

## Job Aid

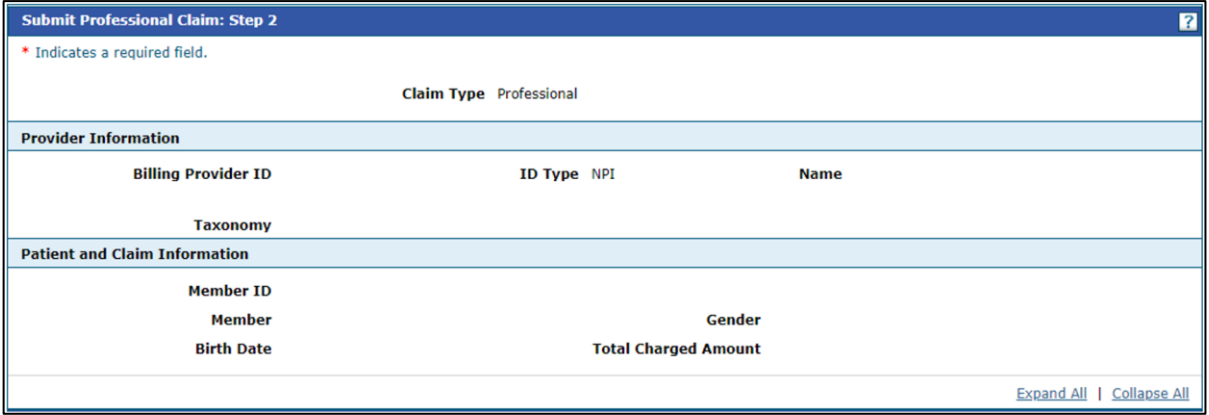
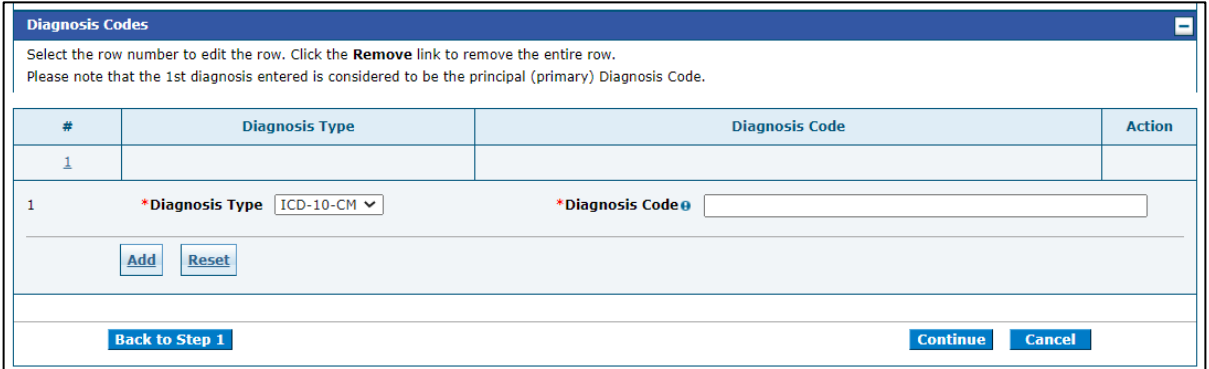
### Professional Claim Submission

This job aid provides step-by-step instructions on how to submit a Professional Claim in the MESA portal. Please thoroughly read and follow all directions.

#### Review the Steps to Submit a Professional Claim

Steps	Description
Step 1	<p>Login to the Portal. The <b>Portal Home</b> screen Displays.</p> 
Step 2	<p>The following steps will review how to submit a Professional Claim in MESA: Hover over the <b>Claims</b> tab on the menu bar. A list of claim types displays below.</p> <ul style="list-style-type: none"> <li>Select <b>Submit Claim Prof.</b></li> </ul> 
Step 3	<p>The Portal displays the “Submit Professional Claim: Step 1” page.</p> <ul style="list-style-type: none"> <li>Select <b>Claim Type</b> Professional.</li> </ul>

Steps	Description																
	<div> <b>Submit Professional Claim: Step 1</b> </div> <p>* Indicates a required field.</p> <div> <b>Claim Type</b> Professional </div>																
Step 4	<ul style="list-style-type: none"> <li>Complete the <b>Provider Information</b> section.</li> </ul> <p>NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted.</p> <div> <b>Provider Information</b> <table border="1"> <thead> <tr> <th>Billing Provider ID</th><th>ID Type</th><th>NPI</th><th>Name</th></tr> </thead> <tbody> <tr> <td> <b>Taxonomy</b>  Performing Provider ID </td><td>ID Type</td><td>NPI</td><td>Name</td></tr> <tr> <td> <b>Taxonomy</b>  Referring Provider ID </td><td>ID Type</td><td>NPI</td><td>Name</td></tr> <tr> <td> <b>Taxonomy</b>  Supervising Provider ID </td><td>ID Type</td><td>NPI</td><td>Name</td></tr> </tbody> </table> </div>	Billing Provider ID	ID Type	NPI	Name	<b>Taxonomy</b> Performing Provider ID	ID Type	NPI	Name	<b>Taxonomy</b> Referring Provider ID	ID Type	NPI	Name	<b>Taxonomy</b> Supervising Provider ID	ID Type	NPI	Name
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Step 5	<ul style="list-style-type: none"> <li>Complete the <b>Member Information</b> section.</li> </ul> <p>NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly.</p> <div> <b>Member Information</b> <div> *Member ID </div> <div> Last Name </div> <div> Birth Date </div> <div> Address </div> <div> Address Line 2 </div> <div> City </div> <div> State </div> <div> First Name </div> <div> Zip Code </div> </div>																
Step 6	<ul style="list-style-type: none"> <li>Complete the <b>Claim Information</b> section.</li> <li>Once complete, review the information entered on this page and select <b>Continue</b>.</li> </ul> <p>NOTE: Everything with a red asterisk * must be completed.</p> <div> <b>Claim Information</b> <div> Date Type </div> <div> Accident Related </div> <div> Patient Number </div> <div> *Transport Certification </div> <div> *Does the provider have a signature on file? </div> <div> *Does the provider accept assignment for claim processing? </div> <div> *Are benefits assigned to the provider by the patient or their authorized representative? </div> <div> *Does the provider have a signed statement from the patient releasing their medical information? </div> <div> Include Other Insurance </div> <div> Date of Current </div> <div> Admission Date </div> <div> Authorization Number </div> <div> Total Charged Amount </div> <div> Continue </div> <div> Cancel </div> </div>																

Steps	Description
Step 7	<p>The Portal displays the “Submit Professional Claim: Step 2” page. The previous information that was entered in step 1 will display at the top of the page in step 2.</p> <ul style="list-style-type: none"> <li>Review the previously submitted information and scroll down.</li> </ul> 
Step 8	<ul style="list-style-type: none"> <li>Enter the <b>Diagnosis Code</b> then select <b>Add</b>.</li> <li>Once complete, review the information entered on this page and select <b>Continue</b>.</li> </ul> <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> 
Step 9	<p>The Portal displays the “Submit Professional Claim”: Step 3 page. The previous information that was entered in step 1 and step 2 is displayed at the top of the page on step 3.</p> <p>Scroll down to view the additional sections on this page.</p> <p>NOTE: Select the plus and minus for each section to expand and collapse.</p>

Steps	Description																
	<div><div>Submit Professional Claim: Step 3</div><div>* Indicates a required field.</div><div>Claim Type Professional</div><div><div>Provider Information</div><div><div>Billing Provider ID</div><div>ID Type NPI</div><div>Name</div><div>Taxonomy</div></div></div><div><div>Patient and Claim Information</div><div><div>Member ID</div><div>Member</div><div>Birth Date</div><div>Gender</div><div>Total Charged Amount</div></div></div><div><div>Expand All</div>   <div>Collapse All</div></div><div><div>Diagnosis Codes</div><div>Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</div><table><thead><tr><th>#</th><th>Diagnosis Type</th><th>Diagnosis Code</th></tr></thead><tbody><tr><td>1</td><td>ICD-10-CM</td><td>R071-CHEST PAIN ON BREATHING</td></tr></tbody></table></div></div>	#	Diagnosis Type	Diagnosis Code	1	ICD-10-CM	R071-CHEST PAIN ON BREATHING										
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Step 10	<div><div><div>Fill out the required information for the <b>Service Details</b> section.<div>Complete the <b>NDCs for Svc. #1</b> panel if applicable.</div></div><div>Once all information has been completed, select <b>Add</b>.</div></div><div><div><div>Service Details</div><div>Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.</div><table><thead><tr><th>Svc #</th><th>From Date</th><th>To Date</th><th>Place of Service</th><th>Procedure Code</th><th>Charge Amount</th><th>Units</th><th>Action</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table><div><div>1 *From Date To Date *Place of Service EMG</div><div><div>*Procedure Code Modifiers</div><div>*Diagnosis Pointers</div></div><div><div>Charge Amount *Units *Unit Type Unit EPSDT</div><div><div>Clia Number</div><div>Authorization Number</div></div><div><div>Referring Provider ID ID Type NPI Taxonomy</div><div>Performing Provider ID ID Type NPI Taxonomy</div></div></div><div><div>NDCs for Svc. # 1</div><div>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).</div><div><div>Code Type</div><div>NDC/UPN</div><div>Quantity Unit of Measure</div><div>Prescription Number Prescription Type</div><div>Prescription Date</div></div><div><div>Add</div><div>Reset</div></div></div></div></div></div></div>	Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action	1							
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Step 11	<div><div>Select the <b>plus sign</b> in the Attachments section to submit an attachment with the claim.</div></div>																

Steps

Description

Attachments

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

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

Back to Step 1

Back to Step 2

Submit

Cancel

Step 12

Select FT-File Transfer or NotSpecified-Not Specified from the **Transmission Method** dropdown. This selection affects the fields that display.

Complete the additional required fields for this section and select **Add**.

NOTE: Everything with a red asterisk **\*** must be completed if the section is applicable to the claim.

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
	Click to collapse.				
	<div><div>*Transmission Method</div><div>FT-File Transfer</div></div>				
	<div><div>*Upload File</div><div>Choose File No file chosen</div></div>				
	<div><div>*Attachment Type</div><div></div></div>				
	<div><div>Description</div><div></div></div>				
	<div><div>Add</div><div>Cancel</div></div>				

Back to Step 1

Back to Step 2

Submit

Cancel

If NotSpecified-Not Specified was selected for the Transmission Method, an Attachment Control Number (ACN) must be added in the Control # field.

NOTE: A unique Attachment Control Number (ACN) must be created for each claim if NotSpecified-Not Specified is selected as the Transmission Method. In addition, a Claim Attachment Form must accompany each Explanation of Medicaid Benefits (EOMB) and must identify the Provider's NPI and ACN as it was entered in the Attachments section. The [Claim Attachment Form](#) is located at: [Forms - Mississippi Division of Medicaid](#).

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	Attachment.pdf (1925K)	20221221142941170516	Admission Summary	<a href="#">Remove</a>
	Click to collapse.				
	<div><div>*Transmission Method</div><div>NotSpecified-Not Specified</div></div>		<div><div>*Control #</div><div></div></div>		
	<div><div>*Attachment Type</div><div></div></div>				
	<div><div>Description</div><div></div></div>				
	<div><div>Add</div><div>Cancel</div></div>				

Back to Step 1

Back to Step 2

Submit

Cancel

Step 13

The attachments display in the Attachments section.

Review the information entered for Step 3 and select **Submit**.

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Step 14	<p>The Portal displays the <b>Confirm Professional Claim</b> page.</p> <p>Review all the information entered for this claim. Select the plus and minus to expand and collapse each section. Expand All and Collapse All to expand and collapse all the sections at once.</p> <p>At the bottom of the page, select Back to Step 1, 2, or 3 to go back and edit the information entered for this claim.</p> <ul style="list-style-type: none"> <li>Once reviewing the claims information entered has been completed, select <b>Confirm</b> to confirm the claim submission.</li> </ul> <div> <div>Confirm Professional Claim</div> <div>Select Print Preview <b>before</b> you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.</div> <div>Claim Type Crossover Professional</div> <div> <div>Provider Information</div> <table border="1"> <thead> <tr> <th>Billing Provider ID</th> <th>ID Type</th> <th>NPI</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td colspan="4">Taxonomy</td> </tr> <tr> <td>Performing Provider ID</td> <td>—</td> <td>ID Type</td> <td>—</td> </tr> <tr> <td colspan="4">Taxonomy</td> </tr> <tr> <td>Referring Provider ID</td> <td>—</td> <td>ID Type</td> <td>—</td> </tr> <tr> <td colspan="4">Taxonomy</td> </tr> <tr> <td>Supervising Provider ID</td> <td>—</td> <td>ID Type</td> <td>—</td> </tr> <tr> <td colspan="4">Taxonomy</td> </tr> </tbody> </table> </div> <div> <div>Member Information</div> <table border="1"> <thead> <tr> <th>Member ID</th> <th>Gender</th> </tr> </thead> <tbody> <tr> <td colspan="2">Member</td> </tr> <tr> <td colspan="2">Birth Date</td> </tr> <tr> <td colspan="2">Address</td> </tr> <tr> <td colspan="2">Address Line 2</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2">State</td> </tr> <tr> <td colspan="2">Zip Code</td> </tr> </tbody> </table> </div> <div> <div>Claim Information</div> <table border="1"> <tbody> <tr> <td>Date Type</td> <td>—</td> <td>Date of Current</td> <td>—</td> </tr> <tr> <td>Accident Related</td> <td>—</td> <td>Admission Date</td> <td>—</td> </tr> <tr> <td>Patient Number</td> <td>—</td> <td>Authorization Number</td> <td>—</td> </tr> <tr> <td>Transport Certification</td> <td>No</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">Does the provider have a signature on file? No</td> </tr> <tr> <td colspan="4">Does the provider accept assignment for claim processing? No</td> </tr> </tbody> </table> </div> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Performing Provider ID	—	ID Type	—	Taxonomy				Referring Provider ID	—	ID Type	—	Taxonomy				Supervising Provider ID	—	ID Type	—	Taxonomy				Member ID	Gender	Member		Birth Date		Address		Address Line 2		City		State		Zip Code		Date Type	—	Date of Current	—	Accident Related	—	Admission Date	—	Patient Number	—	Authorization Number	—	Transport Certification	No			Does the provider have a signature on file? No				Does the provider accept assignment for claim processing? No			
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Step 15	<p>The Portal returns the <b>Submit Professional Claim: Confirmation</b> page.</p> <p>NOTE: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.</p> <p>NOTE: If the claim has an attachment with a not-specified transmission method then the Confirmation page has an Attachments Coversheet(s) button for the cover page.</p> <p>NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.</p> <p><b>Submit Professional Claim: Confirmation</b></p> <p><b>Professional Claim Receipt</b></p> <p>Your Professional Claim was successfully submitted. The claim status is Finalized Payment.</p> <p>The Claim ID is 2322346000001.</p> <p>Click <b>Attachment Coversheet(s)</b> to view the claim attachments coversheet(s).</p> <p>Click <b>Print Preview</b> to view the claim details as they have been saved on the payer's system.</p> <p>Click <b>Copy</b> to copy member or claim data.</p> <p>Click <b>New</b> to submit a new claim.</p> <p>Click <b>View</b> to view the details of the submitted claim.</p> <p><a href="#">Attachment Coversheet(s)</a> <a href="#">Print Preview</a> <a href="#">Copy</a> <a href="#">New</a> <a href="#">View</a></p>																																																						

## Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	12/30/2022	Gainwell	Initial publication