 07/28/2021 06:55 PM CST
	Provider Nan	ne BOGUS PR		NAME		Role IDs	;	0000044024	Deatist Or	
	Location	- 60	GUS PR	OVIDER NAME			Taxonomy 1	223501128-	Dentist - Or	ai and Maxilloracial Surgery
	Submit Den	tal Claim: Ste	<b>1</b>							?
	* Indicates a	required field.								
	Provider Inf	ormation								
		0.11.					Madia id 10		••	
		Billing Pro	/ider II	, <u> </u>		ID Type	Medicaid ID		Name	BOGUS PROVIDER NAME
		Ta	xonomy	y 1223S0112X-De	ntist - Oral and Maxi	illofacial Sur	rgery			
	Pe	rforming Pro	vider II		0	ID Type	NPI		Name	-
		Та	xonomy	/						
	Servic	e Facility Loca	ation II		9	ID Type	NPI		Name	
L		Та	xonomy	/						
	Patient Info	rmation								
		***				1				
		Me	nber IL			J	-			
		Las		e			FI	rst Name	-	
		Bi		°						
			Address	s		ļ				
		Addres	s Line 2	2		ļ				
			City	<u>ر ا</u>		J				
			State	e [	~		Zi	ip Code 🛛		
	Claim Inform	nation								

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 I	D Name	BOGUS PROVIDER NAME
Taxonomy	1223S0112X-Dentist - Oral and Maxil	llofacial Surgery		
Performing Provider ID		ID Type NPI	Name	
Taxonomy				
Service Facility Location ID	0	ID Type NPI	Name	
Taxonomy				
Patient Information				
*Member ID		1		
Last Name		J	First Name LILLIE	
Birth Date	11/22/2003			
Address				
Address Line 2				
Address Line 2		J		
City	Missississi		Zin Code o Loosza oo	
State	Mississippi		Zip Code 0 39571-220	J4
Claim Information				
Accident Related	<b>~</b>		Accident Date 🛛	
*Place of Treatment	11-Office	~	-	
Patient Number			Authorization Number	
Initial X-Ray/Photo Date 🛛				
	*Does the provider have a sign	nature on file? Oyes	sO No	
*Does the pr	ovider accept assignment for clain	m processing? OYes	sO 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
Clair	m Information			
	Accident Related	~ ·	Accident	Date 🛛 📰
	*Place of Treatment	11-Office	~	
	Patient Number		Authorization N	Number
	Initial X-Ray/Photo Date 🔒			
		*Does the provider have a signature on file?	⊖Yes⊖No	
	*Does the pro	ovider accept assignment for claim processing?	○ Yes○ No	
	*Are benefits assigned to	the provider by the patient or their authorized	○Yes○No○N/A	
	*Does the provider have a sig	ned statement from the patient releasing their medical information?	⊖ Yes⊖ No	
	Include Other Insurance			Total Charged Amount \$0.00
Medi	icare Crossover Details			
	Allowed Medicare Amount	\$0.00	Co-insurance A	mount 0.00
	Deductible Amount	0.00	Medicare Payment	Date 🛛 📰
	Medicare Payment Amount	0.00		
	Copay Amount	0.00		
				Continue Cancel

## Next, click tab to navigate to the claim information section

Submit D	entel Claim: St	an 2						
Indicate	s a required field							2 .
Provider	Information	-						
Billi	na Provider ID		ID Type M	edicaid TD	Nar	me BOGUS PR	OVIDER NAME	:
	Taxonomy	1223S0112X-Dentist	- Oral and Ma	axillofacial Surge	ery			
Patient a	nd Claim Inform	nation						
	Member ID							
	Member	LILLIE MCVEY		Gender	Male	2		
	Birth Date	11/22/2003	Total Ch	arged Amount	\$0.0	0		
Medicare	Crossover Deta	ails						
Alle	wed Medicare	\$0.00		Co-insurance	Amou	unt \$0.00		
Dedu	uctible Amount	\$0.00	P4	edicare Payme	ent Da	ate		
Med	licare Payment	\$0.00						
	Copay Amount	\$0.00						
						E	Expand All   C	ollapse All
Diagnosis	s Codes					-		-
Select the Please not	row number to e e that the 1st dia	dit the row. Click the agnosis entered is con	Remove link sidered to be	to remove the e the principal (pr	entire rimary	row. /) Diagnosis Co	ode.	
#	Diagn	osis Type		Diagr	nosis	Code		Action
1	ICD	-10-CM		K0381-CR	RACKE	D TOOTH		Remove
2								
2 •Di	iagnosis Type	ICD-10-CM 💙	Diagnosi	s Code•				
ĺ	Add							
Other Ins	urance Details							-
Enter the o	carrier and policy	holder information b	elow.					
Enter othe	r carrier Remitta	nce Advice details her	e for the clair	n or with each s	ervice	e line. Enter ad	iusted paymen	t details.
such as re	ason codes, in th	e Claim Adjustment I	Details section	-				
NOTE: Ple	ase dick Remov	e to discard any unre	lated "Other I	insurance", prior	r to su	bmitting daim	-	
						Ref	resh Other In	surance
# C	arrier Name	Carrier Code		Group #	P	COB Payer Paid Amount	Remittance Date	Action
Click to	add a new other	r insurance.						
	Back to Step 1					Contin	ue Cancel	
								·

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

	Тахоношу	122330112X-Dentist - Oral		
Patient and (	Claim Information			
	Member ID	719175266		
	Member		Gender Male	
	Birth Date	11/22/2003	Total Charged Amount \$0.00	
			· · · · · · · · · · · · · · · · · · ·	
Medicare Cro	ossover Details			
Allow	ed Medicare Amount	\$0.00	Co-insurance Amount \$0.00	
	Deductible Amount	\$0.00	Medicare Payment Date	
Medic	are Payment Amount	\$0.00		
	Copay Amount	\$0.00		
			Expand All	Collapse All
Diagnosis Co	odes			_
Select the row	number to edit the row	. Click the <b>Remove</b> link to re	remove the entire row.	
Please note th	at the 1st diagnosis ent	ered is considered to be the	e principal (primary) Diagnosis Code.	
#	Diagr	nosis Type	Diagnosis Code	Action
1				
1	*Diagnosis Type	ICD-10-CM ✓	*Diagnosis Code 🛛	
	Add Reset			
-				
	Back to Step 1		Continue Cancel	
				Go to Top
Pr	ivacy			

## 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
EC	ick 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 🛛			
R	emaining Patient Liability					
т	otal Non-Covered Amount		Payer Claim #			
	*Claim Filing Indicator		~			
	*Release of Information	~				
	Assignment of Benefits	~				
Outp	atient Adjudication Informa	tion				
	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

elect the ro lease note t	w number to edit the row. ( that the 1st diagnosis enter	Click the <b>Remove</b> link to remove the red is considered to be the principal (	e entire row. (primary) Diagnosis Code.				
#	Diagno	sis Type		Diagnosi	s Code		Action
1	ICD-	10-CM	K0381-CRACKED TOOTH				
2							
:	*Diagnosis Type	CD-10-CM 🗸	*Diagnosis Code 🛛 🗌				
nter the car nter other c letails section IOTE: Pleas	rier and policy holder inform arrier Remittance Advice de an. e click <b>Remove</b> to discard	nation below. etails here for the claim or with each any unrelated "Other Insurance", pri	i service line. Enter adjuste ior to submitting claim.	ed payment d	etails, such as reason c	odes, in the Claim Ac	ljustment
						Refresh Other	Insurance
#	Carrier Name	Carrier Code	Group #		COB Payer Paid Amount	Remittance Date	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					Action
1 BLUE	CROSS DENTAL	0001004410	00050		\$0.00	07/14/2021	Action Remove
1 BLUE	CROSS DENTAL dd a new other insurance.	0001004410	00050		\$0.00	07/14/2021	Action Remove

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

Servi	ice Details								-
Selec	t the row number	to edit the row. Click th	he <b>Remove</b> lin	k to remove the entire row.					
Svc #	Svc Date	Oral Cavity /	Area	Tooth#/Letter		Procedure Code	e Units	Charge Amount	Action
1									
1 To Mea	*Svc Date 0	<pre>/ III (</pre>	Oral Cavity Ar	rea	sis V	Tooth#/I	Authori     Displays a list	ization umber t of Service Details.	<b>~</b>
	Allowed Me Ded Medicare Pa	edicare Amount \$0.00         uctible Amount 0.00         nyment Amount 0.00         Copay Amount 0.00         Reset			Co- Medica	-insurance Amoui	nt 0.00		
Attac	Attachments								
Click	Click the <b>Remove</b> link to remove the entire row.								
#	Transm	ission Method		File	c	ontrol #	Attach	ment Type	Action
+ C	lick to add attach	ment.							

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

Servi	ice Details							-		
Select	Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.									
Svc #	Svc Date	Oral Cavity Are	ea	Tooth#/Letter	Procedure Code	Units	Charge Amount	Action		
1										
1 To Mea	1 *Svc Datl (a)   07/14/2021   Image: Code (a)   *Procedure   Code (a)   *Units   Enter 3 or more characters to begin search. Select   V from list   Performing   Provider ID   Medicare Crossover Details   Allowed Medicare Amount \$0.00   Deductible Amount   0.00   Medicare Payment Amount   0.00   Medicare Payment Amount   0.00   Medicare Payment Date (a)									
Attac	Attachments									
Click	the Remove link	to remove the entire row.								
#	Transm	ission Method	File	e (	Control #	Attach	ment Type	Action		
+ C	lick to add attach	ment.								

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

Serv	ice Details								-	
Selec	Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.									
Svc #	Svc Date	Oral Cavity	Area	Tooth#/Letter		Procedure Code	e Units	Charge Amount	Action	
1										
1	*Svc Date 0	7/14/2021	Oral Cavity Ar		~	Tooth#/I	Letter	1	~	
<b>``</b>	*Procedure		Mod	ifiers e		• ]				
	Code	D1110-DENTAL PROPH	IYLAXIS ADULT				L			
	*Units	D1120-DENTAL PROPH	HYLAXIS CHILD	Displays a l			<ul> <li>Authori</li> </ul>	zation		
	C1810-D114S DILATATION CATH Number									
	Performing	9	ID Type	NPI Taxonomy						
Me	dicare Crossove	er Details								
	Allowed Me	edicare Amount \$0.0	0		Co	-insurance Amour	nt 0.00			
	Ded	uctible Amount 0.00	<u> </u>		Medica	re Payment Date	θ			
	Medicare Pa	syment Amount 0.00	<u> </u>							
		Copay Amount 0.00	0							
	Add Reset									
Atta	Attachments									
Click	the <b>Remove</b> link	to remove the entire ro	ow.							
#	Transn	nission Method		File	c	ontrol #	Attach	ment Type	Action	
+ C	lick to add attach	iment.				•				

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

Servi	Service Details									
Selec	Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.									
Svc #	Svc Date	Oral Ca	wity Area	Tooth#/Letter		Procedure Code	Units	Charge Amount	Action	
1	07/14/2021					D1120	1	\$150.00	Remove	
2										
2 To Me	2   2   2   2   *Svc Date 0   I   Tooth Surface   V   V   V   V   *Procedure   Modifiers 0   *Units   *Charge   *Diagnosis   V   V   Authorization   Number   Performing   Provider ID     Medicare Crossover Details     Allowed Medicare Amount \$0.00   Deductible Amount   0.00   Medicare Payment Date 0									
	Copay Amount 0.00									
	Displays a list of Service Details.									
Attac	Attachments									
Click	Click the <b>Remove</b> link to remove the entire row.									
#	Transn	nission Method		File	С	ontrol #	Attach	ment 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	<b>~</b>	~	▼	× v		
*Procedure		Modifiers 0				
Code 😣						
*Units	*Ch	harge	*Diagnosi	s 💙 💙 💙	✓ Authorization	
	Am	nount	Pointer	s	Number	
Performing	Q	ID Type NPI	Taxonomy			
Provider ID						
Medicare Crosso	over Details					
Allowed	Medicare Amount \$0.0	0		Co-insurance Amou	nt 0.00	
D	eductible Amount 0.00	0		Medicare Payment Date		
Medicare	Payment Amount 0.00					
	Conzy Amount 0.00					
	Copay Amount 0.00	5				
Add	Reset					
Attachments						-
Click the <b>Remove</b> li	ink to remove the entire re	ow.				
# Trans	smission Method	File		Control #	Attachment Type	Action
Click to add atta	achment.					
6						
Back	to Step 1 Back to St	ep 2			Submit Cancel	
						Go to Top

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 Amou	nt 0.00	
Deductible Amount	0.00	]	Medicare Payment Date	• •	
Medicare Payment Amount	0.00	ĺ			
Copay Amount	0.00				
	0.00	1			
Add Reset					
Attachments					=
Click the Remove link to remove the e	ntire row.				
# Transmission Method		File	Control #	Attachment Type	Action
<ul> <li>Click to collapse.</li> </ul>					
*Transmission Method	FT-File Transfer	~			
*Upload File	Choose File Prem	olar.pdf			
*Attachment Type	Dental Models			~	
Description	Models				
Add <u>Cancel</u>					
Back to Step 1 Back	to Step 2			Submit Cancel	
					Go to To
Privacy					

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
Madi	Care Crossov	ar Datails							
Media									
	Allowed Me	edicare Amount \$0.00	0	Co	-insuran	nce Amount \$0.00			
	Ded	uctible Amount \$0.00	0	Medi	icare Pay	yment Date			
	Medicare Pa	ayment Amount \$0.0	0						
		Copay Amount \$0.0	0						
							<u> </u>	Expand	All   Collapse All
Diag	nosis Codes								+
Othe	r Insurance D	)etails							E
#		Carrier Name	Carr	ier Code		Group #	COB Payer P Amount	aid	Remittance Date
1	BLUE CROSS	DENTAL	0001004410		000050		1	\$0.00	07/14/2021
Servi	ce Details		<b>`</b>					·	
Select	t the row numb	per to edit the row. Click	the <b>Remove</b> link to remov	e the entire row.					
Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Tooth Surfac	e	Procedure Code	Mod	Uni	ts Charge Amount
1	07/14/2021					D1120		1	\$150.00
Attac	hments						-		
	Back t	to Step 1 Back to S	Step 2 Back to Step 3	Print Preview			Con	Canc	el
									Go to To
									<u></u>
	L 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

					٩
					Text Size 🗕 🕂   Logou
lome Eligibility Clair	ns Care Management	Patient Health History	Files Exchange	Resources	
earch Claims   Submit Claim	Dental   Submit Claim Inst	Submit Claim Prof   Submit Cl	aim Pharm   Search	n Payment History	
<u>Claims</u> > Claim Receipt					Thursday 08/05/2021 02:53 PM CST
Provider Name BOGUS Location 000116502 - I	PROVIDER NAME BOGUS PROVIDER NAME	Role IDs	000116502 Taxonomy 12235	✓ S0112X-Dentist - Oral and	d Maxillofacial Surgery
Submit Dental Claim: C Dental Claim Receipt	onfirmation				?
Your Dental Claim was succ The Claim ID is <b>22212040</b>	essfully submitted The claim s	status is Finalized Payment.			
Click <b>Print Preview</b> to vie Click <b>Copy</b> to copy member	ew the claim details as they have a structure or claim data.	ave been saved on the payer's sy	ystem.		
Click Edit to resubmit the	claim.				
Click <b>New</b> to submit a new Click <b>View</b> to view the det	v claim. ails of the submitted claim.				
Print Previe	w Copy Edit	New View			<u>\</u>
Privacy					

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

<u>Claims</u> > Claim Receipt	Thursday 08/05/202
Provider Name BOGUS PROVIDER NAME Location 000116502 - BOGUS PROVIDER NAME	Role IDs       000116502       ✓         Taxonomy       1223S0112X-Dentist - Oral and Maxillofacial Surgery
Submit Dental Claim: Confirmation	
Dental Claim Receipt	
Your Dental Claim was successfully submitted. The claim status is I	Finalized Payment.
The Claim ID is 2221204000002.	
Click Print Preview to view the claim details as they have been	n 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 <b>View</b> to view the details of the submitted claim.	

After confirmation, there are multiple options to preview he 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.

( r		Claims	Care Management	Patient Health History	/ Files Exchang	e Resources	
earch C	Claims   Submit	Claim Dent	al   Submit Claim Ins	t   Submit Claim Prof   Subm	t Claim Pharm   Sea	arch Payment Histor	ry
Claims	<u>s</u> > Claim Recei	pt					Thursday 08/05/2021 0
Deser	den Neuro Di			<b>D</b> _l_1			
Loc	cation 000116	502 - BOGU	S PROVIDER NAME	Role I	Taxonomy 12	2350112X-Dentist -	• Oral and Maxillofacial Surgery
Sub	omit Dental Cla	im: Confirr	nation				
Den	ntal Claim Rece	ipt					
Your	r Dental Claim w	as successful	ly submitted. The clain	n status is Finalized Payment.			
Your The	r Dental Claim w Claim ID is <b>222</b>	as successful 120400000	ly submitted. The clain 2.	n status is Finalized Payment.			
Your The	r Dental Claim w Claim ID is <b>222</b>	as successful 120400000	ly submitted. The clain 2.	n status is Finalized Payment.			
Your The Click	r Dental Claim w Claim ID is 222 k Print Preview	as successful 120400000 to view the	ly submitted. The clain 2. claim details as they	n status is Finalized Payment. have been saved on the payer	's system.		
Your The Click Click	r Dental Claim w Claim ID is 222 k Print Preview k Copy to copy	as successful 120400000 / to view the nember or c	ly submitted. The clain 2. claim details as they laim data.	n status is Finalized Payment. have been saved on the payer	's system.		
Your The Click Click Click	r Dental Claim w Claim ID is 222 k Print Preview k Copy to copy k Edit to resubn	as successful 120400000 to view the member or c nit the claim.	ly submitted. The clain 2. claim details as they laim data.	n status is Finalized Payment. have been saved on the payer	's system.		
Your The Click Click Click Click	r Dental Claim w Claim ID is 222 k Print Preview k Copy to copy k Edit to resubn k New to submi	as successful <b>120400000</b> <i>i</i> to view the member or o hit the claim. t a new clain	ly submitted. The clain 2. claim details as they laim data.	n status is Finalized Payment. have been saved on the payer	's system.		
Your The Click Click Click Click	r Dental Claim w Claim ID is 222 k Print Preview k Copy to copy k Edit to resubn k New to submi	as successful 120400000 to view the member or c nit the claim. t a new clain be details of	ly submitted. The clain 2. claim details as they slaim data. n.	n status is Finalized Payment. have been saved on the payer	's system.		
Your The Click Click Click Click	r Dental Claim w Claim ID is 222 k Print Preview k Copy to copy k Edit to resubn k New to submi k View to view f	to view the member or c it the claim. t a new clain he details of	ly submitted. The clain 2. claim details as they laim data. n. ¹ the submitted claim.	n status is Finalized Payment. have been saved on the payer	's system.		
Your The Click Click Click Click	r Dental Claim w Claim ID is 222 k Print Preview k Copy to copy k Edit to resubn k New to submi k View to view t	as successful <b>120400000</b> v to view the member or c nit the claim. t a new claim the details of	ly submitted. The clain 2. claim details as they claim data. n. the submitted claim.	n status is Finalized Payment. have been saved on the payer	's system.		
Your The Click Click Click Click	r Dental Claim w Claim ID is 222 k Print Preview k Copy to copy k Edit to resubn k New to submi k View to view to Print	as successful <b>120400000</b> v to view the member or conit the claim. t a new claim the details of <b>Preview</b>	ly submitted. The clain 2. claim details as they claim data. n. the submitted claim.	n status is Finalized Payment. have been saved on the payer	's system.		

After confirmation, there are multiple options to preview he 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**



#### Text Size - + | Español

#### 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?

Protect Your Privacy! Always log off and close all of your browser windows <u>Privacy Policy</u>

Provider Enrollment Access Enrollments Forms Trading Partner Enrollment

Late Breaking News

Search Providers

#### Other Resources

OIG Excluded Providers Resources Links Provider Appeals



?

#### 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.

a

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

### 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, <u>click</u> 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



Go to Top

**Reasons for Voiding a claim** 



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.

S	earch Claims										?
	Medical/Dental Ph A minimum of one field is Either 'Pay/Deny Date' or	armacy required. 'Service Fror	m' and 'To' Da	ate are re	quired fields for 1	the search when cla	aim information is n	ot entered.			
	Claim Informatio	on									
	Claim ID Confirmation										
	Member Information         Your Professional Claim ID 5921209000004 was										
	Member ID 728840										
	Service Information OK										
	Performing Provider ID Type NPI Claim Type VPI										
	Service F	rom e	1/03/202	21	То	01/03/2021	L Cla	im Status			~
	Pay/Deny I	Datee									
	Search	Res	et								
S	earch Results										
То	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										
	<u>Claim ID</u>	TCN	Claim 1	<u>Type</u>	<u>Claim</u> <u>Status</u>	<u>Service</u> <u>Date</u> ▼	<u>Member</u> <u>ID</u>	Performing Provider ID	Medicaid Paid Amount	Pay/Deny Date	Member Responsibility
+	592120900003		Professio	onal	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



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

Svc #	FI To m	ake change ice line, clic	s to a k the	e of Service	Pr	ocedure Code		Charge Amount	Units	Action
1	01	ber in the S column	vc. #	11-Office	99213-OFF	ICE O/P EST LOW MIN	20-29	\$150.00	1.000 Unit	<u>Remove</u>
2										
2 *From Date To Date *Place						of			<b>~</b> E	MG 🔽
*Pi	rocedure	Modifiers 0					*Diagnosis 🗸 🗸		~ ~	
	*Charge [ Amount		*U	nits	*Unit [ Type	Unit 🗸 EPS	DT 🗌	Pointers		
Clia	Number [		Autho	rization Number						
R	Referring			уре NPI Тах	konomy					
Per	rforming [ pvider ID		🔍 ІРТ	ype NPI Tax	konomy					
NDC	Cs for Svc.	# 2								Đ
	Add	Reset								
Attac	hments									_
Click t	the <b>Remove</b>	link to remov	ve the enti	re row.						
#	Transm	ission Metho	d	File		Control #		Attachment	Туре	Action
± Cli	Click to add attachment.									
		J.								
	Back t	o Step 1 B	ack to St	ep 2				Submit	Cancel	

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

Birth Date 08/29/1962

Total Charged Amount \$150.00

							Ex	pand All	<u>Collapse All</u>			
Adju	Adjudication Errors +											
Diag	Diagnosis Codes +											
Serv	Service Details											
Seleo	Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.											
Svc #	From Date	To Date	Place of	Service	Proc	edure Code	Charge Amount	Units	Action			
1	01/03/2021	01/03/2021	11-0	office	99213-OFFIC	E O/P EST LOW 20-29 MIN	\$150.00	1.000 Unit	<u>Remove</u>			
1 *F	*From Date 01/03/2021 To Date 01/03/2021 # *Place of 11-Office VEMG N V											
*	Procedure Code 0	99212	Modifiers 0				*Diagnosis 1 Pointers	<b>~ ~</b> [	~ ~			
	*Charge 1 Amount	75.00	*Units	1.000	*Unit Un Type	it 🗸 EPSDT 🗹						
Cli	a Number		Authorizat	ion Number		5						
Pr	Referring		🔍 ID Туре	NPI Tax	onomy							
Pe Pr	erforming ovider ID		🔦 ID Type	NPI Tax	conomy							
ND	Cs for Svc. a	#1 Whe	n you are									
	Save	Reset	Cancel		Whee	en all corrections h en made, resubmit claim	ave					
2												

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

	Claim Informatio	on								
	Cla	im ID					TCN			
	Member Informa	ation								
	Memb	oer ID 7	28840446							
	Service Informa	tion								
	Performing Provider ID Type NPI Claim Type >									
	Service From 9 01/03/2021 To 9 01/03/2021 Claim Status									
	Pay/Deny Date •									
_				,						
	Search	i Res	et							
Se	earch Results		COL	The claim rected clai	ID of a ms begins					
то	see service line informa	tion, or to vi	iew a remi	with a	59	he '+' next to the	e claims ID.			
									Т	otal Records: 2
								Medicaid		
	<u>Claim ID</u>	TCN	<u>Claim Type</u>	<u>Claim</u> <u>Status</u>	<u>Service</u> <u>Date</u> <del>•</del>	Member ID	Performing Provider ID	Paid Amount	<u>Pay/Deny</u> <u>Date</u>	Member Responsibility
+	5921209000003		Professional	Finalized	01/03/2021	728840446		\$33.95	01/01/1900	
				Payment						
÷	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 F	rom' and 'To' Date are required fie	lds for the search when claim information	ion is not entered.	
Claim Information				
Claim ID			TCN	
Member Information				
Member ID				
Service Information				
Performing Provider ID 0	9	ID Type NPI	Claim Type	~
Service From 0	01/05/2021	To 0 01/10/2021	Claim Status	~
Pay/Deny Date 🛛				
Search R	eset			

S	earch Resul	ts													
	see service line	informat	tion, or to vi	ew a rem	ittance ad	vice or request a	n appeal, cl	ick on	the '+' ne	ext to the	e claims ID.				
	Click the	plus i	con to											Total	Records: 1
	quickly ac Copy	butto	the RA on			<u>Claim</u>	Servio	ce	Mem	ber	Performing	Medicaid Paid	Pay/Dei	цу	Member
	<u>Claim I</u>	D	TCN	Claim	<u>1 Type</u>	<u>Status</u>	Date	•	1	2	Provider ID	Amount	Date	Re	sponsibility
Ð	+ <u>2321204000001</u> P		Profes	sional	Finalized Payment	01/05/2021		72884	0446		\$58.64	01/19/20	21		
	Service Inf	ormat	ion												
	Service	S	ervice Da	ate		Line Statu	5	Ur	nits	Р	rocedure/Moo	lifiers	Cha	ge	Paid
	1	C	01/05/202	21	Finaliz	ed Payment			1		99213	Click D		0.00	\$58.64
2	2											CIICK R	Сору		RA Copy

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.





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

Provider BOGUS PROVIDER NAME	Polo IDc	00000008	~	
Name Location 09999998 - BOGUS PROVIDER N	AME	Taxonomy 208D00000>	(-General Practice	
Search Payment History				?
Provider Information				
Provider ID 099999998	ID Type Medicaid ID	Name	BOGUS PROVIDER NAME	
	Location ID			
* Indicates a required field.				
Payment Method All V	Payment Type All	✓ Payment ID		
<b>Issue Date *From 0</b> 02/01/2021	*To 0 07/28/202	1		
Search Reset				
	Note: Date spans ente cannot exceed 90 day	red ys		
Privacy				
- Thracy				

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

Search Payme	ent History				?						
Provider Info	rmation										
Prov	ider ID 099999998	ID Type	Medicaid ID	Name BOGUS P	ROVIDER NAME						
		Location ID									
* Indicates a required field.											
Payment Method All   Payment Type All   Payment ID											
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02/22/2021	EFT		000100955	\$2,951.43	<b>B</b>						
02/15/2021	EFT		000100871	\$810.62	B						
02/08/2021	EFT		000100785	\$469.80	B						
02/01/2021	EFT		000100699	\$300.26	B						

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

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### The RA opens in a PDF Format.





## In Summary

Access and View a Professional Claim

Submit a Professional Claim with Other Carrier Information Submit a Professional Claim

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 <a href="http://www.sos.ms.gov/adminsearch/ACProposed/00024160b.pdf">http://www.sos.ms.gov/adminsearch/ACProposed/00024160b.pdf</a>

# Timely Filing Cont'd.