MISSISSIPPI DIVISION OF MEDICAID

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.
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**.
Step 3	The Portal displays the “Submit Professional Claim: Step 1” page. ○ Select **Claim Type** Professional.

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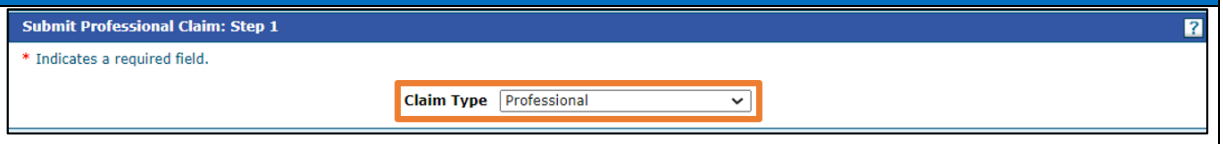
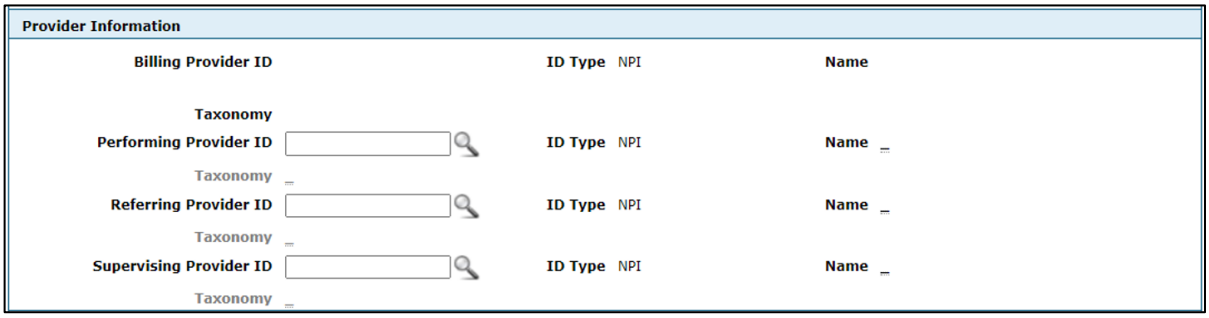
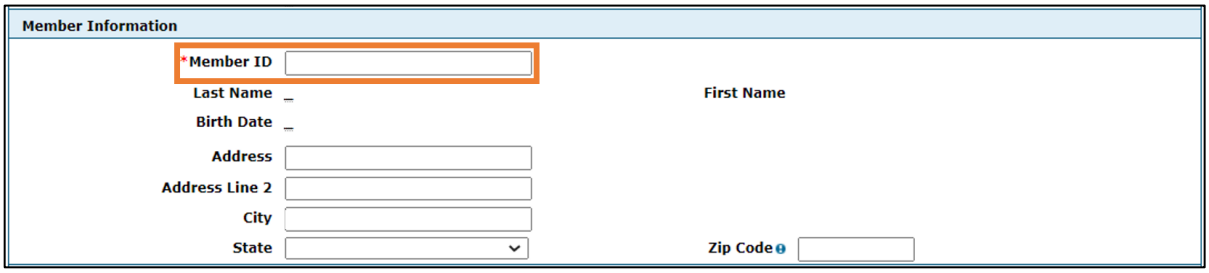
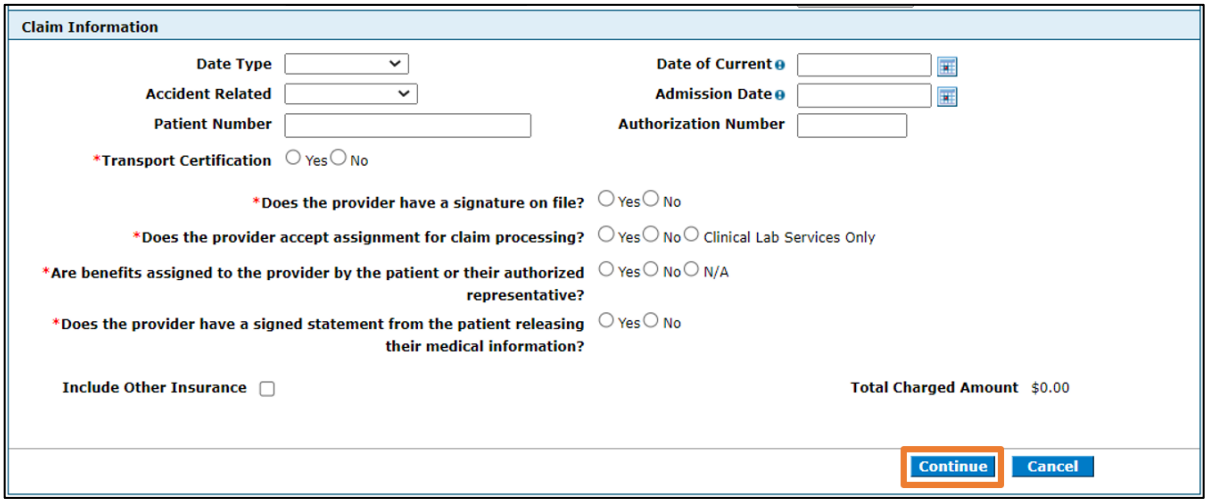
Steps	Description
	
Step 4	• Complete the **Provider Information** section. NOTE: Information will already be generated in this section. Complete additional fields if applicable to the claim being submitted. 
Step 5	• Complete the **Member Information** section. NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify that the fields populate correctly. 
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. 

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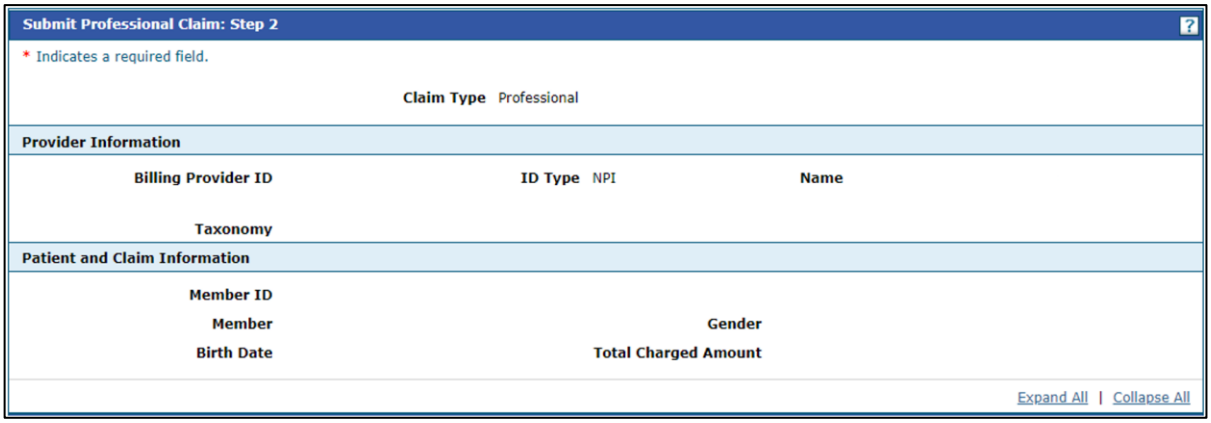
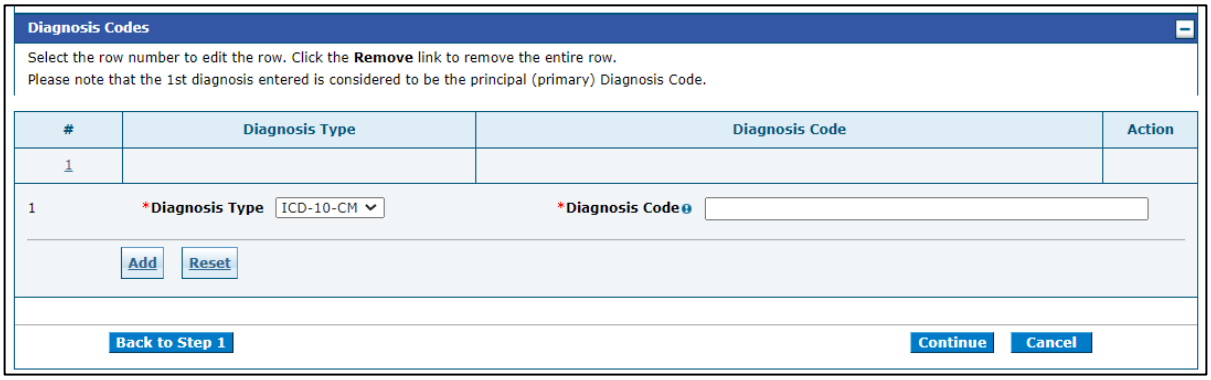
Steps	Description
Step 7	The Portal displays the “Submit Professional Claim: Step 2” page. The previous information that was entered in Step 1 will be displayed at the top of the page in Step 2. • Review the previously submitted information and scroll down. 
Step 8	• Enter the **Diagnosis Code,** then select **Add**. • 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. 
Step 9	The Portal displays the “Submit Professional Claim: Step 3” page. The previous information that was entered in Steps 1 and 2 is displayed at the top of the page in 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.

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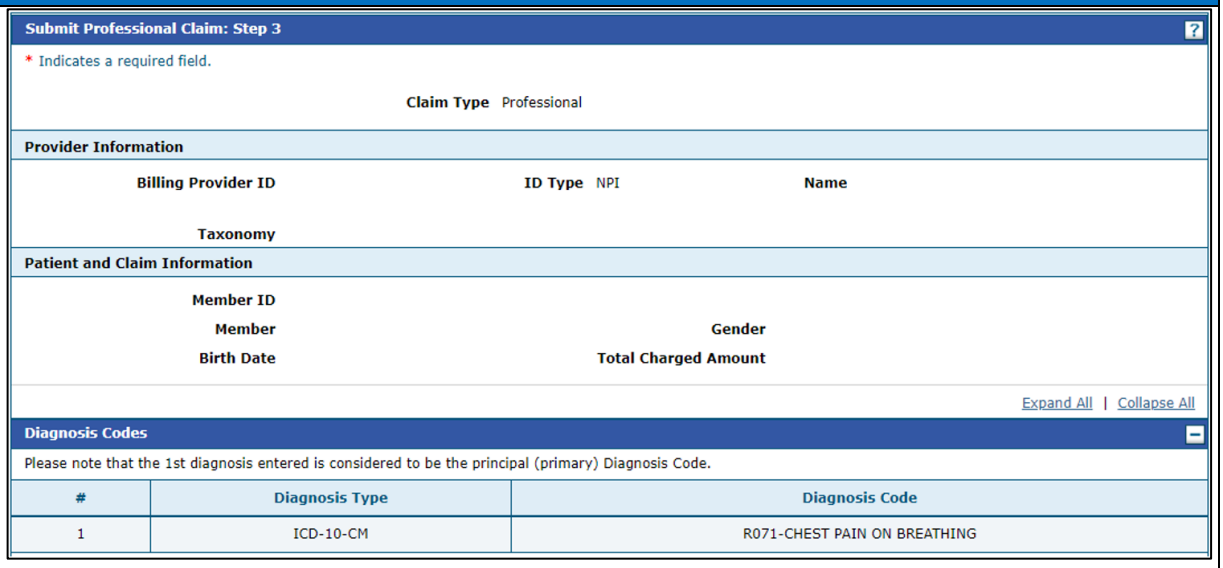
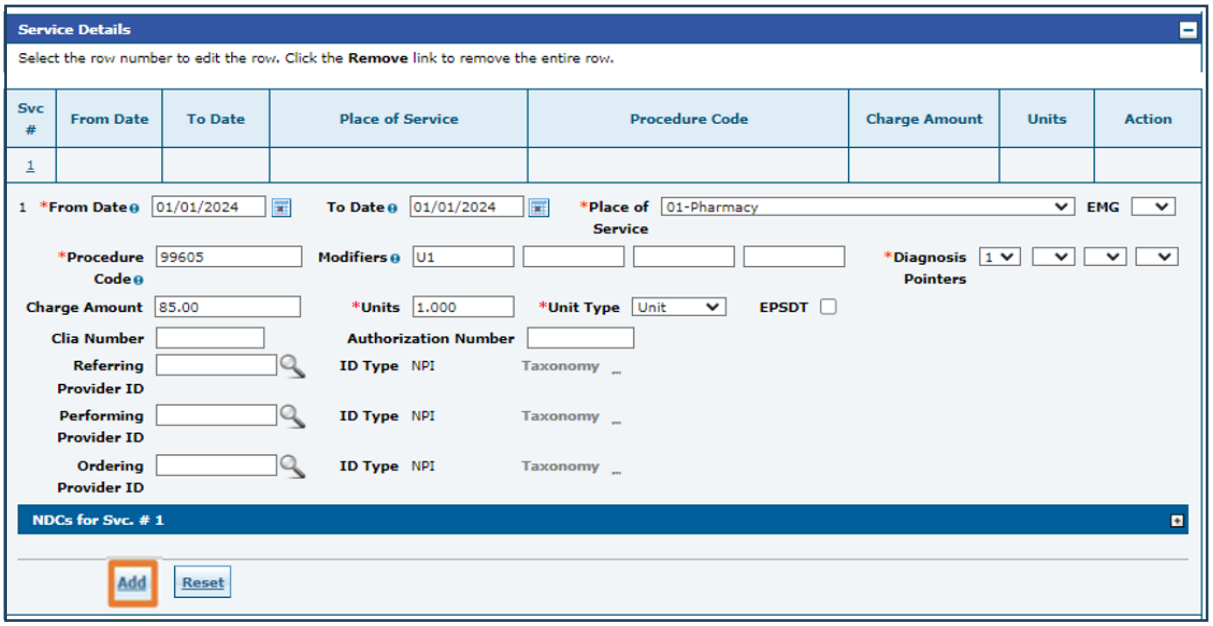
Steps	Description
	

Step 10	• Fill out the required information for the **Service Details** section.
	  ○ Example 1 shows service for the initial visit code (99605) and modifier (U1).
	  ○ Example 2 shows service for the 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 entered, select **Add**.
	
	Example 1 – Initial visit:
	 

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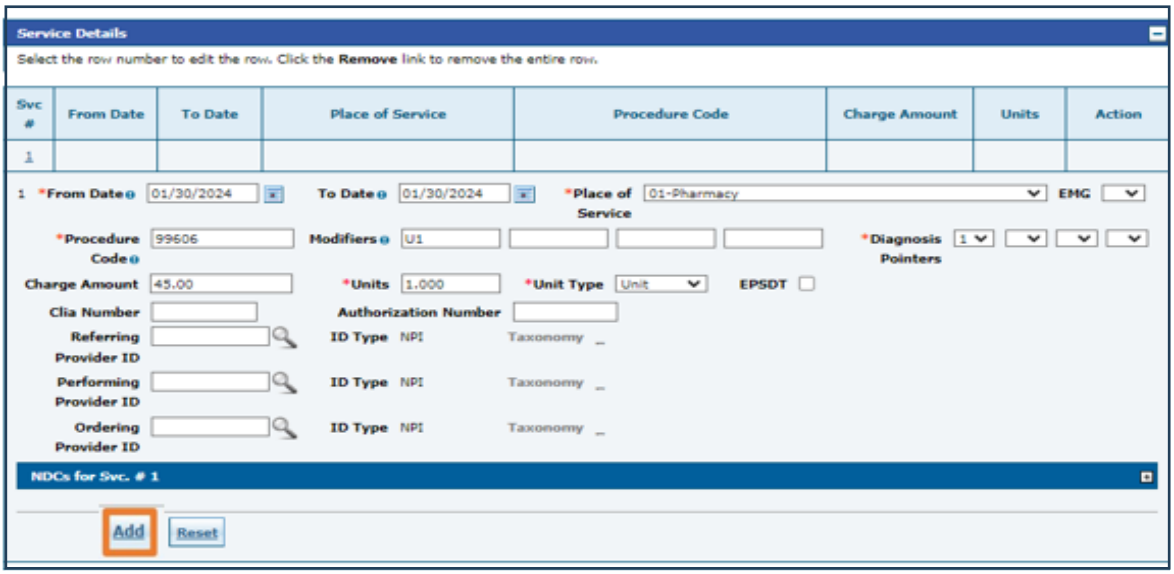
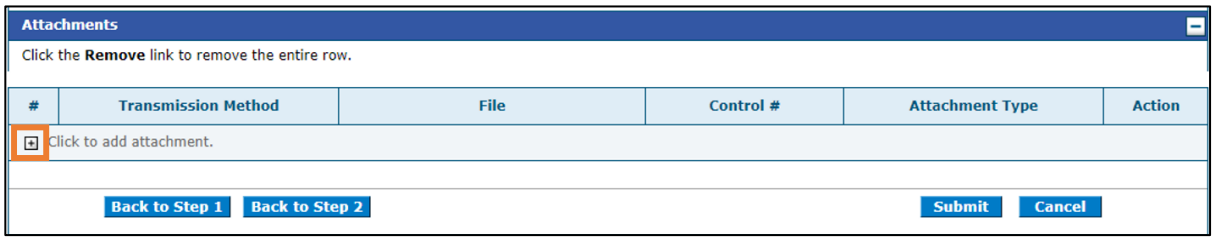
Steps	Description
	Example 2 – Follow-up visit: 
Step 11	• Review the information entered for Step 3 and click Submit. 
Step 12	The Portal displays the **Confirm Professional Claim** page. • Review all the information entered for this claim. • Select the plus (+) and minus (-) to expand and collapse 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. • Complete the additional required fields for this section and select **Add**. **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. • After reviewing all data entered, select **Confirm** to submit the claim.

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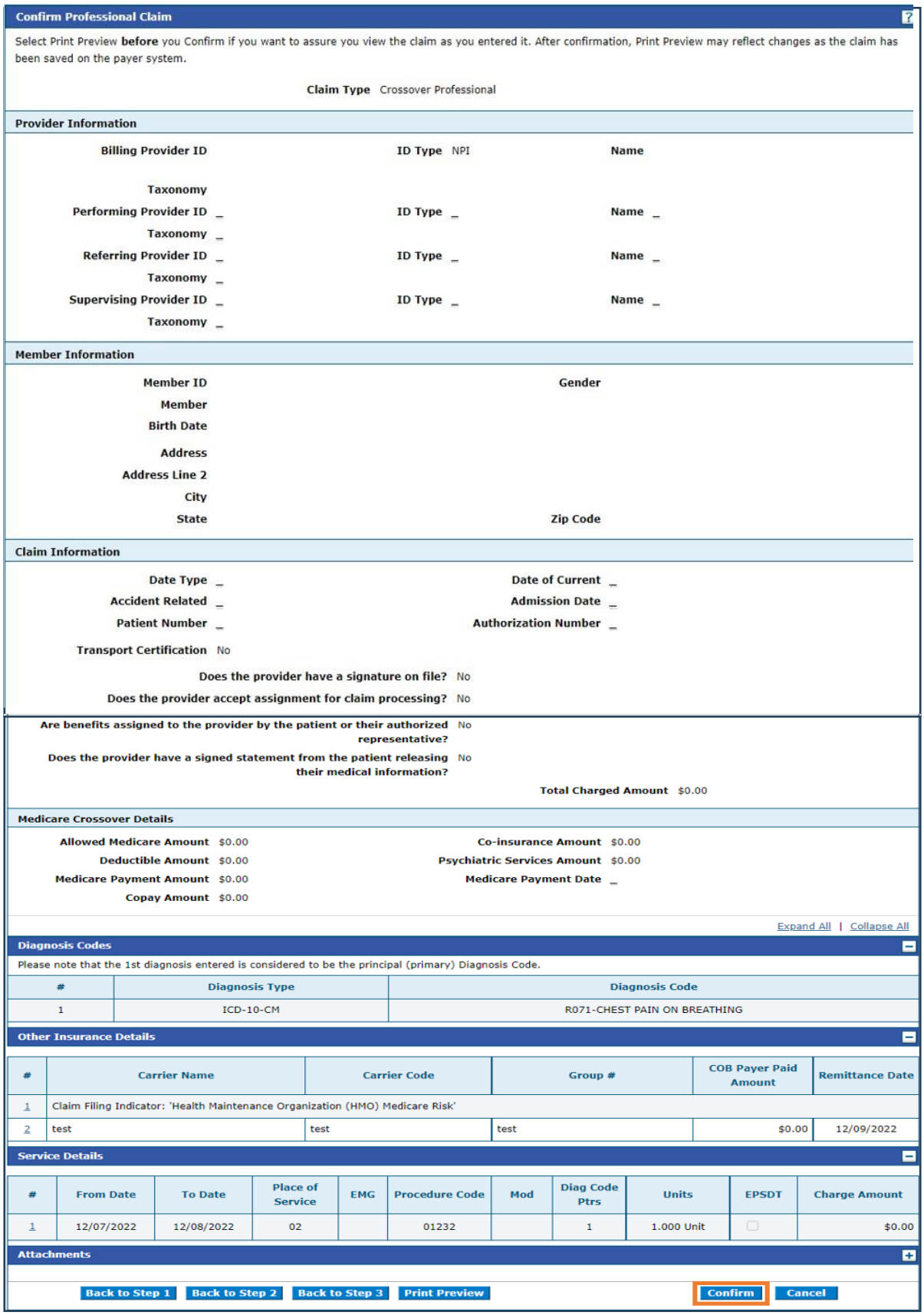

Confirm Professional Claim

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
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	☐	$0.00

Attachments

Back to Step 1 | Back to Step 2 | Back to Step 3 | Print Preview | Confirm | Cancel

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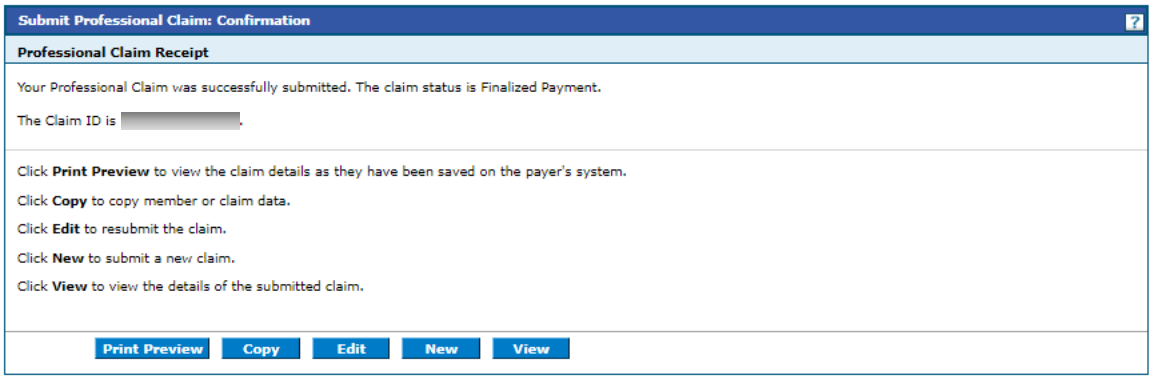
Steps	Description
Step 13	The Portal returns the **Submit Professional Claim: Confirmation** page. 

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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.

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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

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