

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	Log into the Portal. The Portal Home screen Displays.				
	MISSISSIPPI DIVISION OF 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 Location	Role IDs Taxonomy			
	User Details Welcome Group	MESA	Sign Up to Receive News		
	Manage Accounts	MEDICAID ENTERPRISE SYSTEM ASSISTANCE	Latest News		
	Provider Name Provider ID Location ID Characteristics Member Focusec Search Payment Affiliated Providers 340B Program Information	Welcome Health Care Professional! We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.	 Late Breaking News Provider Bulletins UM/QIO Report Fraud 		
Step 2	 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 is displayed below. Select Submit Claim Prof. Home Eligibility Claims Care Management Patient Health History Files Exchange Resources Contact Us				
	Search Claims Submit Claim Dental		earch Payment History		
Step 3	The Portal displays the "Sub o Select Claim Type F	mit Professional Claim: Step 1" page. Professional.			



Steps	Description			
	Submit Professional Claim: Step 1			
	* Indicates a required field.			
	Claim Type Professional			
Step 4	Complete the Provider Information section.			
	NOTE: Information will already be generated in this section. Complete additional fields if applicable to the claim being submitted.			
	Provider Information			
	Billing Provider ID ID Type NPI Name			
	Тахопоту			
	Performing Provider ID I ID Type NPI Name _			
	Taxonomy _			
	Referring Provider ID ID Type NPI Name			
	Supervising Provider ID Q ID Type NPI Name _			
	Taxonomy _			
Stop 5				
Step 5	Complete the Member Information section.			
	NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section.			
	Verify that the fields populate correctly.			
	Member Information			
	*Member ID			
	Last Name _ First Name			
	Birth Date			
	Address			
	Address Line 2			
	State V Zip Code e			
Step 6	Complete the Claim Information section.			
	 Once complete, review the information entered on this page and select Continue. 			
	NOTE: Everything with a red asterisk * must be completed.			
	Claim Information			
	Date Type V Date of Current 🔒			
	Accident Related Admission Date Admission Date			
	Patient Number Authorization Number			
	*Transport Certification U Yes U No			
	*Does the provider have a signature on file? OvesONo			
	*Does the provider accept assignment for claim processing? Over Over Over Over Over Over Over Over			
	*Are benefits assigned to the provider by the patient or their authorized O YesO No O N/A representative?			
	*Does the provider have a signed statement from the patient releasing O Yes O No their medical information?			
	Include Other Insurance 🗌 Total Charged Amount \$0.00			
	Continue			



Steps			Description		
Step 7	The Portal of entered in S • Review	displays the "Submit Profes Step 1 will be displayed at t the previously submitted ir	sional Claim: Step 2" pag he top of the page in Step formation and scroll dowr	e. The previous information th 2. n.	nat was
	Submit Professional Claim: Step 2			?	
	* Indicates a required field.				
	Claim Type Professional				
	Provider Information				
	Billing Provider ID		ID Type NPI Name	Name	
	Тахопоту				
	Patient and Cla	im Information			
		Member ID Member	Gende	r	
	Birth Date		Total Charged Amoun	t	
				Expand All	Collapse All
•					
Step 8	Enter th	ne Diagnosis Code, then s	elect Add.	and a data (Cantinua	
	Once complete, review the information entered on this page and select Continue .				aim
	Select the row n	es umber to edit the row. Click the Remove link to	o remove the entire row.		-
	Please note that	the 1st diagnosis entered is considered to be the	ne principal (primary) Diagnosis Code.		
	#	Diagnosis Type	Dia	agnosis Code	Action
	1				
	1	*Diagnosis Type ICD-10-CM 🗸	*Diagnosis Code 🛛		
	A	dd Reset			
	Ba	ck to Step 1		Continue Cancel	
Step 9	The Portal of	displays the "Submit Profes	sional Claim: Step 3" pag	e. The previous information the	nat was
	entered in S	Steps 1 and 2 is displayed a	at the top of the page in S	tep 3.	
	Scroll down to view the additional sections on this page.				
	NOTE: Select the plus (+) and minus (-) for each section to expand and collapse.				



Steps	Description					
	Submit Professional Claim: Step 3					
	* Indicates a required field.					
	Claim Type Professional Provider Information					
	Billing Provider	ID	ID Type NPI Name			
	Taxonoi	ny				
	Patient and Claim Information					
	Member	ID				
	Memb	er	Gender			
	Birth Da	ite	lotal Charged Amount			
	Diagnosis Codes			Expand All Collapse All		
	Please note that the 1st diagnosis	entered is considered to be the principal	(primary) Diagnosis Code.	E		
	#	Diagnosis Type	Diagno	osis Code		
	1	ICD-10-CM	R071-CHEST PA	IN ON BREATHING		
	 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 entered, select Add. Example 1 – Initial visit: 					
	Service Details					
	Svc # From Date To Date	Place of Service	Procedure Code	Charge Amount Units Action		
	1					
	1 *From Date 01/01/2024	To Date 0 01/01/2024	*Place of 01-Pharmacy	▼ EMG ▼		
	*Procedure 99605	Modifiers 0 UI	Service			
	Code e			Pointers		
	Charge Amount 85.00	*Units 1.000	*Unit Type Unit V EPSDT			
	Clia Number Referring	Authorization Number	Taxonomy			
	Provider ID					
	Performing Provider ID	ID Type NPI	Faxonomy "			
	Ordering	ID Type NPI	Faxonomy "			
	Provider ID					
	NDCs for Svc. # 1			±		
	Add Reset					
				u		



Steps	Description					
	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 001/30/2024 To Date 001/30/2024 "Place of 01-Pharmacy V EMG V Service					
	*Procedure 99606 Modifiers U1					
	Charge Amount 45.00 *Units 1.000 *Unit Type Unit V EPSDT Clia Number Authorization Number Seferring ID Type NPI Taxonomy					
	Provider ID Performing ID Type NPI Taxonomy _ Provider ID					
	Ordering ID Type NPI Taxonomy Provider ID					
	Add Reset					
Step 11	Review the 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					
	Click to add attachment.					
	Back to Step 1 Back to Step 2 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 Al 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.					
	• Complete the additional required fields for this section and select Add .					
	NOTE: Pharmacy providers must document all medication management services rendered in all 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					
	• After reviewing all data entered, select Confirm to submit the claim.					



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 ID Type _ Performing Provider ID 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 **Zip Code** State Claim Information Date of Current Date Type _ 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 Are benefits assigned to the provider by the patient or their authorized No representative? Does the provider have a signed statement from the patient releasing No their medical information? 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 ICD-10-CM R071-CHEST PAIN ON BREATHING 1 Other Insurance Details -COB Payer Paid Carrier Code Remittance Date # Carrier Name Group # Amount Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk 1 12/09/2022 test \$0.00 2 test test Service Details -Place of Diag Code # From Date To Date EMG Procedure Code Mod Units EPSDT Charge Amount Service Ptrs 1 12/07/2022 12/08/2022 02 01232 1 1.000 Unit \$0.00 Attachm + Confirm Cancel Back to Step 1 Back to Step 2 Back to Step 3 Print Preview



Steps	Description			
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			
	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 lock-in 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.

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	2/5/2023	Gainwell	Initial publication