

## 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					
Step 1	Login to the Portal. The <b>Po</b>	<b>rtal Home</b> screen Displays.					
	Home         Eligibility         Claims         Care Management         Patient Health History         Files Exchange         Resources         Contact Us						
	Home		Wednesday 11/30/2022 04:31 PM CST				
	Provider Name SERVICE ADDRESS Location 20000047 - SERVICE ADDRESS Eligible Programs and CCO Affiliation Mississippi	Role IDs         1112211135 (NPI)           Taxonomy         363A00000X-Physician Assistan           Medicaid	t				
	User Details	MAESA	Sign Up to Receive News				
	My Profile	MEDICAID ENTERPRISE SYSTEM ASSISTANCE	Secure Correspondence				
	Manage Accounts	Welcome Health Care Professional!	Latest News				
	Provider	We are committed to make it easier for physicians and other providers to per	form  Late Breaking News				
	Name	their business. In addition to providing the ability to verify member eligibility submit claims, our secure site provides access to benefits, answers to freque	and htly Provider Bulletins				
	Provider ID	asked questions, and the ability to search for providers.	UM/QIQ				
	Location ID		Report Fraud				
	<u>Characteristics</u>						
	Provider Services						
	Member Focused Viewing						
	Search Payment History						
	<u>Annated Providers</u> <u>3408 Program Information</u>						
Step 2	The following steps will rev Hover over the <b>Claims</b> tab	iew how to submit an Inpatient Claim in MESA on the menu bar. A list of claim types displays	A: s below.				
			December 2				
	Home Eligibility Claims	Care Management   Patient Health History   Fi	es Exchange   Resources   Con				
	Search Claims   Submit Claim Der	Submit Claim Inst Submit Claim Prof   Submit Claim	aim Pharm   Search Payment History				
	<u>Claims</u> > Submit Claim Inst						



Steps	Description
Step 3	The Portal displays the "Submit Institutional Claim: Step 1" page. o Select Claim Type Inpatient.
	Submit Institutional Claim: Step 1
	* Indicates a required field.
	Claim Type Inpatient
Step 4	<ul> <li>Complete the Provider Information section.</li> <li>NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted.</li> </ul>
	Provider Information
	If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.
	Billing Provider ID ID Type NPI Name
	Taxonomy
	Institutional Provider ID ID Type NPI Name
	Attending Provider ID I ID Type NPI Name
	Taxonomy _
	Operating Provider ID ID Type NPI Name _
	Taxonomy Other Operating Provider ID ID Type NPI Name Taxonomy
Step 5	<ul> <li>Complete the Member Information section.</li> <li>NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section.</li> <li>Verify the fields populate correctly.</li> </ul>
	Member Information
	*Member ID Last Name _ First Name Birth Date _
	Address Address Address City
	State Zip Code 🛛
•	
Step 6	<ul> <li>Complete the Claim Information section.</li> <li>Once complete review the information entered on this page and select Continue see image below.</li> <li>NOTE: Everything with a red asterisk * must be completed.</li> <li>NOTE: If the member has TPL check the Other Insurance checkbox and provide the details. Details</li> </ul>
	can be added on step 2.



Steps	Description
	Claim Information
	*Covered Dates@       Image: -         *Admission Date/Hour@       Image: -         *Admission Date/Hour@       Image: -         *Admission Type@       Admission Source @         *Patient Status@       *Type of Bill @         Patient Number       Authorization Number         *Does the provider accept assignment for claim processing?       Yes No Clinical Lab Services Only         *Are benefits assigned to the provider by the patient or their authorized representative?       Yes No N/A         *Does the provider have a signed statement from the patient releasing their medical information?       Yes No         Include Other Insurance       Total Charged Amount \$0.00
	Continue
Step 7	<ul> <li>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.</li> <li>Review the previously submitted information and scroll down.</li> </ul>
	* Indicates a required field.
	Claim Type Inpatient
	Provider Information
	Billing Provider ID ID Type Name
	Taxonomy
	Patient and Claim Information         Member ID         Member       Gender         Birth Date       Total Charged Amount         Covered Dates       Admission Date/Hour         Admitting Diagnosis Type       Admitting Diagnosis
Step 8	<ul> <li>Enter the Diagnosis Code then select Add.</li> <li>Once complete review the information entered on this panel and select Continue.</li> <li>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</li> </ul>
	#         Diagnosis Type         Diagnosis Code         Action
	1 *Diagnosis Type ICD-10-CM ▼ *Diagnosis Code θ Add Reset
Step 9	<ul> <li>Enter the External Cause of Injury Diagnosis Code if applicable then select Add see image below.</li> <li>NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.</li> </ul>



Steps	Description					
	External Cause o	f Injury Diagnosis Codes				
	Select the row nun	nber to edit the row. Click the	Remove link to remove the entire	row.		
	#	Diagnosis Type	Ex	ternal Cause of Injury Diagnosis C	Code	Action
	1					
	1 *Diagno	osis Type ICD-10-CM 🗸	*External Cause of Injury			
	Add	<u>Reset</u>				
01					• •	
Step 10	• Enter the <b>Condition Codes</b> information if applicable then select <b>Add</b> .					
	NOTE: Every	thing with a red a	asterisk must be mi	ed out if the section is	s applicable to the cla	im.
	Condition Codes Click the Remove	link to remove the entire row.				_
	#		Cor	ndition Code		Action
	*		Col			ACUOI
	1 *Con	dition Code e				
	Ade	d <u>Reset</u>				
Step 11	Enter th	e Occurrence C	odes information if a	policable then select	Add	
etep ::		thing with a red	estorick * must be fill	ed out if the section is	s applicable to the cla	im
						····.
	Occurrence Code	25 mber to edit the row. Click the	Remove link to remove the entire	row.		
		Occur	manca Cada	From Data	To Date	Action
	*	occu	frence code	From Date	To Date	Action
	1 *Occur	rence Code e		*From Date 0	To Date 0	
			]			
	Ad	d <u>Reset</u>				
Step 12	Enter th	e Value Codes ir	nformation if applicat	ble then select <b>Add</b>		
	NOTE: Every	/thing with a red a	asterisk * must be fill	ed out if the section is	applicable to the cla	im.
	Value Codes					-
	Select the row num	nber to edit the row. Click the	Remove link to remove the entire r	ow.		
	#		Value Code		Amount	Action
	1					
	1 *	Value Code 🛛		*Amount		
	Add	d Reset				
Sten 13	<ul> <li>Enter th</li> </ul>	A Surgical Proc	dures information if	annlicable then soler		
	NOTE: Even	/thing with a red a	asterisk * must be fill	ed out if the section is	s applicable to the cla	im.
	Review a	all sections under	Submit Institutional	Claim: Step 2 page. I	f all the information is	correct
	select Co	ontinue to move	on to Step 3.			



Steps	Description						
	Surgical	Procedures					-
	Select the Please not						
	#	Surgical Pro	cedure Type	Surgical Proc	edure Code	Date	Action
	1					-	
	1	*Surgical Procedure Type *Date <del>0</del>	ICD-10-PCS V	Surgical Procedure Code θ			
		Add Reset					
		Back to Step 1			Cont	inue Cancel	
Step 14	The Portal displays the "Submit Institutional 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. • Scroll down to view the additional sections on this page.						
	NOTE: \$	Select the plus and	minus for each s	ection to expand an	id collapse.		
	Submit I	nstitutional Claim: Step 3					?
	* Indicate	s a required field.					
			Claim Type In	patient			
	Provider	Information					
		Billing Provider ID		ID Type NPI	Name		
		Taxonomy					
	Patient a	nd Claim Information					
		Member ID Member		Gend	er		
		Birth Date		Total Charged Amou	nt		
		Covered Dates		Admission Date/Ho	ur		
	A	dmitting Diagnosis Type		Admitting Diagnos	is		
						Expand All	Collapse All
	Diagnosi	s Codes					_
	Please not	te that the 1st diagnosis entered	is considered to be the princip	al (primary) Diagnosis Code.			
	#	Diagnosis Type		Diagnosis Code		PO	Α
	1	ICD-10-CM	R	71-CHEST PAIN ON BREATHING			
Step 15	• Fill /	out the required inf	ormation for the	Service Details sec	tion		
0.00 10		Complete the NDC	s for Svc. #1 na	nel if applicable			
	• Onc	e all information ha	as been complete	d select <b>Add</b>			

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5	MEDICAID

Steps	Description						
	Service Details				-		
	Select the row number to edit the row. Click th	e <b>Remove</b> link to remove the entire row.					
	Suc				·		
	# Revenue Code	HCPCS/Proc Code	From Date To Date	Units Charge Amount	Action		
	1						
	1 *Revenue Code e	НС	PCS/Proc Code 🛛				
	Modifiers e						
	*From Date e	To Date e	*Units	*Unit Type Unit 🗸			
	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 requi	red.		
	Additionally, NDC/UPN information is requir	ed when adding or saving NDC/UPN with pr	escription information (Prescript	ion Number, Prescription Type).			
	Code Type	~					
	Quantity	Unit of M	easure 🗸 🗸	]			
	Prescription Number	Prescriptio	n Type	×			
	Add Reset						
Step 16	• Select the plus sign in the	ne Attachments section to	submit an attach	ment with the claim.			
	Attachments				-		
	Click the Remove link to remove the entire row	ι.					
	# Transmission Method	File	Control #	Attachment Type	Action		
	Click to add attachment.						
	Back to Step 1 Back to Step	2		Submit Cancel			
Step 17	Select FT-File Transfer c	r NotSpecified-Not Spec	fied from the <b>Tra</b>	smission Method	dropdown		
etep	This selection affects the	fields that display.					
	• Complete the additional	required fields for this sec	tion and select A	dd.			
	NOTE: Everything with a red	asterisk * must be compl	eted if the section	is applicable to the o	claim.		
	Attachments				-		
	Click the <b>Remove</b> link to remove the entire rov	ι.					
	# Transmission Method	File	Control #	Attachment Type	Action		
	Click to collapse.		· · · ·				
	*Transmission Method FT-File	Transfer 🗸					
*Upload File Choose File No file chosen							
	*Attachment Type			<b>~</b>			
			]				
	Add Cancel						
	Back to Step 1 Back to Step	2		Submit Cancel			
	If NotSpecified-Not Specified	was selected for the Tra	nsmission Method	an Attachment Cor	trol		
	Number (ACN) must be added in the Control # field.						



Steps	Description							
	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 <u>Claim Attachment Form</u> is located at: Forms - Mississippi Division of Medicaid.							
	# Transmission Method File Control # Attachment Type Action							
	1	FT-File Transfer	Attachment.pdf (1925K)	20221221142941170516	Admission Summary	Remove		
	E	lick to collapse.						
		*Transmission Method NotSp	ecified-Not Specified 🗸					
		*Control #						
		*Attachment Type Description			~			
		Add						
			- 3		Colorita Concol			
		Back to Step 1 Back to Ste	р Z		Submit Cancel			
Step 18	Anv	added attachments disp	lav in the Attachments see	ction.				
	,	Review the informat	ion entered for Step 3 and	select Submit.				
	Atta	chments						
	Click	the Remove link to remove the entire ro	w.					
	#	Transmission Method	File	Control #	Attachment Type	Action		
	1	FT-File Transfer	Attachment.pdf (1925K)	20221221142941170516	Admission Summary	<u>Remove</u>		
	2	NotSpecified-Not Specified	-	123	Admission Summary	<u>Remove</u>		
	+ 0	lick to add attachment.						
		Back to Step 1 Back to Ste	an 2		Submit Cancel			
Step 19	The	Portal displays the <b>Con</b>	firm Institutional Claim p	age.				
	Revi	ew all the information er	ntered for this claim. Selec	t the plus and mi	nus to expand and co	llapse		
	each	section. Expand All and	d Collapse All to expand a	nd collapse all th	e sections at once.			
	At th for th	e bottom of the page, se nis claim.	elect Back to Step 1, 2, or	3 to go back and	eait the information e	ntered		
	C	After reviewing all er	ntered claims data, select	Confirm to confi	rm the claim submissi	on.		



Steps	Description						
	Confirm Institutional Claim		2				
	Select Print Preview <b>before</b> you Confirm if you want to been saved on the payer system.	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.					
		Claim Type Inpatient					
	Provider Information						
	Billing Provider ID	ID Type NPI Name					
	Taxonomy						
	Institutional Provider ID	ID Type _ Name _					
	Taxonomy						
	Attending Provider ID	ID Type _ Name _					
	Derating Provider ID	TO Type Name					
	Taxonomy						
	Other Operating Provider ID	ID Type _ Name _					
	Taxonomy						
	Member Information						
	Member ID						
	Member	Gender					
	Birth Date						
	Address						
	Address Line 2						
	City	Zin Cada					
	State						
	Claim Information						
	Covered Dates	Admission Date/Hour					
	Admission Type	Admission Source					
	Admitting Diagnosis Type	Discharge Hour					
	Admitting Diagnosis	Type of Bill Authorization Number					
	Patient Number						
	Does the provider accept assignment	nent for claim processing? No					



Steps	Description								
	Clain	n Information							
		Covered Dates		Admission Date/Hour					
		Admission Type			Admission Source				
		Admitting Diagnosis Type		Discharge Hour					
	Admitting Diagnosis Patient Status			Type of Bill					
		Patient Status			Author				
		Patient Number							
		Does the provider accept as	signment for claim processing? No	þ					
	/	Are benefits assigned to the provider by	/ the patient or their authorized No	þ					
		Does the provider have a signed state	representative?						
		boes the provider have a signed state.	their medical information?	,					
					Tota	al Charged Am	ount \$0.00		
								Expan	nd All   Collapse All
	Diag	nosis Codes							÷
	Servi	ice Details							=
	Svc #	Revenue Code	HCPCS/Proc Code	r	Mod	From Date	To Date	Units/Type	Charge Amount
		123-ROOM AND BOARD - SEMI-PRIVATE							
	1	TWO BED - PEDIATRIC				01/17/2023	01/20/2023	1.000 Unit	\$0.00
	Atta	chments							÷
	No E	xternal Cause of Injury Diagnosis Code	s exist for this claim						
	No P	atient Reason for Visit Diagnosis Codes	exist for this claim						
	No O	ther Insurance Details exist for this cla	im						
	No C	ondition Codes exist for this claim							
	No O	ccurrence Codes exist for this claim							
	No V	alue Codes exist for this claim							
	No S	urgical Procedures exist for this claim							
		Back to Step 1 Back to Step	2 Back to Step 3 Print Previe	ew			Co	nfirm Can	icel
Step 20	The F	Portal returns the Submi	t Inpatient Claim: Cor	nfirma	tior	n page.			
	NOT	E: The confirmation page	e displays. ALL Crosso	ver cla	aims	go to a l	PENDING	S status to	o verify the
	EOM	B.							
	NOT	E: If the claim has an atta	achment with a not-spe	ecified	tran	smission	method	then the	Confirmation
	page	has an Attachments Cov	versheet(s) button for t	the cov	/er p	oage.			
	NOT	E: It is required to mail th	e attachment after sub	omitting	g the	e claim w	hen a no	t-specifie	d value is
	selec	ted for the transmission	method.						



Steps	Description
	Submit Inpatient Claim: Confirmation
	Inpatient Claim Receipt
	Your Inpatient Claim was successfully submitted. The claim status is Finalized Payment.
	The Claim ID is <b>2323023000001</b> .
	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.
	Attachment Coversheet(s) Print Preview Copy New View



## 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.