

Job Aid

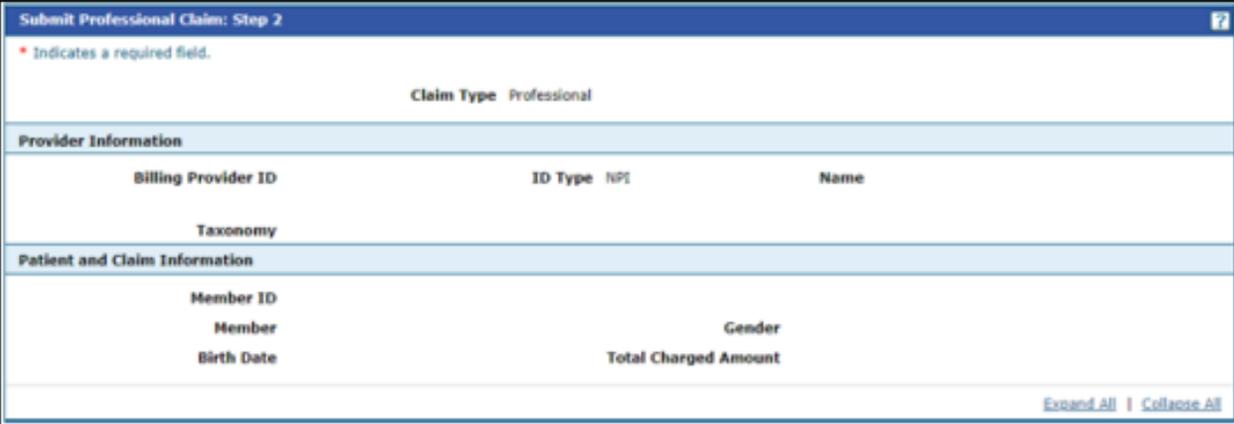
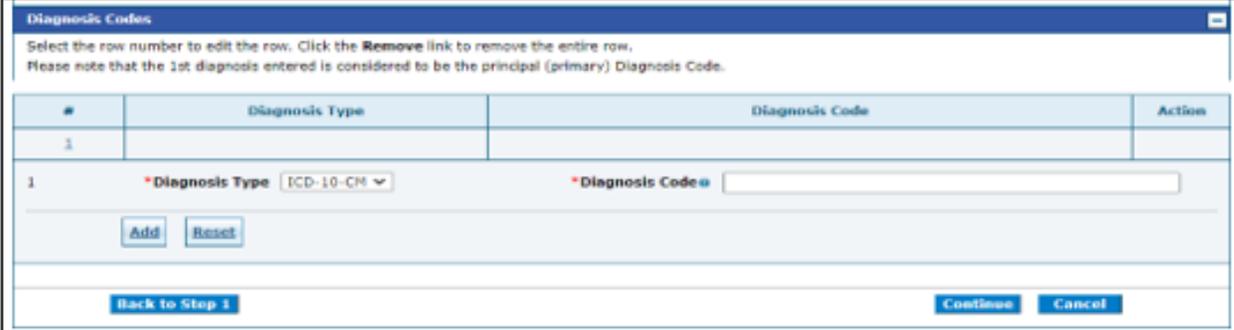
Pharmacy Billing for Medication Therapy Management on a Professional Claim

This job aid provides step-by-step instructions on how a pharmacy provider should submit a professional (medical) claim for medication therapy management services for beneficiaries enrolled in the Elderly and Disabled (E&D) Waiver via the MESA Portal, effective 1/1/2024. Please read thoroughly and follow all directions.

Review the Steps to Submit a Professional 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 Professional 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 Prof. 
Step 3	<p>The Portal displays the "Submit Professional Claim: Step 1" page.</p> <ul style="list-style-type: none"> Select Claim Type Professional.

Steps	Description																
	<p data-bbox="272 184 535 205">Submit Professional Claim: Step 1</p> <p data-bbox="272 216 462 237">* Indicates a required field.</p> <div data-bbox="651 247 1023 289" style="border: 1px solid orange; padding: 2px;"> <p data-bbox="651 258 1023 289">Claim Type Professional</p> </div>																
Step 4	<ul data-bbox="272 338 836 369" style="list-style-type: none"> Complete the Provider Information section. <p data-bbox="272 373 1393 436">NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted.</p> <div data-bbox="259 443 1490 762" style="border: 1px solid gray; padding: 5px;"> <p data-bbox="272 453 440 474">Provider Information</p> <table data-bbox="349 489 1161 751"> <thead> <tr> <th data-bbox="391 489 537 510">Billing Provider ID</th> <th data-bbox="813 489 911 510">ID Type</th> <th data-bbox="1097 489 1146 510">NPI</th> <th data-bbox="1097 489 1146 510">Name</th> </tr> </thead> <tbody> <tr> <td data-bbox="349 541 747 604"> Taxonomy Performing Provider ID <input type="text"/> </td> <td data-bbox="813 573 911 594">ID Type</td> <td data-bbox="878 573 911 594">NPI</td> <td data-bbox="1097 573 1146 594">Name</td> </tr> <tr> <td data-bbox="349 604 747 667"> Taxonomy Referring Provider ID <input type="text"/> </td> <td data-bbox="813 636 911 657">ID Type</td> <td data-bbox="878 636 911 657">NPI</td> <td data-bbox="1097 636 1146 657">Name</td> </tr> <tr> <td data-bbox="349 667 747 751"> Taxonomy Supervising Provider ID <input type="text"/> </td> <td data-bbox="813 699 911 720">ID Type</td> <td data-bbox="878 699 911 720">NPI</td> <td data-bbox="1097 699 1146 720">Name</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy Performing Provider ID <input type="text"/>	ID Type	NPI	Name	Taxonomy Referring Provider ID <input type="text"/>	ID Type	NPI	Name	Taxonomy Supervising Provider ID <input type="text"/>	ID Type	NPI	Name
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Step 5	<ul data-bbox="272 793 889 825" style="list-style-type: none"> Complete the Member Information section. <p data-bbox="272 842 1458 905">NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly.</p> <div data-bbox="259 919 1490 1197" style="border: 1px solid gray; padding: 5px;"> <p data-bbox="272 930 440 951">Member Information</p> <div data-bbox="435 961 1193 1186"> <p data-bbox="435 961 803 1003">* Member ID <input type="text"/></p> <p data-bbox="451 1003 537 1024">Last Name</p> <p data-bbox="451 1024 537 1045">Birth Date</p> <p data-bbox="467 1066 521 1087">Address</p> <p data-bbox="418 1098 537 1119">Address Line 2</p> <p data-bbox="500 1129 521 1150">City</p> <p data-bbox="488 1161 521 1182">State</p> <p data-bbox="976 1003 1062 1024">First Name</p> <p data-bbox="976 1161 1062 1182">Zip Code</p> </div> </div>																
Step 6	<ul data-bbox="272 1224 1284 1297" style="list-style-type: none"> Complete the Claim Information section. Once complete, review the information entered on this page and select Continue. <p data-bbox="272 1302 959 1333">NOTE: Everything with a red asterisk * must be completed.</p> <div data-bbox="259 1339 1490 1848" style="border: 1px solid gray; padding: 5px;"> <p data-bbox="272 1350 418 1371">Claim Information</p> <table data-bbox="402 1381 1239 1476"> <tr> <td data-bbox="451 1381 537 1402">Date Type</td> <td data-bbox="927 1381 1062 1402">Date of Current</td> </tr> <tr> <td data-bbox="402 1413 537 1434">Accident Related</td> <td data-bbox="927 1413 1062 1434">Admission Date</td> </tr> <tr> <td data-bbox="410 1444 797 1465">Patient Number</td> <td data-bbox="886 1444 1182 1465">Authorization Number</td> </tr> </table> <p data-bbox="349 1486 634 1507">*Transport Certification <input type="radio"/> Yes <input type="radio"/> No</p> <p data-bbox="511 1528 954 1549">*Does the provider have a signature on file? <input type="radio"/> Yes <input type="radio"/> No</p> <p data-bbox="391 1560 1154 1581">*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 data-bbox="297 1602 1003 1644">*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 data-bbox="305 1654 954 1696">*Does the provider have a signed statement from the patient releasing their medical information? <input type="radio"/> Yes <input type="radio"/> No</p> <p data-bbox="313 1717 537 1738">Include Other Insurance <input type="checkbox"/></p> <p data-bbox="1125 1717 1352 1738">Total Charged Amount \$0.00</p> <div data-bbox="1182 1791 1377 1822" style="text-align: right;"> <p data-bbox="1182 1791 1279 1822">Continue</p> <p data-bbox="1304 1791 1377 1822">Cancel</p> </div> </div>	Date Type	Date of Current	Accident Related	Admission Date	Patient Number	Authorization Number										
Date Type	Date of Current																
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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"> Review the previously submitted information and scroll down. 
Step 8	<ul style="list-style-type: none"> Enter the Diagnosis Code then select Add. Once complete, review the information entered on this page and select Continue. <p>NOTE: At least one Diagnosis code is required. Additional diagnosis codes should be added if 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 style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">Submit Professional Claim: Step 3 ?</div> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Professional</p> <hr/> <div style="background-color: #D9E1F2; padding: 2px;">Provider Information</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Billing Provider ID</td> <td style="width: 33%;">ID Type NPI</td> <td style="width: 33%;">Name</td> </tr> <tr> <td colspan="3" style="text-align: center;">Taxonomy</td> </tr> </table> <hr/> <div style="background-color: #D9E1F2; padding: 2px;">Patient and Claim Information</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Member ID</td> <td style="width: 33%;">Member</td> <td style="width: 33%;">Gender</td> </tr> <tr> <td>Birth Date</td> <td colspan="2" style="text-align: center;">Total Charged Amount</td> </tr> </table> <p style="text-align: right;">Expand All Collapse All</p> <hr/> <div style="background-color: #0070C0; color: white; padding: 2px;">Diagnosis Codes +</div> <p>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>#</th> <th>Diagnosis Type</th> <th>Diagnosis Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">ICD-10-CH</td> <td style="text-align: center;">R071-CHEST PAIN ON BREATHING</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type NPI	Name	Taxonomy			Member ID	Member	Gender	Birth Date	Total Charged Amount		#	Diagnosis Type	Diagnosis Code	1	ICD-10-CH	R071-CHEST PAIN ON BREATHING
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Step 10

- Fill out the required information for the **Service Details** section.
 - Example 1 shows service for initial visit code (99605) and modifier (U1).
 - Example 2 shows service for follow-up visit code (99606) and modifier (U1).
 - NOTE: The From Date and To Date of service must be the same date. Span dates are not allowed for Medication Therapy Management.
- Once all information has been completed, select **Add**.

Example 1 – Initial visit:

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

Charge Amount *Units *Unit Type EPSDT

Clia Number
 Referring Provider ID ID Type NPI Taxonomy ...
 Performing Provider ID ID Type NPI Taxonomy ...
 Ordering Provider ID ID Type NPI Taxonomy ...

NDCs for Svc. # 1 +

Example 2 – Follow-up visit:

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

Charge Amount *Units *Unit Type EPSDT

Clia Number Authorization Number

Referring Provider ID ID Type NPI Taxonomy

Performing Provider ID ID Type NPI Taxonomy

Ordering Provider ID ID Type NPI Taxonomy

NDCs for Svc. # 1

Add
Reset

Step 11

Review information entered for Step 3 and click Submit.

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to add attachment.					

Submit
Cancel

Step 12

The Portal displays the **Confirm Professional Claim** page.

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.

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.

NOTE: Pharmacy providers must document all medication management services rendered in an Electronic Health Record (EHR) or an eCare plan which are patient specific. This documentation must be easily retrievable upon the request of the Mississippi Division of Medicaid.

Once reviewing the claims information entered has been completed, select **Confirm** to confirm the claim submission.

Confirm Professional 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 Crossover Professional	
Provider Information	
Billing Provider ID	ID Type NPI Name
Taxonomy	
Performing Provider ID _	ID Type _ Name _
Taxonomy _	
Referring Provider ID _	ID Type _ Name _
Taxonomy _	
Supervising Provider ID _	ID Type _ Name _
Taxonomy _	
Member Information	
Member ID	Gender
Member	
Birth Date	
Address	
Address Line 2	
City	
State	Zip Code
Claim Information	
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	
Does the provider have a signature on file? No	
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

Medicare Crossover Details

Allowed Medicare Amount \$0.00	Co-insurance Amount \$0.00
Deductible Amount \$0.00	Psychiatric Services Amount \$0.00
Medicare Payment Amount \$0.00	Medicare Payment Date -
Copay Amount \$0.00	

[Expand All](#) | [Collapse All](#)

Diagnosis Codes

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code
1	ICD-10-CM	R071-CHEST PAIN ON BREATHING

Other Insurance Details

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date
1	Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk'				
2	test	test	test	\$0.00	12/09/2022

Service Details

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Charge Amount
1	12/07/2022	12/08/2022	02		01232		1	1.000 Unit	<input type="checkbox"/>	\$0.00

Attachments

[Back to Step 1](#)
[Back to Step 2](#)
[Back to Step 3](#)
[Print Preview](#)
[Confirm](#)
[Cancel](#)

Step 13

The Portal returns the **Submit Professional Claim: Confirmation** page.

Submit Professional Claim: Confirmation

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Finalized Payment.

The Claim ID is 2224030000002.

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 **Edit** to resubmit the claim.

Click **New** to submit a new claim.

Click **View** to view the details of the submitted claim.

[Print Preview](#)
[Copy](#)
[Edit](#)
[New](#)
[View](#)

Common reasons for a Medication Therapy Management claim to be Finalized Denied:

EOB	EOB Description	Helpful information
1009	The provider is not authorized to perform or provide the service requested.	This EOB posts when procedure codes 99605 or 99606 are submitted by a Pharmacy without modifier U1.
3878	The procedure billed is restricted by a lockin plan.	This EOB posts when procedure codes 99605 modifier U1 or 99606 modifier U1 are billed for a member that is not in the E&D Waiver.
4160	Detail FDOS/TDOS spans more than one day.	This EOB posts when a span date of service (i.e., 1/1/2024 – 1/2/2024) is used on a single claim detail.
5000	This is a duplicate of another claim.	This EOB posts when there is a duplicate claim already paid for the provider.
6096	E&D Medication Therapy Management Service (Procedure Code 99606) limited to 1 per day.	This EOB posts when there is already a paid follow-up visit for this member and date of service by a different provider.
6097	Pharm E&D Medication Tx MGMT SVC LMT 1/SFY	This EOB posts when there is already an initial visit paid for the member and state fiscal year.
6098	E&D Medication Therapy Management Service (Procedure Code 99606) limited to 15 per state fiscal year.	This EOB posts when there are already 15 paid follow-up visits for this member and state fiscal year.
6524	For E&D Waiver, initial code 99605 must be billed prior to the follow-up code 99606.	This EOB posts when no initial visit has been paid for this member and state fiscal year.