

## Job Aid

## **Home Health Claim Submission**

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

## Review the steps to submit a Home Health Claim

Steps	Description					
Step 1	Login to the Portal. The Portal Home screen Displays.					
		Search Medicaid:				
	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 200000047 - SERVICE ADDRESS Eligible Programs and CCO Affiliation	Role IDs     1112211135 (NPI)       Taxonomv     363A00000X-Physician Assis       Medicaid     V	▼] stant			
	User Details Welcome Group	AAECA	Sign Up to Receive News			
	<u>My Profile</u>		Secure Correspondence			
	Manage Accounts	Welcome Health Care Professional!	Latest News			
	Provider	We are committed to make it easier for physicians and other providers to	perform			
	Name	their business. In addition to providing the ability to verify member eligib submit claims, our secure site provides access to benefits, answers to fre	David day Dullahira			
	Provider ID	asked questions, and the ability to search for providers.	► <u>UM/QIQ</u>			
	Location ID		Report Fraud			
	Characteristics					
	Provider Services					
	Member Focused Viewing     Search Payment History					
	Affiliated Providers					
	<u>340B Program Information</u>					
Step 2	The following steps will rev	iew how to submit a Home Health Claim in I	MESA:			
	Hover over the Claims tab	on the menu bar. A list of claim types displa	ays below.			
	Select Submit Cla	im Inst.				
	Home Eligibility Claims	Care Management Patient Health History	Files Exchange Resources Con			
	Search Claims   Submit Claim Der	ntal Submit Claim Inst Submit Claim Prof   Submit	Claim Pharm   Search Payment History			
	<u>Claims</u> > Submit Claim Inst					



Steps	Description			
Step 3	<ul> <li>The Portal displays the "Submit Institutional Claim: Step 1" page.</li> <li>Select Claim Type Home Health.</li> </ul>			
	Submit Institutional Claim: Step 1     ?       * Indicates a required field.     Claim Type Home Health ~			
Step 4	Complete the <b>Provider Information</b> section. NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted.			
	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			
	Taxonomy Attending Provider ID I			
	Taxonomy Operating Provider ID Q_ ID Type NPI Name			
	Taxonomy Other Operating Provider ID ID Type NPI Name Taxonomy			
Step 5	• Complete the <b>Member Information</b> section. NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly.			
	Member Information			
	*Member ID Last Name _ First Name Birth Date _ Address Address Line 2			
	City       State       V       Zip Code 0			
Step 6	<ul> <li>Complete the Claim Information section.</li> <li>Once all information is entered for this section review the information and select Continue (see image below).</li> </ul>			
	NOTE: Everything with a red asterisk (*) must be completed.			
	NOTE: If the member has TPL, check the <i>Other Insurance</i> checkbox and provide the details. Details can be added on Step 2.			



Steps	Description
	Claim Information
	*Covered Dates @
	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
Step 7	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.  • Review the previously submitted information and scroll down.  Submit Institutional Claim: Step 2  • Indicates a required field.
	Claim Type Home Health         Provider Information         Taxonomy         Patient and Claim Information         Member ID         Member R         Gender         Bith Date         Total Charged Amount         Covered Dates
Step 8	<ul> <li>Enter the Diagnosis Code then select Add.</li> <li>NOTE: Everything with a red asterisk (*) must be completed if the section is applicable to the claim.</li> <li>Diagnosis Codes         <ul> <li>Select the row number to edit the row. Click the Remove link to remove the entire row.</li> <li>Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</li> <li></li></ul></li></ul>
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	of Injury Diagnosis Codes				-
	Select the row nur	mber to edit the row. Click the	Remove link to remove the entire	ow.		
	#	Diagnosis Type	Ex	ternal Cause of Injury Diagnosis (	Code	Action
	1					
	1 *Diagn	osis Type ICD-10-CM 🗸	*External Cause of Injury Diagnosis Code 🛛			
	Add	d <u>Reset</u>				
Step 10	• Ente	er the Condition	Codes information if	applicable. Then sel	ect Add.	
				illed out if the section		laim.
	Condition Codes	1				-
	Click the Remove	link to remove the entire row.				
	#		Cor	dition Code		Action
	1					
	1 *Con	dition Code 🛛				
	Ad	d Reset				
Step 11	• Ente	er the Occurrenc	e Codes informatior	if applicable. Then s	elect Add.	
	NOTE: Everything with a red asterisk (*) must be filled out if the section is applicable to the claim.					
	Occurrence Code Select the row nur		Remove link to remove the entire	row.		
	#	Occur	rrence Code	From Date	To Date	Action
	1					
	1 *Occur	rrence Code e		*From Date 🛛	To Date 🛛	
	Ad	d <u>Reset</u>				
Step 12	• Ente	er the Value Cod	es information if app	licable. Then select A	\dd	
				illed out if the section		laim.
	Value Codes Select the row nur	mber to edit the row. Click the	Remove link to remove the entire r	ow.		
	#		Value Code		Amount	Action
	1					
	1 *	Value Code 🛛		*Amount		
	Ad	d <u>Reset</u>				
	Au	- Indu				
Step 13	• Ente	er the Surgical P	rocedures informati	on if applicable. Then	select Add.	
	NOTE: Every	ything with a red a	asterisk (*) must be f	illed out if the section	is applicable to the c	laim.



Steps		Description				
	Review all sections under "Submit Institutional Claim: Step 2" page. If all the information correct select <b>Continue</b> to move to Step 3.					
	Surgical Procedures		•			
	Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row. Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.					
	# Surgical Procedure Type	cedure Type Surgical Procedure Code				
	1 *Surgical Procedure Type ICD-10-PCS V	*Surgical Procedure Code 🛛				
	*Date e					
	Add Reset					
	Back to Step 1	Con	tinue			
Step 14	<ul> <li>4 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.</li> <li>Scroll down to view the additional sections on this page.</li> <li>NOTE: Select the <i>plus</i> (+) and <i>minus</i> (-) for each section to expand and collapse.</li> </ul>					
	Submit Institutional Claim: Step 3	· · ·	?			
	* Indicates a required field.					
	Claim Type Ho	me Health				
	Provider Information Billing Provider ID	ID Type NPI Name				
	Тахопоту					
	Patient and Claim Information					
	Member ID Member	Gender				
	Birth Date Covered Dates	Total Charged Amount				
			Expand All   Collapse All			
	Diagnosis Codes Please note that the 1st diagnosis entered is considered to be the princip	al (primary) Diagnosis Code	E			
	# Diagnosis Type	Diagnosis Code				
	1 ICD-10-CM	R071-CHEST PAIN ON BREATHING				
Step 15	Fill out the required information for	he Service Details section.				
•	• Complete the NDCs for Svc. #	<b>#1</b> panel, if applicable.				
	Once all information has been comp	pleted, select Add (see image below)				



Steps	Description						
	Select the row number to edit the row. Click the Remove link to remove the entire row.						
	Svc #     Revenue Code     HCPCS/Proc Code     From Date     To Date     Units     Charge Amount     Action						
	1						
	1 *Revenue Code 0 HCPCS/Proc Code 0						
	Modifiers 0     Image: Constraint of the second secon						
	Charge Amount 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).						
	Code Type						
	Quantity Unit of Measure V						
	Prescription Number Prescription Type V						
	Add Reset						
Step 16	• Select the <b>plus sign</b> (+) in the Attachments section to submit an attachment with the claim. NOTE: If an attachment is not needed for this claim, select <b>Submit</b> to submit the claim.						
	Attachments Click the Remove link to remove the entire row.						
	#     Transmission Method     File     Control #     Attachment Type     Action       Click to add attachment.     Click to add a						
	Back to Step 1     Back to Step 2     Submit     Cancel						
Step 17	<ul> <li>Select <i>FT-File Transfer</i> or <i>NotSpecified-Not Specified</i> from the <b>Transmission Method</b> dropdown. This selection affects the fields that display.</li> <li>Complete the additional required fields for this section and select <b>Add</b>.</li> </ul>						
	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						
	*Transmission Method FT-File Transfer						
	*Attachment Type						
	Description						
	Add Cancel						
	Back to Step 1     Back to Step 2     Submit     Cancel						



Steps	Description						
	If <i>NotSpecified-Not Specified</i> was selected for the Transmission Method, an Attachment Control Number (ACN) must be added in the <b>Control #</b> field. NOTE: If <i>NotSpecified-Not Specified</i> is selected as the Transmission Method, a unique Attachment Control Number (ACN) must be created for each claim. 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.						
	Click the <b>Remove</b> link to remove the entire row	<i>ı</i> .					
	# Transmission Method	File	Control #	Attachment Type	Action		
	<u>1</u> FT-File Transfer	Attachment.pdf (1925K)	20221221142941170516	Admission Summary	<u>Remove</u>		
Step 18	*Control #         *Attachment Type         Description         Add         Cancel         Back to Step 1         Back to Step 2         Submit         Cancel    Any added attachments display in the Attachments section.    • Review the information entered for "Submit Institutional Claim: Step 3" and select Submit.						
	Attachments						
	Click the <b>Remove</b> link to remove the entire rov	ν.					
	# 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>		
	Click to add attachment. Back to Step 1 Back to St	p 2		Submit Cancel			
Step 19	The Portal displays the Conf	irm Institutional Claim p	age.				
	Review all the information entered for this claim. Select the <i>plus</i> (+) and <i>minus</i> (-) to expand and collapse each section. Expand All and Collapse All to expand and collapse all the sections at once At the bottom of the page, select Back to Step 1, 2, or 3 to go back and edit the information entere for this claim.						
	<ul> <li>After reviewing all en images below).</li> </ul>	tered claims data, select	Confirm to confi	rm the claim submissio	on (see		



Steps		Description				
	Confirm Institutional Claim 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.					
		Claim Type Inpatient				
	Provider Information					
	Billing Provider ID	ID Type NPI	Name			
	Taxonomy					
	Institutional Provider ID	ID Туре	Name "			
	Taxonomy Attending Provider ID	ID Turce	Name			
	Taxonomy	ID Туре 🔔	Name "			
	Operating Provider ID	ID Type _	Name			
	Taxonomy					
	Other Operating Provider ID Taxonomy	ID Туре 🔔	Name "			
	Member Information					
	Member ID					
	Member		Gender			
	Birth Date					
	Address					
	Address Line 2					
	City State		Zip Code			
	State		Lip coue			



Steps	Description							
	Claim In	formation						
	Covered DatesAdmission Date/HourAdmission TypeAdmission SourceAdmitting Diagnosis TypeDischarge HourAdmitting DiagnosisType of BillPatient StatusAuthorization Number							
					_			
				Autho				
			-					
	Patient Number							
			signment for claim processing? No					
	Arei	penetits assigned to the provider by	the patient or their authorized No representative?					
	Doe	es the provider have a signed state	ment from the patient releasing No					
			their medical information?	То	tal Charged An	iount \$0.00		
					-		Even	d All J. Colleges All
	Diagnosi	is Codes					Expan	nd All   <u>Collapse All</u>
	Service							
	Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
	1 12	3-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC			01/17/2023	01/20/2023	1.000 Unit	\$0.00
	Attachments +							
	No External Cause of Injury Diagnosis Codes exist for this claim							
	No Patie	ent Reason for Visit Diagnosis Codes	exist for this claim					
	No Othe	r Insurance Details exist for this cla	aim					
	No Cond	lition Codes exist for this claim						
	No Occu	rrence Codes exist for this claim						
	No Value	e Codes exist for this claim						
	No Surgi	ical Procedures exist for this claim						
	Back to Step 1     Back to Step 2     Back to Step 3     Print Preview     Confirm     Cancel							
Ctor 20		rtal returns the Submi	t Home Health Claim:	Confirm	ation na	no (soo ir	nage held	)))))
Step 20	The Portal returns the <b>Submit Home Health Claim: Confirmation</b> page (see image below). NOTE: The Confirmation page displays. ALL Crossover claims go to a PENDING status to verify the				,			
		If the claim has an atta	achment with a not-spe versheet(s) button for th			n method	, then the	Confirmatior
	page has an Attachments Coversheet(s) button for the cover page. NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.				d value is			



Steps	Description			
	Submit Home Health Claim: Confirmation			
	Home Health Claim Receipt			
	Your Home Health Claim was successfully submitted. The claim status is Finalized Payment.			
	The Claim ID is <b>2323025000001</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	02/15/2023	Gainwell	Initial publication
.2	3/01/2023	Gainwell	Updates based on SME review
.3	03/02/2023	Gainwell	Updates based on technical writer review
1	06/02/2023	Gainwell	Updated providers display to show CCO information based on CR1925.