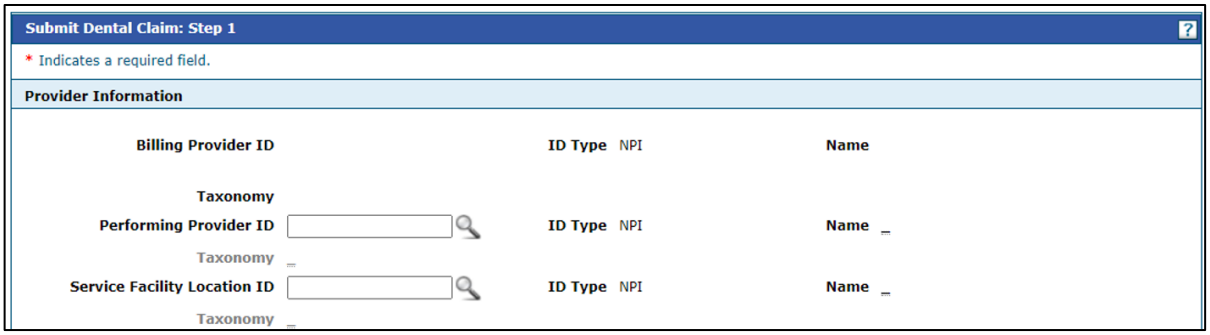
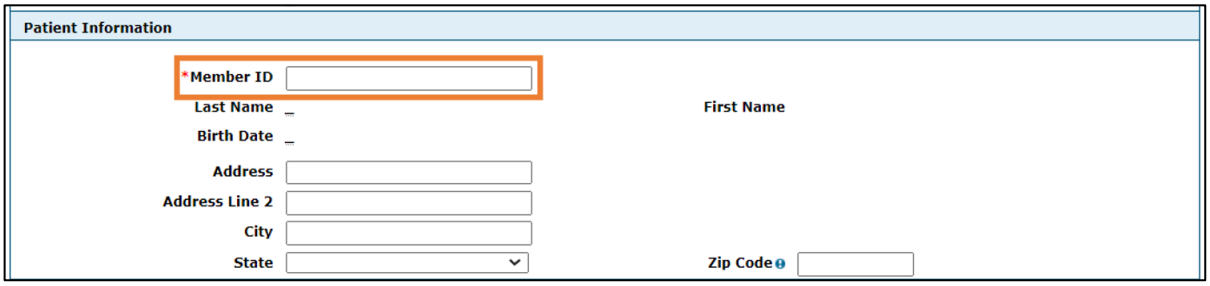
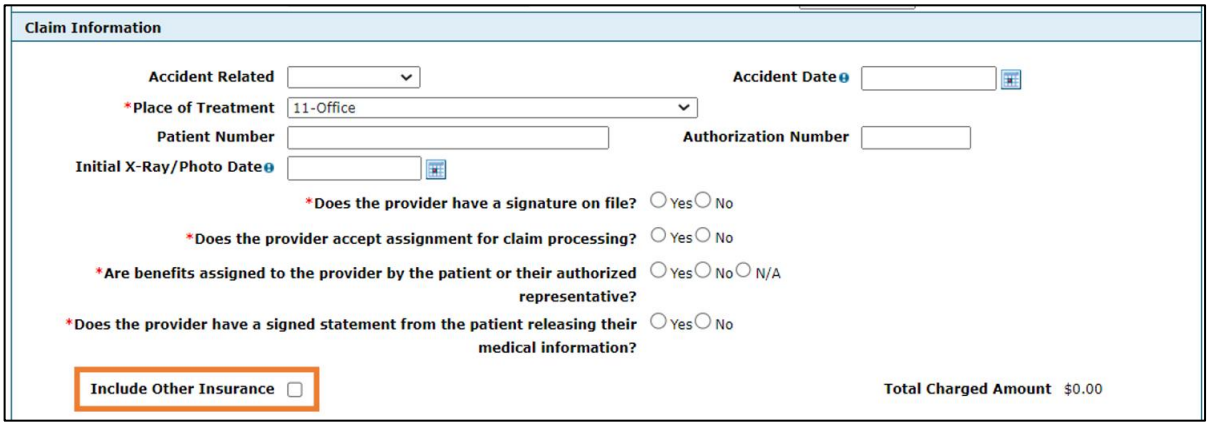
Job Aid

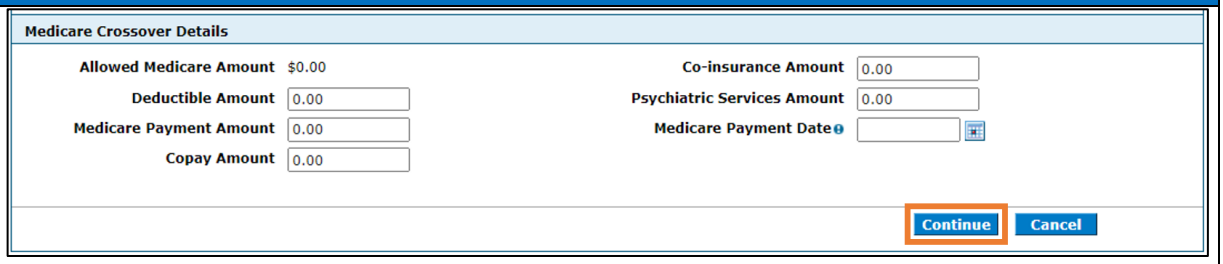
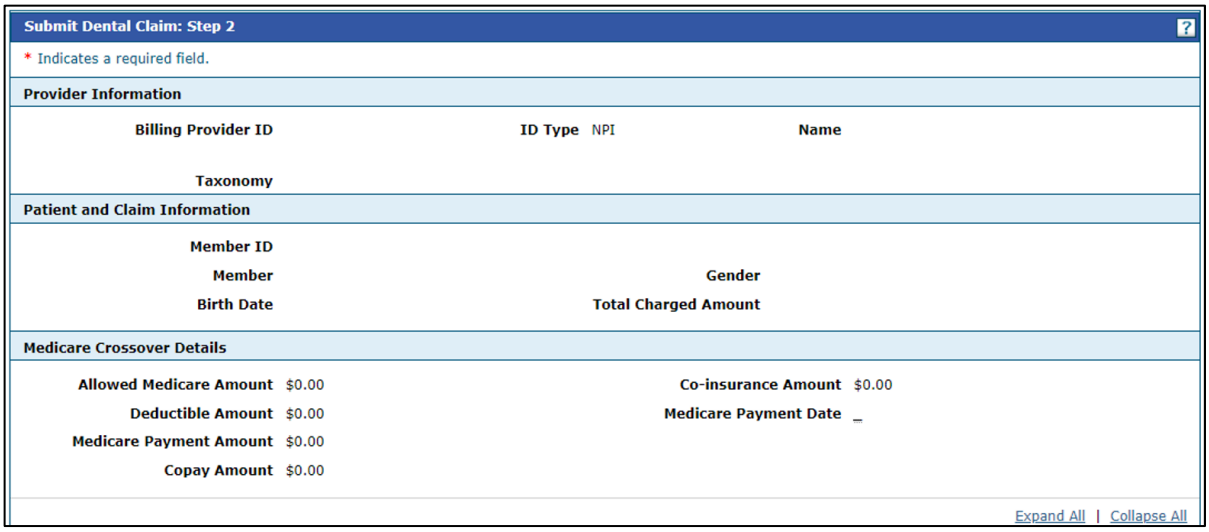
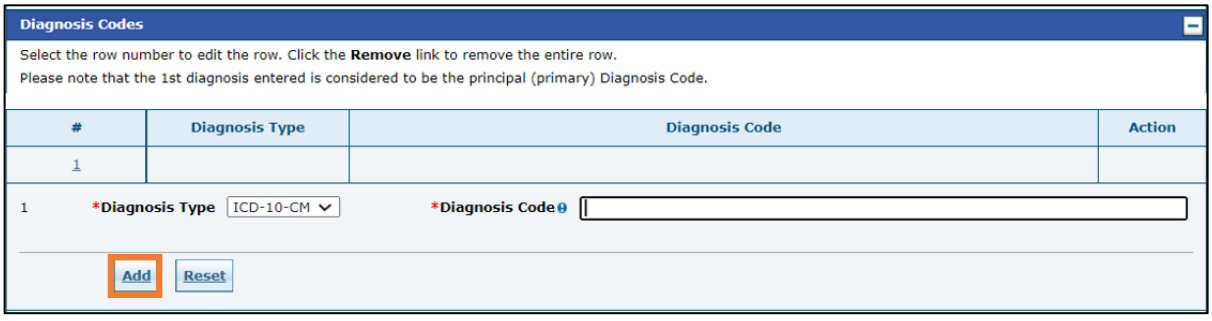
Dental Claim Submission

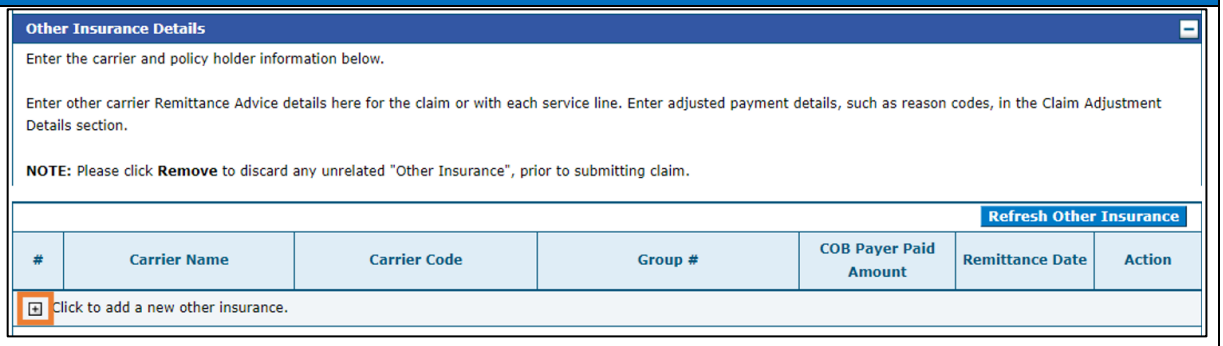
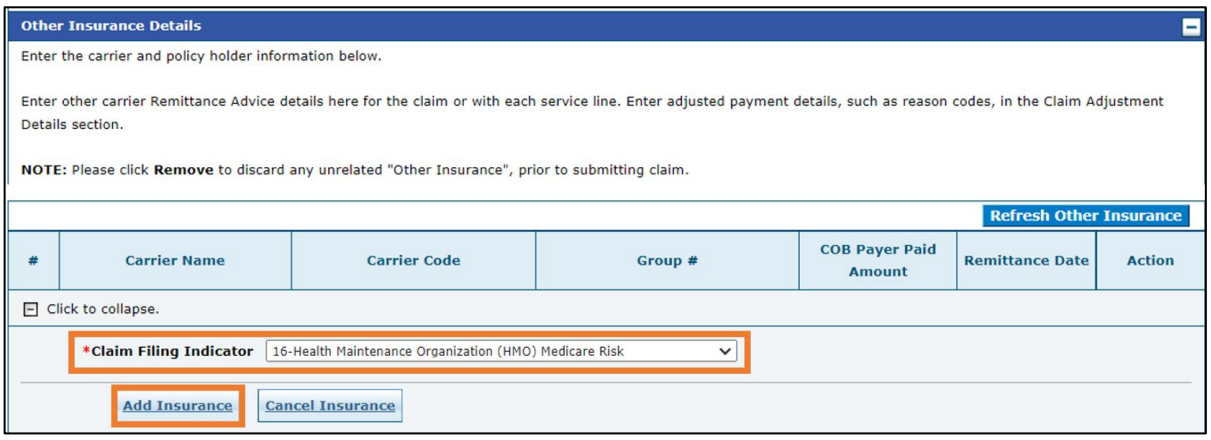
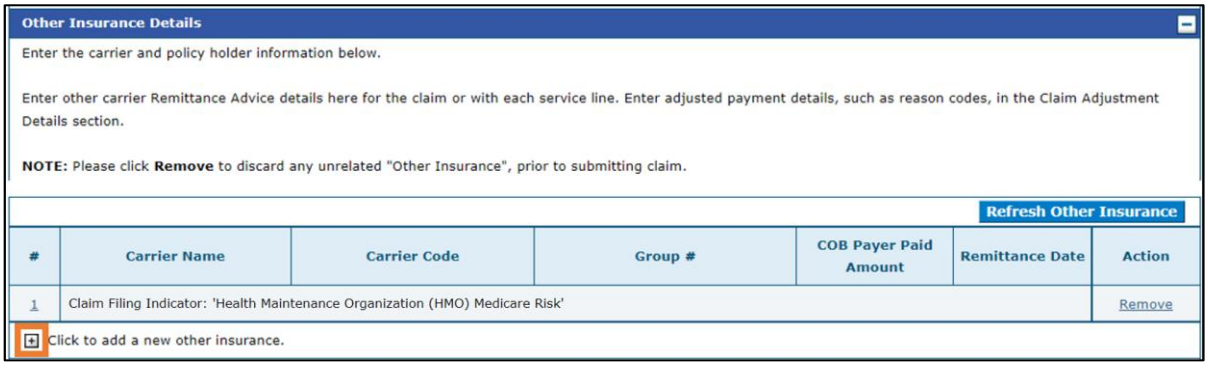
This job aid provides step-by-step instructions on how to submit a Dental Claim in the MESA portal. Please thoroughly read and follow all directions.

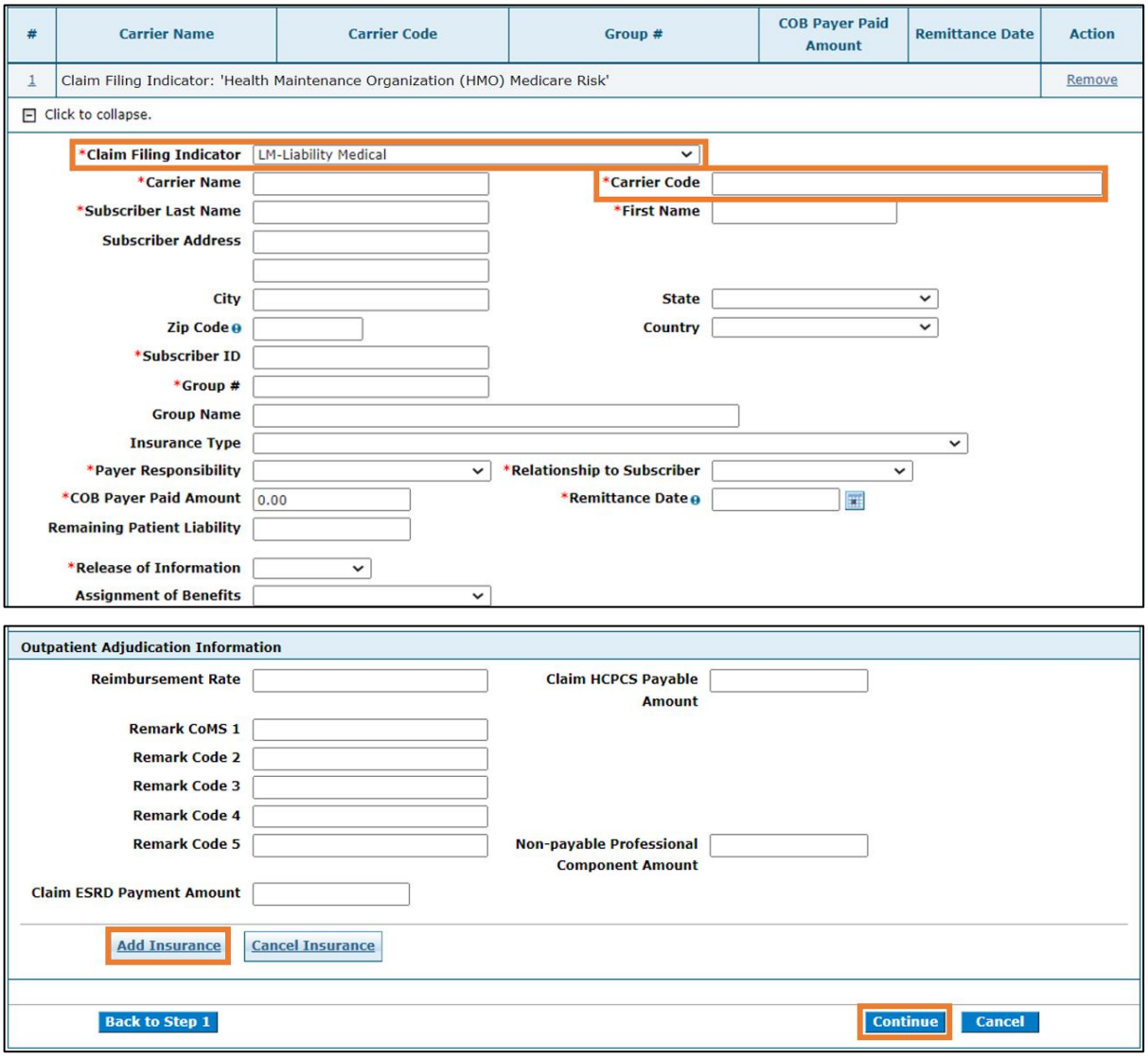
Review the Steps to Submit a Dental Claim

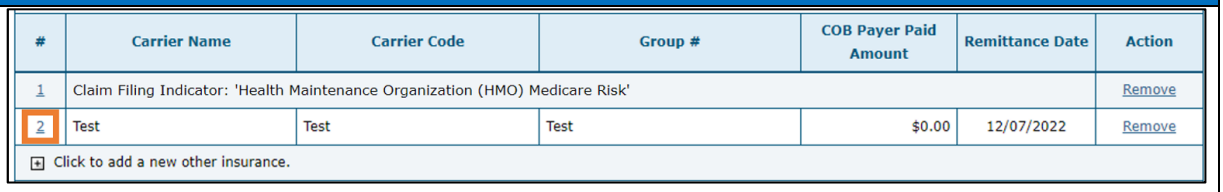
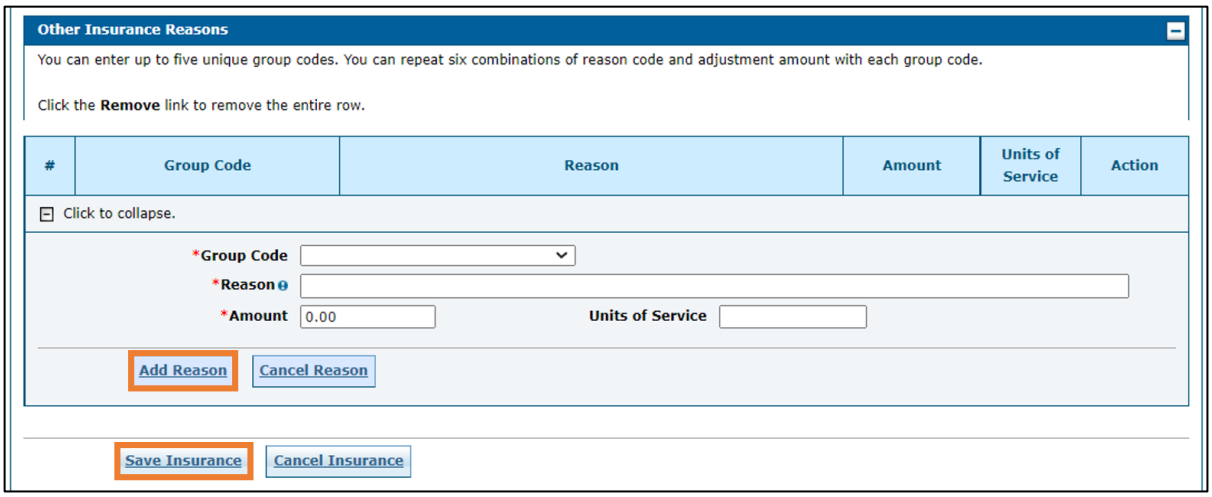
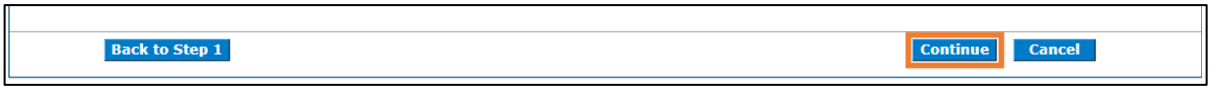
Steps	Description
Step 1	Login to the Portal. The **Portal Home** screen Displays. 
Step 2	The following steps will review how to submit a Dental Claim in MESA: Hover over the **Claims** tab on the menu bar. A list of claim types displays below. ○ Select **Submit Claim Dental.** 
Step 3	The Portal displays the “Submit Dental Claim: Step 1” page. ○ Complete the **Provider Information** section.

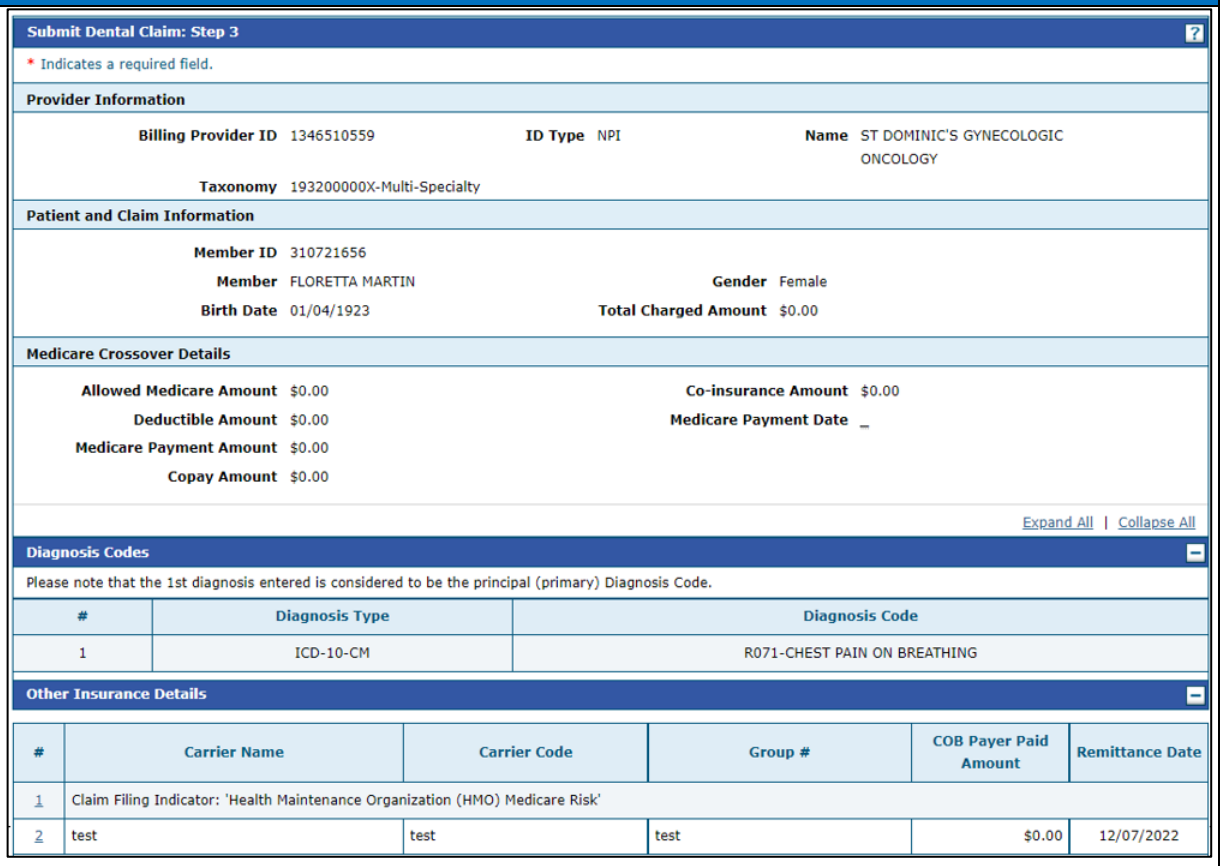
Steps	Description
	NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted. 
Step 4	○ Complete the **Patient Information** section. NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly. 
Step 5	○ Complete the **Claim Information** section. NOTE: The "**Include Other Insurance"** check box is not selected. If the member has other primary insurance check the "Include Other Insurance" box before selecting continue to step 2. NOTE: Everything with a red asterisk * must be completed. 
Step 6	• Important - Complete the **Medicare Crossover Details** section if the claim is supposed to be a crossover Dental Claim. Make sure to check the "Include Other Insurance" box. • Review all sections on the "Submit Dental Claim: Step 1" page. If all the information entered is correct select **Continue** to move on to Step 2.

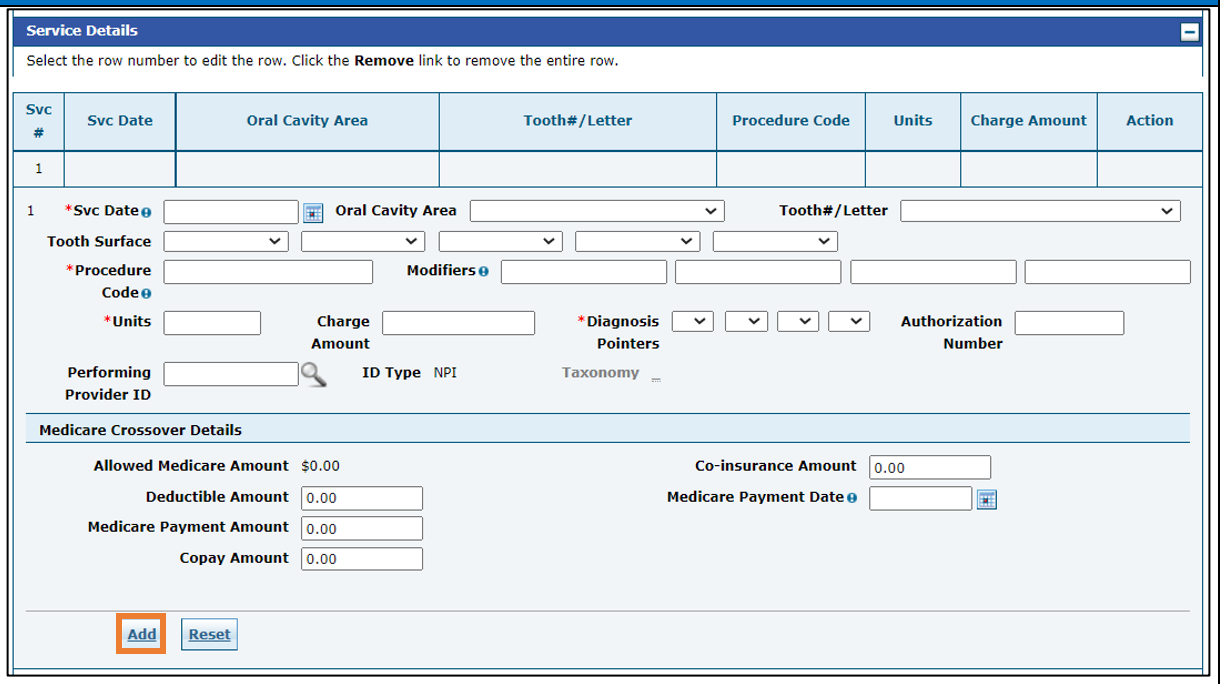
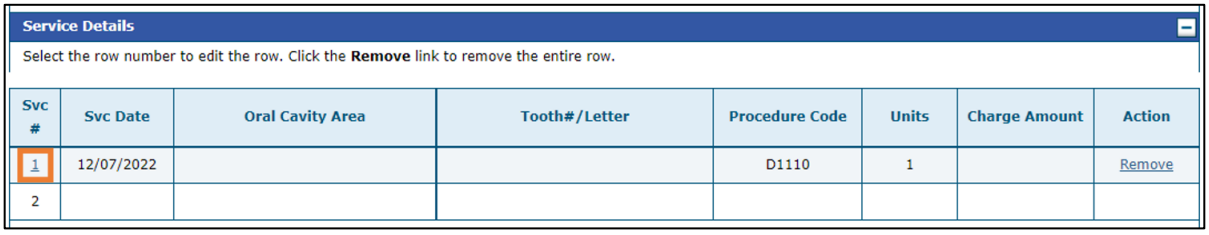
Steps	Description
	
Step 7	The Portal displays the “Submit Dental Claim: Step 2” page. The previous information that was entered in step 1 will display at the top of the page in step 2. ○ Review the previously submitted information and scroll down. 
Step 8	○ Enter the **Diagnosis Code** then select **Add**. NOTE: Everything with a red asterisk * must be complete if the section is applicable to the claim. 
Step 9	**Disclaimer:** If the “Include Other Insurance” checkbox was checked on “Submit Dental Claim: Step 1” then there will be an “Other Insurance Details” section on “Submit Dental Claim: Step 2”. If the Other Insurance box was not checked then skip to Step 15. Scroll down to the **Other Insurance Detail** panel. NOTE: If there is other insurance information already populated that is out of date, select the **Remove** button under the **Action** column. ○ Select the **plus sign** to add any other insurance.

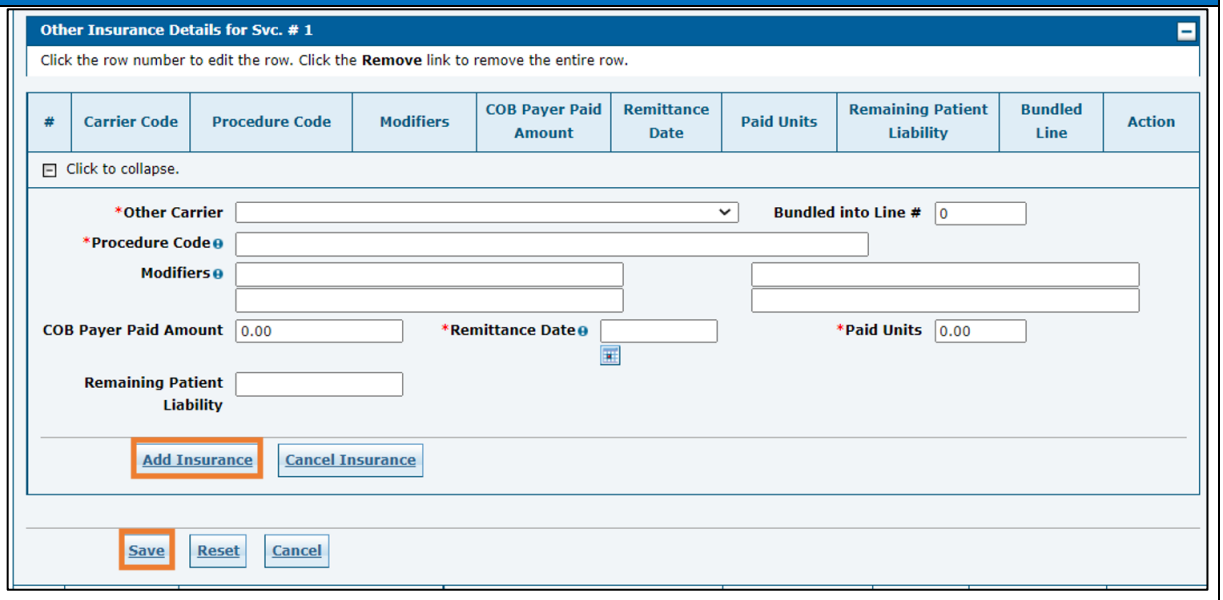
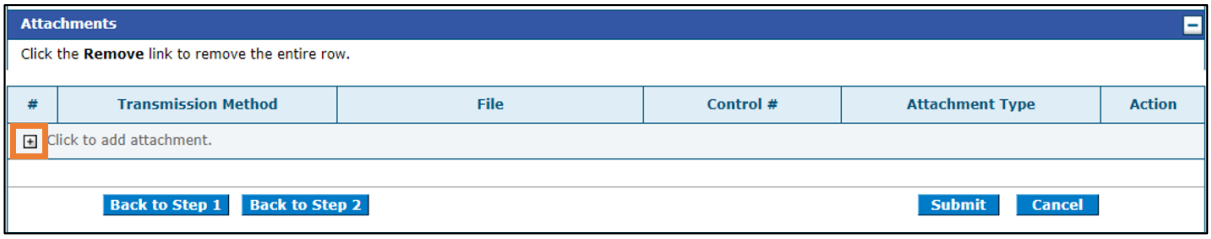
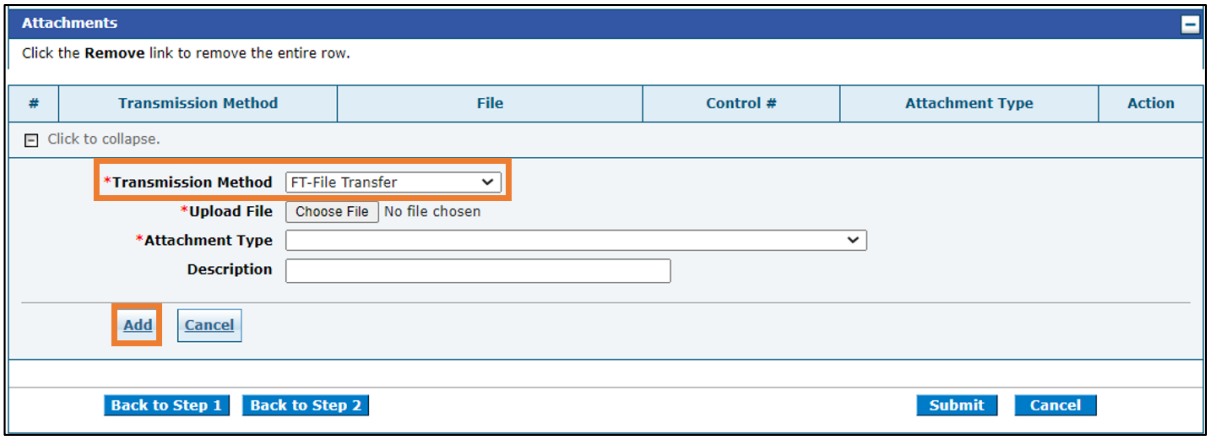
Steps	Description
	
Step 10	The required fields to be completed for the Other Insurance Details section depend on the selection in the **Claim Filing Indicator** dropdown. Select **16 (Medicare Part C)** for the Claim Filing Indicator and the additional fields will not be displayed. Anything selected other than 16 will require additional fields to complete the Other Insurance Details section. NOTE: The Other Insurance Details section **MUST** have a Claim Filing Indicator of 16 (Medicare Part C) when submitting a Dental Claim with Other Insurance. ○ Select 16-Health Maintenance Organization (HMO) Medicare Risk from the **Claim Filing Indicator** dropdown. ○ Select **Add Insurance**. 
Step 11	Other Insurance displays on line #1 for Health Maintenance Organization (HMO) Medicare Risk. ○ Select the **plus sign** to add another Other Insurance. 

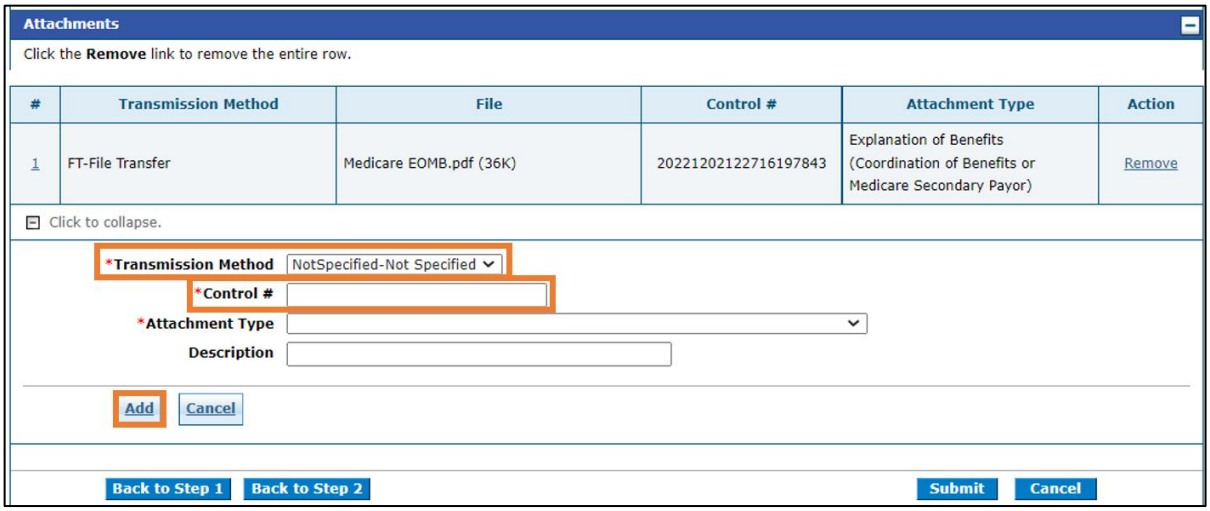
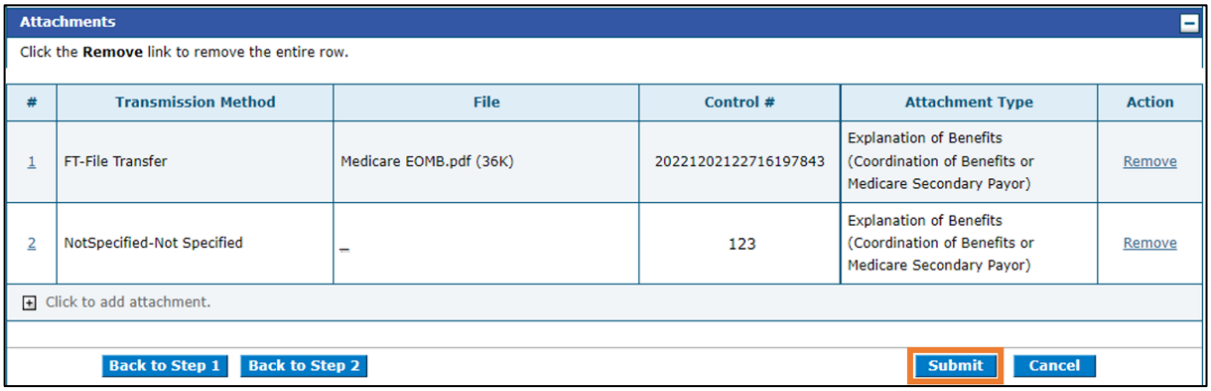
Steps	Description
Step 12	• Select LM-Liability Medical for the **Claim Filing Indicator**. The additional fields display once the selection is made. • Complete the additional other insurance fields that are required. ○ Link to Carrier Codes • Complete the Outpatient Adjudication Information section if applicable. • Once all the information is entered select **Add Insurance**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. 
Step 13	• After the other insurance has been added, select the number 2 hyperlink in the # column to proceed to view the other insurance sub-panel. NOTE: Users can only view the Other Insurance Reasons sub-panel if the Claim Filing Indicator is anything other than 16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B). The user **MUST** click on the number hyperlink after adding insurance to view it.

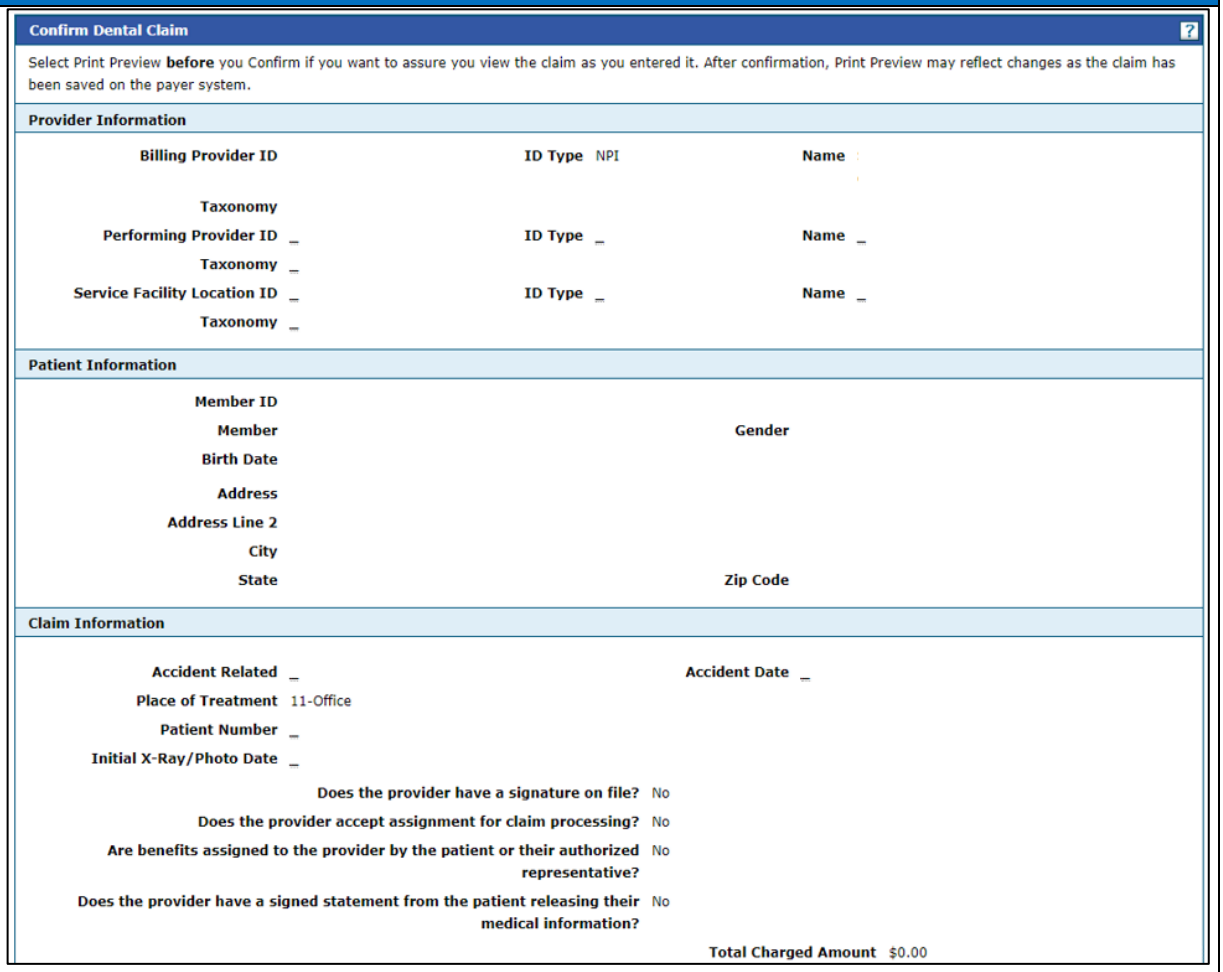
Steps	Description
	
Step 14	Scroll down to the **Other Insurance Reason** section. ○ Fill out the Other Insurance Reasons section and select **Add Reason**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. ○ Once the Other Insurance Reasons are added select **Save Insurance** and move on to the next section. 
Step 15	• Scroll to the bottom of the page and select **Continue**. 
Step 16	The Portal displays the “Submit Dental 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 section to expand and collapse.

Steps	Description
	
Step 17	• Fill out the required information for the **Service Details** section. • Complete the **Medicare Crossover Details** section if applicable. • Once all information has been completed, select **Add**. NOTE: The system requires that the Medicare Crossover Details amounts at the header level (the section completed in Step 1) are balanced against the Medicare Crossover Details amounts at the service line level (the section displayed in Step 2). The amount for each corresponding field should balance out. An **edit** will be displayed when the amounts are not balanced. NOTE: If values are not completed at both the header level and the details level then the system will not try to balance them.

Steps	Description
	
Step 18	• Select the **1 hyperlink** in the Svc # column to view the Other Insurance Details for Svc # 1 section. 
Step 19	If any insurance was added with a Claim Filing Indicator value other than 16, MA, or MB then the “Other Insurance Details for Svc # 1” section will be displayed. If the “Other Insurance Details for Svc # 1” section is displayed then the Other Carrier dropdown will only display the insurance carrier options with Claim Filing Indicator values other than 16, MA, or MB. ○ Complete the required information for the **Other Insurance Details for Svc # 1** section if applicable. ○ Select **Add Insurance** then select **Save** to save the service line detail if the information was added to this section. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.

Steps	Description
	
Step 20	• Select the **plus sign** in the Attachments section to attach a copy of the EOMB. NOTE: It is required to submit the Explanation of Medicare Benefits (EOMB) with all Medicare Crossover claims. For other TPL claims, Explanation of Benefits (EOB) is only required if the claim was denied or paid a $0.00 amount. 
Step 21	• 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**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. 

Steps	Description
	If NotSpecified-Not Specified was selected for the Transmission Method, an Attachment Control Number (ACN) needs to be added in the Control # field. 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 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.** 
Step 22	The attachments display in the Attachments section. ○ Review the information entered for Step 3 and select **Submit**. 
Step 23	The Portal displays the **Confirm Dental 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. To go back and edit the information entered for this claim, select Back to Step 1,2 or 3 at the bottom of the page. ○ Once reviewing the claims information entered has been completed, select Confirm to confirm the claim submission.

Steps	Description
	

Confirm Dental 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.

Provider Information

Billing Provider ID		**ID Type**	NPI	**Name**	
Taxonomy					
Performing Provider ID	_	**ID Type**	_	**Name**	_
Taxonomy	_				
Service Facility Location ID	_	**ID Type**	_	**Name**	_
Taxonomy	_				

Patient Information

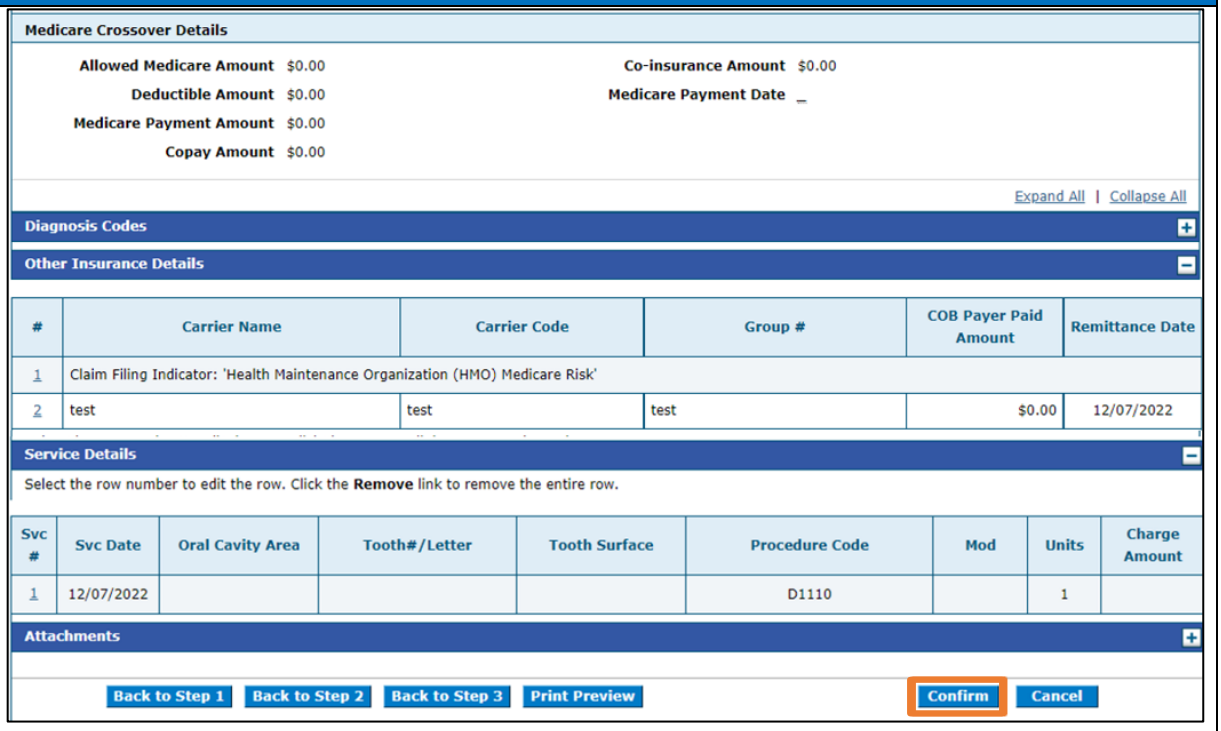
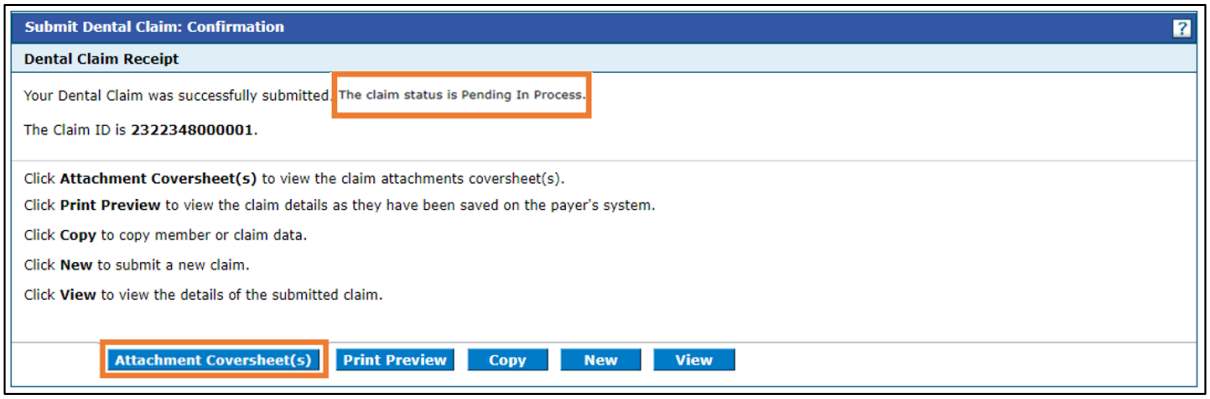
Member ID			
Member		**Gender**	
Birth Date			
Address			
Address Line 2			
City			
State		**Zip Code**	

Claim Information

Accident Related	_	**Accident Date**	_
Place of Treatment	11-Office		
Patient Number	_		
Initial X-Ray/Photo Date	_		

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

Steps	Description
	
Step 24	The Portal returns the **Submit Dental Claim: Confirmation** page. NOTE: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB. 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. NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method. 

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	12/30/2022	Gainwell	Initial publication