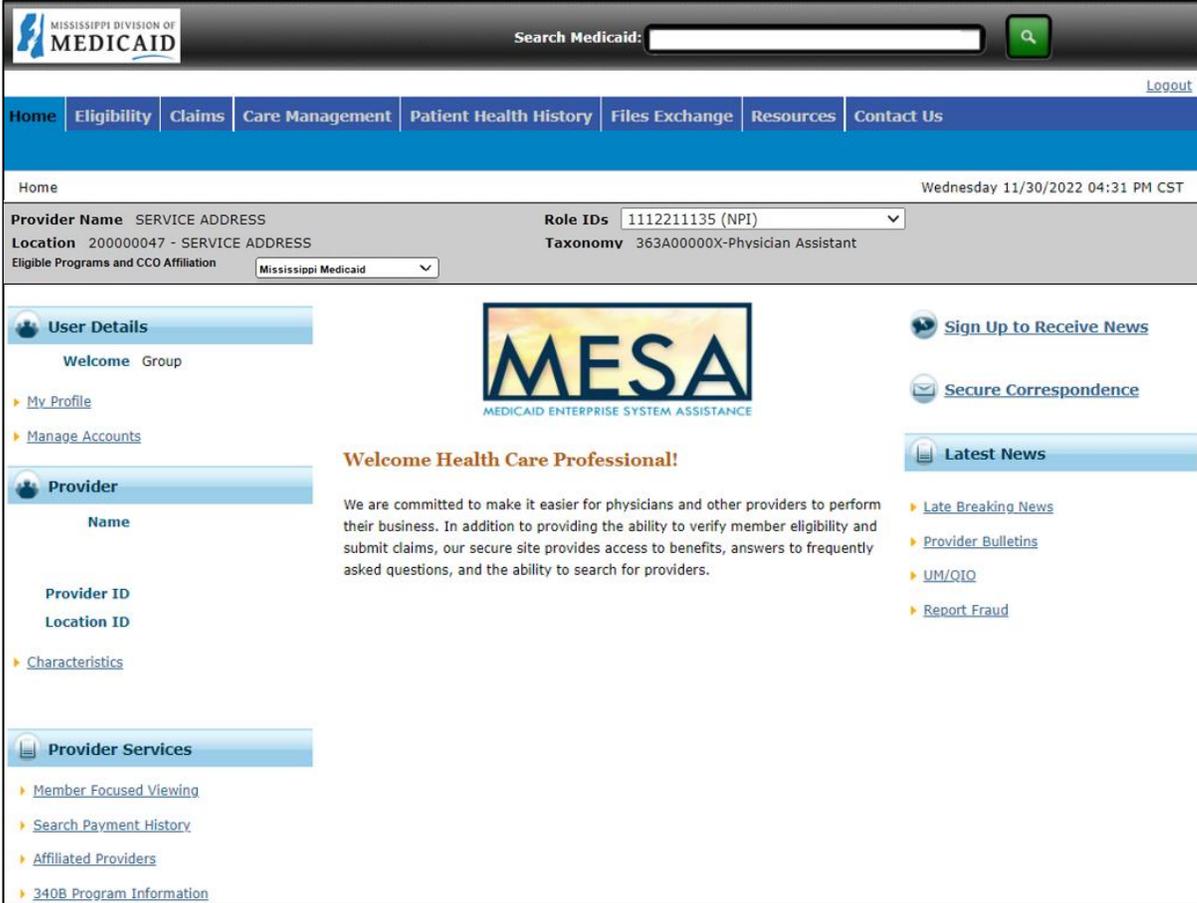


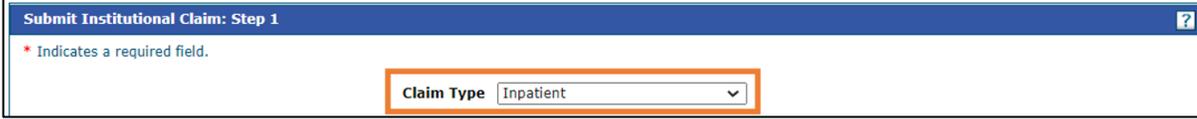
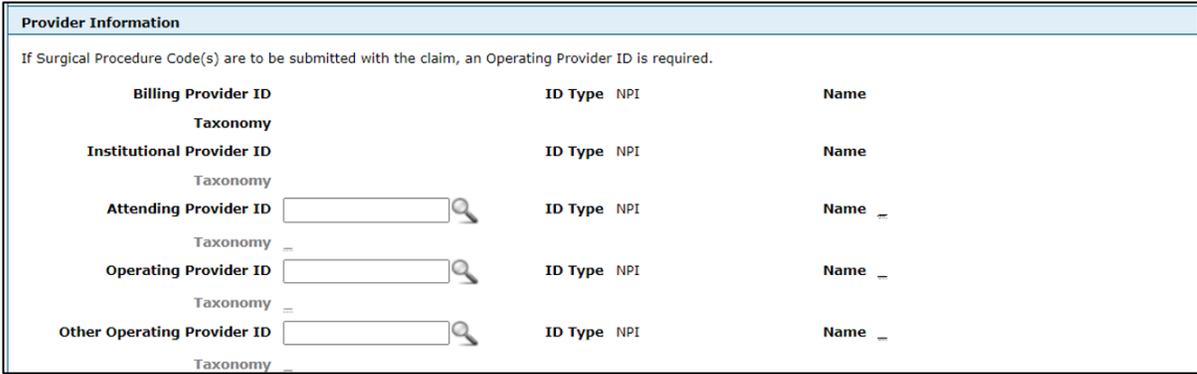
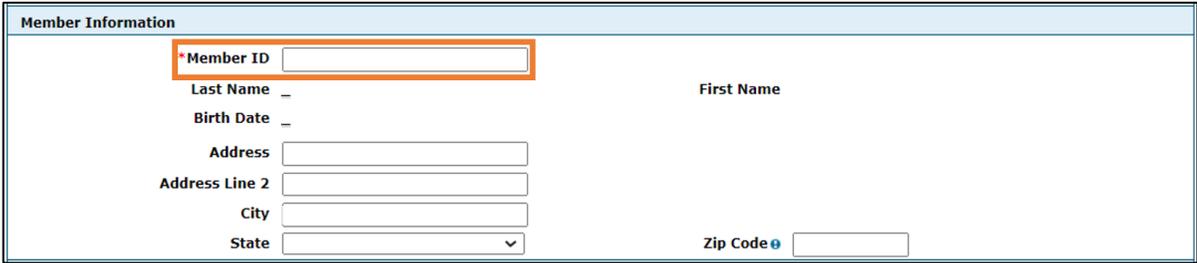
Job Aid

Inpatient Claim Submission

This job aid provides step-by-step instructions to submit an Inpatient Claim in the MESA portal. Please read the instructions thoroughly.

Review the Steps to Submit an Inpatient Claim

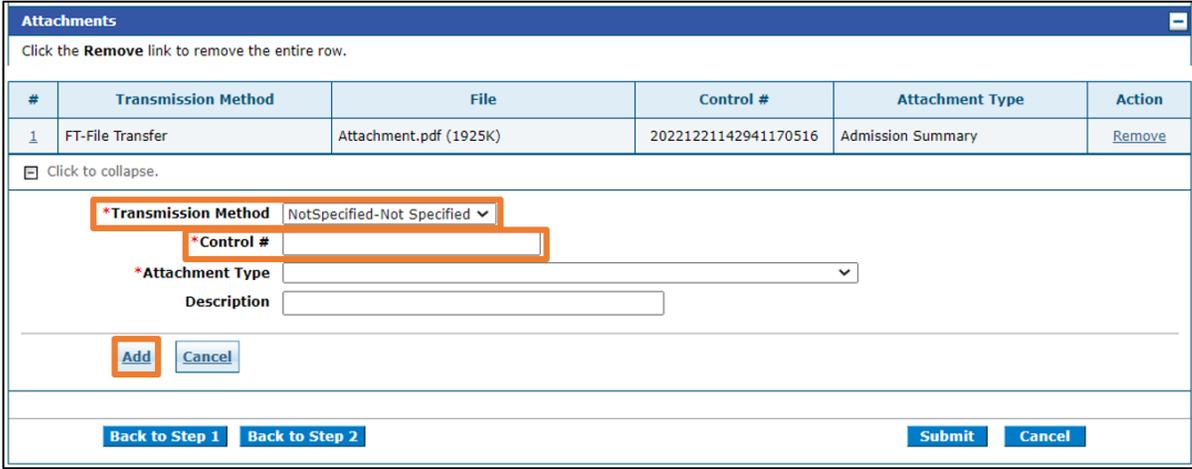
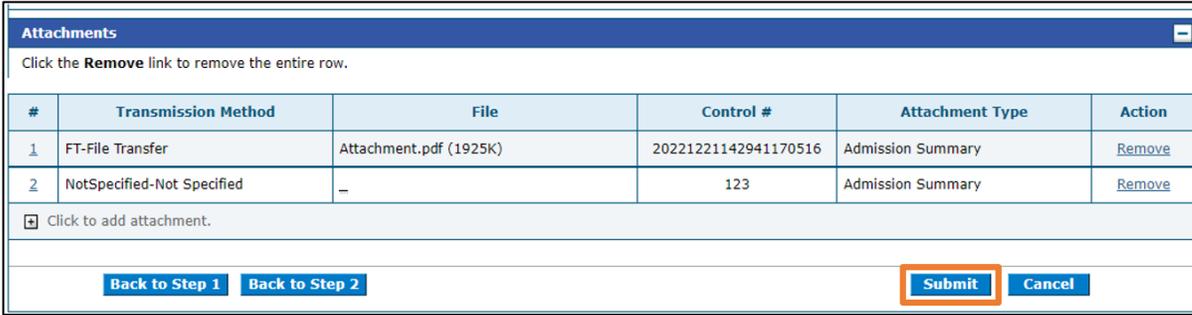
Steps	Description
<p>Step 1</p>	<p>Login to the Portal. The Portal Home screen Displays.</p> 
<p>Step 2</p>	<p>The following steps will review how to submit an Inpatient Claim in MESA: Hover over the Claims tab on the menu bar. A list of claim types displays below.</p> <ul style="list-style-type: none"> Select Submit Claim Inst. 

Steps	Description
Step 3	<p>The Portal displays the “Submit Institutional Claim: Step 1” page.</p> <ul style="list-style-type: none"> Select Claim Type Inpatient. 
Step 4	<ul style="list-style-type: none"> Complete the Provider Information section. <p>NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted.</p> 
Step 5	<ul style="list-style-type: none"> Complete the Member Information section. <p>NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly.</p> 
Step 6	<ul style="list-style-type: none"> Complete the Claim Information section. Once complete review the information entered on this page and select Continue see image below. <p>NOTE: Everything with a red asterisk * must be completed.</p> <p>NOTE: If the member has TPL check the Other Insurance checkbox and provide the details. Details can be added on step 2.</p>

Steps	Description																					
	<div data-bbox="277 260 1471 758"> <p>Claim Information</p> <p>*Covered Dates <input type="text"/> - <input type="text"/></p> <p>*Admission Date/Hour <input type="text"/> (hh:mm) Discharge Hour <input type="text"/> (hh:mm)</p> <p>Admission Type <input type="text"/> Admission Source <input type="text"/></p> <p>*Admitting Diagnosis Type ICD-10-CM *Admitting Diagnosis <input type="text"/></p> <p>*Patient Status <input type="text"/> *Type of Bill <input type="text"/></p> <p>Patient Number <input type="text"/> Authorization Number <input type="text"/></p> <p>*Does the provider accept assignment for claim processing? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clinical Lab Services Only</p> <p>*Are benefits assigned to the provider by the patient or their authorized representative? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p>*Does the provider have a signed statement from the patient releasing their medical information? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Include Other Insurance <input type="checkbox"/> Total Charged Amount \$0.00</p> <p style="text-align: right;"><input type="button" value="Continue"/> <input type="button" value="Cancel"/></p> </div>																					
<p>Step 7</p>	<p>The Portal displays the “Submit Institutional 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"> Review the previously submitted information and scroll down. <div data-bbox="277 894 1471 1318"> <p>Submit Institutional Claim: Step 2 ?</p> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Inpatient</p> <hr/> <p>Provider Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Billing Provider ID</th> <th style="width: 33%;">ID Type</th> <th style="width: 33%;">Name</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">Taxonomy</td> </tr> </tbody> </table> <hr/> <p>Patient and Claim Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 33%;">Member ID</td> <td style="width: 33%;">Gender</td> <td style="width: 33%;"></td> </tr> <tr> <td>Member</td> <td>Total Charged Amount</td> <td></td> </tr> <tr> <td>Birth Date</td> <td>Admission Date/Hour</td> <td></td> </tr> <tr> <td>Covered Dates</td> <td>Admitting Diagnosis</td> <td></td> </tr> <tr> <td>Admitting Diagnosis Type</td> <td></td> <td></td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type	Name	Taxonomy			Member ID	Gender		Member	Total Charged Amount		Birth Date	Admission Date/Hour		Covered Dates	Admitting Diagnosis		Admitting Diagnosis Type		
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<p>Step 8</p>	<ul style="list-style-type: none"> Enter the Diagnosis Code then select Add. Once complete review the information entered on this panel and select Continue. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="277 1457 1471 1772"> <p>Diagnosis Codes -</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 30%;">Diagnosis Type</th> <th style="width: 55%;">Diagnosis Code</th> <th style="width: 10%;">Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td>*Diagnosis Type ICD-10-CM</td> <td>*Diagnosis Code <input type="text"/></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;"><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Diagnosis Type	Diagnosis Code	Action	1				1	*Diagnosis Type ICD-10-CM	*Diagnosis Code <input type="text"/>										
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<p>Step 9</p>	<ul style="list-style-type: none"> Enter the External Cause of Injury Diagnosis Code if applicable then select Add see image below. <p>NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.</p>																					

Steps	Description										
	<div data-bbox="277 264 1468 558"> <p>External Cause of Injury Diagnosis Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>External Cause of Injury Diagnosis Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Diagnosis Type <input type="text" value="ICD-10-CM"/> *External Cause of Injury Diagnosis Code <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action	1					
#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action								
1											
Step 10	<ul style="list-style-type: none"> Enter the Condition Codes information if applicable then select Add. <p>NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.</p> <div data-bbox="277 657 1468 926"> <p>Condition Codes</p> <p>Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Condition Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Condition Code <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Condition Code	Action	1						
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1											
Step 11	<ul style="list-style-type: none"> Enter the Occurrence Codes information if applicable then select Add. <p>NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.</p> <div data-bbox="277 1045 1468 1314"> <p>Occurrence Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Occurrence Code</th> <th>From Date</th> <th>To Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td>--</td> <td>--</td> <td></td> </tr> </tbody> </table> <p>1 *Occurrence Code <input type="text"/> *From Date <input type="text"/> *To Date <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Occurrence Code	From Date	To Date	Action	1		--	--	
#	Occurrence Code	From Date	To Date	Action							
1		--	--								
Step 12	<ul style="list-style-type: none"> Enter the Value Codes information if applicable then select Add. <p>NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.</p> <div data-bbox="277 1413 1468 1682"> <p>Value Codes</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Value Code</th> <th>Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Value Code <input type="text"/> *Amount <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Value Code	Amount	Action	1					
#	Value Code	Amount	Action								
1											
Step 13	<ul style="list-style-type: none"> Enter the Surgical Procedures information if applicable then select Add. <p>NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.</p> <ul style="list-style-type: none"> Review all sections under Submit Institutional Claim: Step 2 page. If all the information is correct select Continue to move on to Step 3. 										

Steps	Description																		
	<div data-bbox="277 262 1469 892"> <p>Service Details</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>Svc #</th> <th>Revenue Code</th> <th>HCPCS/Proc Code</th> <th>From Date</th> <th>To Date</th> <th>Units</th> <th>Charge Amount</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> <p>1 *Revenue Code <input type="text"/> HCPCS/Proc Code <input type="text"/></p> <p>Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>*From Date <input type="text"/> To Date <input type="text"/> *Units <input type="text"/> *Unit Type <input type="text"/></p> <p>Charge Amount <input type="text"/></p> <p>NDCs for Svc. # 1</p> <p>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).</p> <p>Code Type <input type="text"/></p> <p>NDC/UPN <input type="text"/></p> <p>Quantity <input type="text"/> Unit of Measure <input type="text"/></p> <p>Prescription Number <input type="text"/> Prescription Type <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action	1									
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1																			
<p>Step 16</p>	<ul style="list-style-type: none"> Select the plus sign in the Attachments section to submit an attachment with the claim. <div data-bbox="277 955 1469 1186"> <p>Attachments</p> <p>Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td><input 5"="" type="button" value="+</input></td> <td colspan="/>Click to add attachment.</td> </tr> </tbody> </table> <p><input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/></p> </div>	#	Transmission Method	File	Control #	Attachment Type	Action	<input 5"="" type="button" value="+</input></td> <td colspan="/> Click to add attachment.											
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<input 5"="" type="button" value="+</input></td> <td colspan="/> Click to add attachment.																			
<p>Step 17</p>	<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> <div data-bbox="277 1344 1469 1774"> <p>Attachments</p> <p>Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td><input type="button" value="⊖"/></td> <td colspan="5">Click to collapse.</td> </tr> <tr> <td></td> <td>*Transmission Method <input type="text" value="FT-File Transfer"/></td> <td>*Upload File <input type="text" value="Choose File"/> No file chosen</td> <td></td> <td>*Attachment Type <input type="text"/></td> <td>Description <input type="text"/></td> </tr> </tbody> </table> <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p> <p><input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/></p> </div> <p>If NotSpecified-Not Specified was selected for the Transmission Method, an Attachment Control Number (ACN) must be added in the Control # field.</p>	#	Transmission Method	File	Control #	Attachment Type	Action	<input type="button" value="⊖"/>	Click to collapse.						*Transmission Method <input type="text" value="FT-File Transfer"/>	*Upload File <input type="text" value="Choose File"/> No file chosen		*Attachment Type <input type="text"/>	Description <input type="text"/>
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Steps	Description
	<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>  <p>The screenshot shows the 'Attachments' section with a table containing one row: #1, FT-File Transfer, Attachment.pdf (1925K), 20221221142941170516, Admission Summary, and a Remove link. Below the table is a form to add a new attachment. The form fields are: *Transmission Method (dropdown menu set to NotSpecified-Not Specified), *Control # (text input), *Attachment Type (dropdown menu), and Description (text input). There are 'Add' and 'Cancel' buttons at the bottom of the form. At the very bottom of the Attachments section are 'Back to Step 1', 'Back to Step 2', 'Submit', and 'Cancel' buttons.</p>
Step 18	<p>Any added attachments display in the Attachments section.</p> <ul style="list-style-type: none"> Review the information entered for Step 3 and select Submit.  <p>The screenshot shows the 'Attachments' section with a table containing two rows: #1, FT-File Transfer, Attachment.pdf (1925K), 20221221142941170516, Admission Summary, and a Remove link; #2, NotSpecified-Not Specified, -, 123, Admission Summary, and a Remove link. Below the table is a 'Click to add attachment.' link. At the bottom of the Attachments section are 'Back to Step 1', 'Back to Step 2', 'Submit', and 'Cancel' buttons. The 'Submit' button is highlighted with an orange box.</p>
Step 19	<p>The Portal displays the Confirm Institutional Claim 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"> After reviewing all entered claims data, select Confirm to confirm the claim submission.

Steps	Description																																																										
	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #4a86e8; color: white; padding: 2px;">Confirm Institutional Claim ?</div> <p>Select Print Preview before 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.</p> <p style="text-align: center;">Claim Type Inpatient</p> <hr/> <div style="background-color: #d9e1f2; padding: 2px;">Provider Information</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Billing Provider ID</td> <td style="width: 20%;">ID Type NPI</td> <td style="width: 40%;">Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Institutional Provider ID</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Attending Provider ID</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Operating Provider ID</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Other Operating Provider ID</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> </table> <hr/> <div style="background-color: #d9e1f2; padding: 2px;">Member Information</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Member ID</td> <td style="width: 40%;">Gender</td> </tr> <tr> <td>Member</td> <td></td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Address Line 2</td> <td></td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>State</td> <td>Zip Code</td> </tr> </table> <hr/> <div style="background-color: #d9e1f2; padding: 2px;">Claim Information</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Covered Dates</td> <td style="width: 50%;">Admission Date/Hour</td> </tr> <tr> <td>Admission Type</td> <td>Admission Source</td> </tr> <tr> <td>Admitting Diagnosis Type</td> <td>Discharge Hour</td> </tr> <tr> <td>Admitting Diagnosis</td> <td>Type of Bill</td> </tr> <tr> <td>Patient Status</td> <td>Authorization Number</td> </tr> <tr> <td>Patient Number</td> <td></td> </tr> <tr> <td colspan="2">Does the provider accept assignment for claim processing? No</td> </tr> </table> </div>	Billing Provider ID	ID Type NPI	Name	Taxonomy			Institutional Provider ID	ID Type _	Name _	Taxonomy			Attending Provider ID	ID Type _	Name _	Taxonomy			Operating Provider ID	ID Type _	Name _	Taxonomy			Other Operating Provider ID	ID Type _	Name _	Taxonomy			Member ID	Gender	Member		Birth Date		Address		Address Line 2		City		State	Zip Code	Covered Dates	Admission Date/Hour	Admission Type	Admission Source	Admitting Diagnosis Type	Discharge Hour	Admitting Diagnosis	Type of Bill	Patient Status	Authorization Number	Patient Number		Does the provider accept assignment for claim processing? No	
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Does the provider accept assignment for claim processing? No																																					
Are benefits assigned to the provider by the patient or their authorized representative? No																																					
Does the provider have a signed statement from the patient releasing their medical information? No																																					
Total Charged Amount \$0.00																																					
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount																														
1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC			01/17/2023	01/20/2023	1.000 Unit	\$0.00																														
Step 20	<p>The Portal returns the Submit Inpatient Claim: Confirmation 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>																																				

Steps	Description
	<div data-bbox="282 268 1466 646" style="border: 1px solid black; padding: 5px;"> <p data-bbox="293 275 578 294">Submit Inpatient Claim: Confirmation ?</p> <p data-bbox="293 306 472 325">Inpatient Claim Receipt</p> <p data-bbox="293 342 865 363">Your Inpatient Claim was successfully submitted. The claim status is Finalized Payment.</p> <p data-bbox="293 375 529 394">The Claim ID is 2323023000001.</p> <hr/> <p data-bbox="293 426 834 447">Click Attachment Coversheet(s) to view the claim attachments coversheet(s).</p> <p data-bbox="293 453 927 474">Click Print Preview to view the claim details as they have been saved on the payer's system.</p> <p data-bbox="293 480 578 501">Click Copy to copy member or claim data.</p> <p data-bbox="293 508 521 529">Click New to submit a new claim.</p> <p data-bbox="293 535 654 556">Click View to view the details of the submitted claim.</p> <hr/> <div data-bbox="378 604 1003 625" style="display: flex; justify-content: space-between;"> Attachment Coversheet(s) Print Preview Copy New View </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	1/26/2023	Gainwell	Initial publication
1.1	06/02/2023	Gainwell	Updated providers display to show CCO information based on CR1925.