



Local Public Health Departments

MO HealthNet 101

MO HealthNet Division
Education & Training
Amanda Fahrendorf

Purpose

- Fee-for Services vs. Managed Care
- eMOMED path to MHD Resources
- Provider Information Page
- Eligibility/Spend Down
- Provider Manual Overview
- eMOMED Overview

Fee-For-Service or Managed Care

MO HealthNet assigns individuals to either the Fee-For-Service (FFS) program or a Managed Care Health Plan depending on eligibility criteria.



Fee-For-Service

Serves:

- Senior (age 65 and older)
- Person with a disability
- Blind or visually impaired adult
- Woman (under age 65) with breast or cervical cancer



Managed Care

Serves:

- Pregnant woman including her newborn
- Child (birth to age 18)
- Parent with children in the home
- Adult (age 19-64) without a disability

Managed Care

Participants enrolled in MO HealthNet Managed Care receive their services through the health plan's provider network. The health plan network may include providers not enrolled in the FFS Program.

Listed here are the different MO HealthNet Managed Care Health Plans. Each health plan provides services in every county in Missouri.

All MO HealthNet Managed Care Health Plans are required to offer the same services and benefits.




home state health

- 855-694-4663



Healthy Blue

- 833-388-1407

Show Me Healthy Kids 

- 877-236-1020



UnitedHealthcare®

- 866-292-0359

MO HealthNet benefits differ based on how the participant qualifies for MO HealthNet.

Based on their eligibility, all participants are assigned a Medicaid Eligibility (ME) Code.

ME Codes specify what MO HealthNet benefits a participant may be qualify to receive.

Specific ME Code descriptions can be found in the [Medicaid Eligibility Codes Resource](#).

MEDICAID ELIGIBILITY CODES

Adult MO HealthNet participants in Medicaid Eligibility (ME) categories for Aid to the Blind or pregnant women programs receive a full comprehensive benefit package which includes primary, acute and preventive care, hospital care, dental, prescriptions, and vision. All other adult participants receive a limited benefit package of services depending on their ME category.

For more information on ME Codes, review your specific [program manual](#). For more information on benefits and limitations, review the [Benefit Tables](#).

Full Comprehensive Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
03	Aid to the Blind	45	Pregnant Woman—Poverty
12	MO HealthNet Aid to the Blind	61	MO HealthNet for Pregnant Women—Health Initiative Fund
18	MO HealthNet for Pregnant Women	95	Show-Me Healthy Babies Pregnant Women income above 201% and up to 305%
43	Pregnant Woman—Post Partum (MO HealthNet for Families criteria)	96	SMHB Unborn Child with income 0 to 305% FPL
44	Pregnant Woman—Post Partum—Poverty	98	SMHB Post-Partum
Limited Benefit Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
01	Old Age Assistance	58	Presumptive Eligibility (Subsidized)
02	Blind Pension (State Funded)	59	Presumptive Eligibility (Non-Subsidized) (State Funded)
04	Permanently and Totally Disabled	80	Extended Women’s Health Services (State Funded)
05	MO HealthNet for Families—Adult	81	Temporary Assignment Category
E2	Adult Expansion Group	82	Missouri Rx (Medicare Part D wrap-around benefits)
11	MO HealthNet—Old Age Assistance	83	Breast or Cervical Cancer Control Project—Presumptive
13	MO HealthNet—Permanently and Totally Disabled	84	Breast or Cervical Cancer Control Project—Regular
14	Supplemental Nursing Care—Old Age Assistance	85	Ticket to Work Health Assurance—Premium
15	Supplemental Nursing Care – Aid to the Blind	86	Ticket to Work Health Assurance—Non-Premium
16	Supplemental Nursing Care—Permanently and Totally Disabled	89	Uninsured Women’s Health Services (State Funded)
55	Qualified Medicare Beneficiary (QMB)		
Full Comprehensive Package for MO HealthNet Kids			
ME Code	Description	ME Code	Description
06	MO HealthNet for Families—Child	56	Adoption Subsidy—Title IV-E
07	Foster Care—Title IV-E	57	Child Welfare Services—Foster Care—Adoption Subsidy (State Funded)

July 2024

The [MO HealthNet Provider Information](#) page is your hub for Medicaid information and resources.

This page can be found on the [MHD website](#) or in [eMOMED](#).

In eMOMED, select Provider Information under the External Links header.



The [MO HealthNet Provider Information Page](#) provides the following information:

- [MO HealthNet News](#)
- [Provider Manuals](#)
- [Claims & Billing](#)
- [Fee Schedules & Rate Lists](#)
- [Pharmacy](#)
- [Education & Training Resources](#)
- [Forms](#)
- [Provider Enrollment](#)
- MO HealthNet Program Pages
- Managed Care Plan Contact Info
- And more!

Providers should utilize all these resources together.



The screenshot shows the MO HealthNet Provider Information Page. At the top, there is a navigation bar with the DSS logo (Missouri Department of Social Services) and links for DSS, mo.gov, Governor Parson, Find an Agency, and Online Services. A search bar and a language dropdown menu (set to English) are also present. Below the navigation bar, there are tabs for About, Divisions, Services, Providers, and Contact Us. The main content area features a large green banner with the text "Provider Information" and a background image of a hand holding a pill. Below the banner, there is a section titled "Welcome MO HealthNet Providers" with a grid of eight resource cards:

 MO HealthNet News Provider Bulletins, Hot Tips, & News	 Provider Manuals Provider manuals for all programs	 Claims & Billing Processing & payment information	 Fee Schedules & Rates Current fee schedules & rate lists
 Pharmacy PDL & clinical edit information	 Education & Training Education & training resources	 Forms Forms for MO HealthNet providers	 Enroll with MO HealthNet Become a MO HealthNet provider

Program Pages

The [Provider Information](#) page has a link to program pages where you can find all of the resources for each program.

MO HealthNet Programs

Learn more about MO HealthNet programs by viewing Provider Manuals, Bulletins, Hot Tips, trainings, and more. You can also visit our [MO HealthNet News](#) page to view information for all programs.

- 1115 Demonstration Waivers
- 1915(C) Home & Community Based Waivers
- Ambulance
- [Ambulatory Surgical Center](#)
- Behavioral Health Services
- Behavioral Health Adult Targeted Case Management
- Behavioral Health Youth Targeted Case Management
- Certified Community Behavioral Health Clinics / Organizations
- Community Psychiatric Rehabilitation Program
- Comprehensive Day Rehabilitation
- Comprehensive Substance Treatment & Rehabilitation
- Dental
- Durable Medical Equipment
- Electronic Visit Verification
- Environmental Lead Assessment
- Exceptions
- Healthy Children & Youth
- Hearing Aid
- Hepatitis C Treatment
- Home Health
- Hospice
- Hospital
- Laboratory
- Maternal and Infant Health
- Medicare/Medicaid Claims Processing
- Non-Emergency Medical Transportation
- Nurse Midwife
- Nursing Home
- Optical
- Personal Care
- Pharmacy
- Physician
- Primary Care Health Home Initiative
- Private Duty Nursing
- Program of All-Inclusive Care for the Elderly
- Rehabilitation Centers
- Radiology
- Rural Health Clinic
- School District Administrative Claiming
- School-Based IEP Direct Services Cost Settlement
- School-Based IEP Specialized Transportation
- Show Me Home (Money Follows the Person)
- Targeted Case Management for IDD
- Telemedicine
- Therapy
- Transplant



Stay Informed

The [MO HealthNet News](#) page allows you to search 10 years of Provider Bulletins, Hot Tips and Newsletters by date, type, program, or keyword.

[Sign Up](#) and Stay Connected!

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Subscription Type

Email Address *

MO HealthNet News

Search the table below for Provider Bulletins, Hot Tips, and Newsletters. To get important updates via email, subscribe to MO HealthNet News ^{of}.

Date Type

Program

Search Keywords

Date	Volume Number	Subject	Type	Program
05/06/2024	Vol. 46-57	Private Duty Nursing Multiple Agency Selection	Bulletins	AIDS Waiver, Medically Fragile Adult Waiver, Private Duty Nursing
05/02/2024	Vol. 46-56	OPR Requirements for School-Based IEP Direct Service	Bulletins	School-Based IEP Direct Services Cost Settlement
04/30/2024		Physicians & Clinics Billing and Policy Workshop for MHD Providers	Hot Tips	Physician, Rural Health Clinic
04/30/2024		MO Medicaid Audit & Compliance New Toll-Free Number	Hot Tips	All MO HealthNet Providers
04/29/2024		Outpatient Observation Billing	Hot Tips	Hospital
04/25/2024	Vol. 45-55	Private Duty Nursing Prior Authorization Flexibility	Bulletins	AIDS Waiver, Medically Fragile Adult Waiver, Private Duty Nursing
04/25/2024		Claims Processing Schedule for Fiscal Year 2025	Hot Tips	All MO HealthNet Providers

Provider Bulletins & Hot Tips

Provider Bulletins are published by MHD to:

- Notify providers of new or updated policies
- Clarifies existing policies
- Advises of important program information, rate changes, and new/changed procedure codes

Hot Tips are published by MHD to assist providers with:

- Billing questions
- Clarify existing policies and processes
- Provider Resources

04/30/2024

Physicians & Clinics Billing and Policy Workshop for MHD Providers

MO HealthNet **Education and Training** is hosting an in-person Physicians & Clinics Billing and Policy Workshop in Jefferson City. Providers and staff that work for Physicians, Clinics, Chiropractors, FQHCs, Local Public Health Departments, and Rural Health Clinics will have the opportunity to participate in an interactive presentation with all three Managed Care Health Plans, Missouri Medicaid Audit and Compliance, and the MO HealthNet Division (MHD) regarding billing practices, policy, investigations and audits, and available resources.



Provider Bulletin

Volume 46 Number 30

<http://dss.mo.gov/mhd/>

November 29, 2023

Vaccines for Children (VFC)

Applies to: VFC Providers

Effective date: October 2, 2023

- VFC Information
- Coverage of VFC Vaccine Administration for Beyfortus
- VFC Coverage Information
- Outpatient Billing for VFC Vaccine Administration

VFC Information

Through the VFC program, federally provided vaccines are available at no cost to public and private providers for eligible children ages 0 through 18 years of age. MO HealthNet providers must participate in the VFC program administered by the Missouri Department of Health and Senior Services (DHSS) and must use the free vaccine when administering vaccines to qualified MO HealthNet eligible children in order to bill the MO HealthNet Division (MHD) for the administration of the vaccine. For more information regarding the specific guidelines of the VFC program contact the following:

Bureau of Immunizations
MO Department of Health and Senior Services
PO Box 570
Jefferson City, MO 65102-0570
(800) 219-3224 or (573) 751-6124
Email: immunization@health.mo.gov

Keyword Tip: For Hot Tips, the search will look for the keyword within the content of the post. For Bulletins, it will only search the title.

Provider Manuals

The [General Sections Provider Manual](#) applies to all MO HealthNet Fee-For-Service (FFS) programs.

The [Physician Manual](#) covers:

- Reimbursement Methodology
- Benefits and Limitations
- Special Documentation Requirements
- Billing Instructions
- Diagnosis Codes
- Procedure Codes

There is also a link to our Managed Care Provider Manuals on the [Provider Manuals](#) page.



The screenshot shows a webpage titled "Provider Manuals" with a teal background. The page is organized into three main sections: "Managed Care Providers", "General Manual Sections", and "Provider Manuals". Each section contains a brief description and a list of links to specific manuals.

Managed Care Providers

The MO HealthNet Managed Care health plans have additional flexibilities in operating their programs, such as determining which services require prior authorization, and details for claims submission. Please be aware that certain services, such as pharmacy, are "carved out" of Managed Care and will be paid through the Fee-For-Service program. Please visit the individual health plan website to view their manuals.

- [Home State Health](#) | [Show Me Healthy Kids](#) | [Healthy Blue](#) | [United Healthcare](#)

General Manual Sections

The information in the general sections apply to all MO HealthNet Fee-For-Service programs.

- [General Sections Manual](#)

Provider Manuals

<ul style="list-style-type: none">• AIDS Waiver• Adult Day Care Waiver• Aged & Disabled Waiver• Ambulance• Ambulatory Surgical Center• Behavioral Health Adult Targeted Case Management• Behavioral Health Services• Behavioral Health Youth Targeted Case Management• Certified Community Behavioral Health Clinics / Organizations Manual• Community Psychiatric Rehabilitation• Comprehensive Day Rehabilitation• Comprehensive Substance Treatment and Rehabilitation	<ul style="list-style-type: none">• Home Health• Hospice• Hospital• Medicare / Medicaid Claims Processing• Medically Fragile Adult Waiver• Non-Emergency Medical Transportation• Nurse Midwife• Nursing Home• Optical• Personal Care• Pharmacy• Physician
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Claims & Billing

The [Claims & Billing](#) page lists a variety of resources helpful to providers when billing, including:

- [Claims Processing and Payment Schedule](#) which tells a provider when to submit their claims to get paid on the Provider Check Date. Claims must be submitted by 5:00pm on the ending claim capture date or the claim will not be processed until the next ending claim capture cycle.
- Quick link to [eMOMED](#) – MHD’s billing portal
- [CyberAccess](#)
- [Remittance Advice Remark and Claim Adjustment Reason Codes](#)
- Claim Filing Resources

MO HEALTHNET CLAIMS PROCESSING SCHEDULE FOR STATE FISCAL YEAR 2025

JULY 1, 2024 - JUNE 30, 2025

FINANCIAL CYCLE DATE	PROVIDER CHECK DATE	BEGINNING CLAIM CAPTURE CURRENT CYCLE	ENDING CLAIM CAPTURE ₁
Friday 06/07/2024	Tuesday 06/18/2024	Saturday 05/25/2024	Friday 06/07/2024
Friday 06/21/2024	Friday 07/05/2024	Saturday 06/08/2024	Friday 06/21/2024
Friday 07/12/2024	Friday 07/19/2024	Saturday 06/22/2024	Friday 07/12/2024
Friday 07/26/2024	Friday 08/09/2024	Saturday 07/13/2024	Friday 07/26/2024
Friday 08/16/2024	Friday 08/23/2024	Saturday 07/27/2024	Friday 08/16/2024
Friday 08/30/2024	Friday 09/13/2024	Saturday 08/17/2024	Friday 08/30/2024
Friday 09/13/2024	Wednesday 09/25/2024	Saturday 08/31/2024	Friday 09/13/2024
Friday 09/27/2024	Friday 10/11/2024	Saturday 09/14/2024	Friday 09/27/2024
Friday 10/11/2024	Friday 10/25/2024	Saturday 09/28/2024	Friday 10/11/2024
Friday 10/25/2024	Friday 11/08/2024	Saturday 10/12/2024	Friday 10/25/2024
Friday 11/15/2024	Friday 11/22/2024	Saturday 10/26/2024	Friday 11/15/2024
Friday 11/29/2024	Friday 12/13/2024	Saturday 11/16/2024	Friday 11/29/2024
Friday 12/13/2024	Monday 12/23/2024	Saturday 11/30/2024	Friday 12/13/2024
Friday 12/27/2024	Friday 01/10/2025	Saturday 12/14/2024	Friday 12/27/2024
Friday 01/10/2025	Friday 01/24/2025	Saturday 12/28/2024	Friday 01/10/2025
Friday 01/24/2025	Friday 02/07/2025	Saturday 01/11/2025	Friday 01/24/2025
Friday 02/07/2025	Wednesday 02/19/2025	Saturday 01/25/2025	Friday 02/07/2025
Friday 02/28/2025	Friday 03/07/2025	Saturday 02/08/2025	Friday 02/28/2025
Friday 03/14/2025	Tuesday 03/25/2025	Saturday 03/01/2025	Friday 03/14/2025
Friday 03/28/2025	Friday 04/11/2025	Saturday 03/15/2025	Friday 03/28/2025
Friday 04/11/2025	Friday 04/25/2025	Saturday 03/29/2025	Friday 04/11/2025
Friday 04/25/2025	Friday 05/09/2025	Saturday 04/12/2025	Friday 04/25/2025
Friday 05/16/2025	Friday 05/23/2025	Saturday 04/26/2025	Friday 05/16/2025
Friday 05/30/2025	Friday 06/13/2025	Saturday 05/17/2025	Friday 05/30/2025
Friday 06/13/2025	Monday 06/23/2025	Saturday 05/31/2025	Sunday 06/08/2025

Note 1: Ending Claim Capture date - Closeout is 5:00 p.m. on the date shown

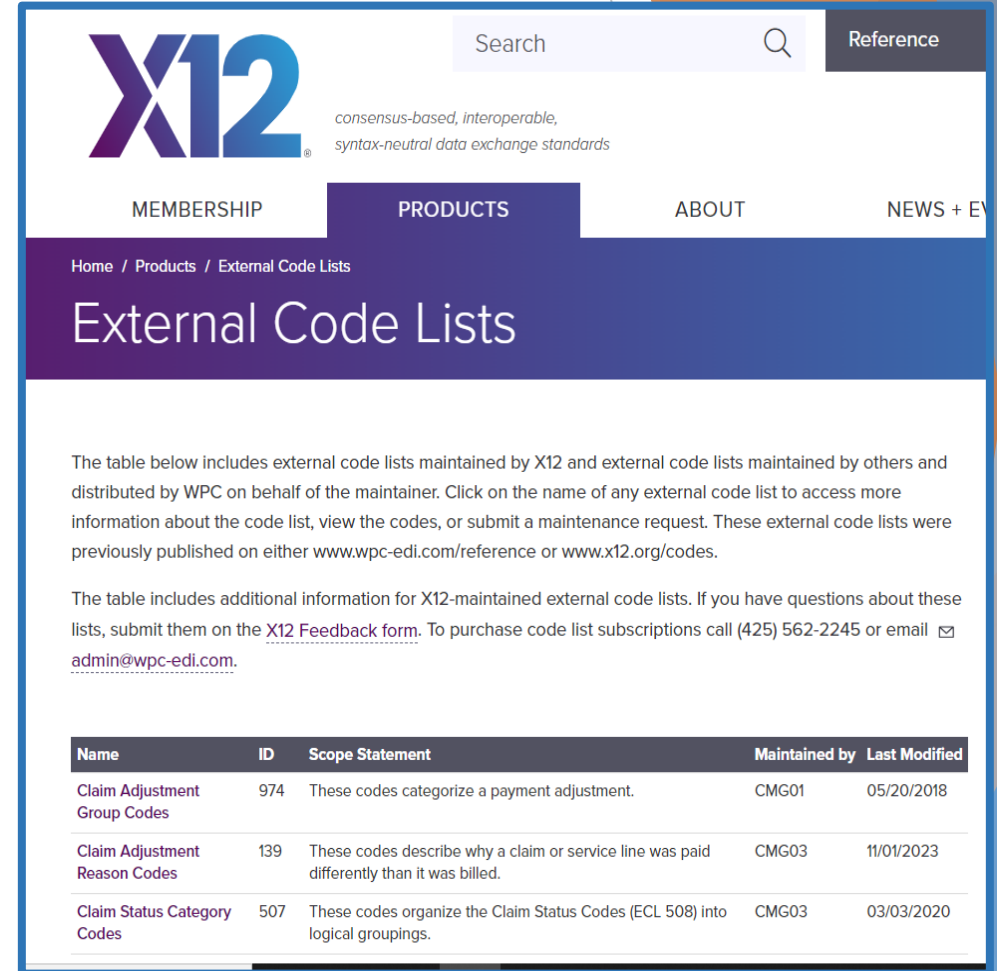
Revised : 04/23/2024

Remittance Advice & Claim Adjustment Reason Codes

[Remittance Advice and Claim Adjustment Reason Codes](#) are printed on the Remittance Advice (RA). Due to the changes with HIPPA, MHD uses standard coding.

Providers should be able to find all the codes listed on their RA on the Washington Publishing Companies website. If providers are unable to determine the reason for denial, call Provider Communications (PC) at (573) 751-2896.

Providers may also contact PC via the Provider Communications Management Function on [eMOMED](#). Provider Communications will respond within 48 hours.



The screenshot shows the X12 website's 'External Code Lists' page. The page header includes the X12 logo with the tagline 'consensus-based, interoperable, syntax-neutral data exchange standards'. Navigation tabs for 'MEMBERSHIP', 'PRODUCTS', 'ABOUT', and 'NEWS + EV' are visible. The breadcrumb trail reads 'Home / Products / External Code Lists'. The main heading is 'External Code Lists'. Below the heading, there are two paragraphs of text explaining the table's content and providing contact information for maintenance requests. A table with five columns (Name, ID, Scope Statement, Maintained by, Last Modified) lists three code categories: Claim Adjustment Group Codes (ID 974), Claim Adjustment Reason Codes (ID 139), and Claim Status Category Codes (ID 507).

Name	ID	Scope Statement	Maintained by	Last Modified
Claim Adjustment Group Codes	974	These codes categorize a payment adjustment.	CMG01	05/20/2018
Claim Adjustment Reason Codes	139	These codes describe why a claim or service line was paid differently than it was billed.	CMG03	11/01/2023
Claim Status Category Codes	507	These codes organize the Claim Status Codes (ECL 508) into logical groupings.	CMG03	03/03/2020

Fee Schedules & Rate Lists

The [Fee Schedules & Rate Lists](#) page provides a link to the [MO HealthNet Fee Schedule](#). The Fee Schedule provides information regarding codes in each column.

The table also provides modifier information including:

- Pricing
- Active/inactive
- Routing

Refer to Section 2 (Benefits & Limitations) of the [Physician Provider Manual](#) for more information.

- Independent Lab - Professional Component
- Independent Lab - Technical Component
- Medical Services
- Nurse/Midwife
- Optical Services
- Other Medical
- Other Services
- Outpatient Hospital
- Podiatry
- Radiology - Professional and Technical Component X-Ray / Nuclear Medicine / EEG / EKG
- Radiology - Professional Component X-Ray / Nuclear Medicine / EEG / EKG
- Radiology - Technical Component X-Ray / Nuclear Medicine / EEG / EKG
- Rehabilitation Center
- Surgery - Assistant Surgery
- Surgery - Postoperative Services
- Surgery - Without Postoperative Services
- Surgery and Epidurals
- Search Options**
- Search For
- Proc Code Modifier
- 99214
- MO HealthNet Price File Key
- Modifier Information
- General Fee Schedule

Fee Schedule Search

Medical Services

ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
99214	EP					3	07/01/2022	0.00	\$106.15	1
99214	GE	EP				3	07/01/2022	0.00	\$106.15	1
99214	GE					3	07/01/2022	0.00	\$106.15	1
99214	GT	EP				3	07/01/2022	0.00	\$106.15	1
99214	GT					3	07/01/2022	0.00	\$106.15	1
99214	X4		J			3	07/01/2022	0.00	\$106.15	1
99214	YG					9	10/16/2003	0.00	\$0.00	1
99214						3	07/01/2022	0.00	\$106.15	2

Note: Should you have landed here as a result of a search engine or other link, be advised that these files contain material that is copyrighted by the American Medical Association. You are forbidden to download the materials unless you read, agree to and abide by the provisions of the copyright statement.

Education & Training

The [Education & Training](#) page offers providers:

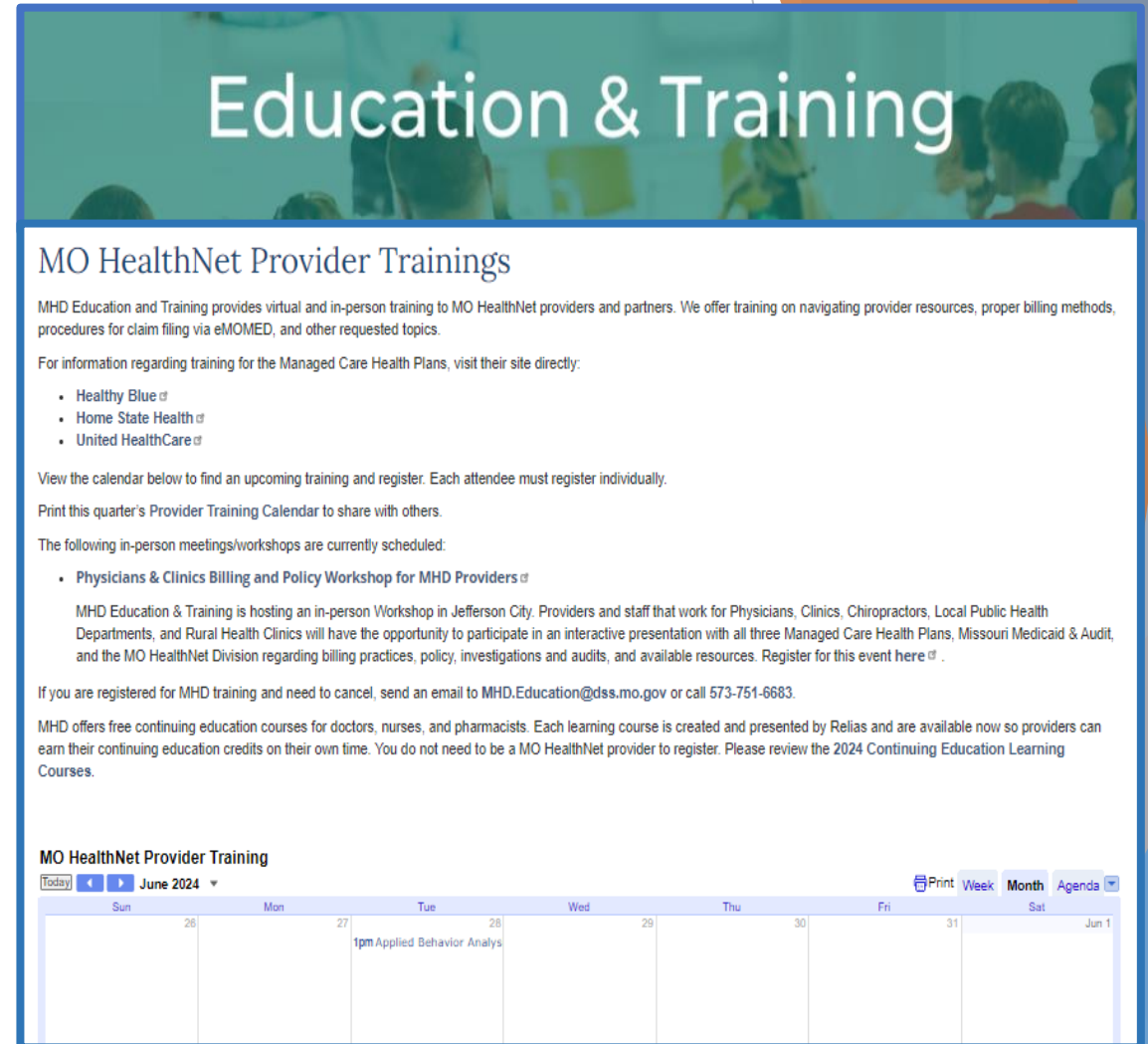
- Interactive google calendar updated quarterly with provider trainings
- [Printable Training Calendar](#) to share with your staff

MHD hosts 2-hour web-based trainings quarterly specific to your program that covers:

- [Navigating Provider Resources](#)
- [eMOMED Overview](#)
- [Eligibility and Spend Down](#)

The page also offers educational resources for all providers and claim filing samples.

For more Program Specific Training resources visit the [Physician Program](#) page.



The screenshot shows the 'Education & Training' page for MO HealthNet. At the top, there is a header with the title 'Education & Training' over a background image of people in a meeting. Below the header, the page is titled 'MO HealthNet Provider Trainings'. The main content includes a paragraph about MHD Education and Training providing virtual and in-person training to providers and partners. It lists training topics like navigating provider resources, billing methods, and claim filing. There is a link to information for Managed Care Health Plans. A bulleted list includes 'Healthy Blue', 'Home State Health', and 'United HealthCare'. Below this, there are instructions to view a calendar and print a training calendar. A section titled 'The following in-person meetings/workshops are currently scheduled:' lists a 'Physicians & Clinics Billing and Policy Workshop for MHD Providers'. A detailed paragraph describes an in-person workshop in Jefferson City for various healthcare professionals. Contact information for cancellations is provided. A final paragraph states that MHD offers free continuing education courses for doctors, nurses, and pharmacists. At the bottom, there is a calendar titled 'MO HealthNet Provider Training' for June 2024. The calendar shows a training event on Tuesday, June 28, titled '1pm Applied Behavior Analysis'.

Benefit Tables

The [Physicians and Clinics Benefit Table](#) summarizes benefits and limitations for the Physicians program. This table can be found on the [Education & Training](#) page.

Also refer to Section 2 of the [Physician Provider Manual](#) to know what services are covered for Medicaid participants.



Benefit Tables

View the various benefits for each MO HealthNet program



Medicaid Eligibility Codes

View descriptions of Medicaid Eligibility Codes and limited and comprehensive benefits



Contact Us

View provider contacts for the MO HealthNet Division and more

Providers can also review the [Master List of Covered Services](#) for a quick glance at all program benefits & limitations.

Benefit Tables
Summarizes benefits and limitations for each MO HealthNet program. Refer to the specific [Provider Manual](#) for additional information.

Physicians and Clinics – FQHC/RHC		
Coverage Group	ME Code(s)	Covered
Blind Programs	02, 03, 12	Yes
Breast or Cervical Cancer Control Program (BCCCP)	83, 84	Yes
Children's Programs	23, 28, 33, 34, 41, 49, 67, 88	Yes
CHIP Kids	71, 72, 73, 74, 75, 97, 4M	Yes
Missouri RX Plan (MORx)	82	No
MO HealthNet for Adults	05, E2	Yes
MO HealthNet for Kids	06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 69, 70, 6S, 9S, 0F, 5A	Yes
MO HealthNet for Pregnant Women	18, 43, 44, 45, 61, 95, 96, 98	Yes
Presumptive Eligibility for Children	87	Yes
Qualified Medicare Beneficiary (QMB)	55	Limited ♦
Temporary Women's Assistance for Pregnant Women	58, 59, 94	Limited**
Traditional Medicaid	01, 04, 11, 13, 14, 16, 81, 85, 86	Yes
Uninsured Women's Health Services	80, 89	Limited*
* Limited Coverage for family planning and limited testing and treatment of sexually transmitted diseases		
** Limited coverage for ambulatory prenatal care		
♦ MO HealthNet will pay Medicare coinsurance and deductible		
Refer to the Fee Schedule , certain restrictions apply		
Refer to Section 1.1 of the General Sections Manual or the Provider Resource Guide for descriptions of Medical Eligibility (ME) Codes		
Physicians Provider Manual Rural Health Clinic Provider Manual		

Benefit Tables

Providers can also review the [Master List of Covered Services](#) for a quick glance at all program benefits & limitations.

Coverage Group:	Blind Programs	Breast or Cervical Cancer Control Program (BCCCCP)	Children's Programs	CHIP Kids	Missouri RX Plan (MORx)	MO HealthNet for Adults	MO HealthNet for Kids	MO HealthNet for Pregnant Women	Presumptive Eligibility for Children	Program of All-Inclusive Care for the Elderly (PACE)*	Qualified Medicare Beneficiary (QMB)	Temporary Women's Assistance for Pregnant Women	Traditional Medicaid	Uninsured Women's Health Services
ME Code(s):	02, 03, 12	83, 84	23, 28, 33, 34, 41, 49, 67, 88	71, 72, 73, 74, 75, 97, 4M	82	05, E2	06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 69, 70, 65.95, 0F, 5A	18, 43, 44, 45, 61, 95, 96, 98	87	01, 03, 04, 11, 12, 13, 14, 15, 16, 85, 86, E2	55	58, 59, 94	01, 04, 11, 13, 14, 16, 81, 85, 86	80, 89
Applied Behavior Analysis (ABA)	Limited (1)	Limited (1)	Limited (1)	Limited (1)	No	Limited (1)	Limited (1)	Limited (1)	Limited (1)	Yes	Limited (16)	No	Limited (1)	No
Ambulance (Emergency only)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	No
Ambulance - Treat No Transport (TNT)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Limited (3)	Yes	No
Ambulatory Surgical Center	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	Limited (3)
Biopsychosocial Treatment for Obesity	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes	Limited (16)	No	Yes	No
Certified Nurse Practitioner	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	Limited (3)
Chiropractic Medicine	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes	Limited (16)	No	Yes	No
Community Psychiatric Rehabilitation	Limited (13)	Yes	Yes	Yes	No	Yes	Limited (13)	Yes	Yes	Yes	Limited (16)	Limited (13)	Yes	No
Complementary & Alternative Therapies for Chronic Pain Management	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes	Limited (16)	No	Yes	No
Comprehensive Day Rehabilitation	Yes	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Yes	Yes	Yes	Limited (16)	No	Limited (4)	No
Comprehensive Substance Treatment & Rehabilitation (CSTAR)	Limited (13)	Yes	Yes	Yes	No	Yes	Limited (13)	Yes	Yes	Yes	Limited (16)	Limited (13)	Yes	No
Dental	Yes	Limited (17)	Yes	Yes	No	Limited (17)	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Limited (17)	No
Diabetes Prevention Program	Yes	Yes	No	No	No	Yes	No	Limited (14)	No	Yes	Limited (16)	No	Yes	No
Diabetes Self-Management	Yes	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Limited (4)	No
Durable Medical Equipment	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	No
Environmental Lead Assessments	Limited (4)	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Limited (4)	Yes	Yes	Limited (16)	No	Limited (4)	No
Family Planning	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	Yes
Habilitative Therapy; Occupational, Physical & Speech	No	No	No	No	No	Limited (21)	No	No	No	Yes	No	No	No	No
Hearing Aid	Yes	Limited (7)	Yes	Yes	No	Limited (7)	Yes	Yes	Yes	Yes	Limited (16)	No	Limited (7)	No
Home Health	Yes	Limited (18)	Yes	Yes	No	Limited (18)	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Limited (18)	No
Hospice	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	No
Hospital - Inpatient	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (15)	No	Yes	No
Hospital - Outpatient	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Yes	Yes	Limited (3)
Intermediate Care Facility - Intellectual Disabilities (ICF-ID)	Yes	No	Yes	No	No	No	Limited (20)	No	No	Yes	Limited (16)	No	Yes	No
Laboratory & Radiology	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Yes	Yes	Limited (3)
Licensed Clinical Social Worker	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	No
Licensed Marital & Family Therapist	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	No
Licensed Professional Counselor	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	No
Non-Emergency Medical Transportation (NEMT)	Limited (8)	Yes	Yes	Limited (5)	No	Yes	Limited (8)	Yes	Yes	Yes	No	Limited (8)	Yes	No
Nurse Midwife	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Limited (16)	Yes	Yes	Limited (3)

Medicaid Eligibility Codes

The [Medicaid Eligibility Codes Resource](#) is found on the [Education & Training](#) page and lists Medicaid Eligibility (ME) codes and their descriptions.



Benefit Tables

View the various benefits for each MO HealthNet program



Medicaid Eligibility Codes

View descriptions of Medicaid Eligibility Codes and limited and comprehensive benefits



Contact Us

View provider contacts for the MO HealthNet Division and more

MEDICAID ELIGIBILITY CODES

Adult MO HealthNet participants in Medicaid Eligibility (ME) categories for Aid to the Blind or pregnant women programs receive a full comprehensive benefit package which includes primary, acute and preventive care, hospital care, dental, prescriptions, and vision. All other adult participants receive a limited benefit package of services depending on their ME category.

For more information on ME Codes, review your specific [program manual](#). For more information on benefits and limitations, review the [Benefit Tables](#).

Full Comprehensive Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
03	Aid to the Blind	45	Pregnant Woman—Poverty
12	MO HealthNet Aid to the Blind	61	MO HealthNet for Pregnant Women—Health Initiative Fund
18	MO HealthNet for Pregnant Women	95	Show-Me Healthy Babies Pregnant Women income above 201% and up to 305%
43	Pregnant Woman—Post Partum (MO HealthNet for Families criteria)	96	SMHB Unborn Child with income 0 to 305% FPL
44	Pregnant Woman—Post Partum—Poverty	98	SMHB Post-Partum
Limited Benefit Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
01	Old Age Assistance	58	Presumptive Eligibility (Subsidized)
02	Blind Pension (State Funded)	59	Presumptive Eligibility (Non-Subsidized) (State Funded)
04	Permanently and Totally Disabled	80	Extended Women’s Health Services (State Funded)
05	MO HealthNet for Families—Adult	81	Temporary Assignment Category
E2	Adult Expansion Group	82	Missouri Rx (Medicare Part D wrap-around benefits)
11	MO HealthNet—Old Age Assistance	83	Breast or Cervical Cancer Control Project—Presumptive
13	MO HealthNet—Permanently and Totally Disabled	84	Breast or Cervical Cancer Control Project—Regular
14	Supplemental Nursing Care—Old Age Assistance	85	Ticket to Work Health Assurance—Premium
15	Supplemental Nursing Care – Aid to the Blind	86	Ticket to Work Health Assurance—Non-Premium
16	Supplemental Nursing Care—Permanently and Totally Disabled	89	Uninsured Women’s Health Services (State Funded)
55	Qualified Medicare Beneficiary (QMB)		
Full Comprehensive Package for MO HealthNet Kids			
ME Code	Description	ME Code	Description
06	MO HealthNet for Families—Child	56	Adoption Subsidy—Title IV-E
07	Foster Care—Title IV-E	57	Child Welfare Services—Foster Care—Adoption Subsidy (State Funded)

July 2024

Provider Contacts for MO HealthNet

Select the **Contact Us** for a list of MO HealthNet Provider resources and contact information.



Benefit Tables

View the various benefits for each MO HealthNet program



Medicaid Eligibility Codes

View descriptions of Medicaid Eligibility Codes and limited and comprehensive benefits



Contact Us

View provider contacts for the MO HealthNet Division and more

Provider Contacts for MO HealthNet

Review the [Provider Information](#) page and [Frequently Asked Questions](#) for information on the MO HealthNet Division (MHD).

To receive important MO HealthNet updates and our quarterly newsletter, [subscribe](#) to [MO HealthNet News](#).

Behavioral Health Services	Assists with questions related to MO HealthNet Behavioral Health services.	MHD.BehavioralHealth@dss.mo.gov
Clinical Services	Responsible for clinical policy development for MHD.	MHD.ClinicalServices@dss.mo.gov
Cost Recovery/ Third Party Liability	Contact to report injuries sustained by MO HealthNet participants, for questions about the estate of a deceased participant, for problems obtaining a response from an insurance carrier, unusual situations concerning third party insurance coverage for MO HealthNet participants, and questions regarding the Health Insurance Premium Payment Program (HIPP).	TPL.Database@dss.mo.gov (573) 751-2005
Education & Training	Instructs providers on navigating MHD provider resources, proper billing methods and procedures for claim filing via eMOMED.	MHD.Education@dss.mo.gov (573) 751-6683
Electronic Visit Verification	System required for all Personal Care and Home Health Care services to document the delivery of these services under MHD.	Ask.EVV@dss.mo.gov
Exceptions	Review Durable Medical Equipment (DME) or physical therapy requests not normally covered for MO HealthNet participants over the age of 21.	Fax Requests: (573) 522-3061 (800) 392-8030
Managed Care Health Plans	Healthy Blue	Message the Team (833) 388-1407
	Home State Health	ManagedCareContracting@centene.com (855) 694-HOME (4663)
	Show Me Healthy Kids	ManagedCareContracting@centene.com (877) 236-1020
	United HealthCare	Missouri_PR_Team@uhc.com (866) 292-0359
Managed Care Liaisons	Assists providers unable to resolve a Managed Care issue directly with the health plan. Complete a Managed Care Provider Request for Information .	MHD.MCCommunications@dss.mo.gov
Overpayments	Contact to address repayment of overpayment amounts because of an audit or investigation .	MMAC.Financial@dss.mo.gov
Participant Services	Assists participants with provider issues and questions regarding services, coverage, and unpaid bills. Managed Care participants should contact their health plan.	Ask.MHD@dss.mo.gov (800) 392-2161

Provider Forms

The [Provider Forms](#) page offers the forms a provider would need, including:

- [Provider Update Request](#)
- [Insurance Resource Report \(TPL-4\)](#)
- [Prior Authorization Request](#)
- [Provider Spend Down](#)



The screenshot shows a webpage titled "Provider Forms" with a list of various forms available for download. The forms are organized into two columns under the heading "Forms".

Forms

- Accident Report
- Acknowledgement of Receipt of Hysterectomy Information
- AIDS Waiver Program Addendum to MMAC Provider Agreement for Personal Care or Private Duty Nursing Services
- Applied Behavioral Analysis Request for Precertification
- Authorization by Clinic/Group Members for Direct Deposit, Address or Payment Change
- Breast and Cervical Cancer Treatment MO HealthNet Application
- Behavioral Health Services Request for Precertification
- Bone Marrow/Stem Cell Transplant Request
- Certificate of Medical Necessity
- Certificate of Medical Necessity for Abortion
- Claim Form: Dental Ⓢ
- Claim Form: Health Insurance (CMS-1500 Ⓢ)
- Claim Form: Hospital (UB-04) Ⓢ
- Durable Medical Equipment Non-Bordering State Provider Enrollment Request
- Estate Notice
- Handicapping Labio-Lingual Deviation Index Score Sheet
- Health Insurance Premium Payment Program Application (HIPP-1)
- Health Insurance Premium Payment Program Application (HIPP-A)
- Healthy Children & Youth Lead Risk Assessment Guide
- Home & Community Based Services Care Plan & Participant Choice Statement
- Home & Community Based Services Ownership & Structure Change Request
- Home & Community Based Services Referral Ⓢ
- Managed Care Provider Request for Information
- Medical Attestation on the Appropriateness of the Qualified Clinical Trial form
- Medical Referral of Restricted Participant PL118
- Medically Fragile Adult Waiver Addendum to MMAC Provider Agreement for Home Health, Personal Care or Private Duty Nursing Services
- Medically Fragile Adult Waiver Provider Monitoring Log
- Medically Fragile Adult Waiver Private Duty Nursing Acceptance
- Missouri Medicaid Audit & Compliance Electronic Funds Transfer Authorization Agreement
- Notification of Termination of Hospice Benefits
- Personal Care Plan for Children
- Personal Care Program Addendum to MMAC Provider Agreement for Personal Care Services
- Personal Funds Account Balance Report
- Physician Certification of Need for Personal Care Services
- Physician Certification of Terminal Illness
- Prior Authorization Request
- Prior Authorization Request: Invasive Ventilation
- Prior Authorization Supporting Documents Cover Sheet for Durable Medical Equipment
- Private Duty Nursing Acceptance
- Program of All-Inclusive Care for the elderly (PACE) Primary Assessment
- Program of All-Inclusive Care for the elderly (PACE) Secondary Assessment
- Provider Initiated Self Disclosure Report Form
- Provider Spend Down Form
- Provider Update Request

Enroll With MO HealthNet

Provider Enrollment is located within Missouri Medicaid Audit & Compliance (MMAC).

Inquiries regarding the following should be emailed to:

mmac.providerenrollment@dss.mo.gov

- Enrollment applications
- Changes to the Provider Master File like:
 - Address
 - Tax identification
 - Ownership
 - Individual's name/practice name
 - National Provider Identification (NPI)

Provider Enrollment

✕ Post

👍 Like 0

The Provider Enrollment Unit is responsible for enrolling new providers, maintaining provider enrollment records, and answering provider inquiries regarding enrollment for all MO HealthNet Provider types. The Provider Enrollment staff determines when new provider numbers are issued or when a current provider number will be updated.

After a MO HealthNet provider number has been issued it must be used with all transactions pertaining to MO HealthNet. If a separate provider number has been issued for different location/practices, the provider is responsible to ensure the appropriate provider number is used when billing.

Each provider application is reviewed and must go through the same audit process even though a provider may have an existing provider number at another practice location.

Applications are processed in date order as received by the Provider Enrollment Unit. Applications that have been returned to the provider for additional information are not processed with priority. Internet applications that have been denied due to improper submission or additional information not furnished must be resubmitted and are not processed with priority.

- [Apply to be a Missouri Medicaid Provider](#)
- [Provider Enrollment Guide](#) (Information and Requirements)
- [MMAC Forms such as Civil rights compliance information, Self-Assessment forms etc...](#) (Compliance Information)
- [Home and Community Based Services](#) (Forms and Applications)
- [Billing-Provider-Enrollment-Snapshot-April-2023](#) 📄
- [Provider Enrollment Applications and Forms](#)



Missouri Medicaid Audit & Compliance (MMAC)

Conducts investigations into all allegations of fraud, waste and abuse by providers and participants.

Missouri Medicaid Audit and Compliance

P.O. Box 6500

Jefferson City, MO 65102-6500

Telephone: 573-751-3399

<http://mmac.mo.gov>

Eligibility

Once the provider determines the participant has or may have MO HealthNet, it is the provider's responsibility to check the participant's eligibility. Eligibility is updated daily so this must be done before **every** visit. The participant must be eligible on the date of service.

Providers can check participant eligibility either online on [eMOMED](#) or by calling into Provider Communications at 573-751-2896, Option 1.

Information to review:

- Name on file
- Eligibility on date of service
- Medicaid eligibility/plan code
- Medicare
- Commercial insurance
- MO HealthNet Managed Care enrollment
- Administrative Lock-In

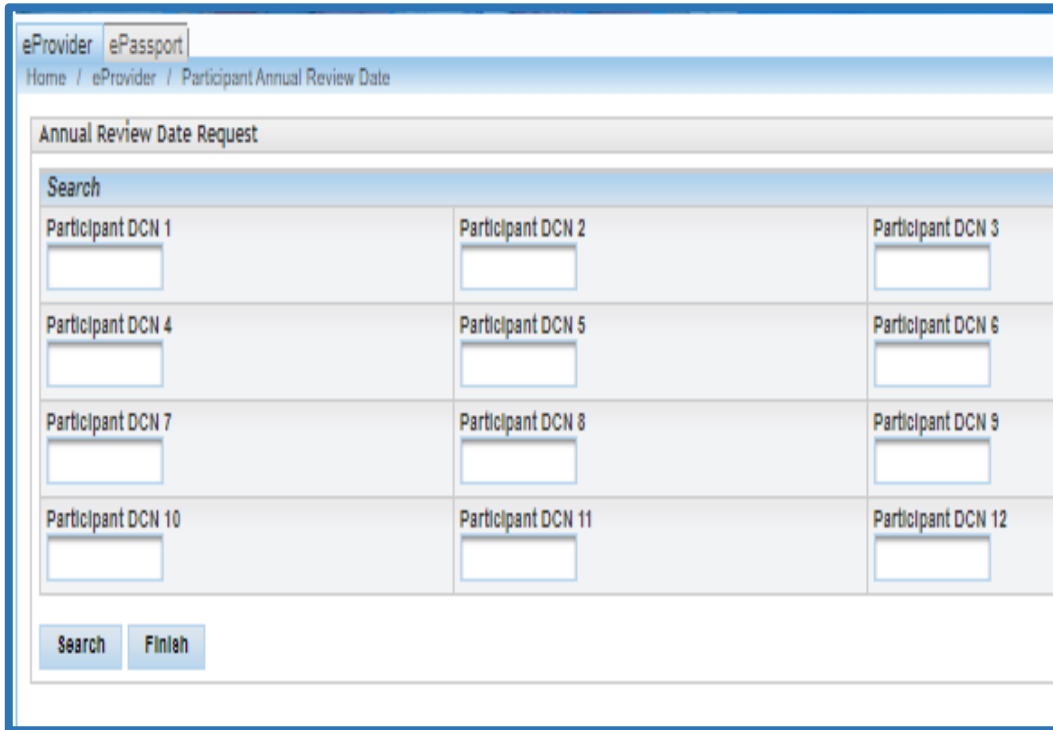


Participant Annual Renewal Date

The Family Support Division (FSD) is required to check the eligibility of all MO HealthNet participants each year as of April 1, 2023. This is called an annual renewal.

To verify a participant's annual renewal date in [eMOMED](#), go to Annual Review Date and enter the participant's DCN. You can review up to twelve participant DCN's at one time.

Providers can also review the MO HealthNet Hot Tip [Participant Annual Review Date](#) for more information.



eProvider ePassport

Home / eProvider / Participant Annual Review Date

Annual Review Date Request

Search

Participant DCN 1 <input type="text"/>	Participant DCN 2 <input type="text"/>	Participant DCN 3 <input type="text"/>
Participant DCN 4 <input type="text"/>	Participant DCN 5 <input type="text"/>	Participant DCN 6 <input type="text"/>
Participant DCN 7 <input type="text"/>	Participant DCN 8 <input type="text"/>	Participant DCN 9 <input type="text"/>
Participant DCN 10 <input type="text"/>	Participant DCN 11 <input type="text"/>	Participant DCN 12 <input type="text"/>

Search Finish



Home / eProvider / Participant Annual Review Date

Annual Review Date Response

Participant Information

Participant DCN 1 <input type="text"/>	Participant Name <input type="text"/>	Annual Review Date 08-30-2024
---	--	----------------------------------

***The Annual Review Date will be shown if available. Please contact the Family Support Division (FSD) Information Center at 1-855-373-4636 with questions regarding the Annual Review Date.

Finish

Determining Eligibility PowerPoint

On the [Education & Training](#) page there is the [Eligibility & Spend Down Overview](#) that provides a step-by-step explanation of eMOMED's eligibility screens.

Eligibility/ Benefit Code	Plan Code	Insurance Type	From/Thru Date
1 - Active 6 - Inactive	ME Code See Provider Resource Guide for ME Codes	Managed Care MO HealthNet HM	Eligibility on specified date


Eligibility / Benefit Information1 of 3									
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date	Thru Date
B - Co-Payment	30 - Health Benefit Plan Coverage	13	7 - Day	≠0.00	MC - MO HealthNet	291		02/02/2020	02/02/2020

Eligibility / Benefit Information2 of 3									
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date	Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	7 - Day		MC - MO HealthNet	291		02/02/2020	02/02/2020

Potential Other Insurance

Providers should utilize the [Insurance Resource Report TPL-4](#) form if the insurance listed on [eMOMED](#) is invalid or missing.

If providers have questions regarding the TPL-4 form they should contact the Third Party Liability unit at TPL.Database@dss.mo.gov or call (573) 751-2005.


INSURANCE RESOURCE REPORT

Submit this form to notify the MO HealthNet Division of insurance information you have verified for a MO HealthNet participant. Send the completed form to TPL.Database@dss.mo.gov or fax to (573) 526-1162. Attach a copy of an explanation of benefits or insurance letter, if available.

Allow up to three weeks for the information to be verified and updated to the participant's eligibility file. Providers wanting confirmation of the state's response should indicate so on the form and ensure the name and address information is completed in the spaces provided. Eligibility can be verified through [eMOMED](#) or by calling the Interactive Voice Response system at (573) 751-2896.

Do not send claims with this form. Your claims will not be processed for payment if attached to this form.

Provider Information	
Provider Name	Date
Provider NPI	Taxonomy Code
Choose One: <input type="checkbox"/> Add New Resource <input type="checkbox"/> Change Resource Files	
Participant Information	
Participant Name	MHD Identification Number
Insurance Company Name	
Policyholder Name	Policyholder's Social Security Number (Required)
Policy Number (Required)	Group Name or Number
Source of Verified Information <input type="checkbox"/> Employer <input type="checkbox"/> Insurance Company	
Verified Information:	
Telephone Number of Contact	Date Contacted
Name of Person Completing Form	Telephone Number

Spend Down Program

The Spend Down Program is a MO HealthNet program in which the participant has an amount they must pay or reach each month before they can have MO HealthNet coverage. Spend down is similar to an insurance premium or deductible.

The Family Support Division (FSD) determines spend down amounts based on a participant's income and if it exceeds the allowable amount to qualify for MO HealthNet coverage.


MO HealthNet only reimburses providers for covered medical expenses that exceed a participant's spend down amount. MHD tracks the bills received for the first day of coverage until the bills equal the participant's spend down liability.

Spend Down Program

Providers can assist participants with meeting their spend down by completing a [MO HealthNet Spend Down Provider form](#) after services are rendered.

Completed spend down forms should be forwarded to the Provider Spend Down Unit at sesd@ip.sp.mo.gov, including receipts and bills.

Refer to Section 1.6 of the [General Sections Provider Manual](#) for additional information regarding spend down.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
MO HEALTHNET SPEND DOWN PROVIDER

Provider Instructions: Please fill out this form when you have a patient who has qualified for spend down, and an actual bill is not yet available. By completing this form, you (or an authorized employee) are verifying that your patient has incurred, and personally owes payment for, medical expenses you provided. If you have questions about filling in this form, see the other side.

You must fill out **all** fields below. If you leave any fields empty, attach separate papers that give information for those fields. (Please print)

PATIENT NAME _____ MO HEALTHNET NUMBER _____

PROVIDER NAME _____

CHECK ONE Doctor Pharmacy Other: _____ HOSPITAL In-patient Out-patient

Date of Service (use a separate row for each date)	Description of Service	Procedure Code	Name of liable third party/parties	Total amount of charge	Third party payment	Write off or other discount (such as Indigent Waiver)	Total amount patient is responsible to pay for each date of service	Total amount billable to DMH and DHSS contracts
<i>Example: 08/01/2015</i>	<i>CT Scan Abdomen</i>	<i>72192</i>	<i>Medicare</i>	<i>\$2000.00</i>	<i>\$300.00</i>	<i>\$1360.00</i>	<i>\$340.00</i>	<i>\$0.00</i>

Verify: By completing and signing this document, you verify that you have provided accurate information and that you will bill the patient for the amount due. Also, if you filled in the "Total amount patient is responsible to pay" column above with a good faith estimate, INITIAL HERE: _____

AUTHORIZED EMPLOYEE COMPLETING FORM (PLEASE PRINT)

NAME _____

TITLE _____ DATE _____

ADDRESS _____ TELEPHONE _____

SIGNATURE OF PERSON COMPLETING FORM _____

Spend Down Program

The FSD Spend Down Unit reviews incurred medical expenses to verify if they meet criteria, determines the MHD coverage dates, and authorizes coverage.

Participants must report income changes to FSD and should contact FSD with questions about their spend down.

Participant questions should be directed to FSD at (855) FSD-INFO (373-4636).

SpendDown.Unit@dss.mo.gov

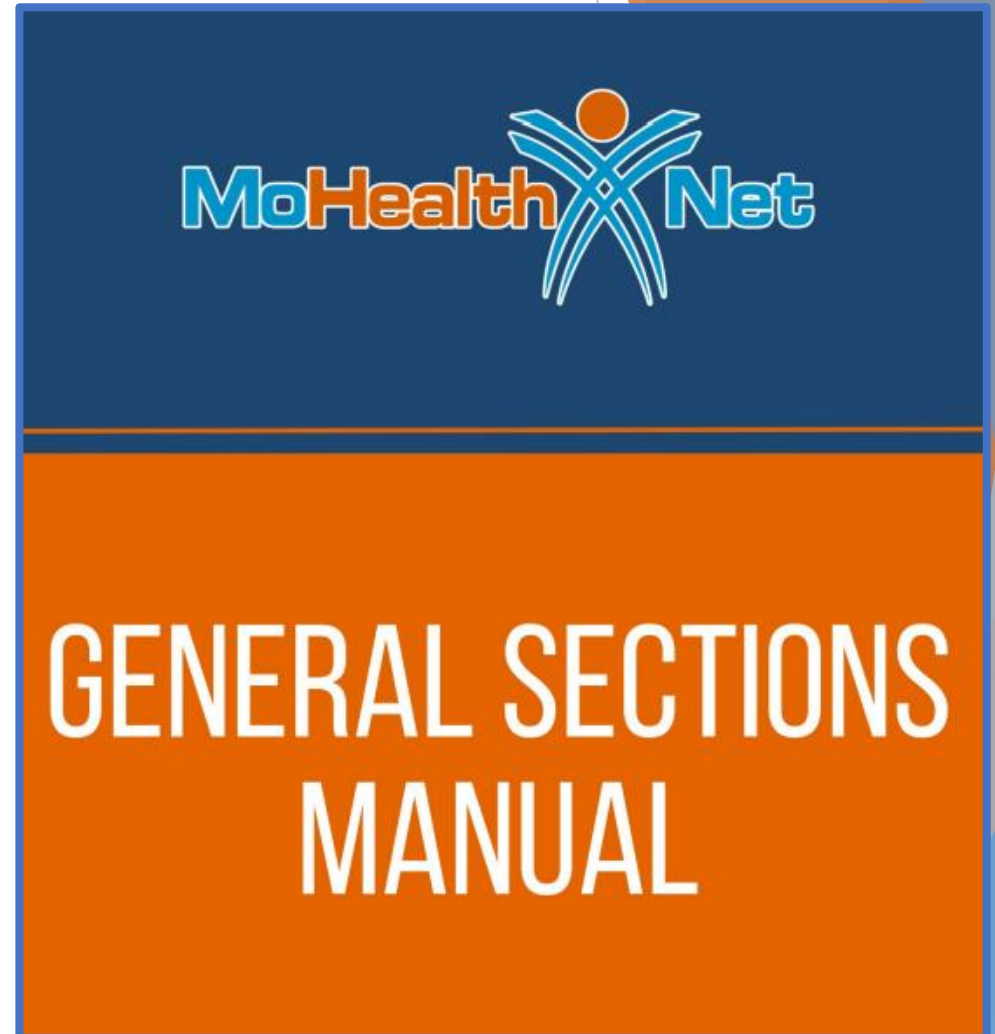
Spend Down Unit phone number: (855) 600-4412

Fax number for Spend Down ONLY: (855) 600-3754

General Sections Manual

We will cover specific information on the following slides, refer to the [General Sections Manual](#) for additional information on each:

Section #	Section Description
Section 1	Participant Conditions of Participation
Section 2	Provider Conditions of Participation
Section 3	Provider Resources
Section 4	Timely Filing
Section 5	Third Party Liability
Section 6	Adjustments
Section 7	Medical Necessity
Section 8	Prior Authorization
Section 9	MO HealthNet Managed Care Program
Section 10	Claims Disposition
Section 11	Claim Attachment Submission



Section 1

General Sections Manual:

- **Section 1.1:** Description of Eligibility Categories and Medicaid Eligibility (ME) Codes
- **Section 1.5:** Managed Care – General Guidelines
- **Section 1.5:** Qualified Medicare Beneficiaries (QMB)
- **Section 1.6:** Spend Down



GENERAL SECTIONS MANUAL

Section 2

General Sections Manual:

- **Section 2.1:** Provider Eligibility – This section covers the general enrollment requirements for Medicaid providers.
- **Section 2.1:** Electronic Claim/Attachments Submission and eMOMED Authorization
- **Section 2.2:** Notification of Change – [Provider Update Request](#)
- **Section 2.3:** Retention of Records – A MHD provider must retain fiscal and medical records for 6 years from the date of service



GENERAL SECTIONS MANUAL

Section 2.3: Adequate Documentation

13 CSR 70-3.030, Section (2)(A) defines “adequate documentation” and “adequate medical records” as follows:

- Adequate documentation means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty.
- Adequate medical records are records that are of the type and form from which symptoms, conditions, diagnoses, treatments, prognosis and the identity of the patient to which these things relate can be easily discerned and verified with reasonable certainty.

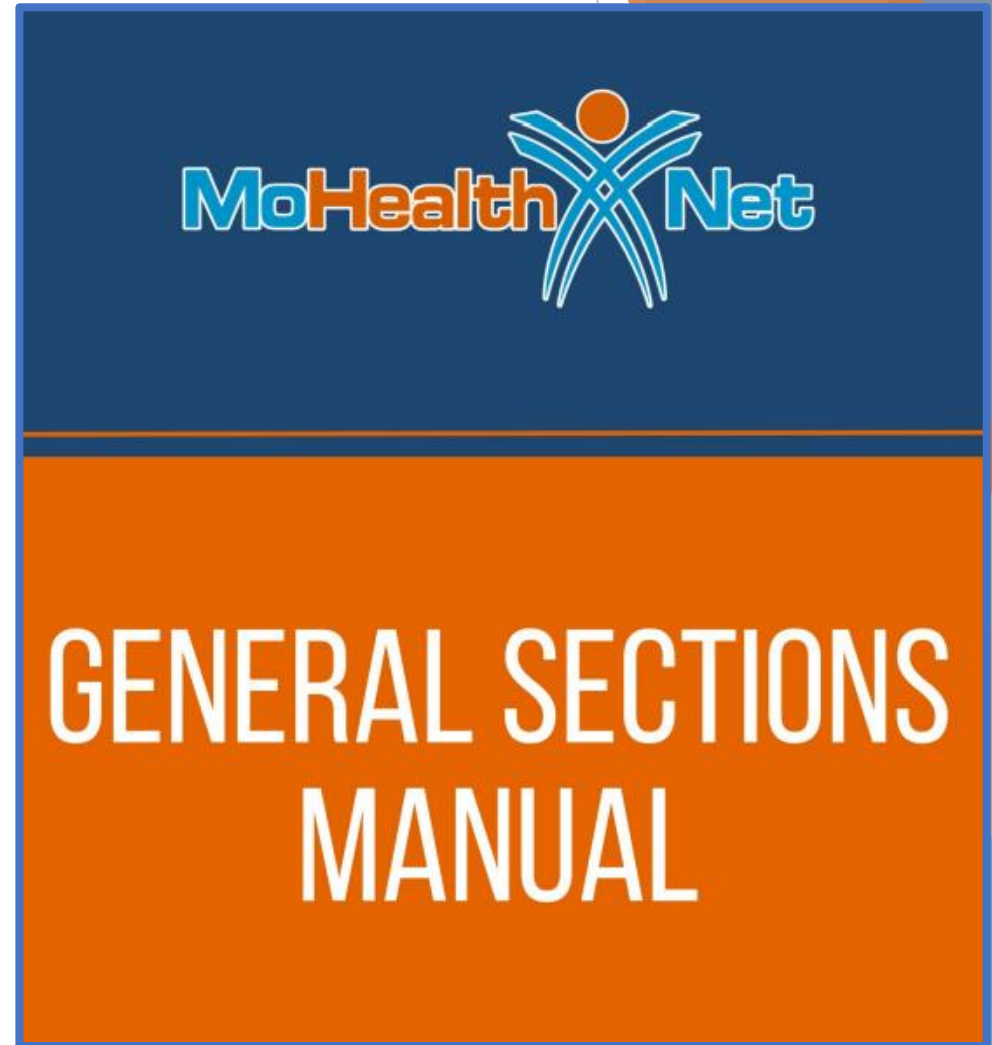


GENERAL SECTIONS MANUAL

Section 3: Provider Resources

Section 3 of the [General Sections Manual](#) provides a description and contact information for the following areas:

- MHD Technical Help Desk
- MMAC contact information (provider enrollment)
- Provider Communications Unit
- Education & Training
- Clinical Services
- Pharmacy Administration
- Third Party Liability
- Ask MHD
- Forms



Section 4: Timely Filing

Claims must be initially filed within 12 months of the date of service (DOS).

Medicare crossover claims must be filed within 12 months of the DOS or 6 months of the date of the Medicare notice of an allowed claim, whichever is later.

The final deadline to correct and re-file for all claims is 24 months from the DOS.



**GENERAL SECTIONS
MANUAL**

Section 5: Third Party Liability (TPL)

Section 5 of the [General Sections Manual](#) explains TPL:

- MO HealthNet is the payer of last resort
- Participants liability when there is TPR
- Providers may not refuse service due to TPL
- TPL information resources
- Insurance coverage codes
- Commercial Managed Health Care Plans
- Provider Claim Documentation Requirements
- Third Party Liability Bypass
- Mo HealthNet Insurance Resource Report



GENERAL SECTIONS
MANUAL

Section 6: Adjustments

Section 6 of the [General Sections Manual](#) covers general requirements for claim adjustments to include:

- Adjusting claims within 24 months of DOS
- Adjusting claims older than 24 months
- Explanation of adjustment transactions



GENERAL SECTIONS
MANUAL

Section 8: Prior Authorization

Section 8 of the [General Sections Manual](#) covers the basis of Prior Authorizations (PAs).

Providers should refer to the [Physician Provider Manual](#) for more information regarding the services that require a PA and other Special Documentation Requirements.

PA's may be made by using [Cyber Access](#) or by calling the Pharmacy & Medical Pre-Certification Help Desk at (800) 392-8030.

Providers are cautioned that an approved PA approves only the medical necessity of the service and **does not guarantee payment.**



GENERAL SECTIONS
MANUAL

Section 10: Claims Disposition

Section 10 of the [General Sections Manual](#) covers Claims Disposition.

- eMOMED Authorization/Help Desk
- Remittance Advices
 - Paid and Denied
 - Aged
- Claim Status Message Codes
- Split Claim
- Adjusted Claims
- Suspended Claims

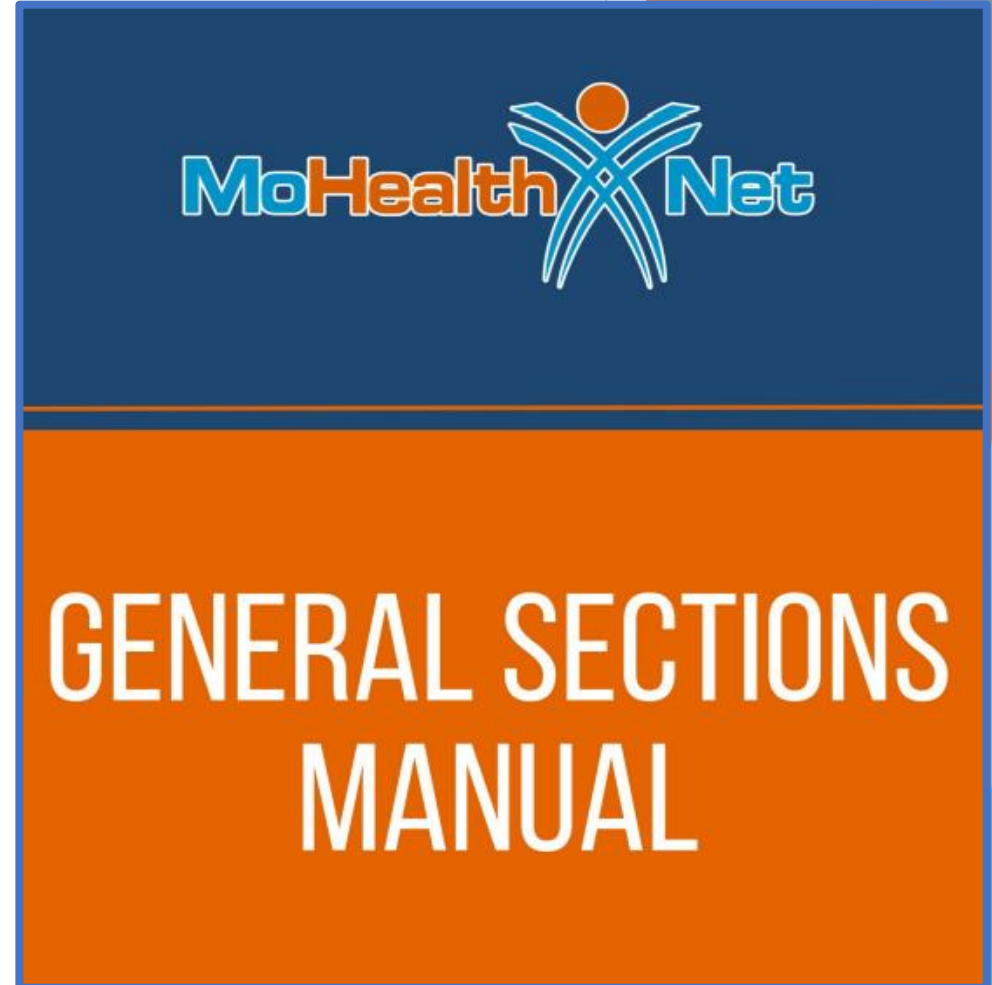


GENERAL SECTIONS MANUAL

Section 11: Claim Attachment Submissions

Section 11 of the [General Sections Manual](#) covers Claim Attachment Submissions.

- [\(Sterilization\) Consent Form](#)
- [Acknowledgement of Receipt of Hysterectomy Information](#)
- [Medical Referral Form of Restricted Participant \(PI-118\)](#)
- [Certificate of Medical Necessity](#) (only for the Durable Medical Equipment (DME) Program)



Physician Provider Page

From the [Provider Information](#) page, Physician and Clinic providers will find resources on the [Physician program page](#).

This includes program specific:

- Hot Tips
- Bulletins
- Forms
- Billing & Training Resources
- Link to the [Physician Provider Manual](#)

MO HealthNet Programs

Learn more about MO HealthNet programs by viewing Provider Manuals, Bulletins, Hot Tips, trainings, and more. You can also visit our [MO HealthNet News](#) page to view information for all programs.

<ul style="list-style-type: none"> • 1115 Demonstration Waivers • 1915(C) Home & Community Based Waivers • Ambulance • Ambulatory Surgical Center • Behavioral Health Services • Behavioral Health Adult Targeted Case Management • Behavioral Health Youth Targeted Case Management • Community Psychiatric Rehabilitation Program • Comprehensive Day Rehabilitation • Comprehensive Substance Treatment & Rehabilitation • Dental • Durable Medical Equipment 	<ul style="list-style-type: none"> • Electronic Visit Verification • Environmental Lead Assessment • Exceptions • Healthy Children & Youth • Hearing Aid • Home Health • Hospice • Hospital • Laboratory • Medicare/Medicaid Claims Processing • Non-Emergency Medical Transportation • Nurse Midwife • Nursing Home • Optical • Personal Care • Pharmacy 	<ul style="list-style-type: none"> • Physician • Show Me Home Initiative • Private Duty Nursing • Program of All-Inclusive Care for the Elderly • Rehabilitation Centers • Radiology • Rural Health Clinic • School District Administrative Claiming • School-Based IEP Direct Services Cost Settlement • School-Based IEP Specialized Transportation • Show Me Home (Money Follows the Person) • Targeted Case Management for IDD • Telemedicine • Therapy • Transplant
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Physician

The MO HealthNet Division covers the cost of visits with physicians, physician assistants, assistant physicians, chiropractors, and nurse practitioners for eligible participants.

Education & Training

- Biopsychosocial Treatment of Obesity
- MO HealthNet Education & Training
- Physicians and Clinics Resources

Forms

- Provider Forms
- Provider Update Request

Provider Manual

- Physician Manual
- General Sections Manual
- All Provider Manuals

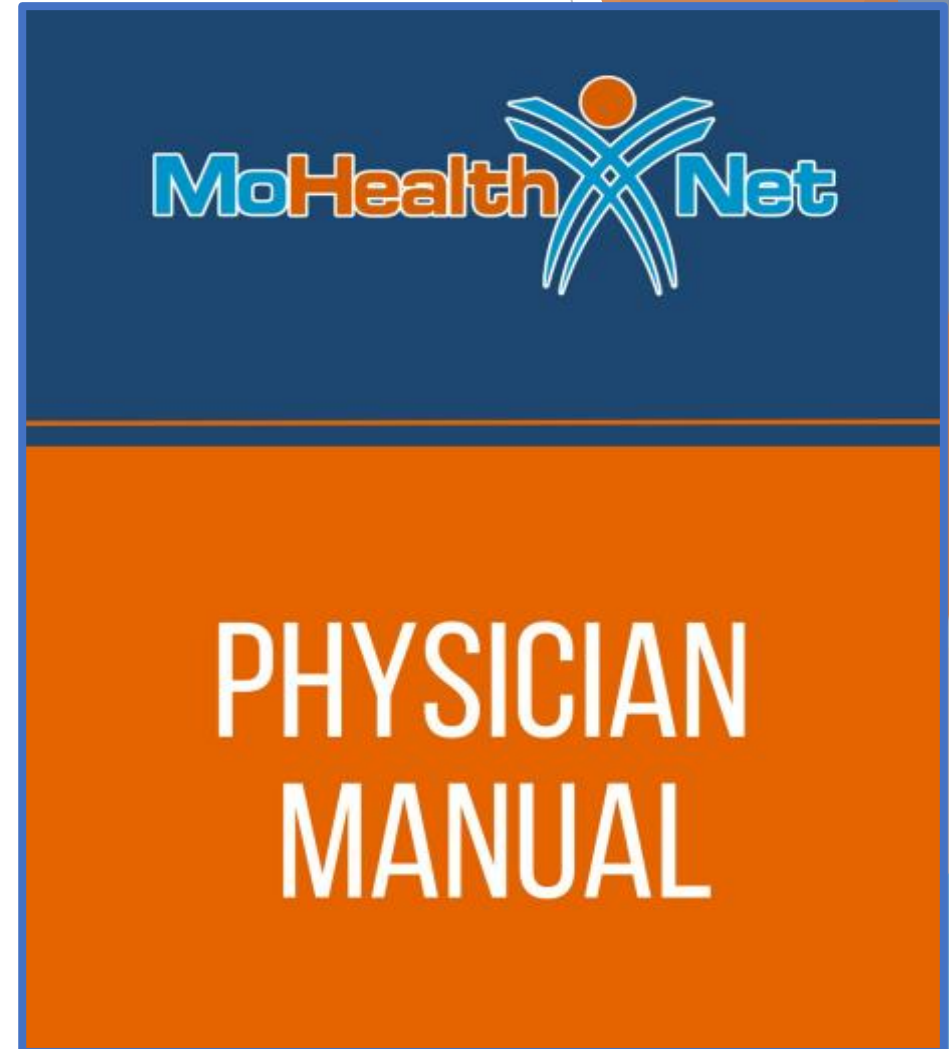
Resources

- Claims & Billing
- CyberAccess ^{id}
- eMOMED ^{id}
- FAQs

Physician Provider Manual

We will cover specific information on the following slides, refer to the [Physician Provider Manual](#) for additional information on each:

Section #	Section Description
Section 1	Reimbursement Methodology
Section 2	Benefits and Limitations
Section 3	Special Documentation Requirements
Section 4	Billing Instructions
Section 5	Diagnosis Codes
Section 6	Procedure Codes



Section 1: Reimbursement Methodology

Fee Schedules & Rate Lists

Fee Schedules

The fee schedules are updated each quarter. Pricing files are used by all MO HealthNet Providers. A code may not be appropriate for your claim even though it is listed in the pricing file. This is especially true for the categories entitled EPSDT, Medical, and Other Medical. Please refer to your program specific manual and bulletins for correct coding.

MO HealthNet providers are categorized by the service(s) they perform for the MO HealthNet eligible participants. The service by which providers are classified will determine the procedures for which they receive MO HealthNet reimbursement. However, some Current Procedural Terminology codes may be billed by multiple provider types.

For programs not paid via a fee schedule, procedure codes will show as covered with a fee listed. If you are paid by percentage, per diem rate, etc., you will continue to be paid in that manner. Again, please refer to the program specific manual and bulletins for limitations and restrictions.

[MO HealthNet Fee Schedules](#)

Rate Lists

Independent Rural Health Clinic Medicare/Medicaid Interim Rate List

The Independent Rural Health Clinic (IRHC) Medicaid Interim Rate List contains the interim rate per visit that the MO HealthNet Division (MHD) will reimburse IRHCs for services provided to MO HealthNet participants. IRHCs are reimbursed on an interim basis at the rate noted on this report and a final cost settlement is determined on the facility's annual cost report. MHD reimburses IRHCs on an interim basis at the Medicare Maximum Interim IRHC Rate, unless a provider requests a lower rate. The IRHC Rate List is updated at the beginning of each calendar year to reflect the new Medicare Maximum Rate effective January 1st and is updated if needed to reflect new or terminating facilities and rate changes.

This report is for informational purposes only and MHD is not responsible for how outside parties utilize the information. The general program policies governing the MO HealthNet IRHC program are set forth in 13 CSR 70-94.010 Independent Rural Health Clinic Program. If you have any questions regarding this report or the MO HealthNet IRHC program, please contact the Clinic Policy & Reimbursement Manager of the Institutional Reimbursement Unit at 573-751-5683.

IRHCs that are contracted with a health plan to provide managed care services to MO HealthNet participants. According to the terms of the Managed Care Health Plan Contract, health plans are to reimburse IRHCs one hundred percent (100%) of the interim rate per visit noted in this report. For further information on managed care, please visit <https://mydss.mo.gov/mhd/managed-care-health-plans>. If you have any questions regarding the managed care program for IRHCs, please contact 573-526-4274.

[IRHC Medicare/Medicaid Interim Rate List](#)



PHYSICIAN MANUAL

Section 2: Benefits and Limitations

Physicians Manual: Section 2.12 (Preventive Medicine Services)

The Healthy Children and Youth (HCY) Program is to ensure a comprehensive, preventive health care program for all MO HealthNet eligible individuals who are under the age of 21.

HCY is designed to link the child and family to an ongoing health care delivery system.

HCY Program provides early and periodic medical/dental screenings, diagnosis and treatment to correct or ameliorate defects and chronic conditions found during the screening.

Refer to the [HCY Manual](#) for additional information on the HCY Program.



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Section 2: Benefits and Limitations

Physicians Manual: Section 2.12 (Preventive Medicine Services)

Vaccine for Children (VFC) Program

The VFC program has federally provided vaccines available at no cost to public and private providers for eligible children ages 0 through 18.

Children that meet at least one of the following criteria are eligible for a VFC vaccine:

- Enrolled in the MO HealthNet Program
- Uninsured: Child has no health insurance coverage
- Native American/Alaskan: Children as defined in the Indian Health Services Act
- Underinsured: Child has some type of health insurance, but the benefit plan does not include vaccinations. The child must be vaccinated in a Federally Qualified Health Clinic (FQHC) or a Rural Health Clinic (RHC).



PHYSICIAN MANUAL

VFC Program

MO HealthNet enrolled providers must participate in the VFC program administered by the Missouri Department of Health and Senior Services (DHSS).

- Must use the free vaccine when administering vaccine to qualified MO HealthNet eligible children.
- Provider may bill for the administration of the free vaccine by used the appropriate VFC Administration procedure code.
 - Provider must not use any additional administration procedure code
- The administration fee(s) may be billed in addition to a HCY screen, a preventive medicine service, or in addition to an office visit if a service other than administration of a vaccine was provided to the child.



PHYSICIAN MANUAL

VFC Administration Codes

DT	Administration Procedure Code 90702SL
	Provided to VFC eligible children if pertussis vaccine is contraindicated and the child is younger than seven years of age.
DTaP	Administration Procedure Code 90700SL
	Recommended for all doses in the DTP series. Provided to all VFC eligible children 0 through six (6) years of age.
DTaP/Hep B/IPV	Administration Procedure Code 90723SL
	Licensed for the 3 dose primary series. Provided to all VFC eligible children 0 through 18 years of age.
DTaP/Hib/IPV (Pentacel)	Administration Procedure Code 90698SL
	Provided to all VFC eligible children six (6) weeks 0 through four (4) - 18 years of age.
DTaP/IPV/Hib/Hep-B	Administration Procedure Code 90697SL
	Provided to all VFC eligible children 0 through 18 years of age.
DTaP/IPV (Kinrix)	Administration Procedure Code 90696SL
	Booster dose provided to all VFC eligible children four (4) through six (6) years of age.

VFC Administration Codes

e-IPV	Administration Procedure Code 90713SL
	Provided to all VFC eligible children six (6) weeks through 18 years of age.
Hep A	Administration Procedure Code 90633SL
	Provided to all VFC eligible children who are at least two (2) years of age 0 through 18 years of age.
Hep B	Administration Procedure Code 90744SL
	Provided to all VFC eligible children 0 through 18 years of age.
Hib	Administration Procedure Codes 90647SL or 90648SL
	Provided to all VFC eligible children six (6) weeks of age to 59 months 0 through 18 years of age.
Human Papilloma Virus (HPV)	Administration Procedure Code 90649SL, 90650 SL, 90651 SL
	Provided to all VFC eligible children and adolescents age nine (9) years through 0 through 18 years of age.
Influenza	Administration Procedure Code 90656SL
	Provided for all VFC eligible children three (3) years 0 through 18 years of age.

VFC Administration Codes

Influenza (continued)

Administration Procedure Code 90685SL

Provided for all VFC eligible children six (6) months 0 through 35 months 18 years of age.

Administration Procedure Code 90686SL

Provided for all VFC eligible children 0 years through 18 years of age.

Administration Procedure Code 90688SL

Provided for all VFC eligible children three (3) years 0 through 18 years of age.

Administration Procedure Code 90672SL

Provided for all VFC eligible children two (2) years 0 through 18 years of age.

Administration Procedure Code 90674SL

Provided for all VFC eligible children four (4) years 0 through 18 years of age.

VFC Administration Codes

Measles, Mumps, Rubella and Varicella (MMRV)	Administration Procedure Code 90710SL
	Provided for all VFC children and adolescents age one (1) year 0 through 12 eight (8) years of age.
Meningococcal	Administration Procedure Code 90734SL
	Provided for all VFC children and adolescents age 20 years through 18 years of age.
Meningococcal Groups A, C, W, Y	Administration Procedure Code 90619SL
	Provided for all VFC children 0 through 18 years of age.
Meningococcal B	Administration Procedure Code 90620SL
	Provided for VFC eligible adolescents 16-18 years of age and VFC eligible children and adolescents 10 through 18 years of age at increased risk of a Meningococcal disease outbreak. Series includes two (2) doses.
Meningococcal B	Administration Procedure Code 90621SL
	Provided for VFC eligible adolescents 16-18 years of age and VFC eligible children and adolescents 10 through 18 years of age at increased risk of a Meningococcal disease outbreak. Series includes three (3) doses.

VFC Administration Codes

Meningococcal/Hib (Hib-MenCY)	Administration Procedure Code 90644SL
	Provided for VFC eligible infants 26 weeks through 158 months of age at increased risk of a meningococcal disease outbreak.
MMR	Administration Procedure Code 90707SL
	Provided to all VFC eligible children 102 months through 18 years of age. Series includes two (2) doses; 2nd dose provided at least 24 days after the first dose.
Pneumococcal 23-valent (PolysaccharidePPSV23)	Administration Procedure Code 90732S
	Provided only to all VFC eligible children two (2) years through 18 years who have functional or anatomical asplenia, immunocompromising illness or medications, chronic illness (as specified above), who are Alaskan Native or American Indian, or who have received a bone marrow transplant of age.
Pneumococcal conjugate 15-valent	Administration Procedure Code 90671
	Provided to all VFC eligible children 0 through 18 years of age.
Rotavirus (Rotarix)pentavalent (RV5)	Administration Procedure Code 90680SL
	Provided to all VFC eligible children who are six (6) weeks 0 through 32 weeks 18 years of age. Series includes a three dose vaccine.

VFC Administration Codes

Rotavirus, human, attenuated (RV1) (Rotarix)	Administration Procedure Code 90681SL
	Provided to all VFC eligible children 0 who are six (6) weeks through 32 weeks 18 years of age. Series includes a two (2) dose vaccine.
Td	Administration Procedure Code 90714SL
	Booster recommended for 11-18 year old children if five (5) years have elapsed since the previous booster dose. Tetanus and diphtheria (Td) adsorbed, preservative free, for use provided to VFC eligible in children age seven (7) years or older, for intramuscular use.
Tetanus, Diphtheria Toxoids and Acellular Pertussis (Tdap)	Administration Procedure Code 90715SL
	Provided for all VFC eligible children and adolescents age 11 years seven (7) through 18 years of age.
Varicella	Administration Procedure Code 90716SL
	Provided to all VFC eligible children who are at least 12 months of age 0 through 18 years of age.

Section 2: Benefits and Limitations

VFC Program

Providers enrolled as a RHC or FQHC must not bill an additional administration fee for any vaccine.

If you need more information regarding specific guidelines of the VFC program, contact DHSS at (800) 219-3224, (573) 751-6124 or in writing to:

Bureau of Immunization
PO Box 570
Jefferson City, MO 65109



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Section 2: Benefits and Limitations

VFC for MO HealthNet Managed Care Participants

Managed Care health plan providers must use the VFC vaccine for MCO participants.

Health plans do not receive an additional administration fee as reimbursement as this is included in the health plan's capitation payment.

MCO plans may have different payment arrangements with their providers and the VFC administration fee may be included in the capitation payment from the health plan to the provider.

However, the health plan reimbursement to public health departments should be the [MO HealthNet Fee Schedule](#) reimbursement amount per vaccine component unless otherwise regulated.

Providers should contact the appropriate Managed Care health plan for correct billing procedures.



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Section 2: Benefits and Limitations

Immunizations Outside VFC Guidelines

If an immunization is given to a MO HealthNet participant who does not meet the VFC guidelines, providers should use the standard procedure for billing injections.

Providers should bill on the Pharmacy Claim form using the National Drug Code (NDC).

Vaccine Shortages

In cases of vaccine shortages, providers are notified by a MHD Bulletin and will be given further instructions.



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Section 2: Benefits and Limitations

Physicians Manual: Section 2.12 (Preventive Medicine Services)

School/Athletic Physicals

When a physical examination is completed on a participant, it may be necessary to obtain a physician's certificate stating that a child is physically able to participate in athletic contests at school.

A provider will need to use diagnosis codes Z00.121 or Z00.129.

This also applies for other school physicals when required as conditions for entry into or continuance in the educational process.

Use the appropriate Preventive Medicine code with the appropriate modifiers. Refer to Section **1.2 Full Screens** in the [HCY manual](#) for the appropriate modifiers.



PHYSICIAN MANUAL

Section 2: Benefits and Limitations

Physicians Manual: Section 2.12 (Preventive Medicine Services)

Women, Infants, and Children (WIC) Services

WIC agencies with MO HealthNet National Provider Identifiers (NPIs) for the agency and the performing provider may bill for a minimal office visit (Current Procedural Terminology (CPT) code: 99211). They may also bill for a hemoglobin lab (CPT code: 85018) performed during a certification or re-certification of MO HealthNet eligible WIC clients, only if the agency is able to substantiate its costs exceed any amounts received from other sources of funding.

Costs associated with the WIC services are non-reimbursable costs for FQHCs.

If the WIC provider cannot substantiate that its costs exceed funds received from other sources, then the agency cannot bill MO HealthNet for the WIC services.



PHYSICIAN MANUAL

Section 2: Benefits and Limitations

Physicians Manual: Section 2.13 (Reporting Child Abuse Cases)

RSMo 210.115 requires physicians, hospitals and other specified personnel to report possible child abuse cases to the FSD Child Abuse Hot Line, (800) 392- 3738, Relay Missouri at 1-800-735-2466 (voice) or 1-800-735-2966 (text)



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Section 2: Benefits and Limitations

Physicians Manual: Section 2.14 (SAFE-CARE Examinations)

Sexual Assault Findings Examination (SAFE) and Child Abuse Resource Education (CARE) examinations and related laboratory studies that ascertain the likelihood of sexual or physical abuse performed by SAFE trained providers certified by DHSS are covered by MHD.

Children enrolled in a MCO plan receive SAFE-CARE services as a benefit outside of the health plan on a FFS basis.

It is extremely important for MO HealthNet enrolled providers furnishing SAFE-CARE examinations to identify children who are eligible for MO HealthNet or MO HealthNet MCO benefits.

To maximize funding, claims for these children should be submitted to MO HealthNet for processing. Do not send claims for these children to FSD or to the local county FSD office for reimbursement.



PHYSICIAN MANUAL

Section 2: Benefits and Limitations

Physicians Manual: Section 2.14 (SAFE-CARE Examinations)

The examination for sexual or physical abuse for MO HealthNet Managed Care and FFS MO HealthNet children must be billed using one of the following procedure codes, when provided by a MO HealthNet enrolled SAFE trained provider:

Procedure Code	Description
99205U7	SAFE
99205U752	CARE

NOTE: It is not allowable to bill both a SAFE and a CARE examination for the same child on the same day.



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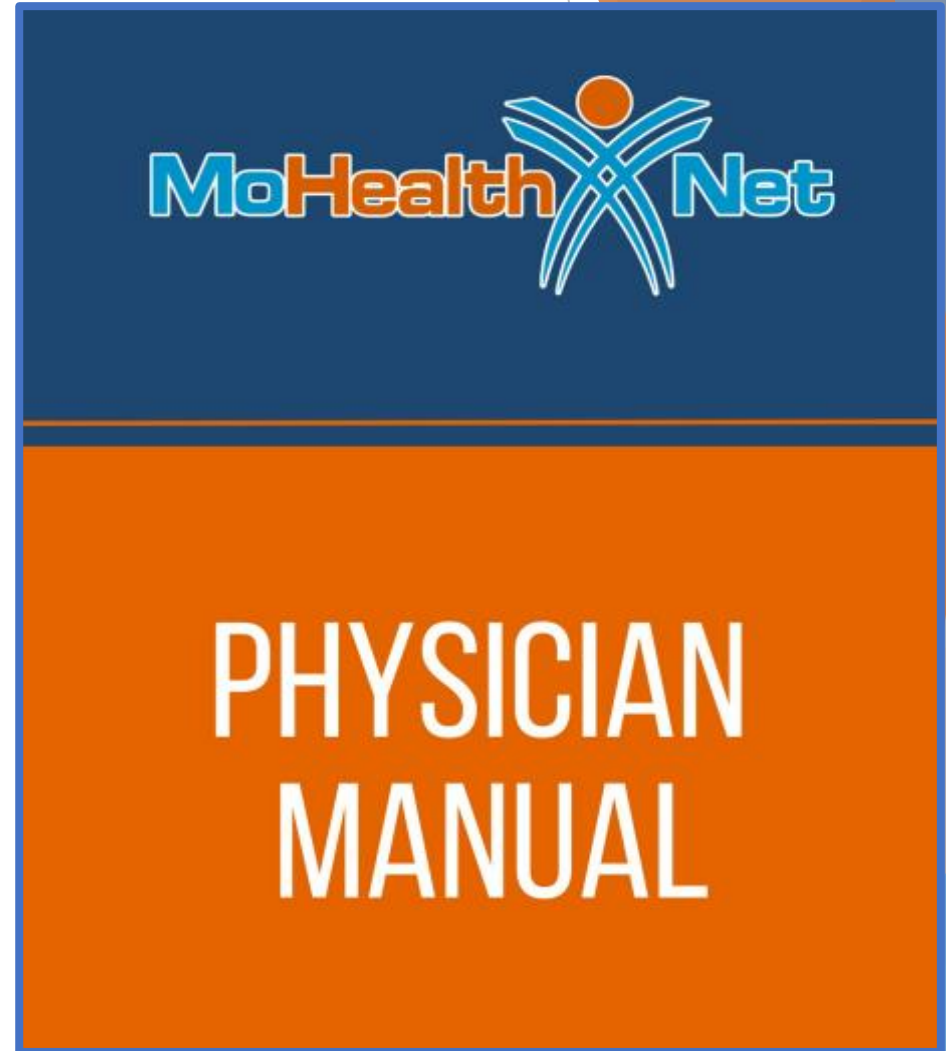
Section 2: Benefits and Limitations

Physicians Manual: Section 2.14 (Safe-Care Examinations)

The laboratory studies for sexual or physical abuse, when requested or ordered by a MO HealthNet enrolled SAFE trained provider, for all MO HealthNet children (MCO and FFS) must be billed using the following procedure code(s):

56820 U7	57420 U7	57452 U7	81025 U7	86317 U7	86592 U7
86631 U7	86632 U7	86687 U7	86688 U7	86689 U7	87076 U7
87077 U7	87110 U7	87210 U7	87390 U7	87391 U7	87534 U7
87535 U7	87536 U7	87537 U7	87538 U7	87539 U7	99170 U7

Claims for laboratory tests performed by someone other than the SAFE-CARE provider require the referring physician information on the professional claim. The performing laboratory need not to be authorized as a SAFE-CARE provider to perform and receive reimbursement for the testing.



The graphic features the MoHealthNet logo at the top in a dark blue box. Below it is a large orange box with the text "PHYSICIAN MANUAL" in white, bold, uppercase letters.

Section 2: Benefits and Limitations

Physicians Manual: Section 2.14 (Safe-Care Examinations)

Laboratory tests for SAFE-CARE exams may include any medically necessary tests ordered by the SAFE-CARE provider.

The specific tests listed on previous page are excluded from the MCOs responsibility and should be billed to the MO HealthNet Program as FFS.

However, laboratory tests not included on the list from the previous page, but ordered by the SAFE-CARE provider are the responsibility of the MCO for a participant enrolled in that program.



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Section 2: Benefits and Limitations

Physicians Manual: Section 2.14 (Safe-Care Examinations)

Sexual Assault Forensic Examination/Child Abuse Resources Education

Providers should use the [SAFE-CARE Medical Examination form](#). For payment, submit an itemized invoice (including CPT codes if available), and the form:

Missouri Department of Public Safety
Sexual Assault Forensic Examination Program
PO Box 1589
Jefferson City, MO 65102

SAFE-CARE providers may use the electronic system instead of the paper form. This eliminates the need for providers to send paper copies to DHSS for data collection. For information on the electronic system, contact the SAFE-CARE Network at (573) 751-6261.



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Section 2: Benefits and Limitations

Physicians Manual: Section 2.16 (Supervision)

Public Health Department Clinics and Planned Parenthood Clinics

The physician's presence is not required onsite in Public Health Department and Planned Parenthood Clinic settings when a written protocol is developed, implemented and evaluated by the physician and the registered nurse.

The facility must ensure the protocols are current. The physician must ensure the services are appropriate and medically necessary.

A copy of this protocol must be in each individual clinic. Clinic staff must furnish or make this protocol available for inspection by DSS upon request.



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Section 2: Benefits and Limitations

Public Health Department Clinics and Planned Parenthood Clinics

This policy applies only to the services provided in a clinic setting as typically maintained. This policy does not apply in individual physician offices or independent clinics. The policy in those situations continues to require that the physician be onsite and render direct personal supervision.

This policy also does not apply to psychiatric services wherever provided. Policy in those situations continues to require that the services be personally provided by the physician.

All services must be billed by the clinic on a professional claim.

The provider number of the enrolled physician assuming responsibility for these services through a written protocol must be shown in the appropriate field on the claim for each service billed.



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Section 2: Benefits and Limitations

Physicians Manual: Section 2.22 (Prescription Drugs)

Exceptions to Billing on the Pharmacy Claim

The following exceptions apply in specific instances:

- Ambulatory Surgical Centers (ASC) (Specialty B5) must not bill separately for injections, as the facility payment includes all supplies and equipment
- Mental Health Regional Centers
- (Specialty 56) are restricted to annual assessments and daily specialized services only
- Public Health Department Clinics must bill on the professional claim in accordance with special instructions for vaccines provided by the CDC.

Contact the Provider Relations Communication Unit at (573) 751-2896 or via the Provider Communications Management Function on [eMOMED](#) for more information. All other (purchased) vaccines must be billed on the Pharmacy Claim.



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Section 2: Benefits and Limitations

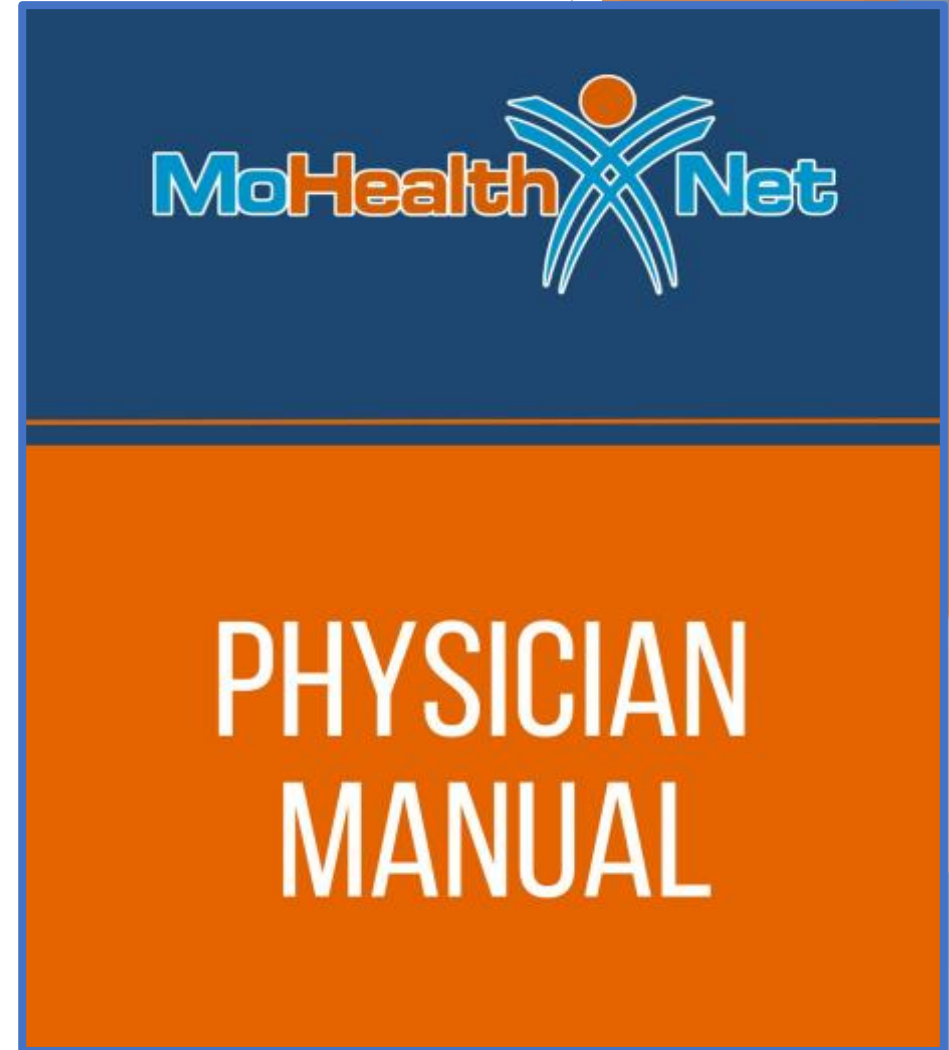
Physicians Manual: Section 2.27 (Adult Physicals)

One adult preventive examination/physical, including a well woman exam (ages 21 and older) per 12 months is covered by MO HealthNet.

Physicals are also covered when required as a condition of employment.

The following diagnosis codes should be used and billed under the appropriate preventative medicine procedure code (99385-99387 or 99395-99397):

Z00.00	Z01.411
Z00.01	Z01.419



Section 2: Benefits and Limitations

Physicians Manual: Section 2.27 (Adult Physicals)

A physician may charge the appropriate Evaluation and Management (E/M) procedure code that includes one or more of the following services:

- Obtaining a medical history
- Pelvic examination
- Breast examination
- Preparation of smears, for example, a Pap smear, bacterial smear.



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Section 2: Benefits and Limitations

Physicians Manual: Section 2.54 (Case Management)

Case Management for Pregnant Women

Case management services are available for MO HealthNet eligible pregnant women who are at risk of poor pregnancy outcomes and are intended to reduce infant mortality and low birth weight by encouraging adequate prenatal care and adherence to the recommendations of the prenatal caregiver.

Risk Appraisal

A risk appraisal is a set of criteria to be used in identifying pregnant women who are at risk of poor pregnancy outcomes, and children who have or are at risk of developing, physical, psychosocial and/or developmental problems.

Completion of the [Risk Appraisal for Pregnant Women](#) form is mandatory to establish the at risk status of the patient.



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Section 4: Billing Instructions

Provider may submit claims online at [eMOMED](#).

Providers are required to complete the online Application for eMOMED.

Providers are unable to access eMOMED without proper authorization. Authorization is required for each individual user.

The CMS-1500 claim form is used to bill MO HealthNet for professional services.

The pharmacy claim form is used to bill for pharmacy services.



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Section 4: Billing Instructions

Providers should contact Provider Communications (PC) at (573) 751-2896 for assistance in filing claims, claim denials, and eligibility questions. Providers may also contact PC via the Provider Communications Management Function on [eMOMED](#). Provider Communications will respond within 48 hours.

The Provider Technical Help Desk can provide technical assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements and eMOMED claim filing service. Contact the Help Desk at (573) 635-3559.



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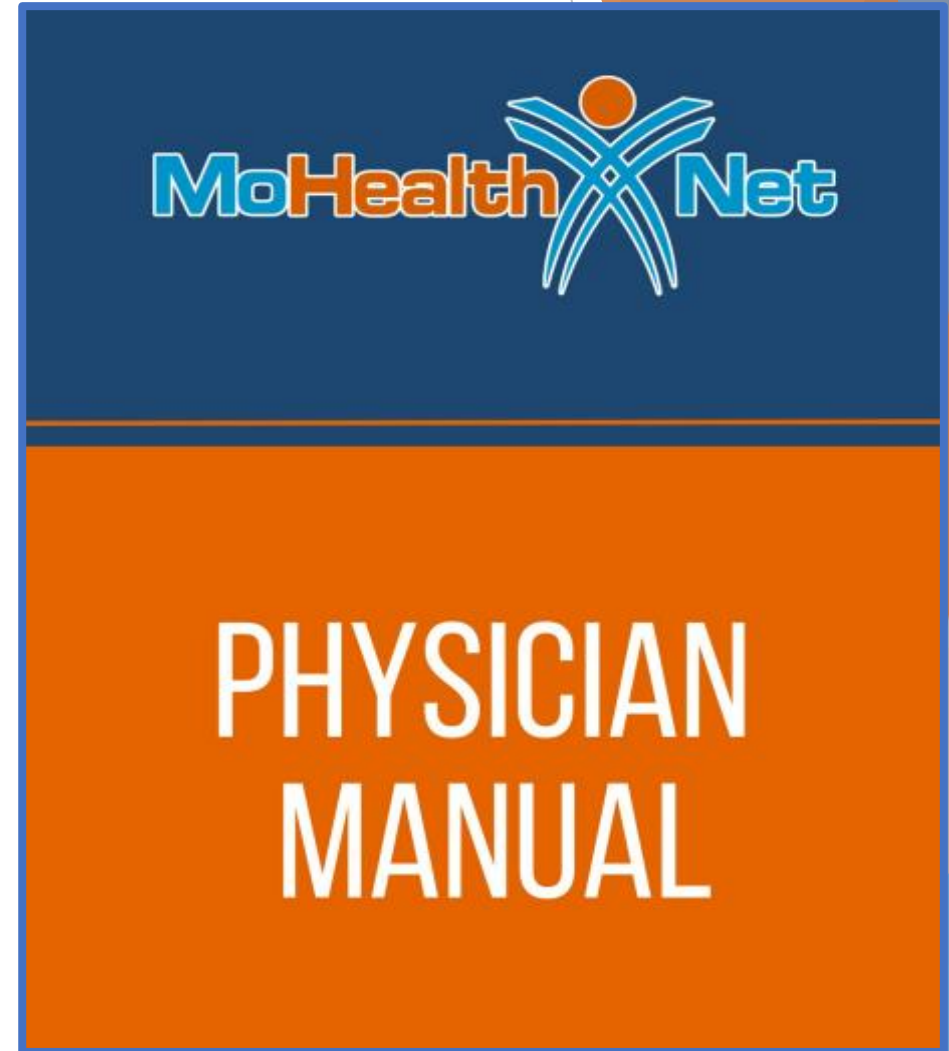


Section 4.6: CMS-1500 Claim Filing Instructions

Section 4.6 of the [Physician's Manual](#) provides instructions on how to complete the CMS-1500 and the Pharmacy Claim form.

The [CMS-1500 claim form](#) should be typed or legibly printed. It may be duplicated if the copy is legible. MO HealthNet claims should be mailed to:

Wipro Infocrossing
P.O. Box 5600
Jefferson City, MO 65102



Section 4.9: Insurance Coverage Codes

Type of insurance coverage codes identified on the Interactive Voice Response (IVR) system, or eligibility files accessed via [eMOMED](#) are listed in Section 5 of the [General Sections Manual](#) (Third Party Liability).

While providers are verifying the patient's eligibility, they can also obtain TPL information on the MHD participant file.

Eligibility and third party resources may be verified by calling the Provider Communications at (573) 751-2896 or on eMOMED.

It is the provider's responsibility to obtain the patient name and address of the insurance company, the policy number, and the type of coverage.



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Section 5: Diagnosis Codes

Physicians Manual: Section 5.1 (General Information)

The diagnosis code is a required field and the accuracy of the code that describes the patient's condition is important.

The diagnosis code must be entered on the claim form exactly as it appears in the current International Classification of Diseases (ICD) book.

Diagnosis codes are not included in Section 5. The current ICD book should be used as a guide in the selection of the appropriate diagnosis code.

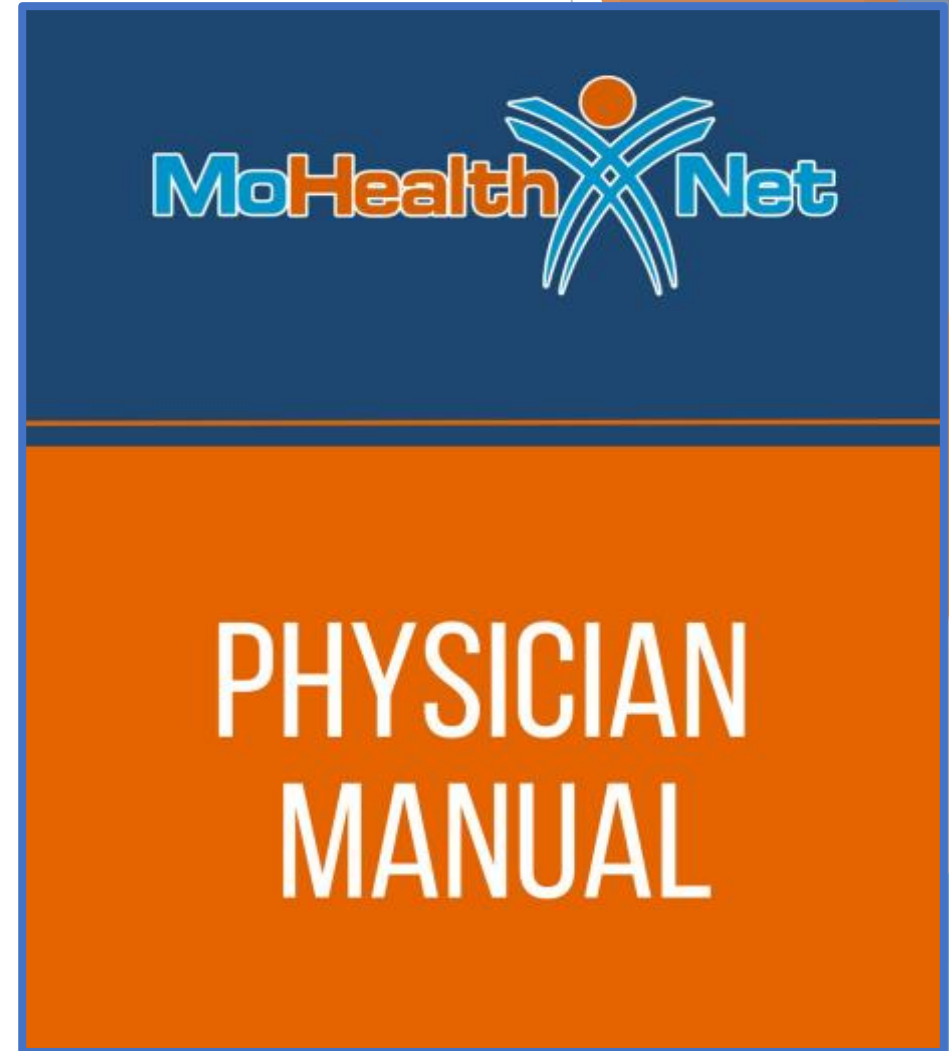


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Section 6: Procedure Codes

Physicians Manual: Section 6.1 (Case Management Procedures)

Procedure Code	Description
H1000	Prenatal care, at risk assessment
H101TS	Prenatal care, at risk enhanced service; antepartum management; follow-up service
H101	Prenatal care, at risk enhanced service; antepartum management
G9012	Other specified case management service not elsewhere classified
H1004	Prenatal care, at risk enhanced service; follow-up home visit
H101TS52	Prenatal care, at risk enhanced service; antepartum management; follow-up; reduced service
T1016UATS	Lead Case Management
T1016UA	Lead Case Management, Month with Initial Visit



Section 6: Procedure Codes

Physicians Manual: Section 6.6 (Diabetes Self-Management)

Procedure Code	Description
99205U9	Initial Assessment–Comprehensive Diabetes Education– Minimum one (1) Hour
G0108	Diabetes Education–Subsequent Visit– Minimum 30 minutes
G0109	Diabetes Education–Group Subsequent (no more than eight (8) persons)–Minimum 30 minute session




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eMOMED Overview

Providers can utilize [eMOMED](#) for the following:

- Claim Management
- Participant Eligibility
- Prior Authorization Status (PA)
- Provider Communications Management
- Participant Annual Renewal Date
- File Management
- Payment Information
- Provider Enrollment Status

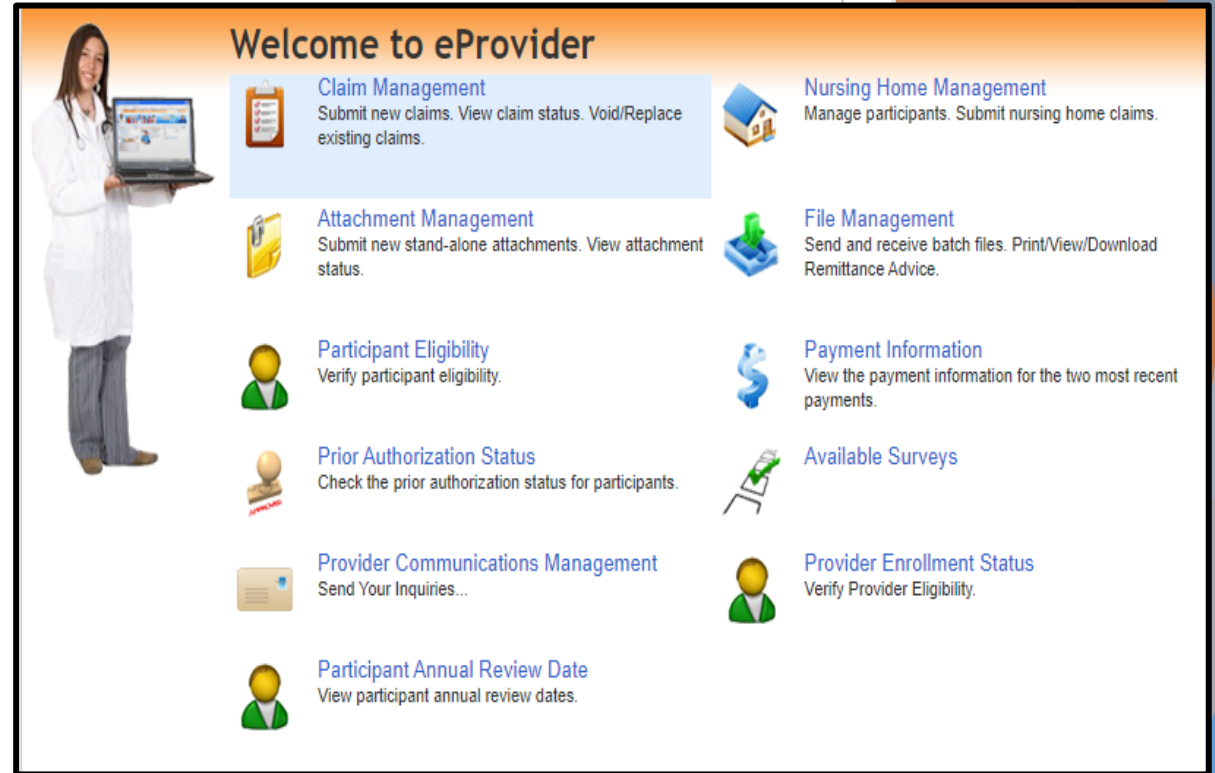


The screenshot shows a dashboard titled "Welcome to eProvider" with a list of functions. On the left, there is an image of a female doctor in a white lab coat holding a laptop. The dashboard is organized into two columns of function cards, each with an icon, a title, and a brief description.


Function	Description
Claim Management	Submit new claims. View claim status. Void/Replace existing claims.
Attachment Management	Submit new stand-alone attachments. View attachment status.
Participant Eligibility	Verify participant eligibility.
Prior Authorization Status	Check the prior authorization status for participants.
Provider Communications Management	Send Your Inquiries...
Participant Annual Review Date	View participant annual review dates.
Nursing Home Management	Manage participants. Submit nursing home claims.
File Management	Send and receive batch files. Print/View/Download Remittance Advice.
Payment Information	View the payment information for the two most recent payments.
Available Surveys	
Provider Enrollment Status	Verify Provider Eligibility.








Providers can review the [eMOMED Overview](#) found on the [Education & Training Page](#) for a detailed explanation of each function.

- MO HealthNet Only
- MO HealthNet and Commercial Insurance or Medicare Part C



Welcome to eProvider

 A female doctor in a white lab coat holding a laptop.

 Claim Management Submit new claims. View claim status. Void/Replace existing claims.	 Nursing Home Management Manage participants. Submit nursing home claims.
 Attachment Management Submit new stand-alone attachments. View attachment status.	 File Management Send and receive batch files. Print/View/Download Remittance Advice.
 Participant Eligibility Verify participant eligibility.	 Payment Information View the payment information for the two most recent payments.
 Prior Authorization Status Check the prior authorization status for participants.	 Available Surveys
 Provider Communications Management Send Your Inquiries...	 Provider Enrollment Status Verify Provider Eligibility.
 Participant Annual Review Date View participant annual review dates.	

Claim Management

- Submit claims
- Search Claim:
 - ICN Search
 - Or Advanced

Claim Management

NPI * Provider Name
 NPI is invalid.

New Claim ▾ **New Xover Claim** ▾


Claim Search

ICN
 Advanced
 Daily Claim Summary


Participant DCN Submitted Charges

Dates of Service To


Claim Type




Welcome to eProvider




Claim Management
Submit new claims. View claim status. Void/Replace existing claims.




Attachment Management
Submit new stand-alone attachments. View attachment status.




Participant Eligibility
Verify participant eligibility.




Prior Authorization Status
Check the prior authorization status for participants.




Provider Communications Management
Send Your Inquiries...




Participant Annual Review Date
View participant annual review dates.




Nursing Home Management
Manage participants. Submit nursing home claims.




File Management
Send and receive batch files. Print/View/Download Remittance Advice.



Payment Information
View the payment information for the two most recent payments.



Available Surveys



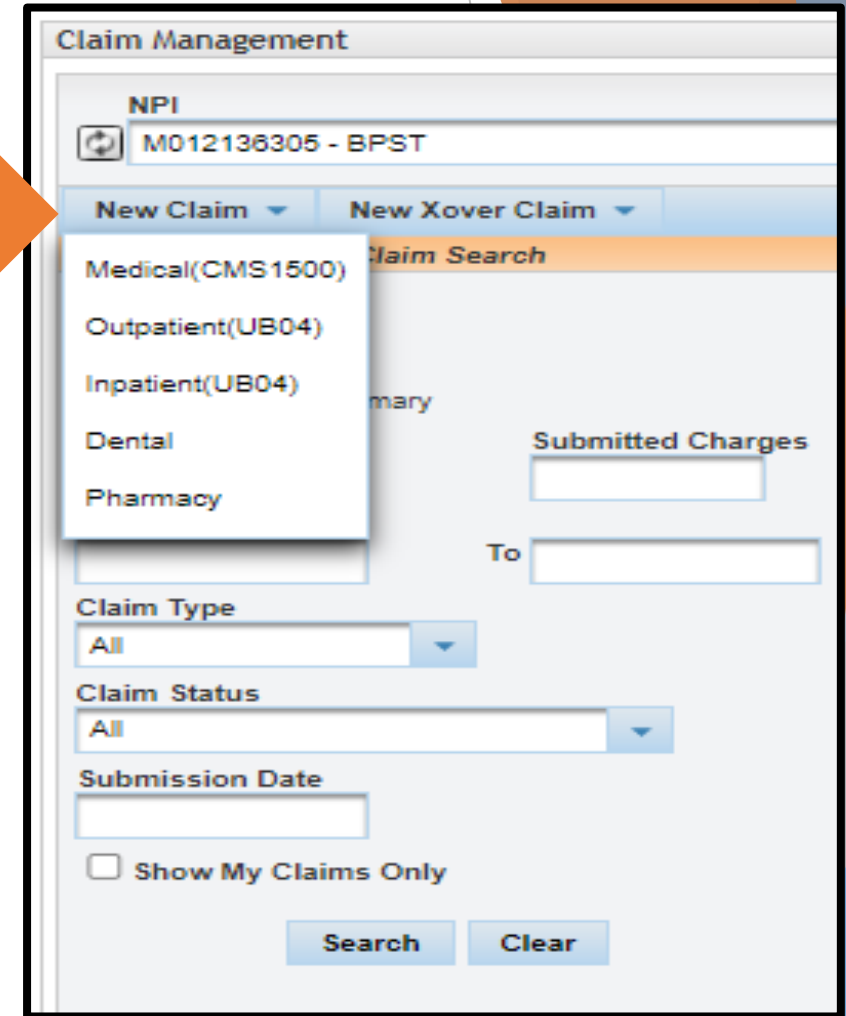
Provider Enrollment Status
Verify Provider Eligibility.

MO HealthNet Only

Under Claim Management:

- Select the correct Billing NPI from the drop-down box
- Under New Claim, select the claim form

RHC's may use their **59** billing NPI; non-RHC clinic in some situations



The screenshot shows the 'Claim Management' interface. At the top, there is a search bar for 'NPI' with the value 'M012136305 - BPST'. Below this, there are two buttons: 'New Claim' and 'New Xover Claim'. The 'New Claim' button is selected, and a dropdown menu is open, showing the following options: 'Medical(CMS1500)', 'Outpatient(UB04)', 'Inpatient(UB04)', 'Dental', and 'Pharmacy'. To the right of the dropdown menu, there is a 'Claim Search' section with a 'Submitted Charges' field and a 'To' field. Below this, there are two dropdown menus: 'Claim Type' (set to 'All') and 'Claim Status' (set to 'All'). There is also a 'Submission Date' field and a checkbox labeled 'Show My Claims Only'. At the bottom, there are 'Search' and 'Clear' buttons.

Claim Header

Step 1: Enter DCN #

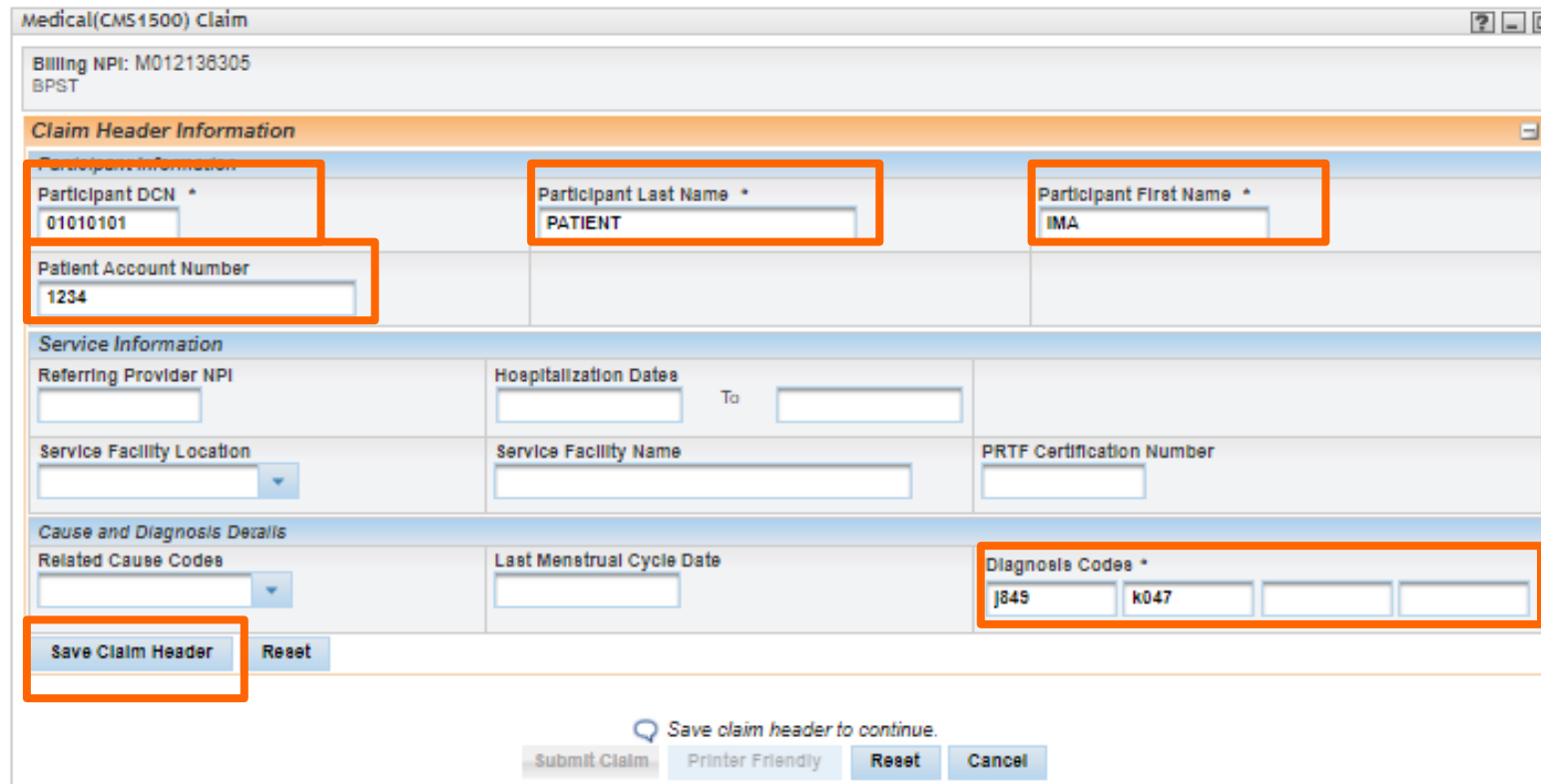
Step 2: Participant's last name

Step 3: Participant's first name

Step 4: Patient Acct # (optional)

Step 5: Enter Diagnosis Code(s)

Step 6: Save Claim Header



Medical(CMS1500) Claim

Billing NPI: M012136305
BPST

Claim Header Information

Participant Information

Participant DCN *
01010101

Participant Last Name *
PATIENT

Participant First Name *
IMA

Patient Account Number
1234

Service Information

Referring Provider NPI
[]

Hospitalization Dates
[] To []

Service Facility Location
[]

Service Facility Name
[]

PRTF Certification Number
[]

Cause and Diagnosis Details

Related Cause Codes
[]

Last Menstrual Cycle Date
[]

Diagnosis Codes *
J845 K047 [] []

Save Claim Header Reset

Save claim header to continue.

Submit Claim Printer Friendly Reset Cancel

Detail Line Summary

Step 1: Enter Date of Service

Step 2: Enter Place of Service

Step 3: Enter Procedure Code

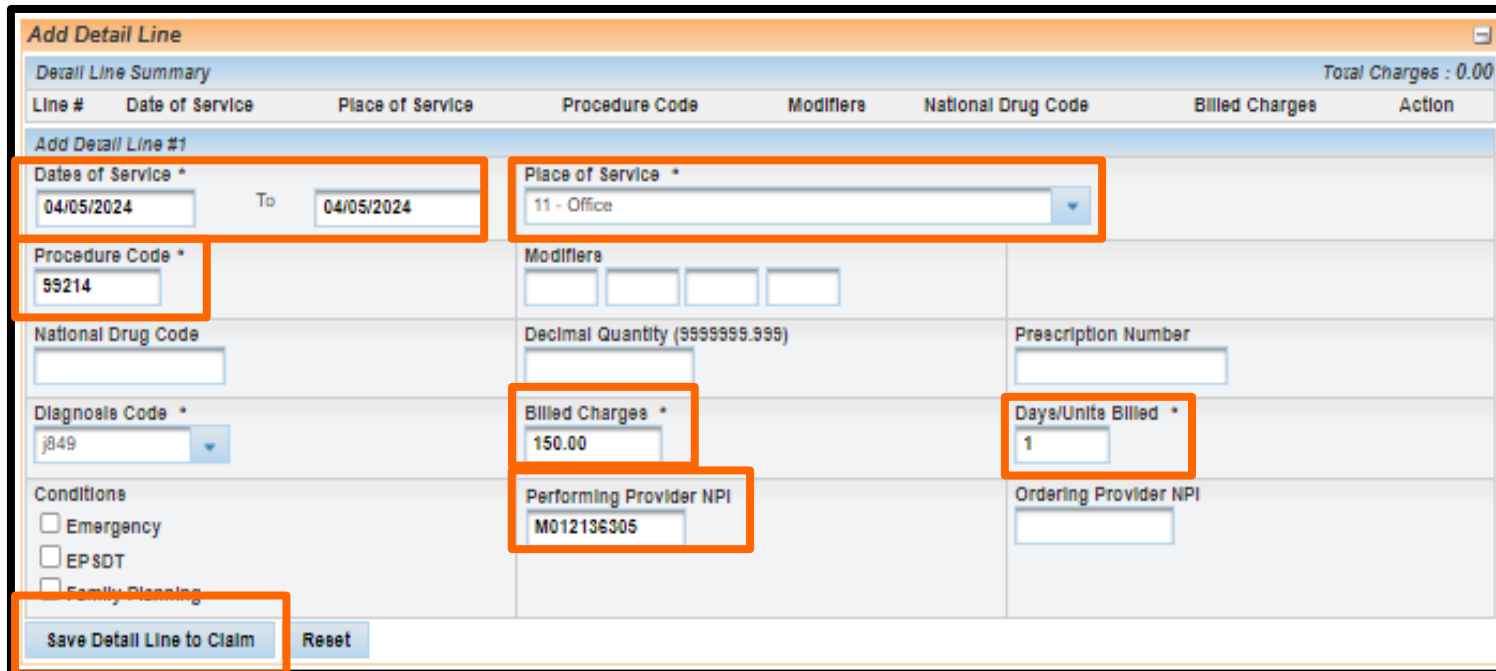
Step 4: Enter Billed Charges

Step 5: Enter Days/Units Billed

Step 6: Enter Performing Provider NPI

Step 7: Save Detail Line to Claim

Complete additional fields based on service.



The screenshot shows the 'Add Detail Line' form with the following fields highlighted in orange:



- Date of Service * (04/05/2024) and To (04/05/2024)
- Place of Service * (11 - Office)
- Procedure Code * (99214)
- Billed Charges * (150.00)
- Days/Units Billed * (1)
- Performing Provider NPI (M012136305)
- Save Detail Line to Claim button

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
Add Detail Line #1	04/05/2024 To 04/05/2024	11 - Office	99214			150.00	

Submit Claim

Click: Submit Claim

Detail Line Summary Total Charges : 150.00

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
1	04/05/2024 - 04/05/2024	11 - Office	99214			150.00	 

Add Detail Line #2

Dates of Service *
[] To [] **Place of Service *** []

Procedure Code * [] **Modifiers** [] [] [] []


National Drug Code [] **Decimal Quantity (9999999.999)** [] **Prescription Number** []


Diagnosis Code * [- Select One -] **Billed Charges *** [] **Days/Units Billed *** []


Conditions
 Emergency
 EPSDT
 Family Planning

Performing Provider NPI [] **Ordering Provider NPI** []

[Save Detail Line to Claim](#) [Reset](#)

Other Payers (click to manage) 

Invoice of Cost (click to manage) 

Certificate of Medical Necessity (click to manage) 

[Submit Claim](#) [Printer Friendly](#) [Reset](#) [Cancel](#)

Claim Status Functions

Void or Replacement: Paid claims

Timely Filing: Adjusting old claim 12 months after DOS

Copy Claim: Denied claims

Printer Friendly: Review all claims

The screenshot shows a web application window titled "Claim Status" with a green checkmark and the text "Claim received." Below this is a toolbar labeled "Claim Details" containing buttons for "Void", "Replacement", "Timely Filing", "Copy Claim", "View Claim Details", and "Printer Friendly". An orange arrow points to this toolbar. The main content area is divided into several sections: "Participant Details" (IMA PATIENT, DCN 01010101), "Claim Data" (ICN 4924135008134, Submission Date 05/14/2024, First/Last Date of Service 04/05/2024, Claim Type MEDICAL, Total Charges 150.00), "Payment Details" (Total Paid 0.00, RA Date, Check Number), "Provider Details" (NPI M012136305, Taxonomy Code), "Claim Status Details" (Claim Status 21, Category Code F0, Status Effective Date 05/14/2024, Adjudication Date 05/14/2024), and a "Service Line Details Summary" table.

Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	04/05/2024 - 04/05/2024		99214		1	150.00	0.00	20	A2		05/14/2024

At the bottom, there is a message: "Click on the button below to start a new claim of the last submitted claim type." with "New Claim" and "Finish" buttons.

Review Section 6 of the [General Provider Manual](#) for the function of each button.

Why Did My Claim Deny?

Resolving Claims: See Claim Status and Category Codes

Refer to [RA Remark Advice & Claim Adjustment Reason Codes](#)

Claim Status

Claim received.

Claim Details

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Participant Details	Claim Data	Payment Details
Participant Name IMA PATIENT	ICN 4924135008134	Claim Submission Date 05/14/2024
Participant DCN 01010101	First Date Of Service 04/05/2024	Last Date of Service 04/05/2024
	Claim Type MEDICAL	Bill Type
	Total Charges 150.00	
		Total Paid 0.00
		RA Date
		Check Number

Provider Details	Claim Status Details	Category Code	Entity Identifier Code
NPI M012136305	Claim Status 21	Category Code F0	
Taxonomy Code	Status Effective Date 05/14/2024	Adjudication Date 05/14/2024	

Service Line Details Summary											
Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	04/05/2024 - 04/05/2024		99214		1	150.00	0.00	20	A2		05/14/2024

Click on the button below to start a new claim of the last submitted claim type.

New Claim Finish

Printer Friendly

MO HealthNet

Medical(CMS1500) Claim Details - ICN: 4924135008134

Billing NPI: M012136305

Claim Header Information

Participant Information

Participant DCN	Participant Last Name	Participant First Name
01010101	PATIENT	IMA
Patient Account Number		
1234		

Service Information

Referring Provider NPI	Hospitalization Dates	
Service Facility Location	Service Facility Name	PRTF Certification Number
N		

Cause and Diagnosis Details

Related Cause Codes	Last Menstrual Cycle Date	Diagnosis Codes
0		J849 K047

Claim Service Lines

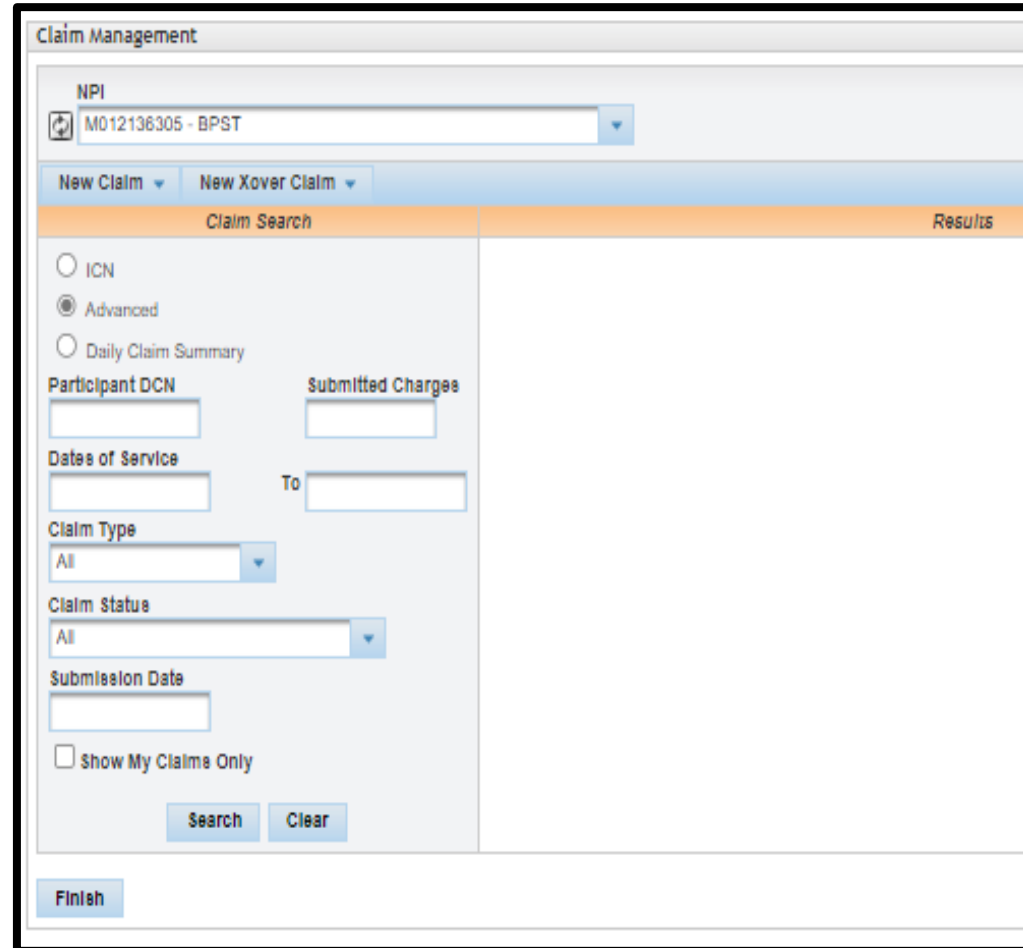
Service Line 1

Dates of Service	Place of Service	
04/05/2024 To 04/05/2024	11 - Office	
Procedure Code	Modifiers	
99214		
National Drug Code	Decimal Quantity	Prescription Number
	0.000	
Diagnosis Code	Billed Charges	Days/Units Billed
J849	150.00	1
Conditions	Performing Provider NPI	Ordering Provider NPI
N - Emergency N - EPSDT N - Family Planning	M012136305	

Find Claim

Search Options

1. ICN
2. DCN
3. Date of Service (DOS)



The screenshot shows a web application window titled "Claim Management". At the top, there is a dropdown menu for "NPI" with the value "MD12136305 - BPST" selected. Below this are two buttons: "New Claim" and "New Xover Claim". The main area is divided into two columns: "Claim Search" and "Results". The "Claim Search" column contains several search criteria:

- Radio buttons for "ICN", "Advanced" (selected), and "Daily Claim Summary".
- Text input fields for "Participant DCN" and "Submitted Charges".
- Text input fields for "Dates of Service" and "To".
- A dropdown menu for "Claim Type" set to "All".
- A dropdown menu for "Claim Status" set to "All".
- A text input field for "Submission Date".
- A checkbox for "Show My Claims Only".
- "Search" and "Clear" buttons.

At the bottom of the window is a "Finish" button.

Fix Claim

Option 1:
Replacement if **PAID**

Option 2: Copy Claim
Original if **DENIED**

Claim Status ? [] []

✔ Claim received

Claim Details

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Participant Details		Claim Data		Payment Details	
Participant Name IMA PATIENT	ICN 4924135008134	Claim Submission Date 05/14/2024	Total Paid 0.00		
Participant DCN 01010101	First Date Of Service 04/05/2024	Last Date of Service 04/05/2024	RA Date		
		Claim Type MEDICAL	Bill Type	Check Number	
		Total Charges 150.00			

Provider Details		Claim Status Details		
NPI M012136305	Claim Status 21	Category Code F0	Entity Identifier Code	
Taxonomy Code	Status Effective Date 05/14/2024	Adjudication Date 05/14/2024		

Service Line Details Summary											
Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	04/05/2024 - 04/05/2024		99214		1	150.00	0.00	20	A2		05/14/2024

? Click on the button below to start a new claim of the last submitted claim type.

New Claim
Finish

Edit Claim

Option 1: Edit Claim Header

Option 2: Edit Detail Line Summary

Option 3: Delete Line Detail

Option 4: Save Detail Line to Claim

Medical(CMS1500) Claim

Billing NPI: M012136305
BPST

Claim Header Information

Participant Information

Participant DCN * 01010101 Participant Last Name * PATIENT Participant First Name * IMA

Patient Account Number 1234

Service Information

Referring Provider NPI Hospitalization Dates To

Service Facility Location Service Facility Name PRTF Certification Number

Cause and Diagnosis Details

Related Cause Codes Last Menstrual Cycle Date Diagnosis Codes * JS49 K047

[Edit Claim Header](#)

Add Detail Line

Detail Line Summary Total Charges : 150.00

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
1	04/05/2024 - 04/05/2024	11 - Office	99214			150.00	✎ 🗑️

Add Detail Line #2

Dates of Service * To Place of Service *

Procedure Code * Modifiers

National Drug Code Decimal Quantity (9999999.999) Prescription Number

Diagnosis Code * Billed Charges * Days/Units Billed *

Conditions
 Emergency
 EP&DT
 Family Planning

Performing Provider NPI Ordering Provider NPI

[Add Detail Line to Claim](#) [Cancel](#)

New Claim Status

New printer friendly with corrected information

New ICN with updated information

Claim Status
? - □

✔ Claim received.

Claim Details

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Participant Details	Claim Data	Payment Details
Participant Name IMA PATIENT	ICN 4824135019078	Claim Submission Date 05/14/2024
Participant DCN 01010101	First Date Of Service 04/05/2024	Last Date of Service 04/05/2024
	Claim Type MEDICAL	Bill Type
	Total Charges 150.00	Check Number
		RA Date
		Total Paid 0.00

Provider Details	Claim Status Details		
NPI M012138305	Claim Status 21	Category Code F0	Entity Identifier Code
Taxonomy Code	Status Effective Date 05/14/2024	Adjudication Date 05/14/2024	

Service Line Details Summary

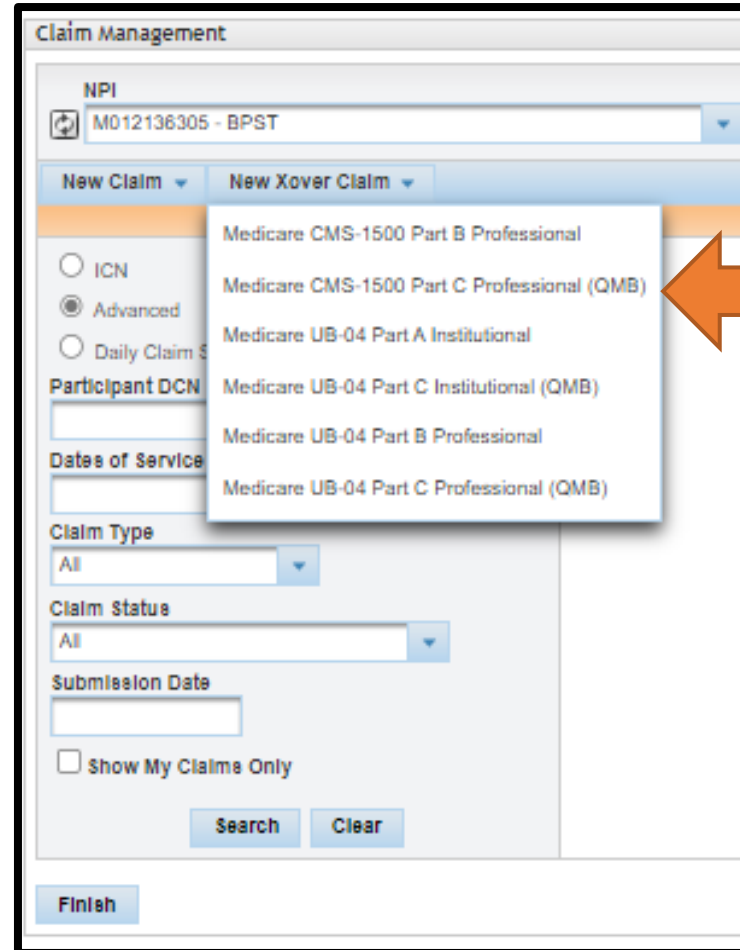
Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	04/05/2024 - 04/05/2024		99214		1	150.00	0.00	20	A2		05/14/2024

Click on the button below to start a new claim of the last submitted claim type.

New Claim
Finish

MO HealthNet + Commercial Insurance or Medicare Part C

Select Medicare CMS-1500 Part C Professional (QMB)



The screenshot shows the 'Claim Management' interface. At the top, there is a dropdown menu for 'NPI' with the value 'M012136305 - BPST'. Below this are two tabs: 'New Claim' and 'New Xover Claim'. A dropdown menu is open, showing several options: 'Medicare CMS-1500 Part B Professional', 'Medicare CMS-1500 Part C Professional (QMB)', 'Medicare UB-04 Part A Institutional', 'Medicare UB-04 Part C Institutional (QMB)', 'Medicare UB-04 Part B Professional', and 'Medicare UB-04 Part C Professional (QMB)'. An orange arrow points to the 'Medicare CMS-1500 Part C Professional (QMB)' option. Below the dropdown menu, there are several form fields: 'Participant DCN', 'Dates of Service', 'Claim Type' (set to 'All'), 'Claim Status' (set to 'All'), and 'Submission Date'. There are also checkboxes for 'Show My Claims Only', 'Search', 'Clear', and 'Finish' buttons.

Claim Header

Step 1: Enter DCN #

Step 2: Participant's last name

Step 3: Participant's first name

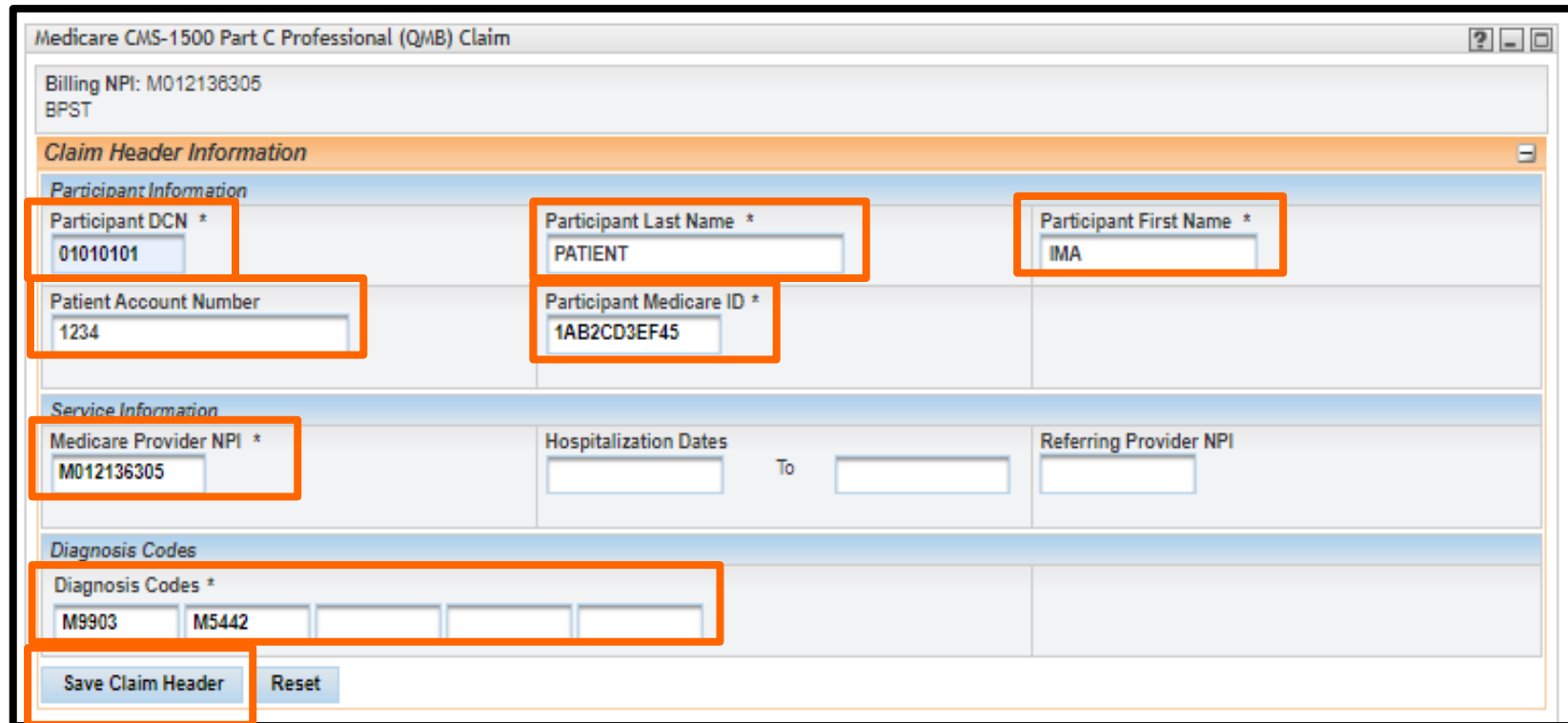
Step 4: Patient Acct # (optional)

Step 5: Enter Participant's Medicare ID

Step 6: Enter Medicare Provider NPI

Step 7: Enter Diagnosis Code(s)

Step 8: Save Claim Header



Medicare CMS-1500 Part C Professional (QMB) Claim

Billing NPI: M012136305
BPST

Claim Header Information

Participant Information

Participant DCN *	Participant Last Name *	Participant First Name *
01010101	PATIENT	IMA
Patient Account Number	Participant Medicare ID *	
1234	1AB2CD3EF45	

Service Information

Medicare Provider NPI *	Hospitalization Dates	To	Referring Provider NPI
M012136305			

Diagnosis Codes

Diagnosis Codes *				
M9903	M5442			

Save Claim Header Reset

Detail Line Summary

Step 1: Enter Date of Service

Step 2: Enter Place of Service

Step 3: Enter Procedure Code

Step 4: Enter Diagnosis Code

Step 5: Enter Billed Charges

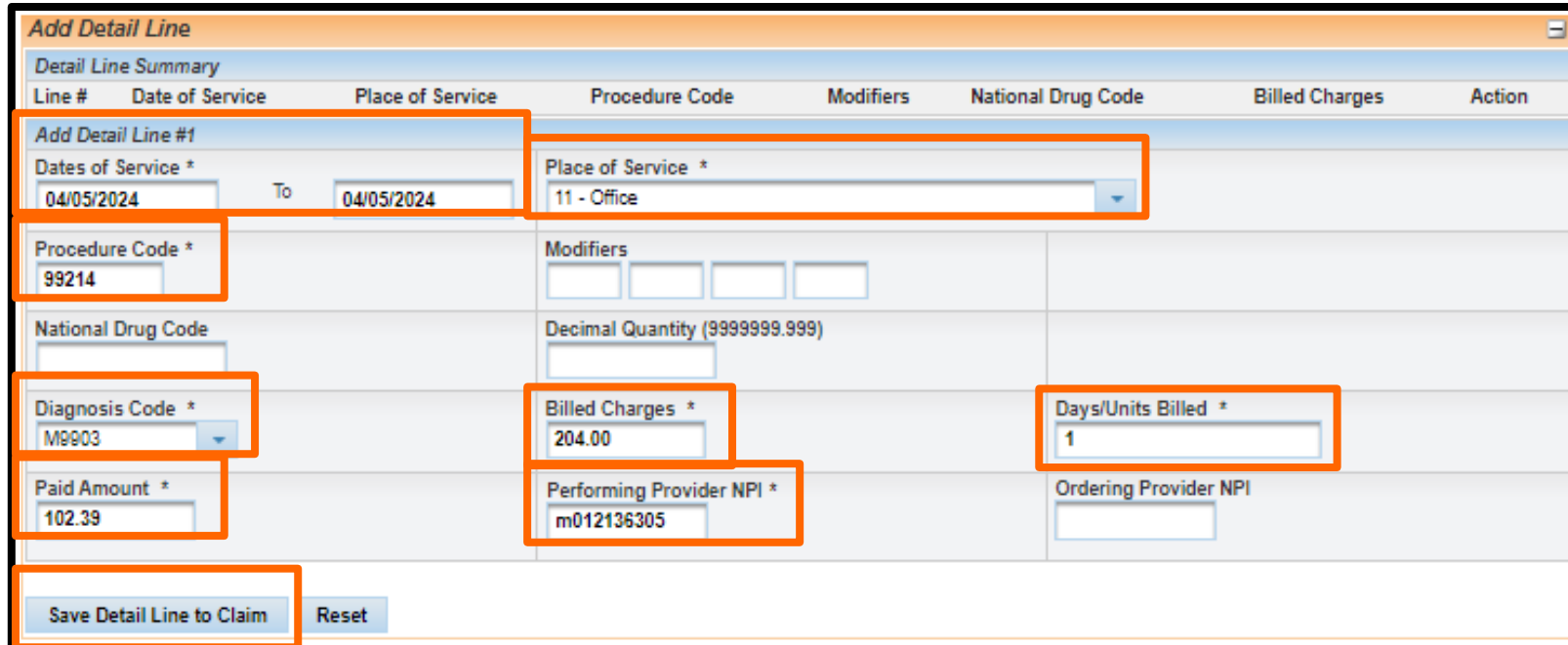
Step 6: Enter Days/Units Billed

Step 7: Enter Paid Amount

Step 8: Enter Performing Provider NPI

Step 9: Save Detail Line to Claim

Complete additional fields based on service.



The screenshot shows the 'Add Detail Line' form with the following fields highlighted in orange:

- Line #:** Add Detail Line #1
- Date of Service:** 04/05/2024 To 04/05/2024
- Place of Service:** 11 - Office
- Procedure Code:** 99214
- Diagnosis Code:** M9903
- Billed Charges:** 204.00
- Days/Units Billed:** 1
- Paid Amount:** 102.39
- Performing Provider NPI:** m012136305

Buttons at the bottom: Save Detail Line to Claim, Reset

Add EOB Information

Step 1: Select Filing Indicator

**Select 16 if reporting Part C QMB*

Step 2: Payer Responsibility

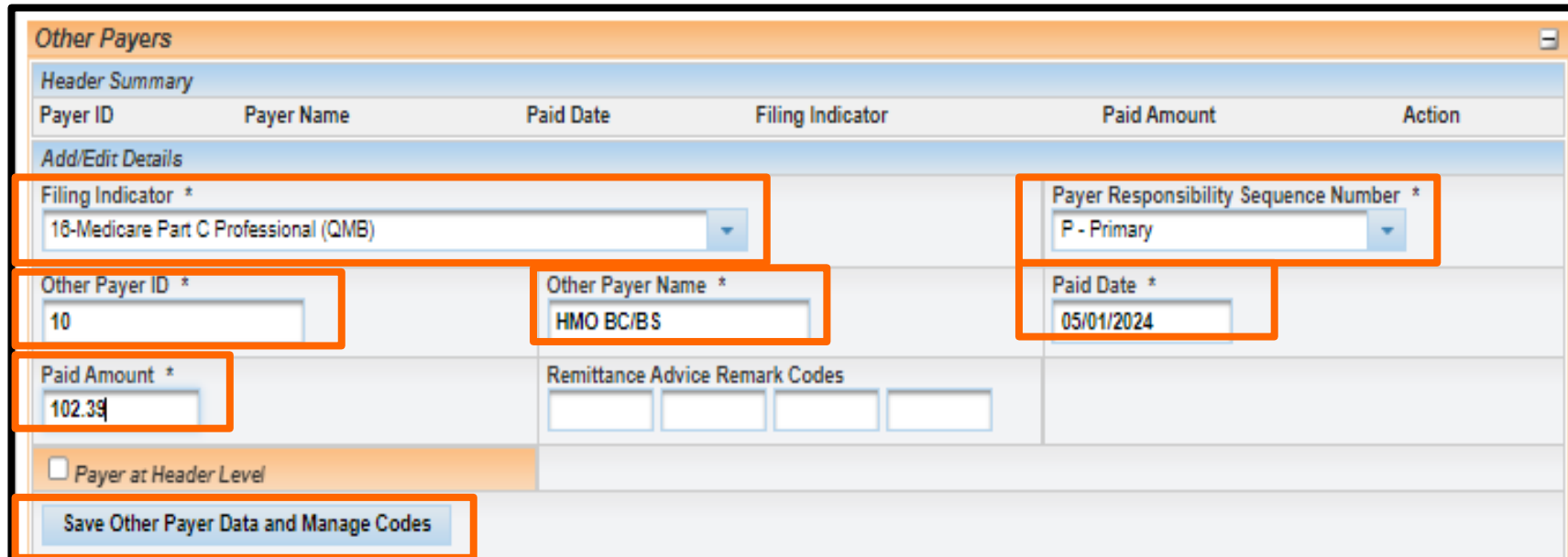
Step 3: Other Payer ID

Step 4: Other Payer Name

Step 5: Paid Date

Step 6: Paid Amount

Step 7: Save Other Payer Data and Manage Codes



The screenshot shows a web form titled "Other Payers" with a "Header Summary" table and an "Add/Edit Details" section. The "Header Summary" table has columns for Payer ID, Payer Name, Paid Date, Filing Indicator, Paid Amount, and Action. The "Add/Edit Details" section contains several fields, some of which are highlighted with orange boxes:

- Filing Indicator ***: A dropdown menu with the selected value "16-Medicare Part C Professional (QMB)".
- Payer Responsibility Sequence Number ***: A dropdown menu with the selected value "P - Primary".
- Other Payer ID ***: A text input field containing "10".
- Other Payer Name ***: A text input field containing "HMO BC/BS".
- Paid Date ***: A date input field containing "05/01/2024".
- Paid Amount ***: A text input field containing "102.39".
- Remittance Advice Remark Codes**: Four empty text input fields.
- Payer at Header Level**: An unchecked checkbox.
- Save Other Payer Data and Manage Codes**: A button highlighted with an orange box.

Add/Edit Group Code, Reason Code & Adjust Amount

Step 1: Check Box 1

Step 2: Select Claim Group Code

Step 3: Enter Claim Adjustment Reason Code

Step 4: Enter adjustment amount

Step 5: Click Save Codes to Other Payer

Add/Edit Group Code, Reason Code, Adjust Amount For This Payer

Other Payer Detail Summary

Line Item(s)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount	Action
--------------	------------------	------------------------------	-------------------	--------

Add / Edit Other Payer Detail Information

Associated Line Items *

Claim Group Code *	Claim Adjustment Reason Code *	Adjustment Amount *
CO - Contractual Obligations	45	76.01
FR - Patient Responsibility	2	25.60
- Select One -		
- Select One -		

Save Codes to Other Payer Reset





Save Other Payer To Claim Reset

Save Other Payer to Claim

Click: Save Other Payer to Claim

Add/Edit Group Code, Reason Code, Adjust Amount For This Payer

Other Payer Detail Summary

Line Item(s)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount	Action
1	CO - Contractual Obligations	45	76.01	 
1	PR - Patient Responsibility	2	25.60	 

Add / Edit Other Payer Detail Information

Associated Line Items *

1



Claim Group Code *	Claim Adjustment Reason Code *	Adjustment Amount *
<input type="text" value="- Select One -"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="- Select One -"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="- Select One -"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="- Select One -"/>	<input type="text"/>	<input type="text"/>

Submit Claim

Click: Submit Claim

Other Payers

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
10	HMO BC/BS	05/01/2024	18-Medicare Part C Professional (QMB)	102.39	 

Add/Edit Details

Filing Indicator * Payer Responsibility Sequence Number *

Other Payer ID * Other Payer Name * Paid Date *

Paid Amount * Remittance Advice Remark Codes

Payer at Header Level

Save Other Payer Data and Manage Codes

Save Other Payer To Claim **Submit Claim** Printer Friendly Reset Cancel

Claim Status/Printer Friendly

Claim status: Received Printer Friendly
 Enter New Claim or Finish

Claim Status
? - □

✔ Claim received.

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Participant Details	Claim Data		Payment Details
Participant Name IMA PATIENT	ICN 4924135024740	Claim Submission Date 05/14/2024	Total Paid 0.00
Participant DCN 01010101	First Date Of Service 04/05/2024	Last Date of Service 04/05/2024	RA Date
	Claim Type CROSSOVER	Bill Type 5	Check Number
	Total Charges 25.60		


Provider Details	Claim Status Details		
NPI M012136305	Claim Status 33	Category Code F0	Entity Identifier Code
Taxonomy Code	Status Effective Date 05/14/2024	Adjudication Date 05/14/2024	

Service Line Details Summary											
Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	04/05/2024 - 04/05/2024		99214		1	25.60	0.00	20	A2		05/14/2024

Click on the button below to start a new claim of the last submitted claim type.

New Claim
Finish

Printer Friendly EOB Info



**Medicare CMS-1500 Part C Professional (QMB) Claim Details - ICN:
4924135024740**

Billing NPI: MO12136305

Claim Header Information

Participant Information		
Participant DCN 01010101	Participant Last Name PATIENT	Participant First Name JMA
Patient Account Number 1234	Participant Medicare ID 1AB2CD3EF45	

Service Information		
Medicare Provider NPI MO12136305	Hospitalization Dates	Referring Provider NPI

Diagnosis Codes	
Diagnosis Code M9903 M5442	

Claim Service Lines

Service Line 1		
Dates of Service 04/05/2024 To 04/05/2024	Place of Service 11 - Office	
Procedure Code 99214	Modifiers	
National Drug Code	Decimal Quantity (999999.999) 0.000	
Diagnosis Code M9903	Billed Charges 204.00	Days/Units Billed 1
Paid Amount 102.39	Performing Provider NPI MO12136305	Ordering Provider NPI

Service Line Other Payers

Service Line 1 Payer 1 Details		
Filing Indicator 16-Medicare Part C Professional (QMB)	Payer Responsibility Sequence Number Primary	
Other Payer ID 10	Other Payer Name HMO BC/BS	Paid Date 05/01/2024
Paid Amount 102.39	Remittance Advice Remark Codes	Group Code, Reason Code, Adjust Amount For This Payer

Other Payer Codes 1		
Claim Group Code CO - Contractual Obligations	Claim Adjustment Reason Code 45	Adjustment Amount 76.01

Other Payer Codes 2		
Claim Group Code PR - Patient Responsibility	Claim Adjustment Reason Code 2	Adjustment Amount 25.00

Resources & Contact Information



Clinical Services	Policy development, benefit design, coverage decisions, provider and program policy inquiries	(573) 751-6963 MHD.clinical.services@dss.mo.gov
CyberAccess	Account setup or technical questions	(888) 581-9797 (573) 632-9797 cyberaccesshelpdesk@xerox.com
Education & Training	Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED .	(573) 751-6683 MHD.Education@dss.mo.gov
Managed Care Communications	If providers are unable to resolve a Managed Care issue directly with a health plan , complete a Managed Care Provider Request for Information .	MHD.MCCommunications@dss.mo.gov
MHD Services & Programs	Inquiries regarding programs and policy that cannot be answered by any other contact - Provide NPI, name and contact information and complete details regarding inquiry	Ask.MHD@dss.mo.gov
Participant Services	Questions from participants regarding MHD eligibility benefits and application process.	(855) 373-9994 www.mydss.mo.gov Family Support Division Information Center (855) FSD-INFO (855) 600-4412

Resources & Contact Information

Pharmacy & Medical Pre-Certification Help Desk	Pharmacy Clinical Authorizations, Edit Overrides, Medical Pre-Certifications (outpatient, diagnostic, non-emergency MRI, MRA, CT, CTA, PET scans and cardiac imaging)	(800) 392-8030
Provider Communications	Provider's initial contact for questions - Contact with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.	Via eMOMED using Provider Communications Management link (573) 751-2896 Provider Communications Unit PO Box 5500 Jefferson City, MO 65102-2500
Provider Enrollment	Located within the MO Medicaid Audit and Compliance (MMAC) Unit - Inquiries regarding enrollment applications, changes to Provider Master File (addresses, tax identification, ownership, individual's name, practice name, National Provider Identification (NPI) number)	(573) 751-3399 mmac.providerenrollment@dss.mo.gov Missouri Medicaid Audit & Compliance P. O. Box 6500 Jefferson City, Missouri 65102
Technical Help Desk	Technical support and assistance for issues with eMOMED . Establishes required electronic claims and RA formats, network communication and HIPAA trading partner agreements.	(573) 635-3559 internethelpdesk@momed.com

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MHD.EDUCATION@dss.mo.gov or call
(573)751-6683.

