



vvvvJob Aid

Pharmacy Claim Submission

This job aid provides step-by-step instructions on how to submit a Pharmacy Claim in the MESA portal. Please read the instructions thoroughly.

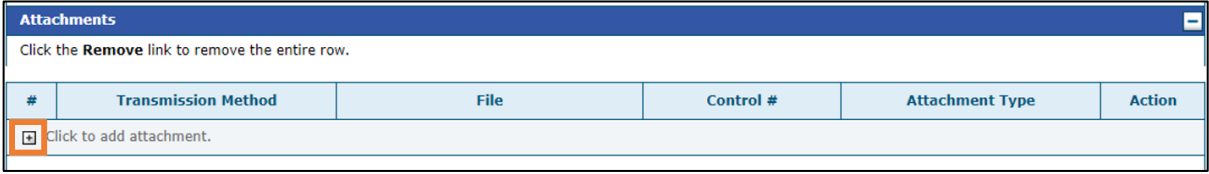
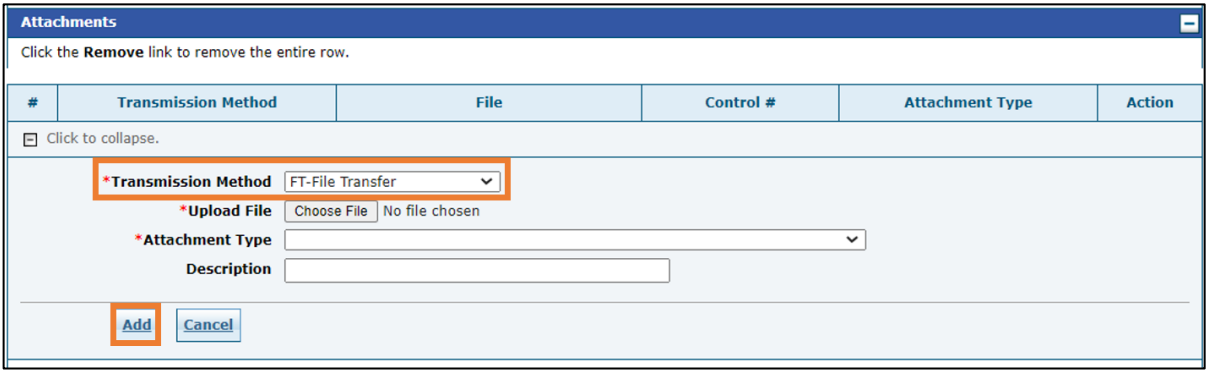
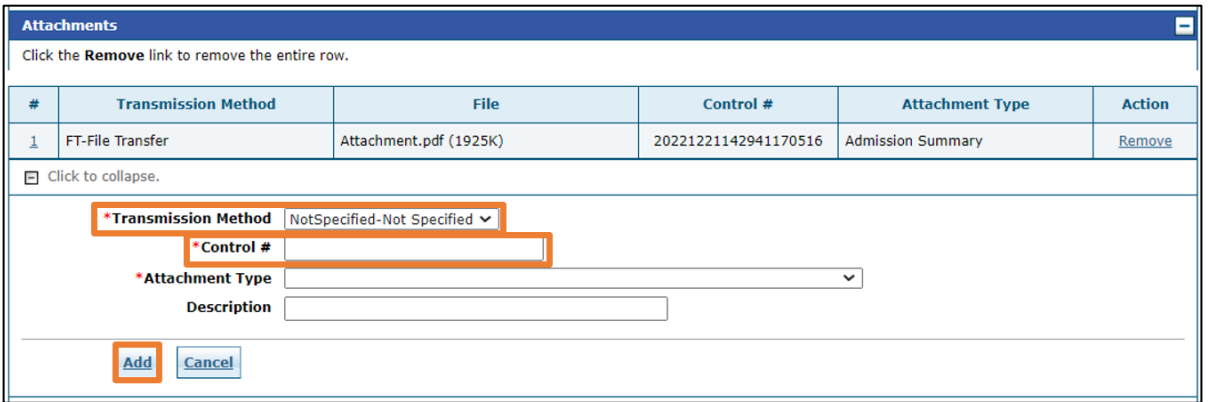
Review the Steps to Submit a Pharmacy Claim

Steps	Description
Step 1	<p>Login to the Portal. The Portal Home screen Displays.</p> 
Step 2	<p>The following steps will review how to submit a Pharmacy Claim in MESA: Hover over the Claims tab on the menu bar. A list of claim types displays below.</p> <ul style="list-style-type: none"> Select Submit Claim Pharm. 
Step 3	<p>The Portal displays the Submit Pharmacy Claim: Step 1 page. The Provider Information section displays the provider information.</p>

Steps	Description						
	<p>NOTE: There will be information already generated in this section.</p> <div><div>Submit Pharmacy Claim: Step 1</div><div>* Indicates a required field.</div><div><div>Provider Information</div><table><tr><td>Service Provider ID</td><td>ID Type NPI</td><td>Name</td></tr><tr><td colspan="3">Taxonomy</td></tr></table></div></div>	Service Provider ID	ID Type NPI	Name	Taxonomy		
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Step 4	<ul style="list-style-type: none">Complete the Patient and Claim Information section.Select Continue to move on to step 2. <p>NOTE: Once the Member ID is entered the system will automatically fill in the member's name and DOB.</p> <p>NOTE: For a newborn that does not have a Medicaid ID (KBaby), please select patient relationship code, '3-Child', and enter the mother's Medicaid ID along with the baby's First Name, Last Name, and Date of Birth and Gender.</p> <div><div>Patient and Claim Information</div><p>ATTN: When entering a claim for a newborn that does not have a Medicaid ID (KBaby), please select patient relationship code, '3- Child', and enter the mother's Medicaid ID along with the baby's First Name, Last Name, Date of Birth and Gender.</p><div><div>*Patient Relationship Code</div><div>*Member ID</div><div>Last Name</div><div>First Name</div><div>Birth Date</div><div>Pregnancy Indicator</div><div>*Transaction Code</div><div>*Place of Service</div><div>*PCN</div><div>*Compound Code</div><div>*Other Coverage Code</div></div><div><div>Continue</div><div>Cancel</div></div></div>						
Step 5	<p>The Portal displays the Submit Pharmacy Claim: Step 2 page. The previous information that was entered in step 1 is displayed at the top of the page in step 2.</p> <ul style="list-style-type: none">Scroll down to view the additional sections on this page. <p>NOTE: Select the plus and minus for each section to expand and collapse the section.</p>						

Steps	Description
	<div> <div>Submit Pharmacy Claim: Step 2</div> <div>* Indicates a required field.</div> <div> <div>Provider Information</div> <div> <div>Service Provider ID</div> <div>ID Type NPI</div> <div>Name</div> </div> <div> <div>Taxonomy</div> </div> </div> <div> <div>Patient and Claim Information</div> <div> <div>Patient Relationship Code</div> <div>Member ID</div> <div>Member</div> <div>Birth Date</div> <div>Pregnancy Indicator</div> <div>Transaction Code</div> <div>Place of Service</div> <div>PCN</div> <div>Compound Code</div> <div>Other Coverage Code</div> </div> <div>Gender</div> </div> </div>

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	<div> <div>Submit Pharmacy Claim: Step 3</div> <div>* Indicates a required field.</div> <div> <div>Provider Information</div> <table> <tr> <td>Service Provider ID</td> <td>ID Type</td> <td>NPI</td> <td>Name</td> </tr> <tr> <td colspan="4">Taxonomy</td> </tr> </table> <div>Patient and Claim Information</div> <table> <tr> <td>Patient Relationship Code</td> <td></td> </tr> <tr> <td>Member ID</td> <td></td> </tr> <tr> <td>Member</td> <td>Gender</td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Pregnancy Indicator</td> <td></td> </tr> <tr> <td>Transaction Code</td> <td></td> </tr> <tr> <td>Place of Service</td> <td></td> </tr> <tr> <td>PCN</td> <td></td> </tr> <tr> <td>Compound Code</td> <td></td> </tr> <tr> <td>Other Coverage Code</td> <td></td> </tr> </table> <div>Expand All Collapse All</div> <div>Claim Information</div> <div>Pricing Information Submitted</div> </div> </div>	Service Provider ID	ID Type	NPI	Name	Taxonomy				Patient Relationship Code		Member ID		Member	Gender	Birth Date		Pregnancy Indicator		Transaction Code		Place of Service		PCN		Compound Code		Other Coverage Code	
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Step 9	<ul style="list-style-type: none"> Enter the Diagnosis Code then select Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div> <div>Diagnosis Codes</div> <div>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.</div> <table> <thead> <tr> <th>#</th> <th>Diagnosis Code Type</th> <th>Diagnosis Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div> 1 *Diagnosis Code Type ICD-10-CM *Diagnosis Code </div> <div>Add Reset</div> </div>	#	Diagnosis Code Type	Diagnosis Code	Action	1																							
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Step 10	<p>This Other Insurance Details section displays the value 2-Other coverage exists-payment indicated is selected for Other Coverage Code.</p> <p>NOTE: This panel displays if Other Coverage Code value of 2-Other coverage exists-payment is indicated.</p> <div> <div>Other Insurance Details</div> <div>Select the row number to edit the row. Click the Remove link to remove the entire row.</div> <table> <thead> <tr> <th>#</th> <th>Coverage Type</th> <th>Other Payer ID</th> <th>ID Qualifier</th> <th>Other Payer Date</th> <th>Reject Codes</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div> 1 *Other Payer Coverage Type Other Payer ID Other Payer Date Reject Codes Other Payer ID Qualifier </div> <div>Benefit Stage Information</div> <div>Paid Amount Information</div> <div>Patient Paid Amount Information</div> <div>Add Reset</div> </div>	#	Coverage Type	Other Payer ID	ID Qualifier	Other Payer Date	Reject Codes	Action	1																				
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Step 11	<ul style="list-style-type: none"> Select the plus sign in the Attachments section to submit an attachment with the claim. 
Step 12	<ul style="list-style-type: none"> 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. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>  <p>If NotSpecified-Not Specified was selected for the Transmission Method, an Attachment Control Number (ACN) must be added in the Control # field.</p> <p>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.</p> 
Step 13	The two added attachments display in the Attachments section.

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	<div><div>Attachments</div><div>Click the Remove link to remove the entire row.</div><table><tr><th>#</th><th>Transmission Method</th><th>File</th><th>Control #</th><th>Attachment Type</th><th>Action</th></tr><tr><td>1</td><td>FT-File Transfer</td><td>Attachment.pdf (1925K)</td><td>20221221142941170516</td><td>Admission Summary</td><td>Remove</td></tr><tr><td>2</td><td>NotSpecified-Not Specified</td><td>—</td><td>123</td><td>Admission Summary</td><td>Remove</td></tr></table><div>Click to add attachment.</div></div>	#	Transmission Method	File	Control #	Attachment Type	Action	1	FT-File Transfer	Attachment.pdf (1925K)	20221221142941170516	Admission Summary	Remove	2	NotSpecified-Not Specified	—	123	Admission Summary	Remove
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Step 14	<div><ul style="list-style-type: none">Complete the DUR Override Codes section.Once complete review the information entered on this page and select Submit.<p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p><p>NOTE: This section is only required if the claim submitted previously set a ProDUR alert.</p><div><div>DUR Override Codes</div><div>Note: This section is only required if the claim submitted previously set a ProDUR alert.</div><div>Select the row number to edit the row. Click the Remove link to remove the entire row.</div><table><tr><th>#</th><th>Reason for Service</th><th>Professional Service</th><th>Result of Service</th><th>Level of Effort</th><th>Action</th></tr><tr><td>1</td><td></td><td></td><td></td><td></td><td></td></tr></table><div><div>1</div><div><div>*Reason for Service</div><div></div></div><div><div>*Professional Service</div><div></div></div><div><div>*Result of Service</div><div></div></div><div><div>Level of Effort</div><div>0-Not Specified</div></div></div><div><div>Add</div><div>Reset</div></div><div><div>Back to Step 1</div><div>Back to Step 2</div><div>Submit</div><div>Cancel</div></div></div></div>	#	Reason for Service	Professional Service	Result of Service	Level of Effort	Action	1											
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Step 15	<div><p>The Portal displays the Confirm Pharmacy Claim page.</p><p>Review all the information entered for this claim. Select the plus and minus to expand and collapse each section. Use 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">After reviewing all entered claims data, select Confirm to confirm the claim submission.</div>																		

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Step 16	The Portal returns to the Submit Pharmacy Claim: Confirmation page.																																																																																																																						

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	<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> <div> <div>Submit Pharmacy Claim: Confirmation</div> <div> <div>Pharmacy Claim Receipt</div> <div> Your Pharmacy Claim was successfully submitted. The claim status is Finalized Payment. </div> <div>The Claim ID is 2323031000001.</div> <div> Click Attachment Coversheet(s) to view the claim attachments coversheet(s). Click Print Preview to view the claim details as they have been saved on the payer's system. Click Copy to copy member or claim data. Click New to submit a new claim. Click View to view the details of the submitted claim. </div> <div> Attachment Coversheet(s) Print Preview Copy New View </div> </div> </div>

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	03/16/2023	Gainwell	Initial publication