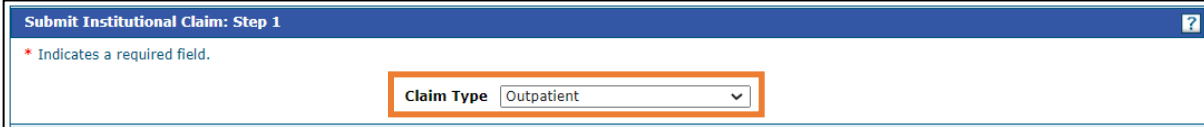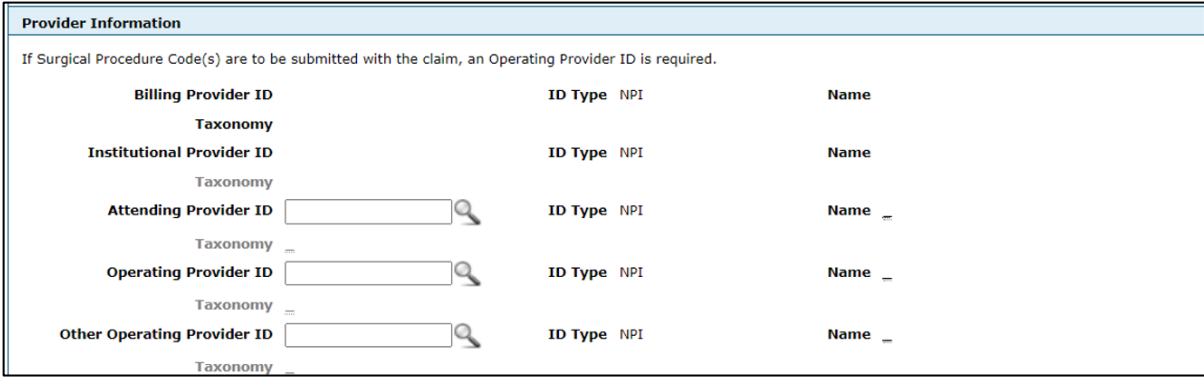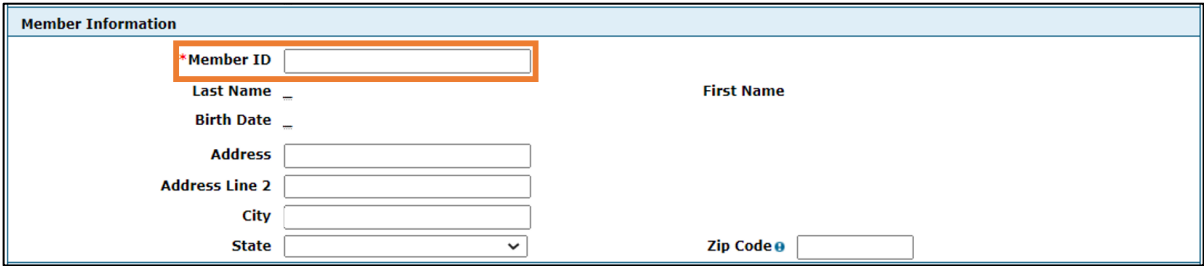# Job Aid

Outpatient Claim Submission

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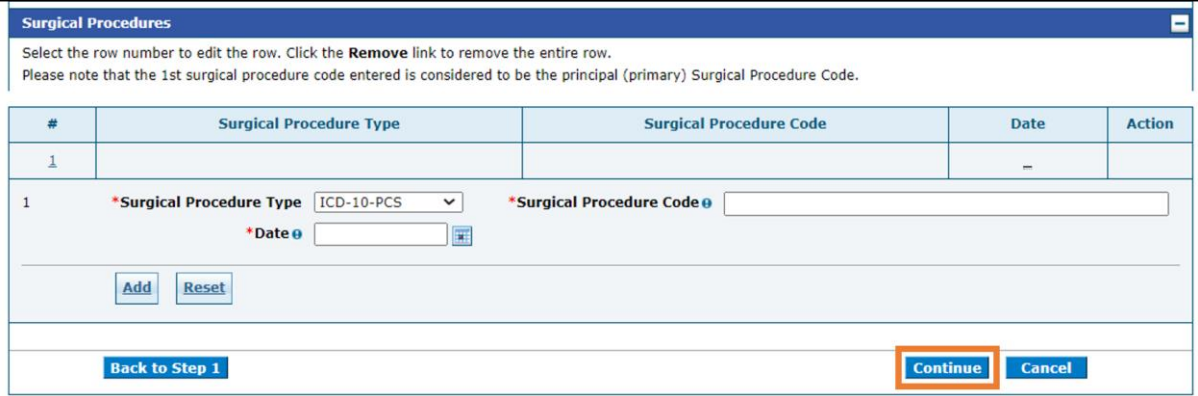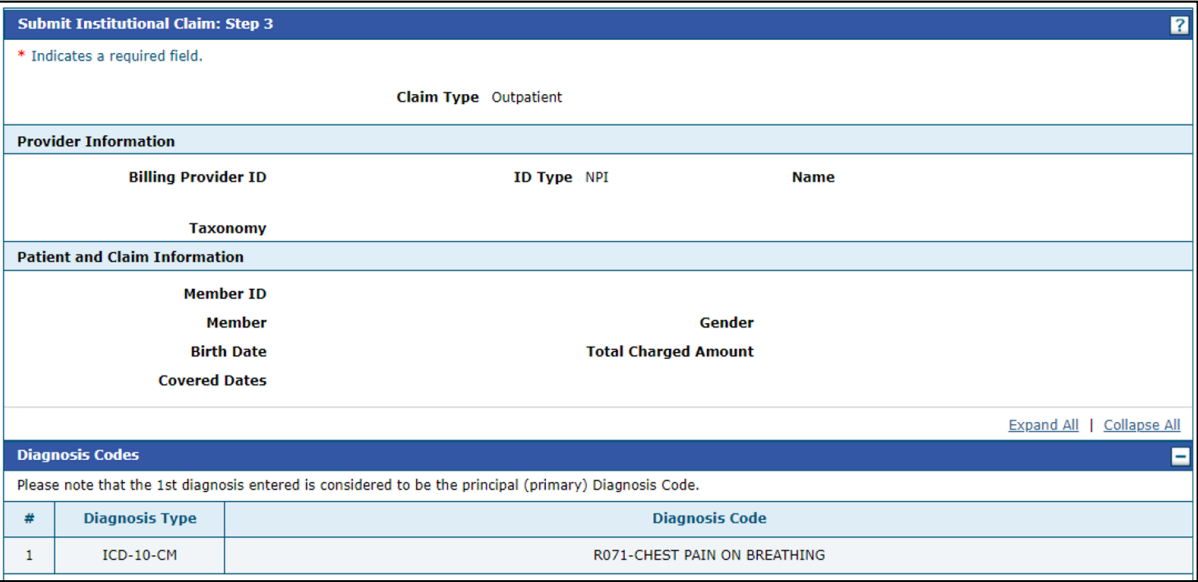
Review the steps to submit an Outpatient Claim

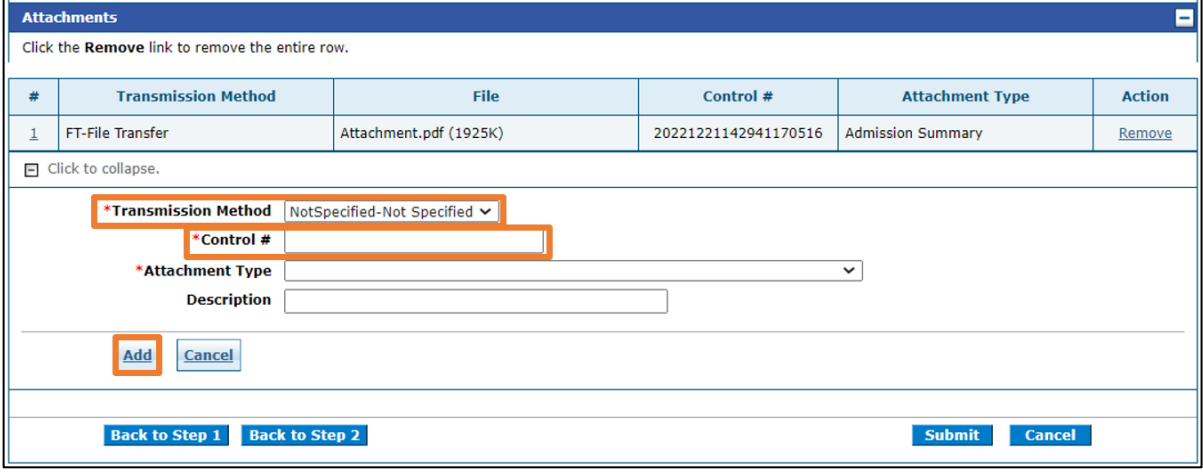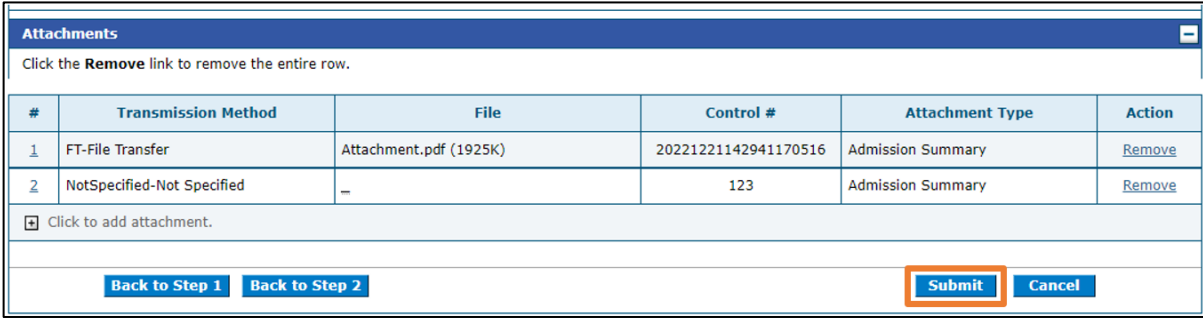| Steps	Description
Step 1	Login to the Portal. The **Portal Home** screen Displays.
Step 2	The following steps will review how to submit an Outpatient Claim in MESA: Hover over the **Claims** tab on the menu bar. A list of claim types displays below. Select **Submit Claim Inst**.

Steps	Description
Step 3	The Portal displays the "Submit Institutional Claim: Step 1" page. • Select **Claim Type** Outpatient. **Submit Institutional Claim: Step 1** * Indicates a required field. Claim Type [Outpatient ▾]
Step 4	• Complete the **Provider Information** 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 [ ] — ID Type NPI — Name _ Taxonomy _ Operating Provider ID [ ] — ID Type NPI — Name _ Taxonomy _ Other Operating Provider ID [ ] — ID Type NPI — Name _ Taxonomy _
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 the fields populate correctly. **Member Information** *Member ID [ ] Last Name _ — First Name Birth Date _ Address [ ] Address Line 2 [ ] City [ ] State [▾] — Zip Code ❶ [ ]
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.

Steps	Description
	Claim Information *Covered Dates ⓘ [____] 🗓 - [____] 🗓 Admission Date/Hour ⓘ [____] 🗓 - [____] (hh:mm) Discharge Hour ⓘ [____] (hh:mm) Admission Type ⓘ [____] Admission Source ⓘ [____] Admitting Diagnosis Type [ICD-10-CM ∨] Admitting Diagnosis ⓘ [____] 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**] [**Cancel**]
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 Outpatient **Provider Information** Billing Provider ID ID Type NPI Name Taxonomy **Patient and Claim Information** Member ID Member Gender Birth Date Total Charged Amount Covered Dates Expand All | Collapse All
Step 8	• Enter the **Diagnosis Code** then select **Add**. • Once complete review the information entered on this page and select **Continue.** NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. **Diagnosis Codes** [−] Select the row number to edit the row. Click the **Remove** link to remove the entire row. Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. | # | Diagnosis Type | Diagnosis Code | Action | | 1 | | | | 1 *Diagnosis Type [ICD-10-CM ∨] *Diagnosis Code ⓘ [____] [Add] [Reset]
Step 9	• Enter the **External Cause of Injury Diagnosis Code** if applicable then click **Add**.

Steps	Description
	NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.
	External Cause of Injury Diagnosis Codes — Select the row number to edit the row. Click the **Remove** link to remove the entire row.
	# / Diagnosis Type / External Cause of Injury Diagnosis Code / Action. Row 1. *Diagnosis Type [ICD-10-CM ˅] *External Cause of Injury Diagnosis Code. Add Reset
Step 10	• Enter the **Condition Codes** information if applicable then click **Add**. NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim. **Condition Codes** — Click the **Remove** link to remove the entire row. # / Condition Code / Action. Row 1. *Condition Code. Add Reset
Step 11	• Enter the **Occurrence Codes** information if applicable then click **Add**. NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim. **Occurrence Codes** — Select the row number to edit the row. Click the **Remove** link to remove the entire row. # / Occurrence Code / From Date / To Date / Action. Row 1. *Occurrence Code *From Date *To Date. Add Reset
Step 12	• Enter the **Value Codes** information if applicable then click **Add**. NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim. **Value Codes** — Select the row number to edit the row. Click the **Remove** link to remove the entire row. # / Value Code / Amount / Action. Row 1. *Value Code *Amount. Add Reset
Step 13	• Enter the **Surgical Procedures** information if applicable then click **Add**. NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.

Steps	Description
	• Review all sections on Submit Institutional Claim: Step 2 page. If all the information is correct click **Continue** to move on to Step 3.
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 section to expand and collapse.
Step 15	• Fill out the required information for the **Service Details** section. ○ Complete the **NDCs for Svc. #1** panel if applicable. • Once all information has been completed, select **Add**.

Steps	Description
Step 16	• Select the **plus sign** in the Attachments section to submit an attachment with the claim.
Step 17	• 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) must 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 Explanation of Medicaid Benefits (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 18	The attachments display in the Attachments section. • Review the information entered for Step 3 and select **Submit**.
Step 19	The Portal displays the **Confirm Institutional 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. • Once reviewing the claims information entered has been completed, select **Confirm** to confirm the claim submission.

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 Outpatient

Provider Information

Billing Provider ID	**ID Type** NPI	**Name**
Taxonomy		
Institutional Provider ID _	**ID Type** _	**Name** _
Taxonomy _		
Attending Provider ID _	**ID Type** _	**Name** _
Taxonomy _		
Operating Provider ID _	**ID Type** _	**Name** _
Taxonomy _		
Other Operating Provider ID _	**ID Type** _	**Name** _
Taxonomy _		

Member Information

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

Claim Information

Covered Dates 12/01/2022 - 12/03/2022	**Admission Date/Hour** _ - _
Admission Type _	**Admission Source** _
Admitting Diagnosis Type _	**Discharge Hour** _
Admitting Diagnosis _	**Type of Bill** 124-Hosp Inpt-Mcr Part B
Patient Status _	**Authorization Number** _
Patient Number _	
Does the provider accept assignment for claim processing? No	
Are benefits assigned to the provider by the patient or their authorized No	

Steps	Description
	Does the provider have a signed statement from the patient releasing their medical information? **No** **Total Charged Amount** $0.00 Expand All | Collapse All **Diagnosis Codes** ➕ **Service Details** ➖ <table><tr><th>Svc #</th><th>Revenue Code</th><th>HCPCS/Proc Code</th><th>Mod</th><th>From Date</th><th>To Date</th><th>Units/Type</th><th>Charge Amount</th></tr><tr><td>1</td><td>123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC</td><td></td><td></td><td>12/01/2022</td><td>12/01/2022</td><td>1.000 Unit</td><td>$0.00</td></tr></table> **Attachments** ➕ No External Cause of Injury Diagnosis Codes exist for this claim No Patient Reason for Visit Diagnosis Codes exist for this claim No Other Insurance Details exist for this claim No Condition Codes exist for this claim No Occurrence Codes exist for this claim No Value Codes exist for this claim No Surgical Procedures exist for this claim [Back to Step 1] [Back to Step 2] [Back to Step 3] [Print Preview] **[Confirm]** [Cancel]
Step 20	The Portal returns the **Submit Outpatient 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. **Submit Outpatient Claim: Confirmation** ❓ **Outpatient Claim Receipt** Your Outpatient Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is **2322362000001**. 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	2/15/2023	Gainwell	Initial publication
1.1	6/2/2023	Gainwell	Updated providers display to show CCO information based on CR1925.