# 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

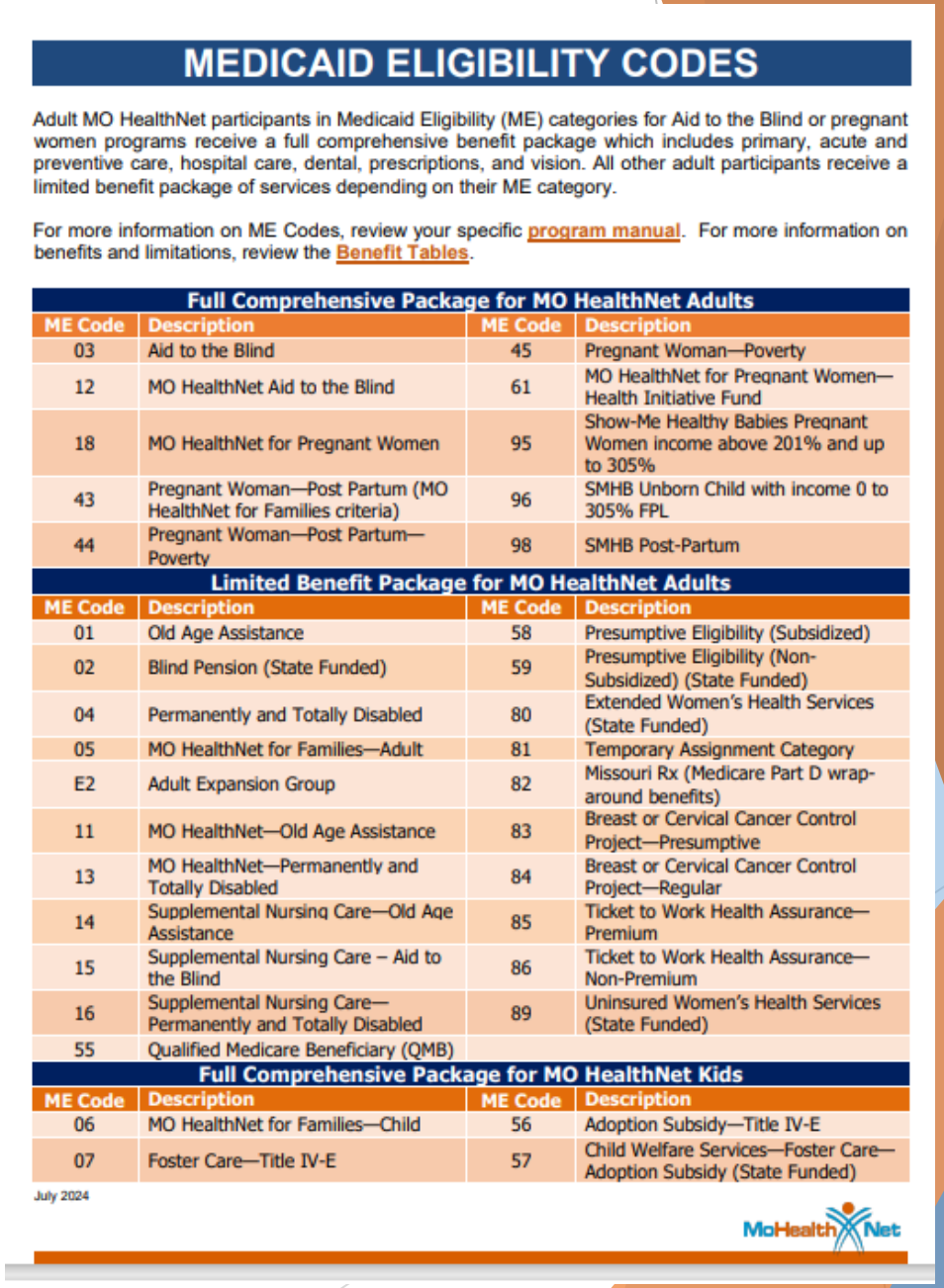
# Benefits

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 |
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| 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

# eMOMED Path to MHD Resources

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.

# Provider Information Page

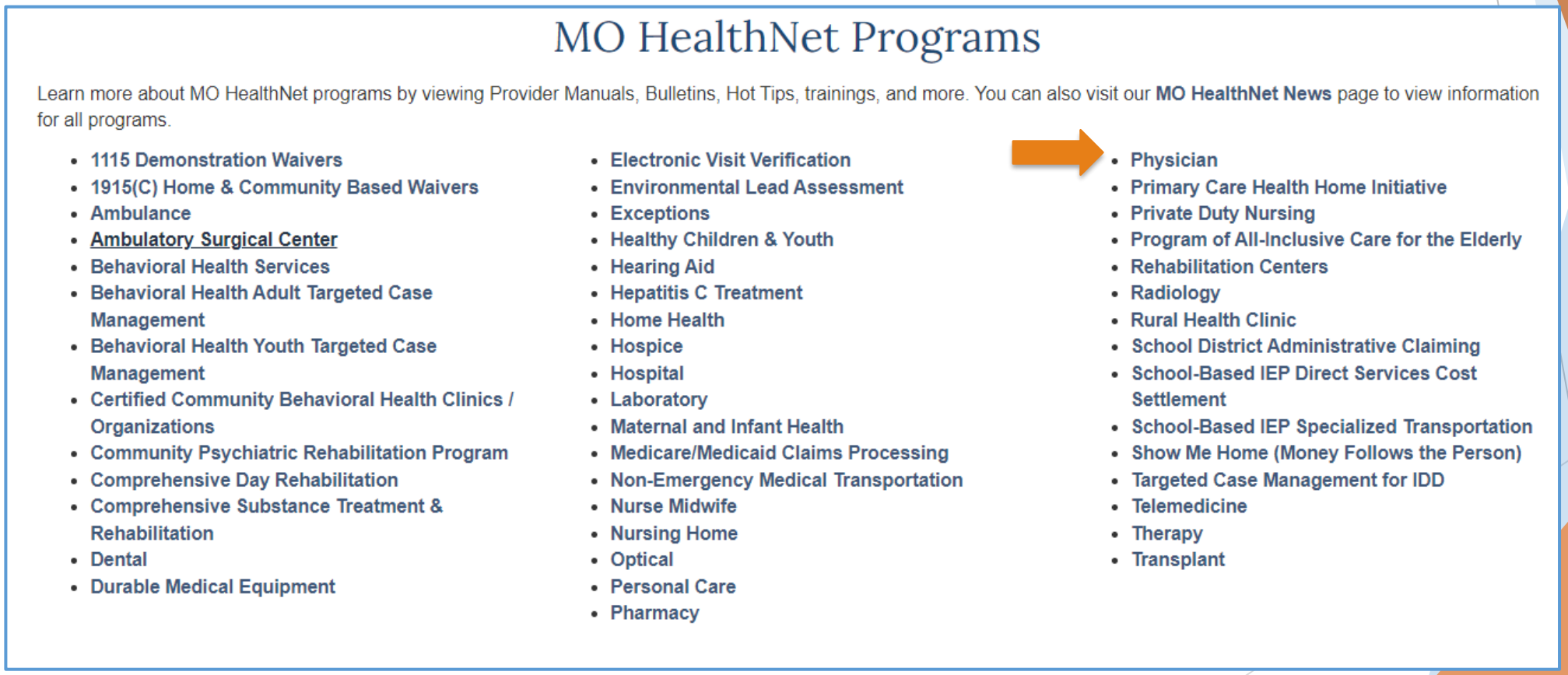
The MO HealthNet Provider Information Page provides the following information:

- 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.

# Program Pages

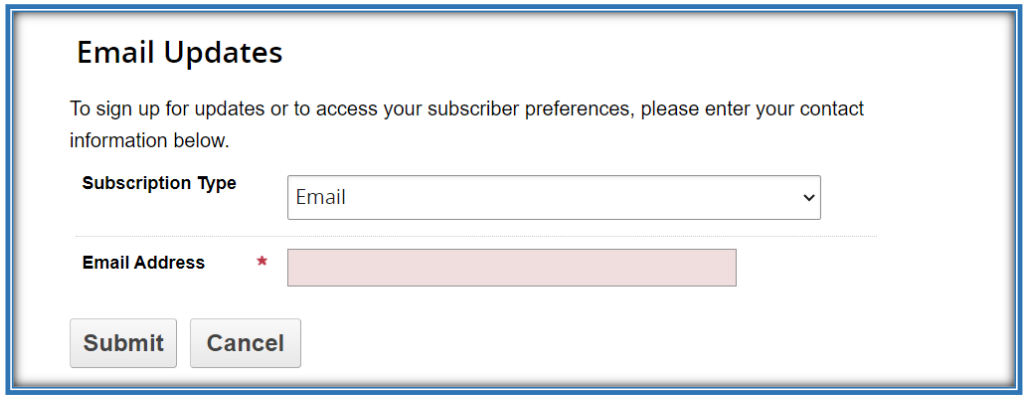
The **Provider Information** page has a link to program pages where you can find all of the resources for each program.



# 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!





| 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

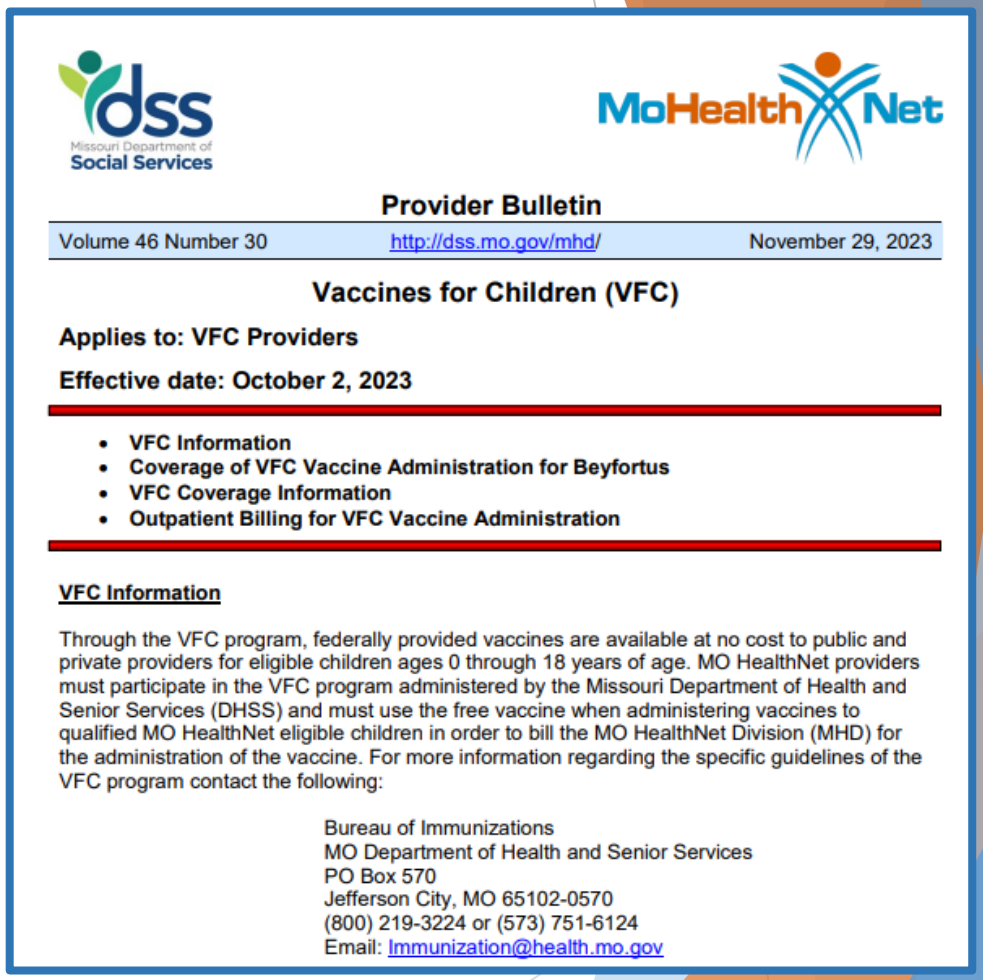
**Hot Tips** are published by MHD to assist providers with:

- 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.

# 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 |
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| 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

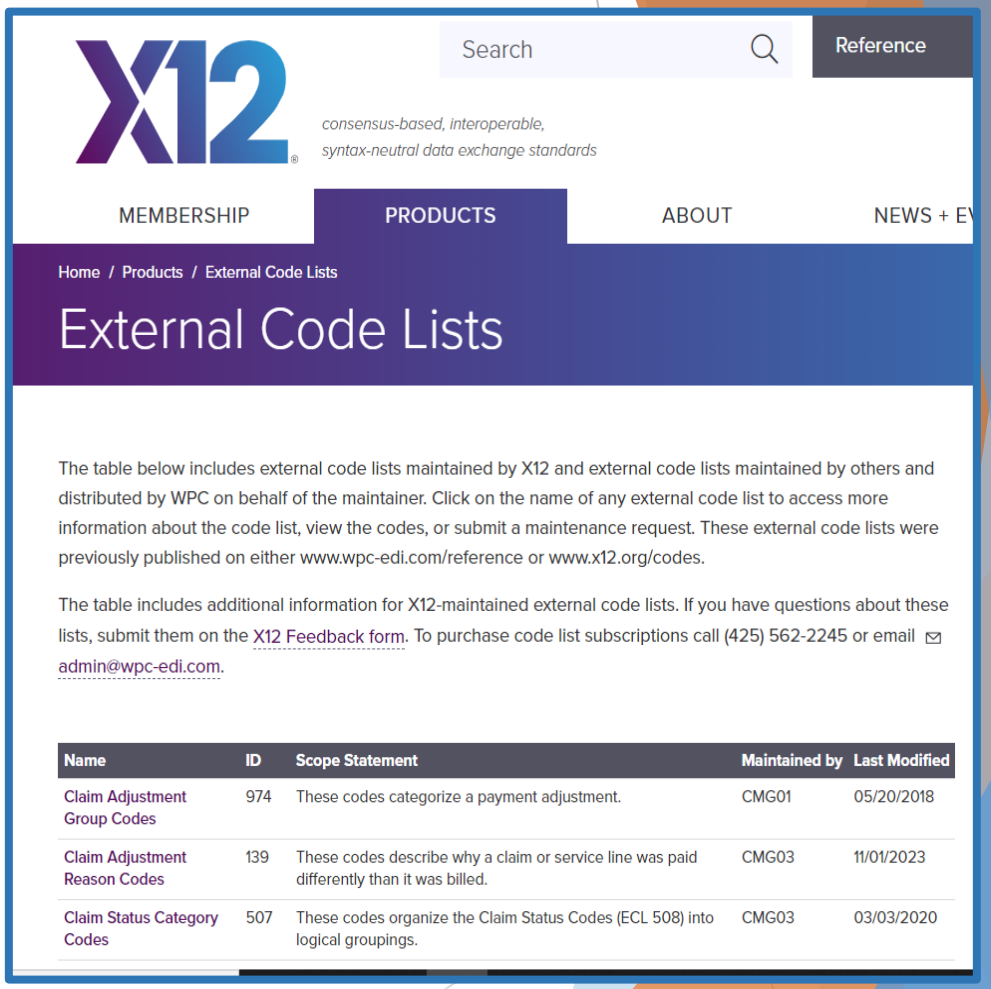
Revised : 04/23/2024

# 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.



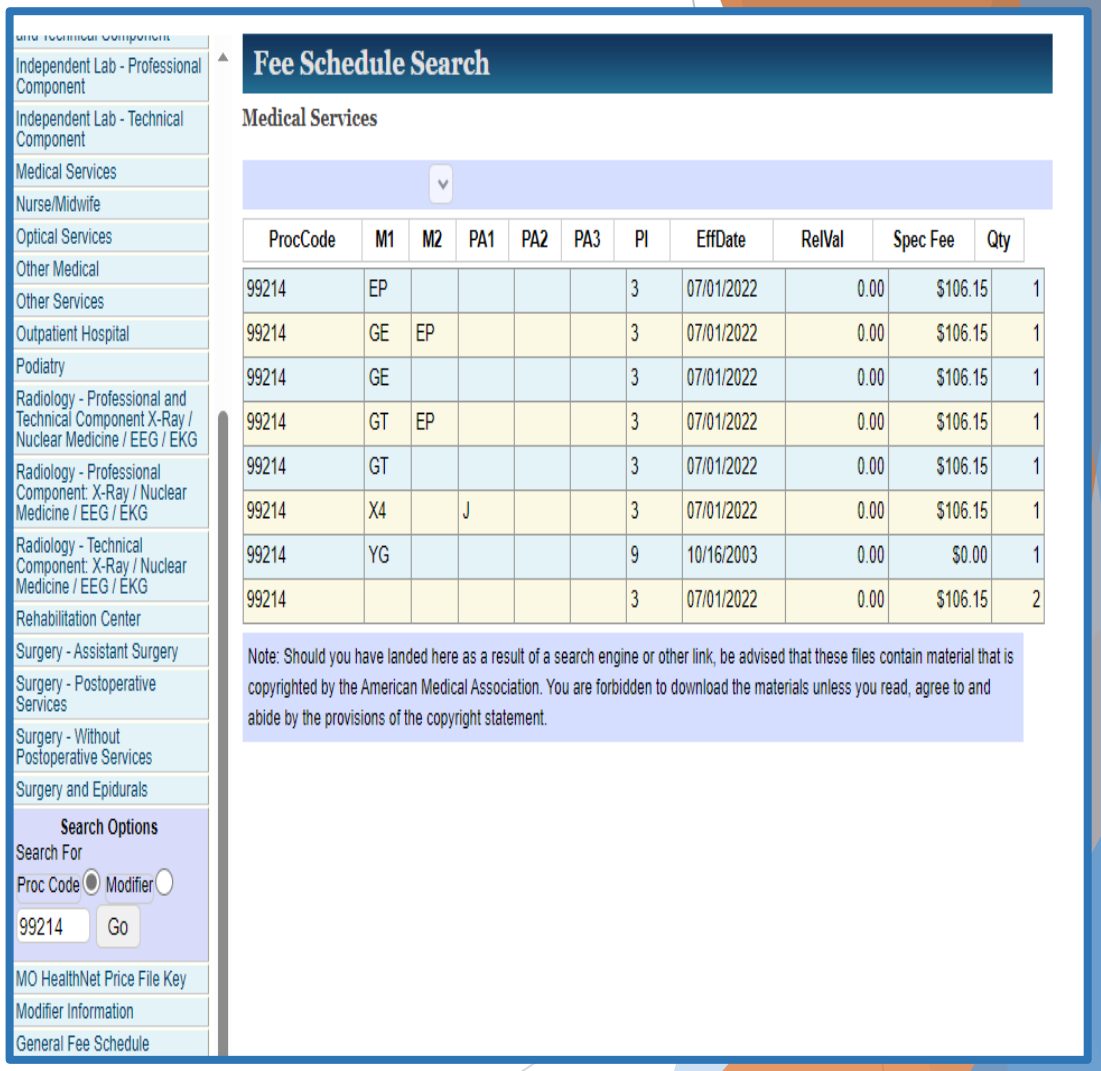
# Fee Schedules & Rate Lists

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.



# Education & Training

The Education & Training page offers providers:

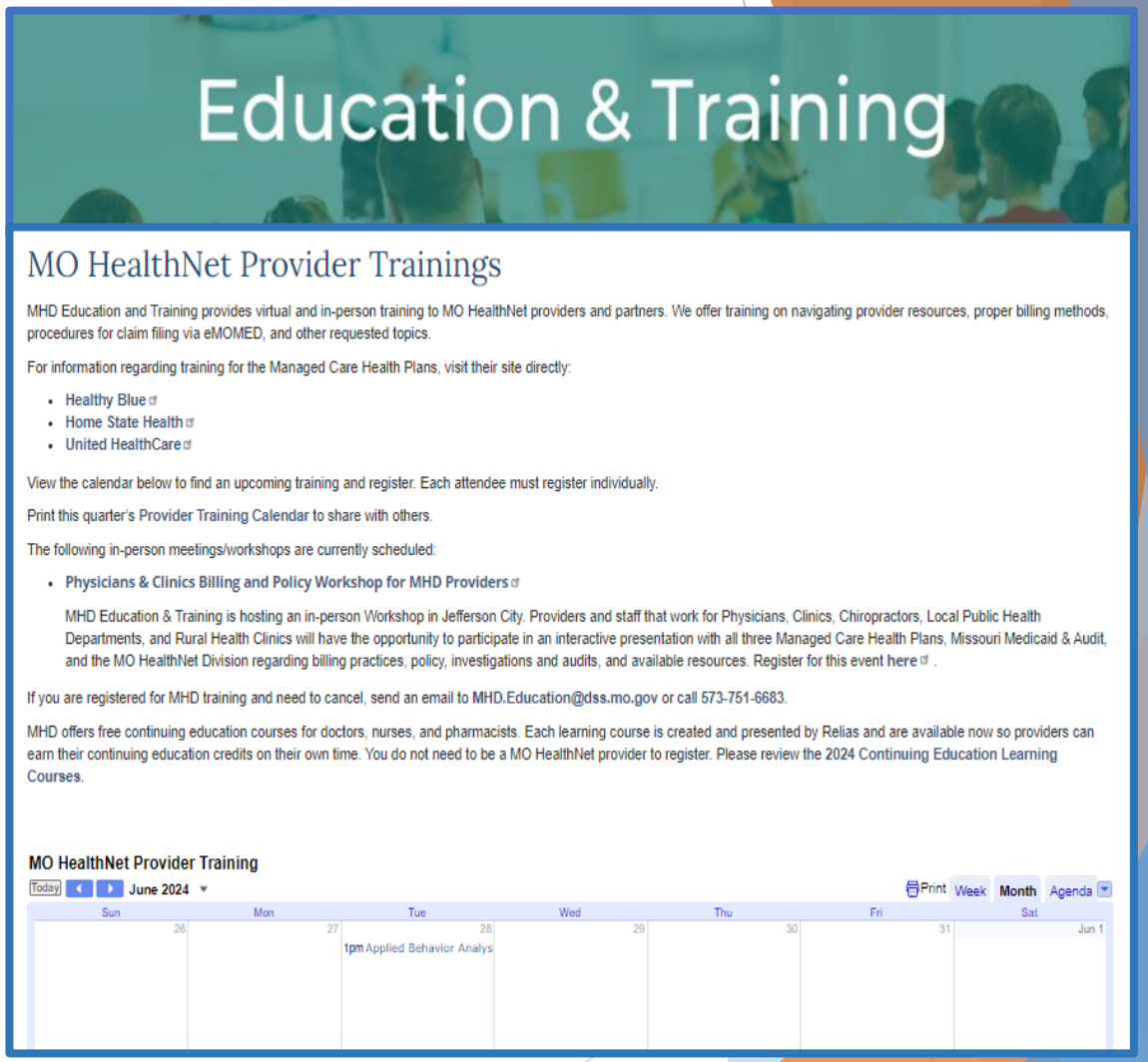
- Interactive google calendar updated quarterly with provider trainings
- Printable Training Calendar to share with your staff

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.



# 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.


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

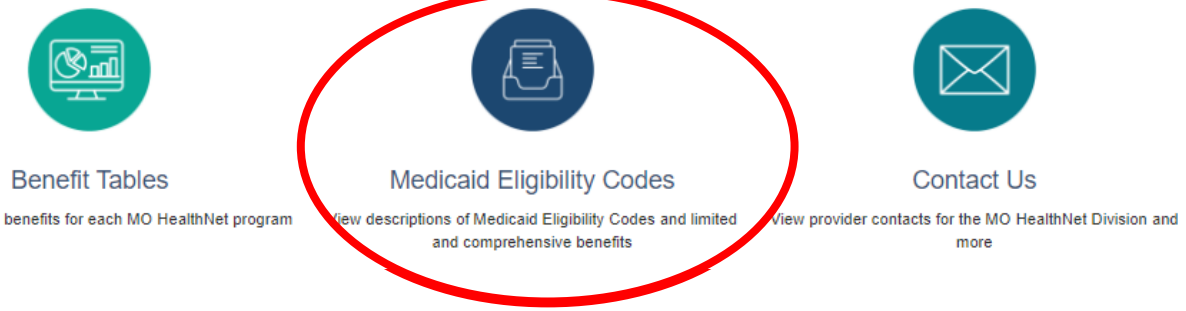
# Benefit Tables

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 (BCCCP) | 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, 6S,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.

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| 04 | Permanently and Totally Disabled | 80 | Extended Women's Health Services (State Funded) |
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| 16 | Supplemental Nursing Care—Permanently and Totally Disabled | 89 | Uninsured Women's Health Services (State Funded) |
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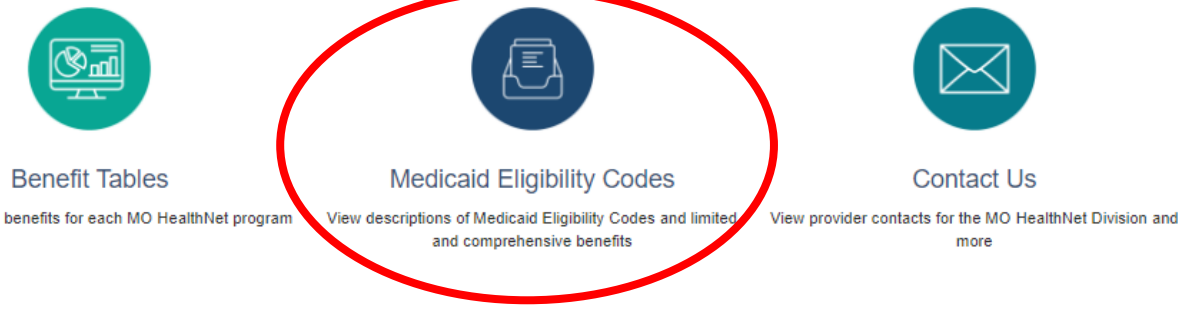
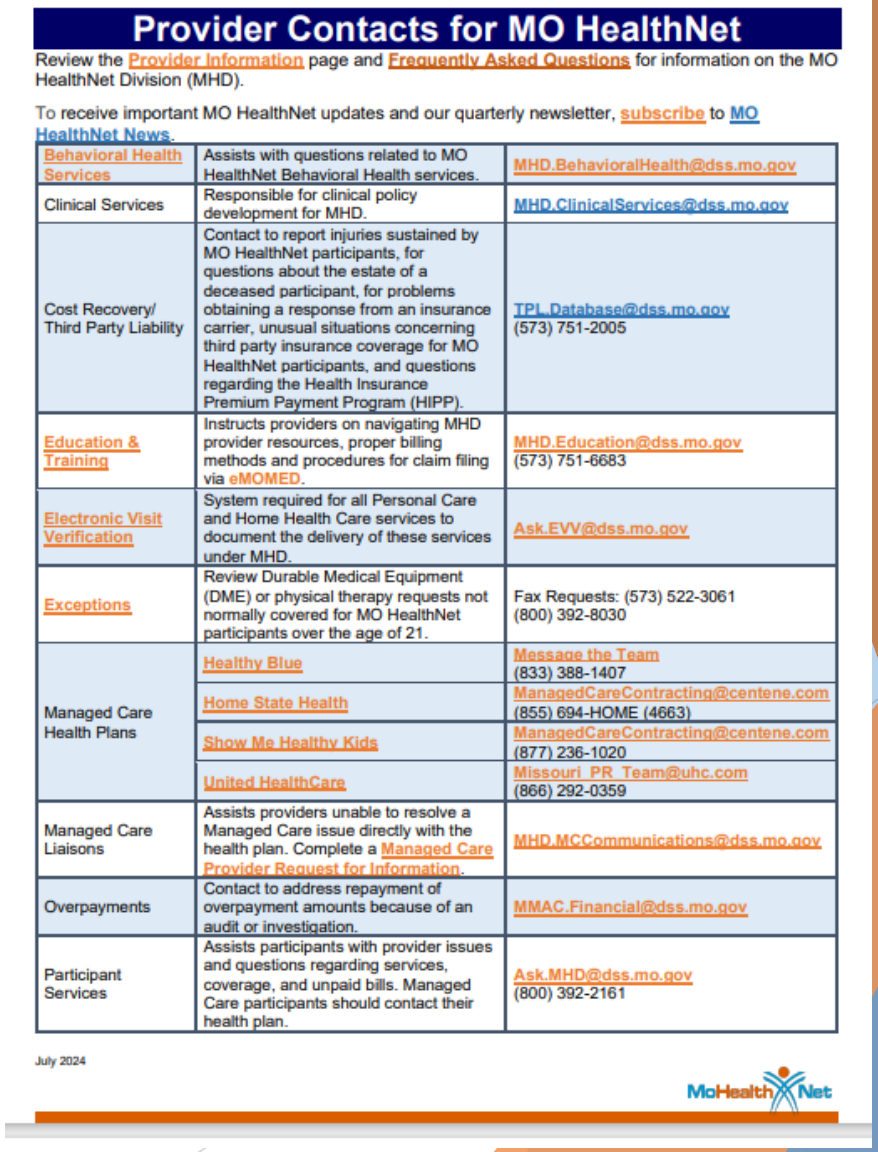
|---|---|---|---|
| 06 | MO HealthNet for Families—Child | 56 | Adoption Subsidy—Title IV-E |
| 07 | Foster Care—Title IV-E | 57 | Child Welfare Services—Foster Care—Adoption Subsidy (State Funded) |

July 2024

# Provider Contacts for MO HealthNet

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



## 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 |

July 2024

# Provider Forms

The **Provider Forms** page offers the forms a provider would need, including:

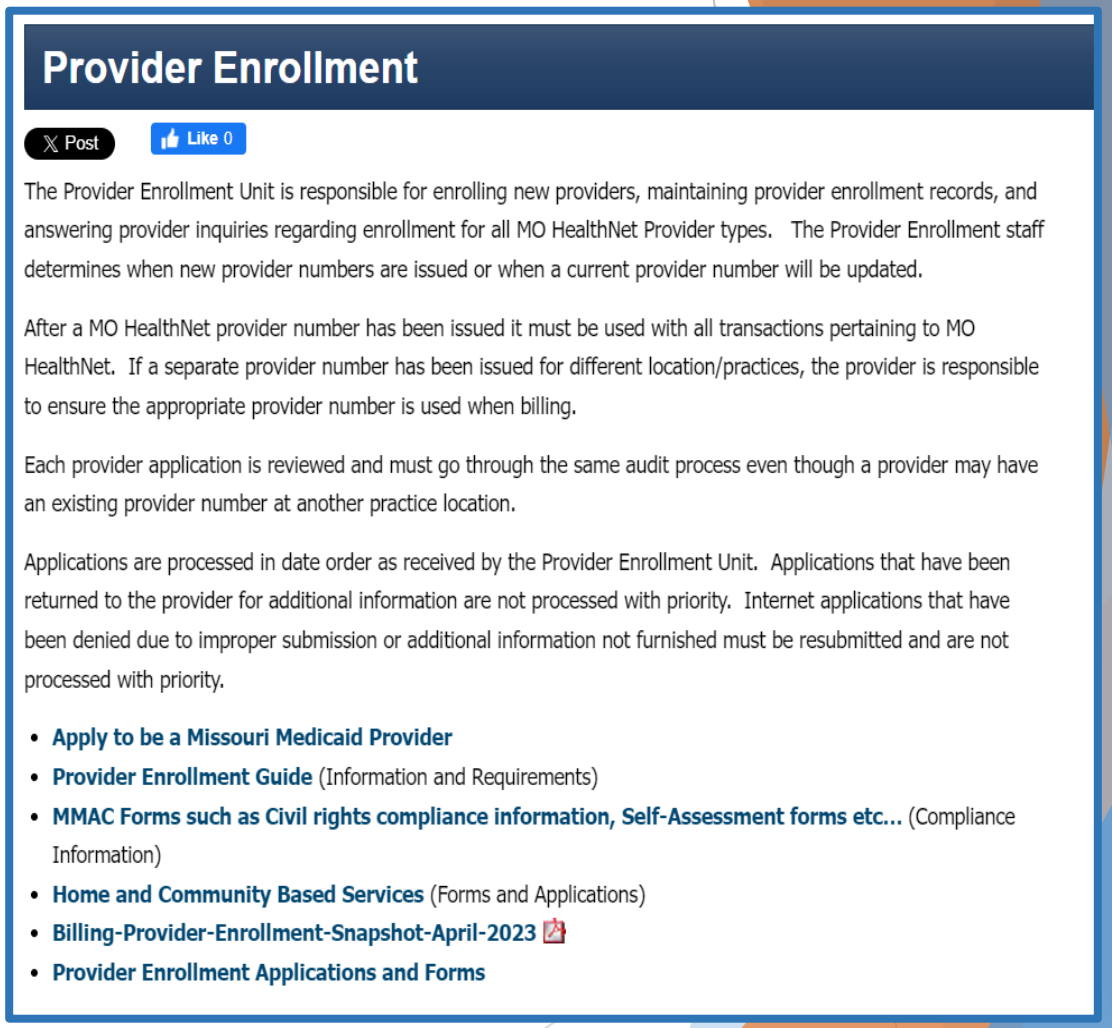
- **Provider Update Request**
- **Insurance Resource Report (TPL-4)**
- **Prior Authorization Request**
- **Provider Spend Down**

# 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](mailto: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

X 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:

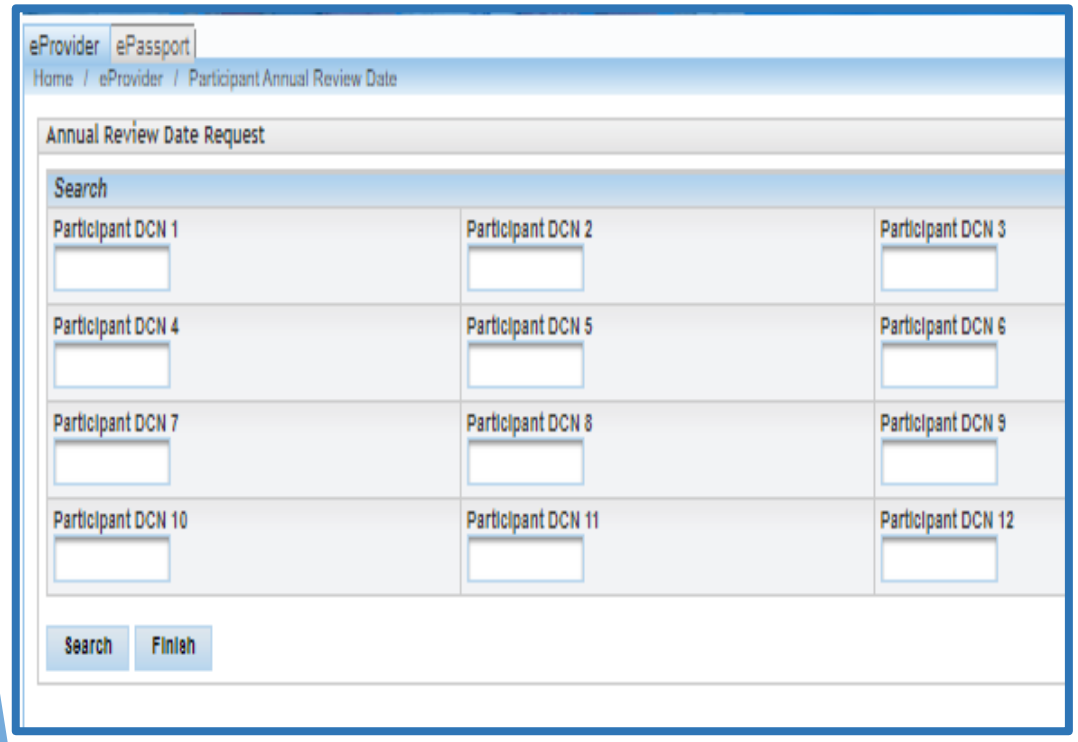
- Name on file
- Eligibility on date of service
- Medicaid eligibility/plan code
- Medicare
- Commercial insurance
- MO HealthNet Managed Care enrollment
- Administrative Lock-In

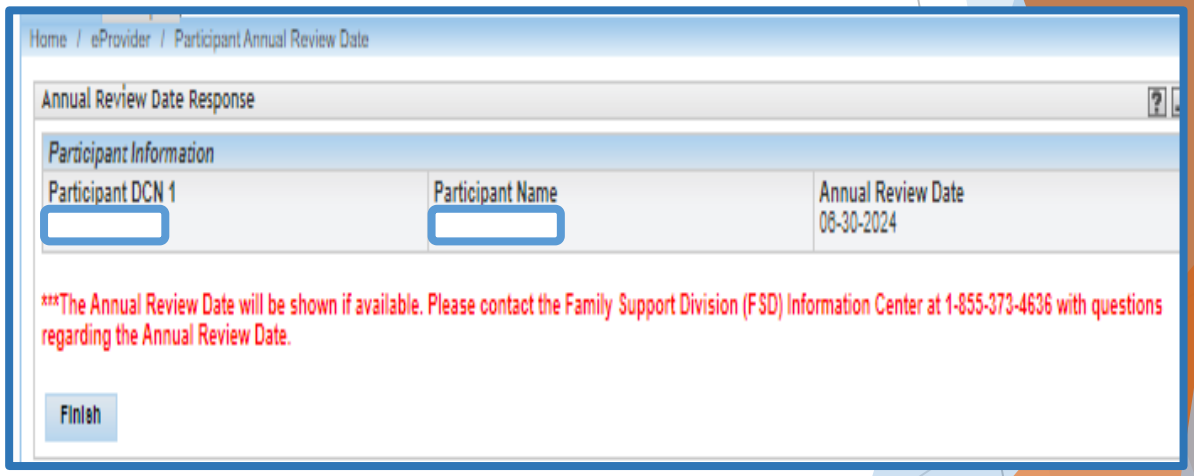
# Participant Annual Renewal Date

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.



# 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<br>6 - Inactive | ME Code<br>See **Provider Resource Guide** for ME Codes | Managed Care<br>MO HealthNet<br>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<br>Thru Date |
|---|---|---|---|---|---|---|---|---|
| B - Co-Payment | 30 - Health Benefit Plan Coverage | 13 | 7 - Day | ¤0.00 | MC - MO HealthNet | | 291 | 02/02/2020<br>02/02/2020 |

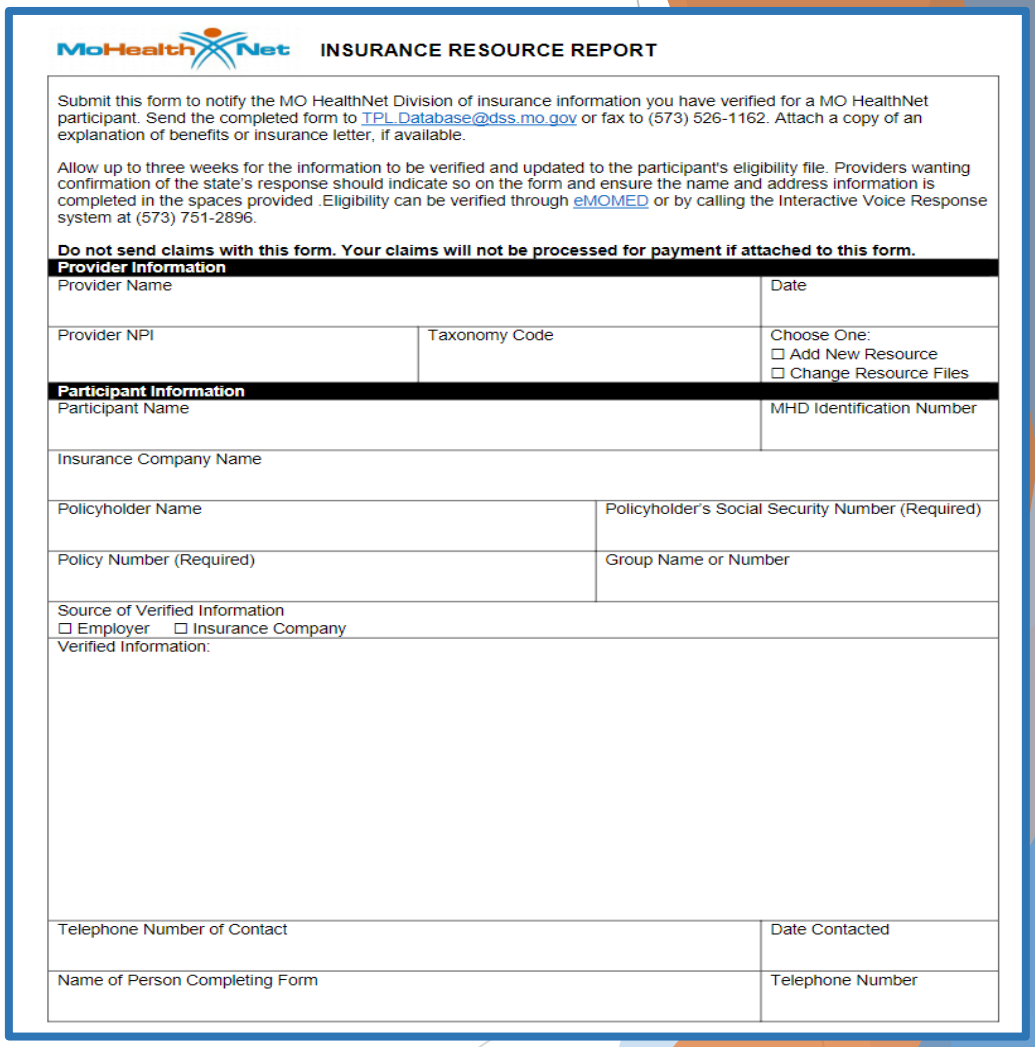
*Eligibility / Benefit Information2 of 3*

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



MoHealth Net **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:<br>☐ Add New Resource<br>☐ 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<br>☐ Employer ☐ 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.

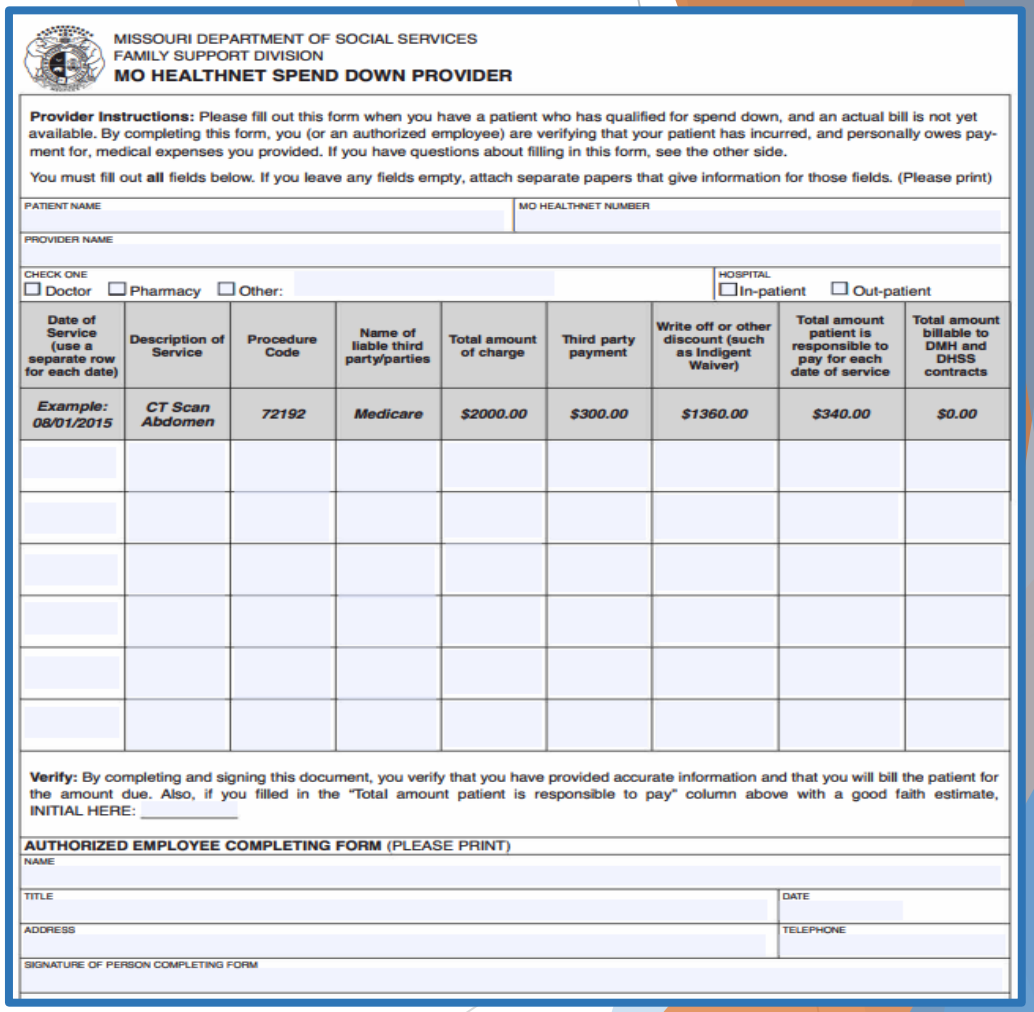
MO HealthNet only reimburses providers for covered medical expenses that exceed a participants spend down amount. MHD tracks the bills received for the first day of coverage until the bills equal the participants spend down liability.

# 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 |
|---|---|---|---|---|---|---|---|---|
| *Example: 08/01/2015* | *CT Scan Abdomen* | *72192* | *Medicare* | *$2000.00* | *$300.00* | *$1360.00* | *$340.00* | *$0.00* |
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**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**

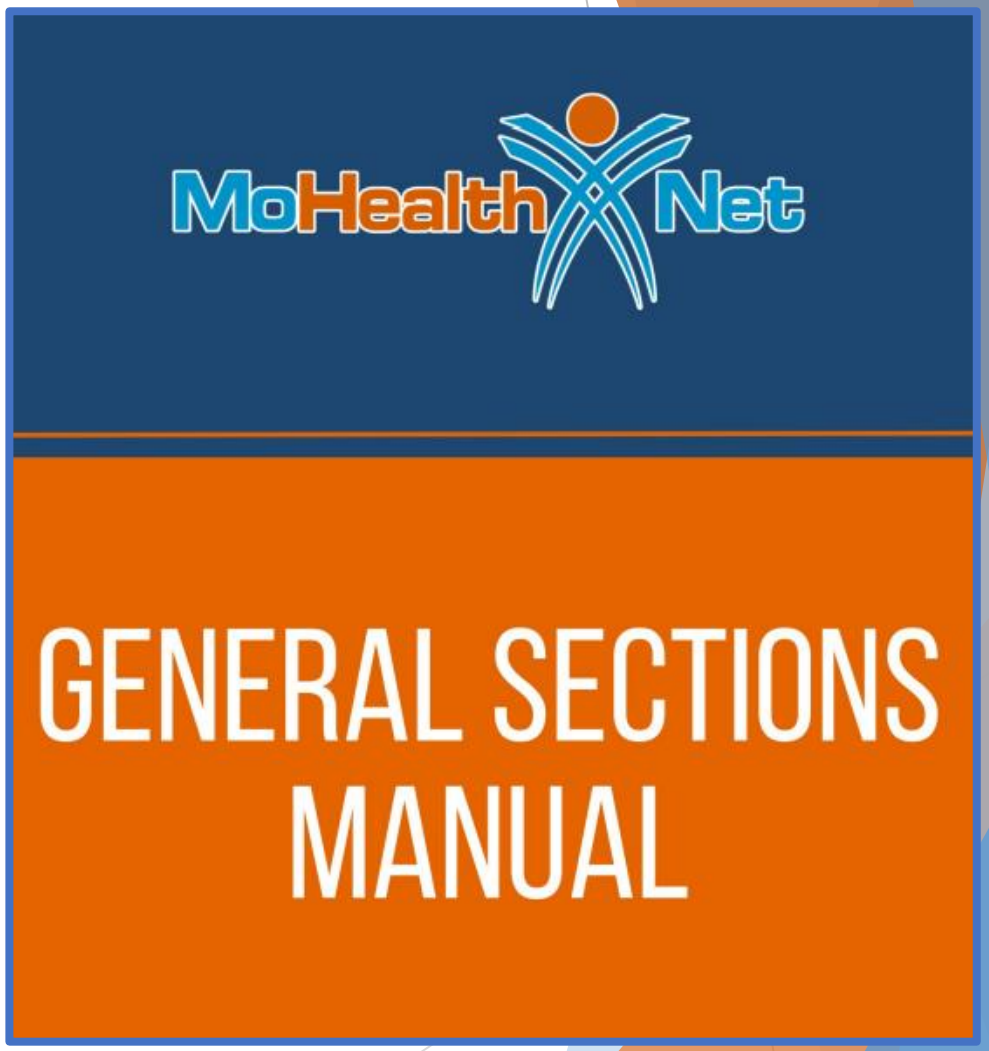
Spend Down Unit phone number: (855) 600-4412

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:

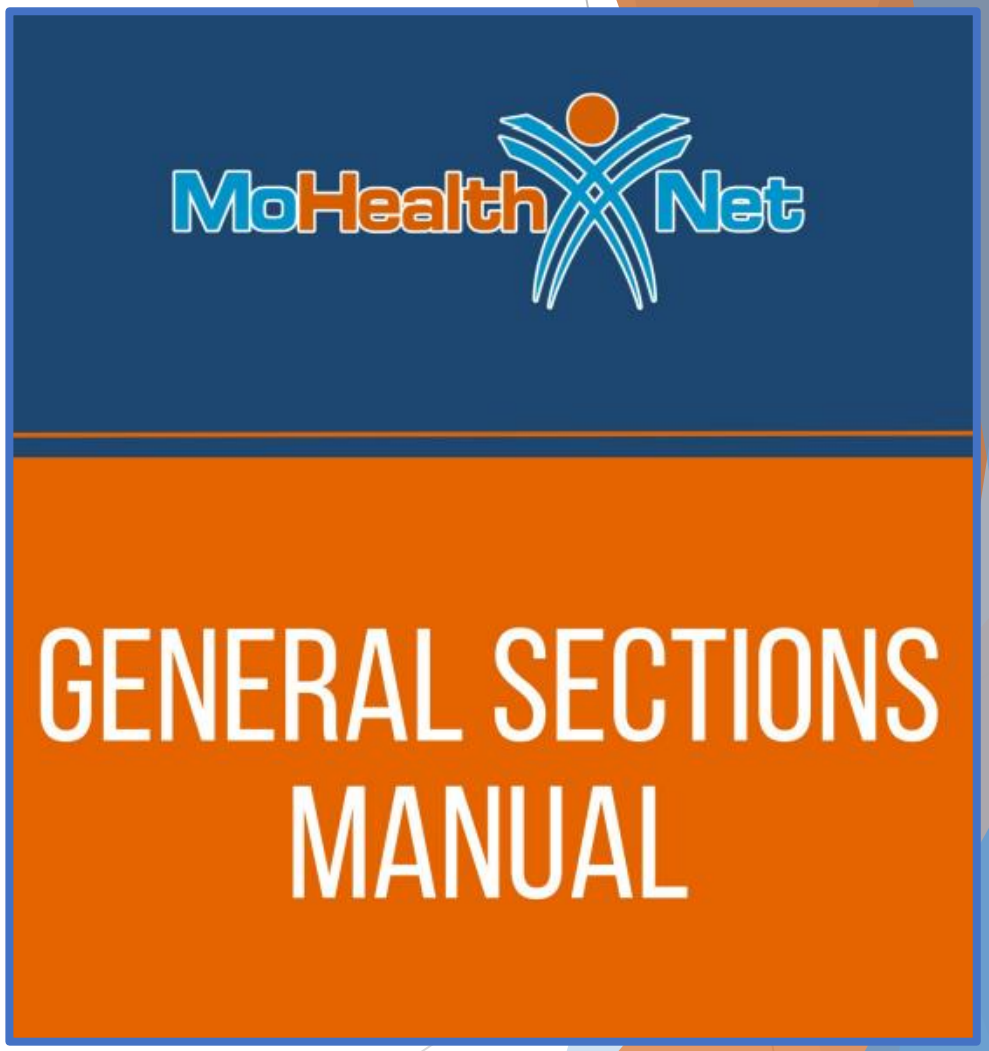
| Section # | Section Description |
|---|---|
| Section 1 | Participant Conditions of Participation |
| Section 2 | Provider Conditions of Participation |
| Section 3 | Provider Resources |
| Section 4 | Timely Filing |
| Section 5 | Third Party Liability |
| Section 6 | Adjustments |
| Section 7 | Medical 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:**

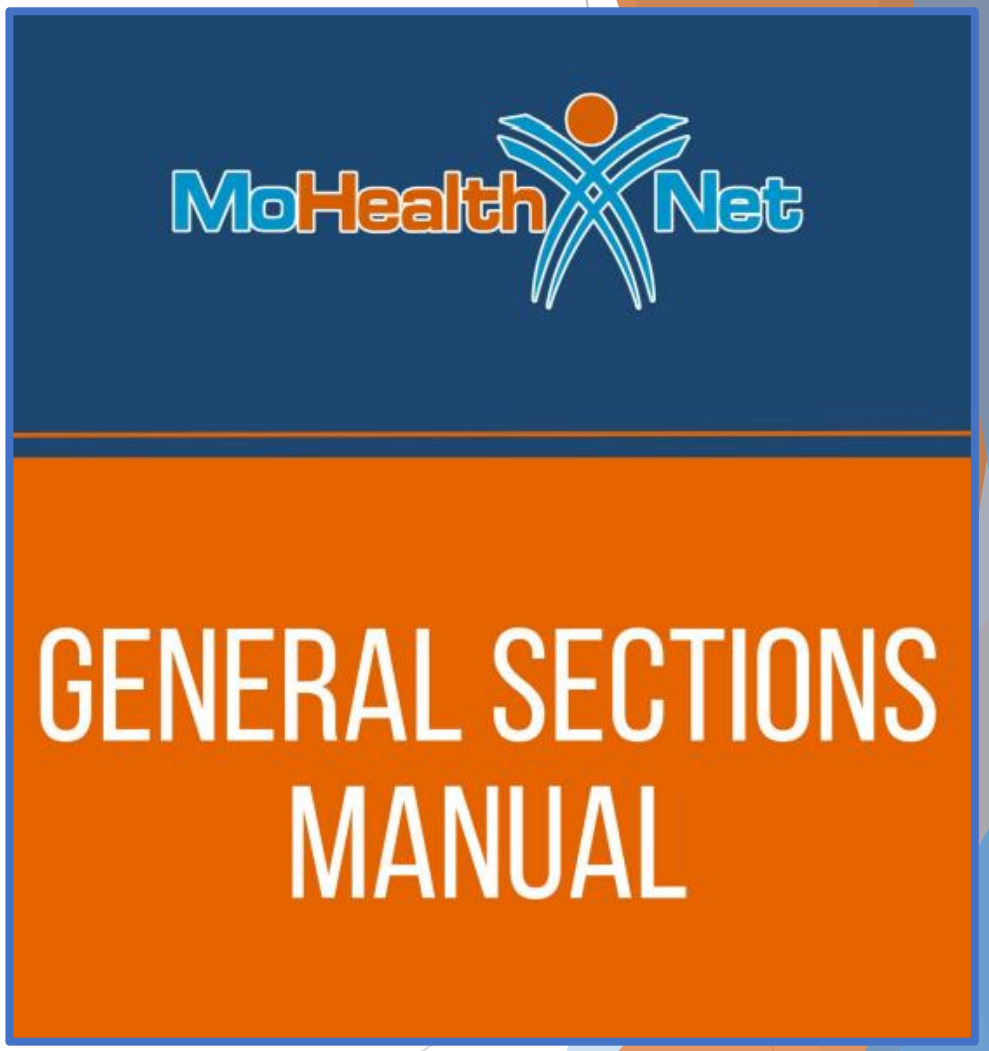
- **Section 1.1:** Description of Eligibility Categories and Medicaid Eligibility (ME) Codes
- **Section 1.5:** Managed Care – General Guidelines
- **Section 1.5:** Qualified Medicare Beneficiaries (QMB)
- **Section 1.6:** Spend Down



# 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

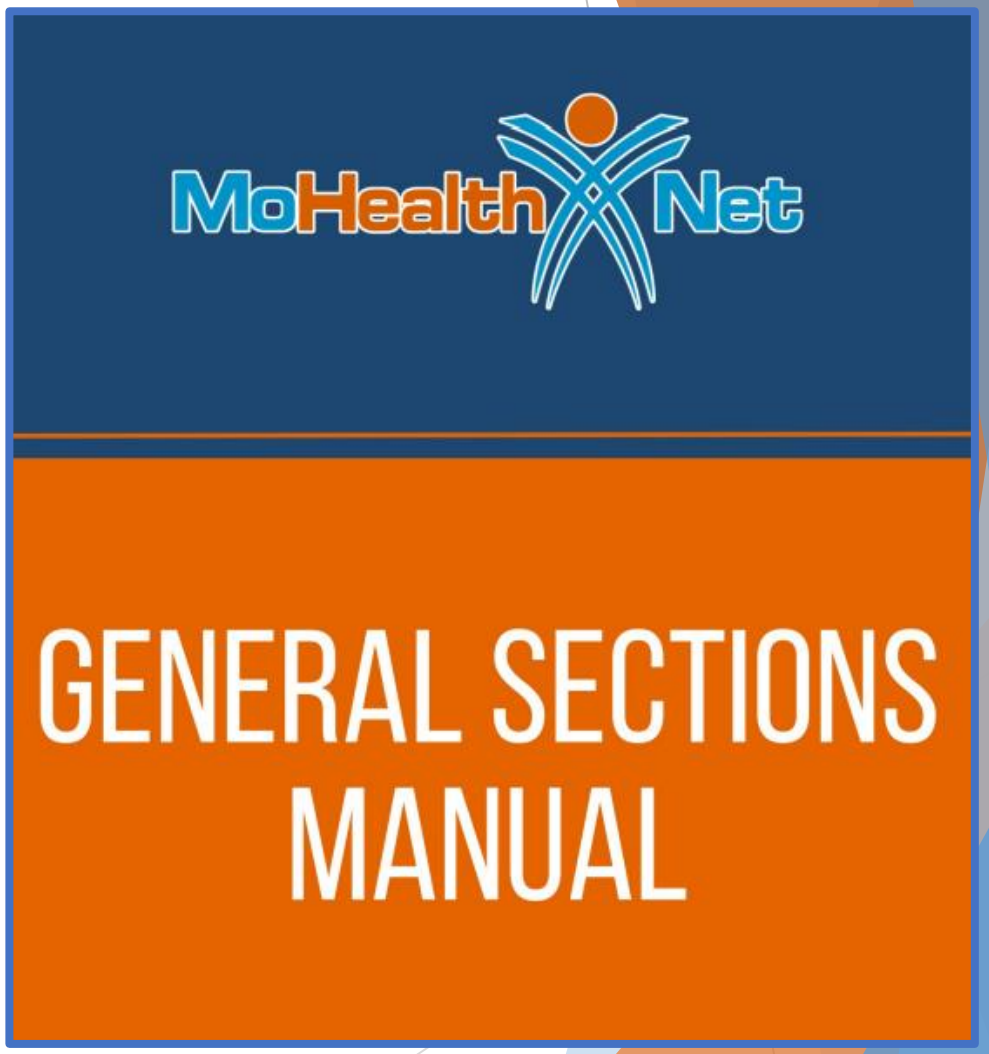


# Section 2.3: Adequate Documentation

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.

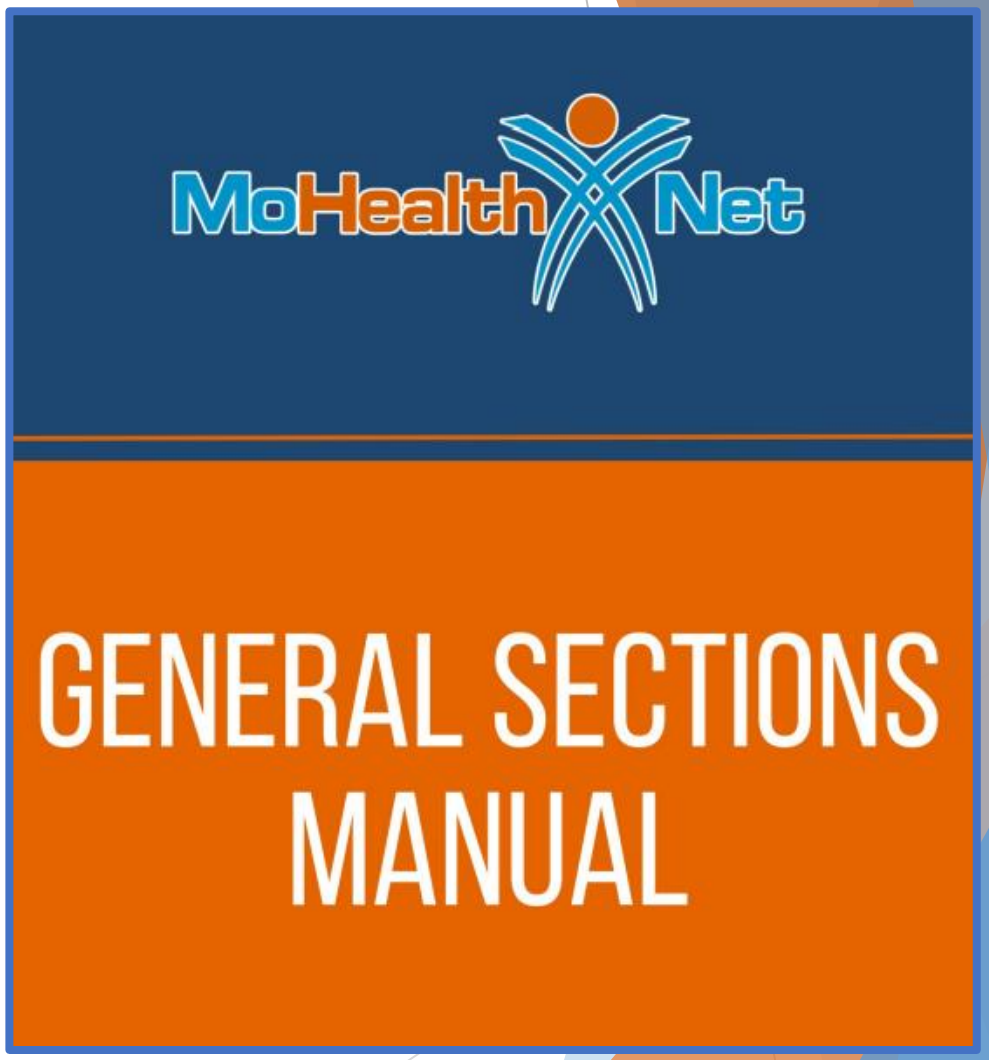
- Adequate medical records are records that are of the type and form from which symptoms, conditions, diagnoses, treatments, prognosis and the identity of the patient to which these things relate can be easily discerned and verified with reasonable certainty.



# 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

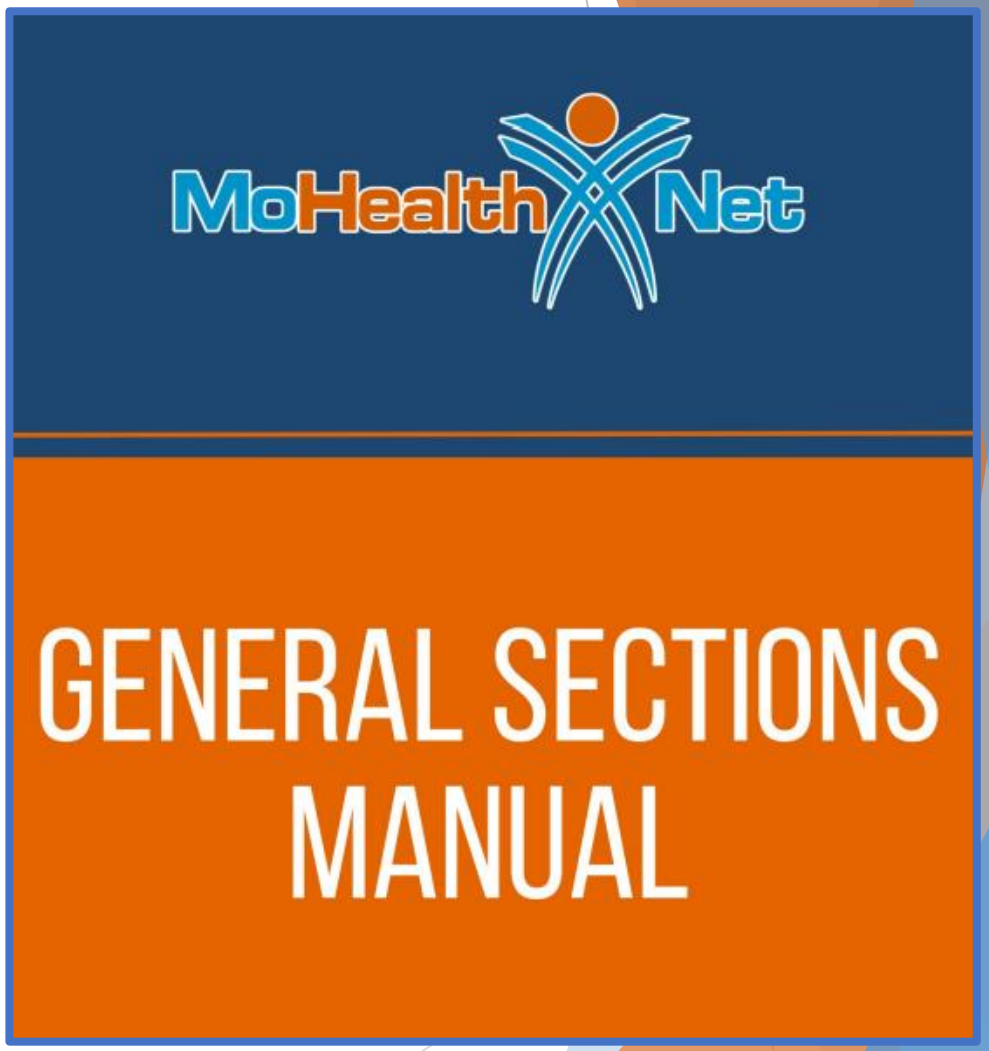


# Section 4: Timely Filing

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.

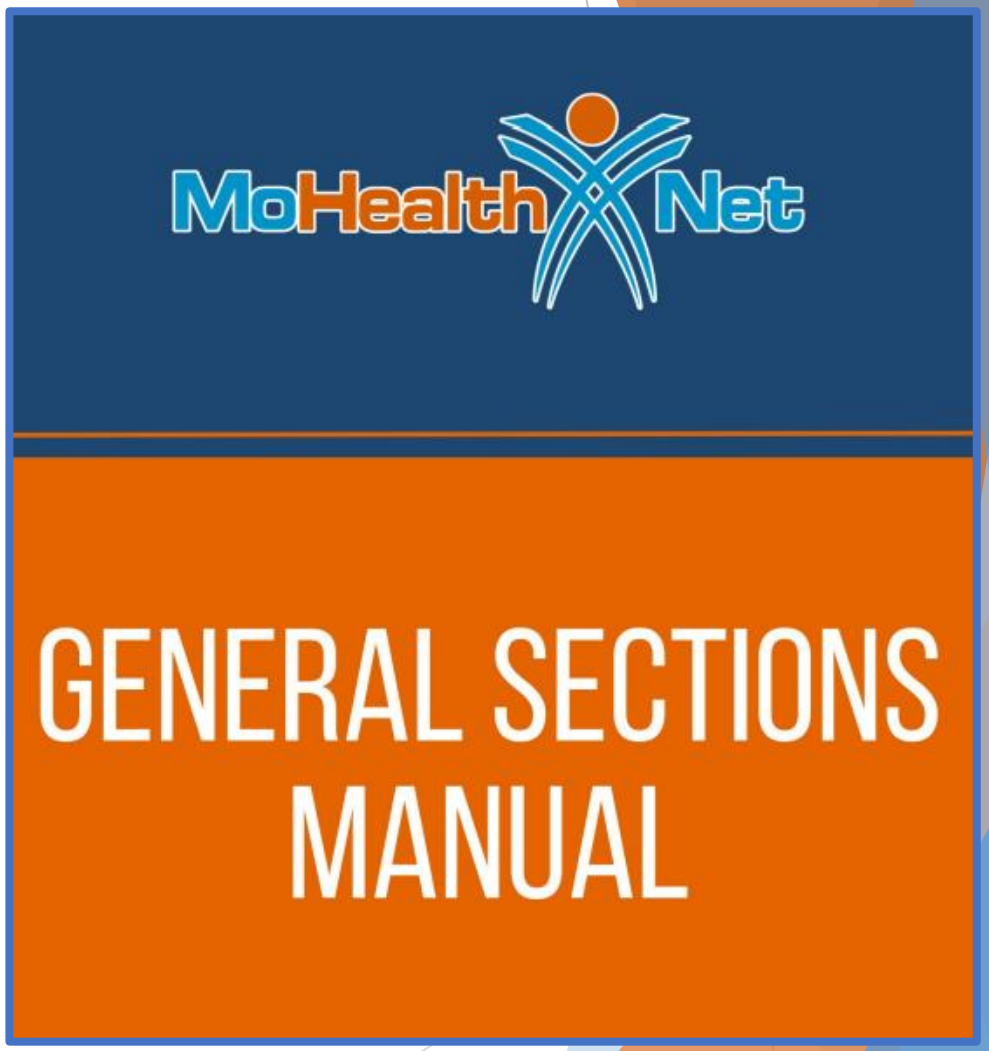
The final deadline to correct and re-file for all claims is 24 months from the DOS.



# Section 5: Third Party Liability (TPL)

Section 5 of the **General Sections Manual** explains TPL:

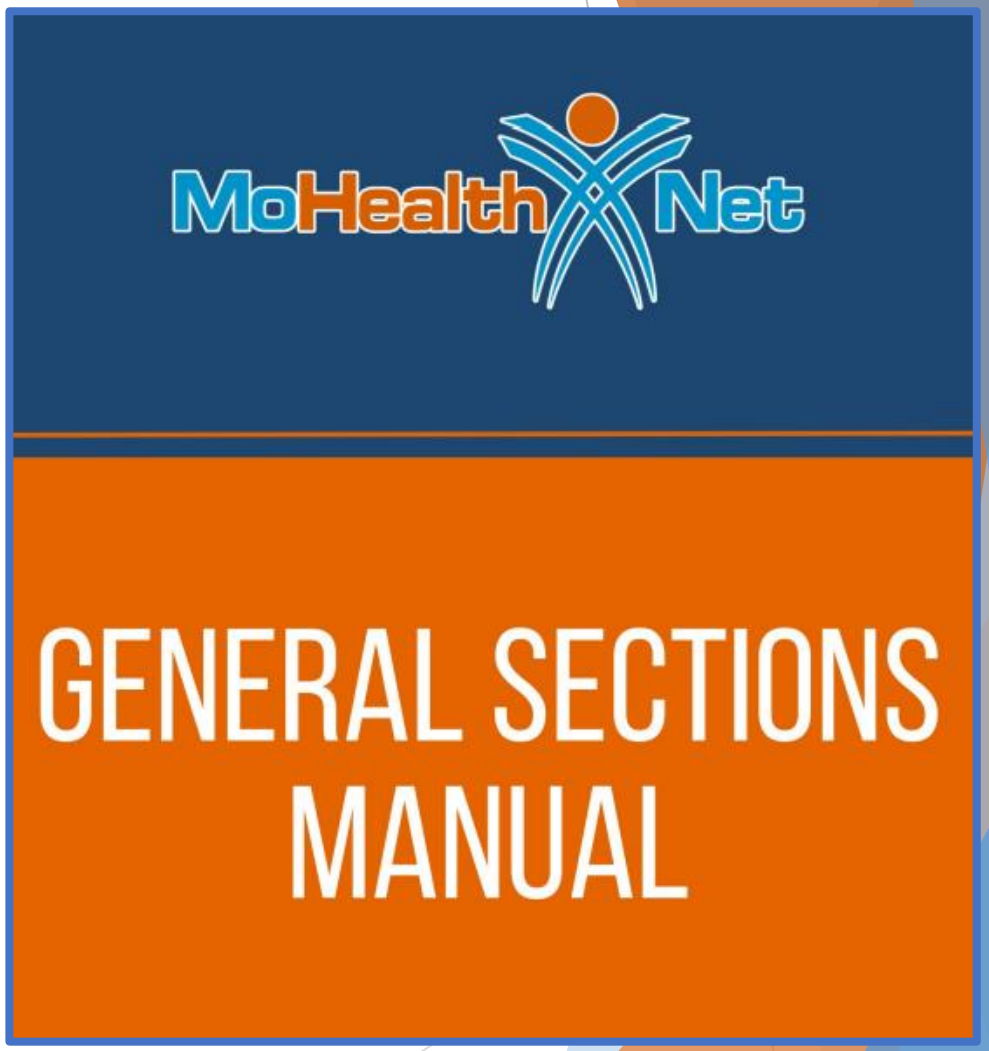
- MO HealthNet is the payer of last resort
- Participants liability when there is TPR
- Providers may not refuse service due to TPL
- TPL information resources
- Insurance coverage codes
- Commercial Managed Health Care Plans
- Provider Claim Documentation Requirements
- Third Party Liability Bypass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



# 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



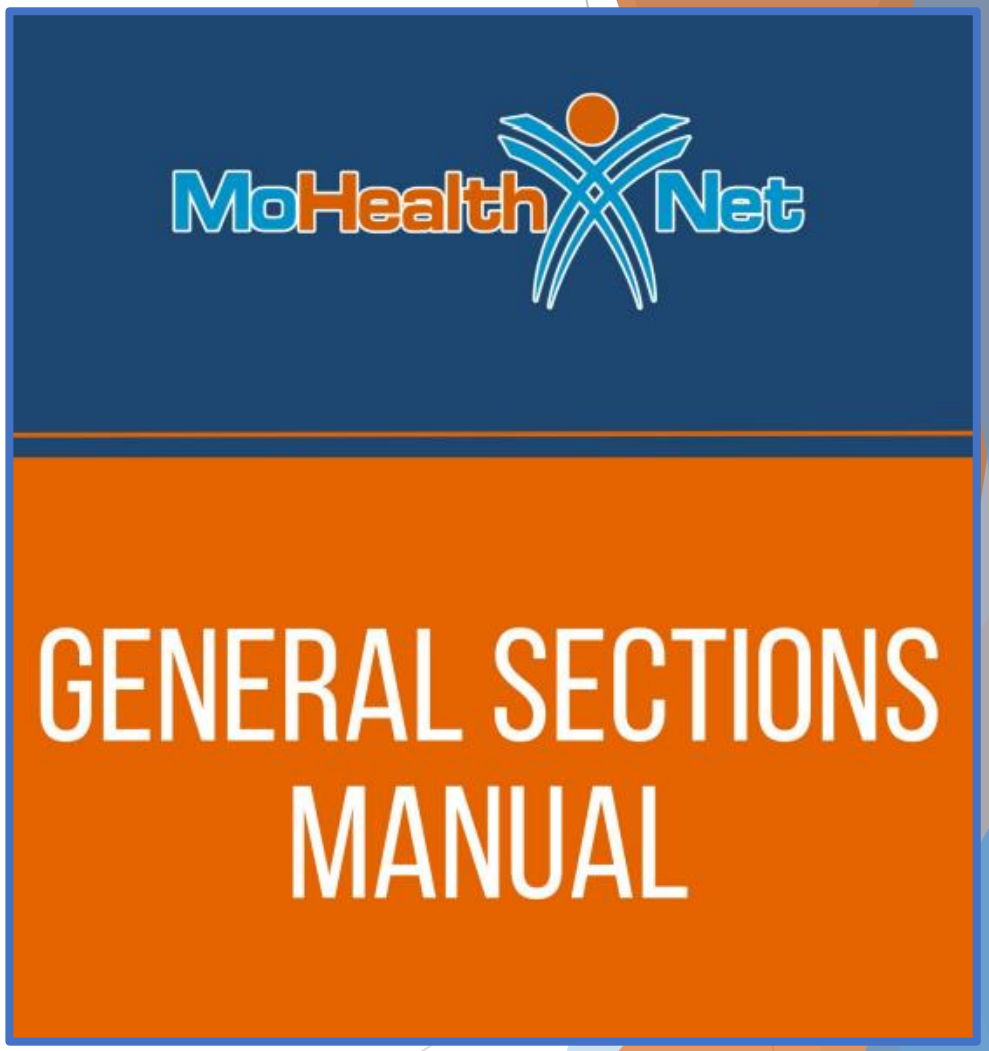
# Section 8: Prior Authorization

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.

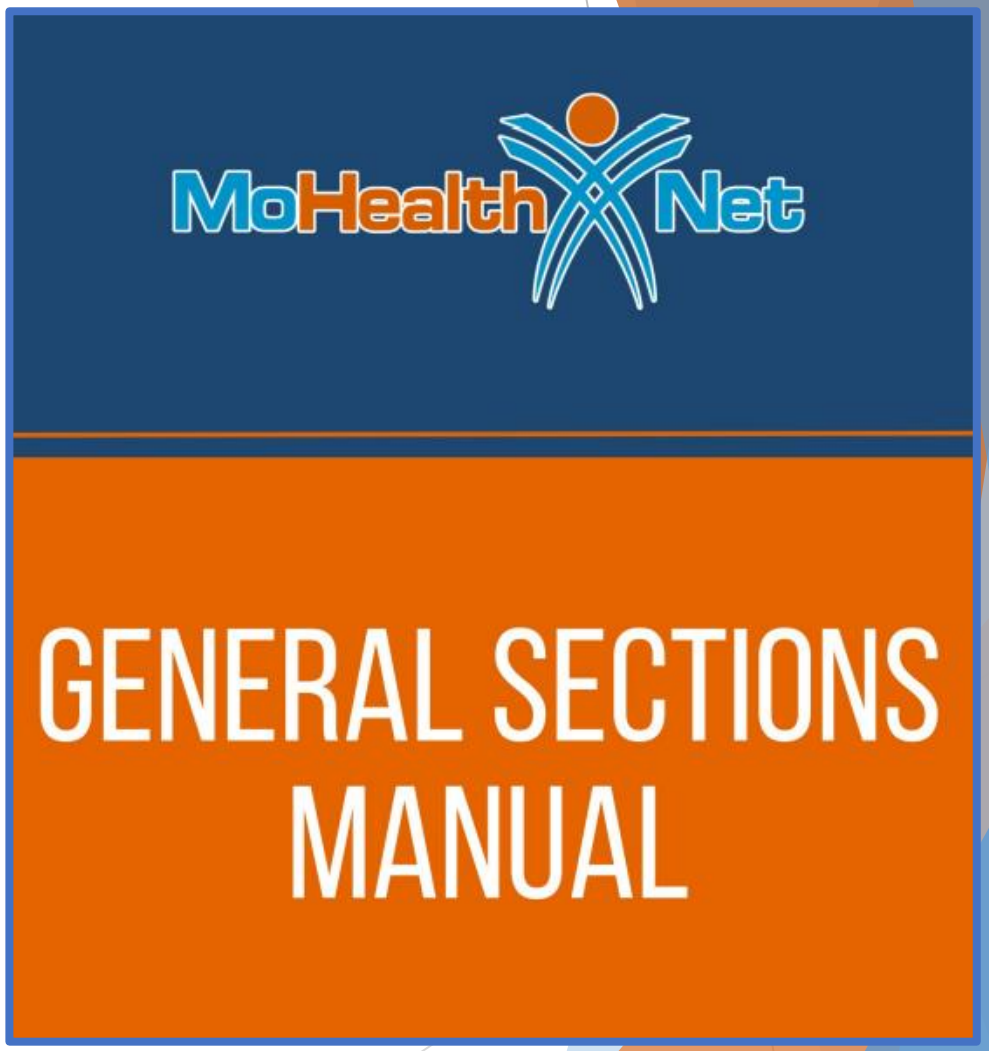
Providers are cautioned that an approved PA approves only the medical necessity of the service and ***does not guarantee payment***.



# Section 10: Claims Disposition

Section 10 of the General Sections Manual covers Claims Disposition.

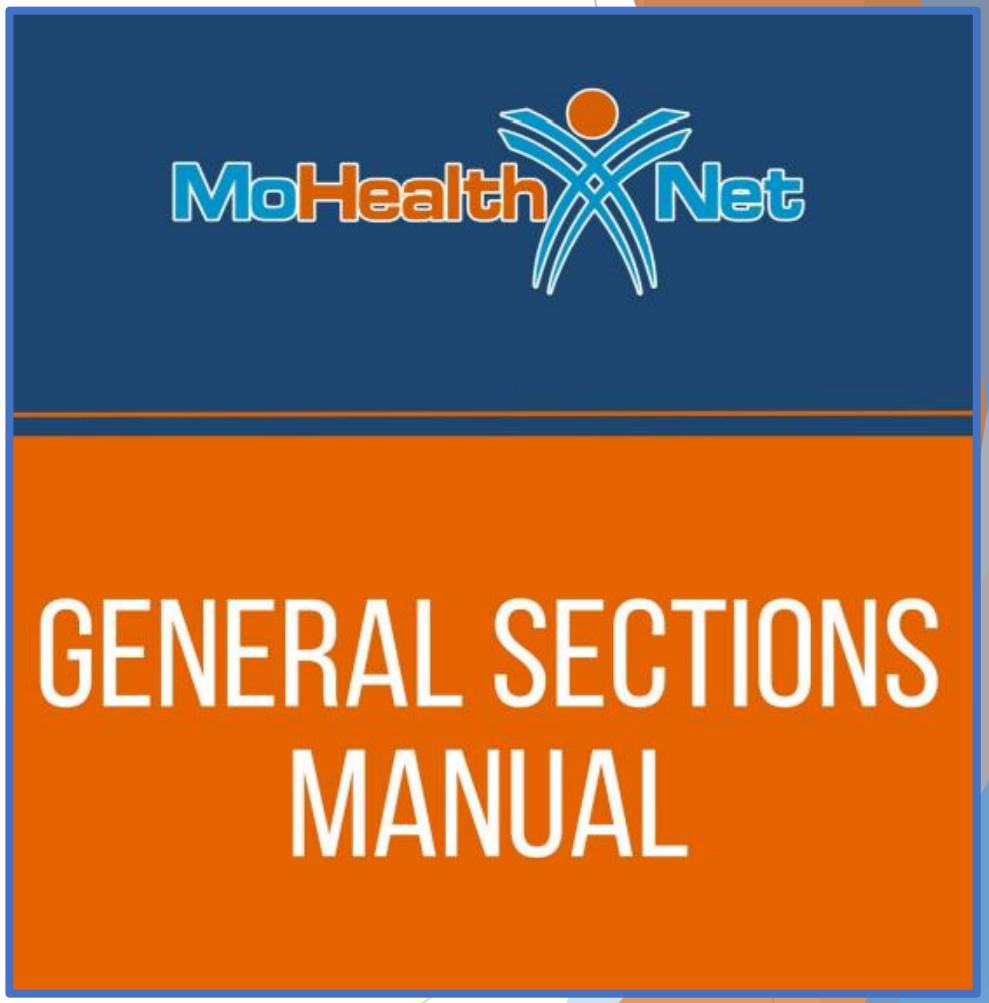
- eMOMED Authorization/Help Desk
- Remittance Advices
  - Paid and Denied
  - Aged
- Claim Status Message Codes
- Split Claim
- Adjusted Claims
- Suspended Claims



# 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**.

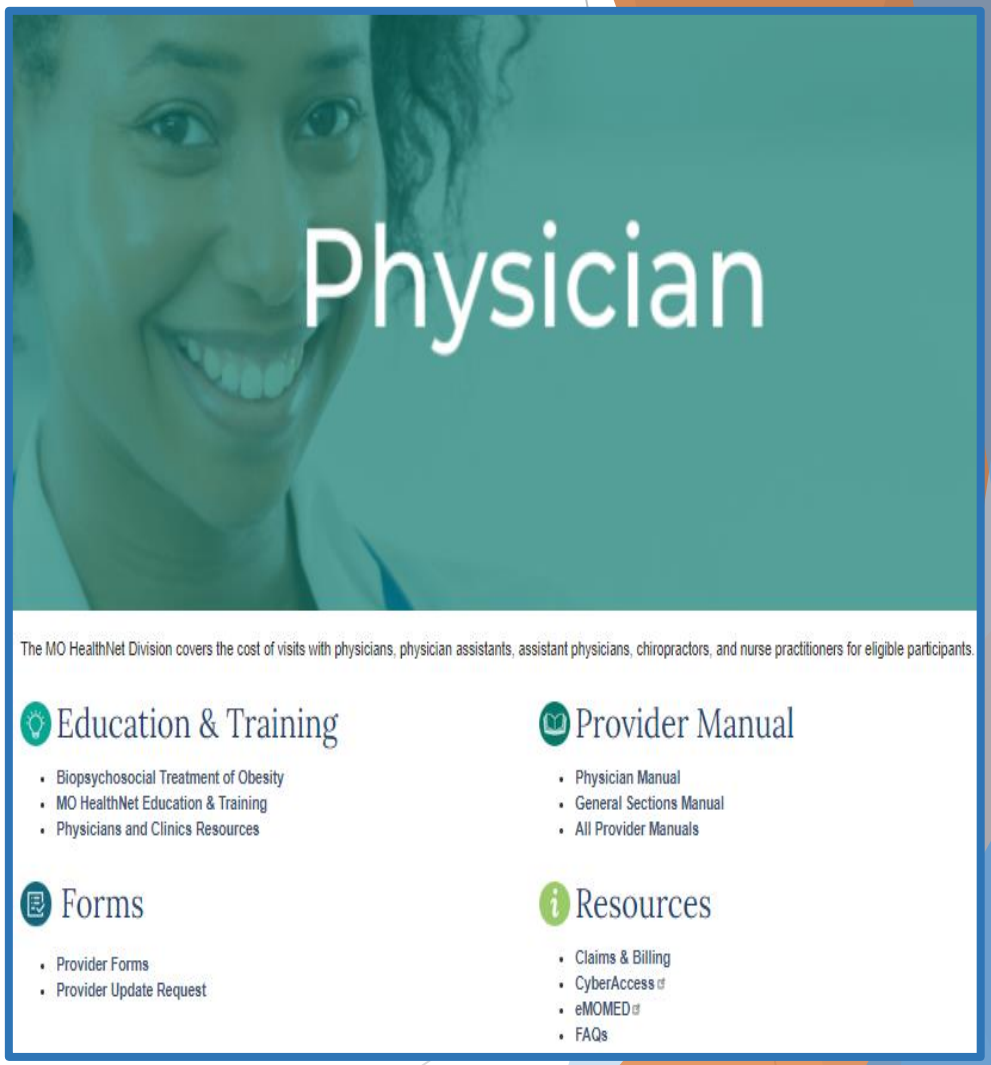
This includes program specific:

- 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.

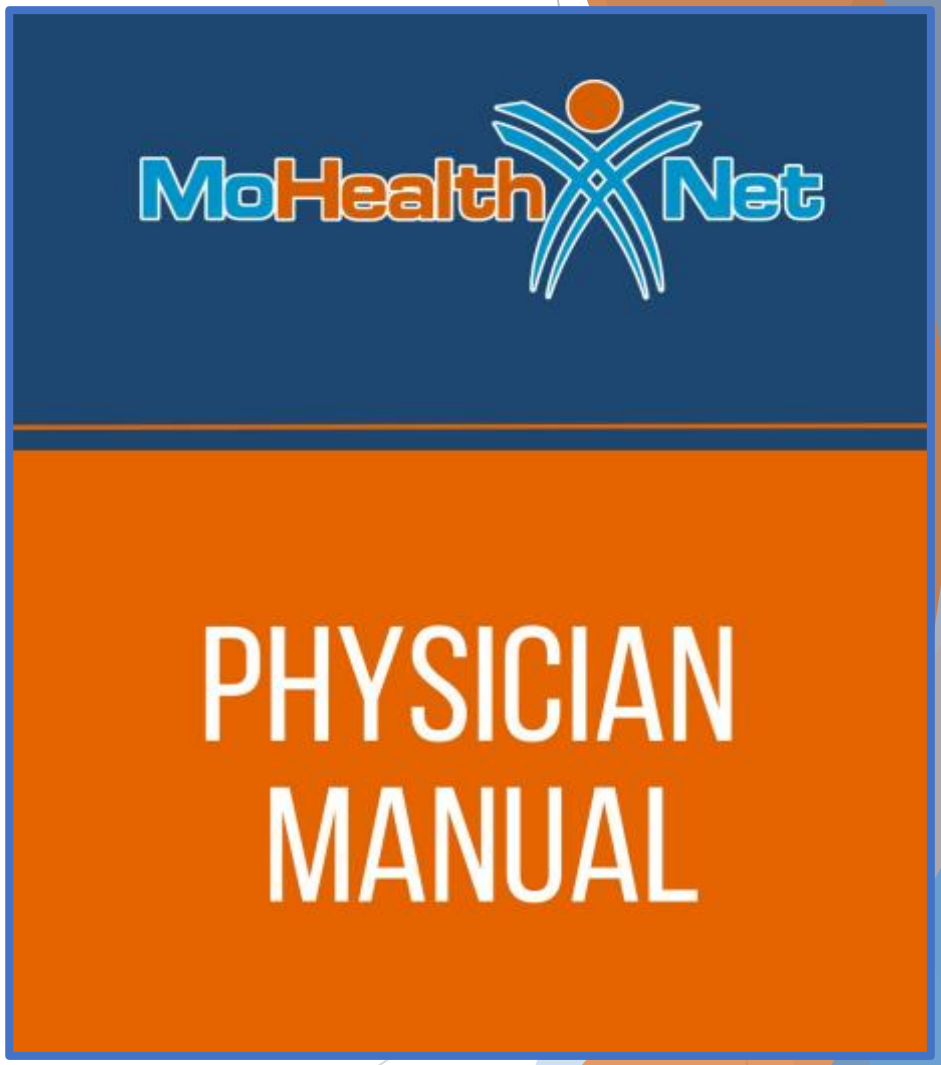
- 1115 Demonstration Waivers
- 1915(C) Home & Community Based Waivers
- Ambulance
- Ambulatory Surgical Center
- Behavioral Health Services
- Behavioral Health Adult Targeted Case Management
- Behavioral Health Youth Targeted Case Management
- Community Psychiatric Rehabilitation Program
- Comprehensive Day Rehabilitation
- Comprehensive Substance Treatment & Rehabilitation
- Dental
- Durable Medical Equipment
- 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
- Physician
- [illegible] 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



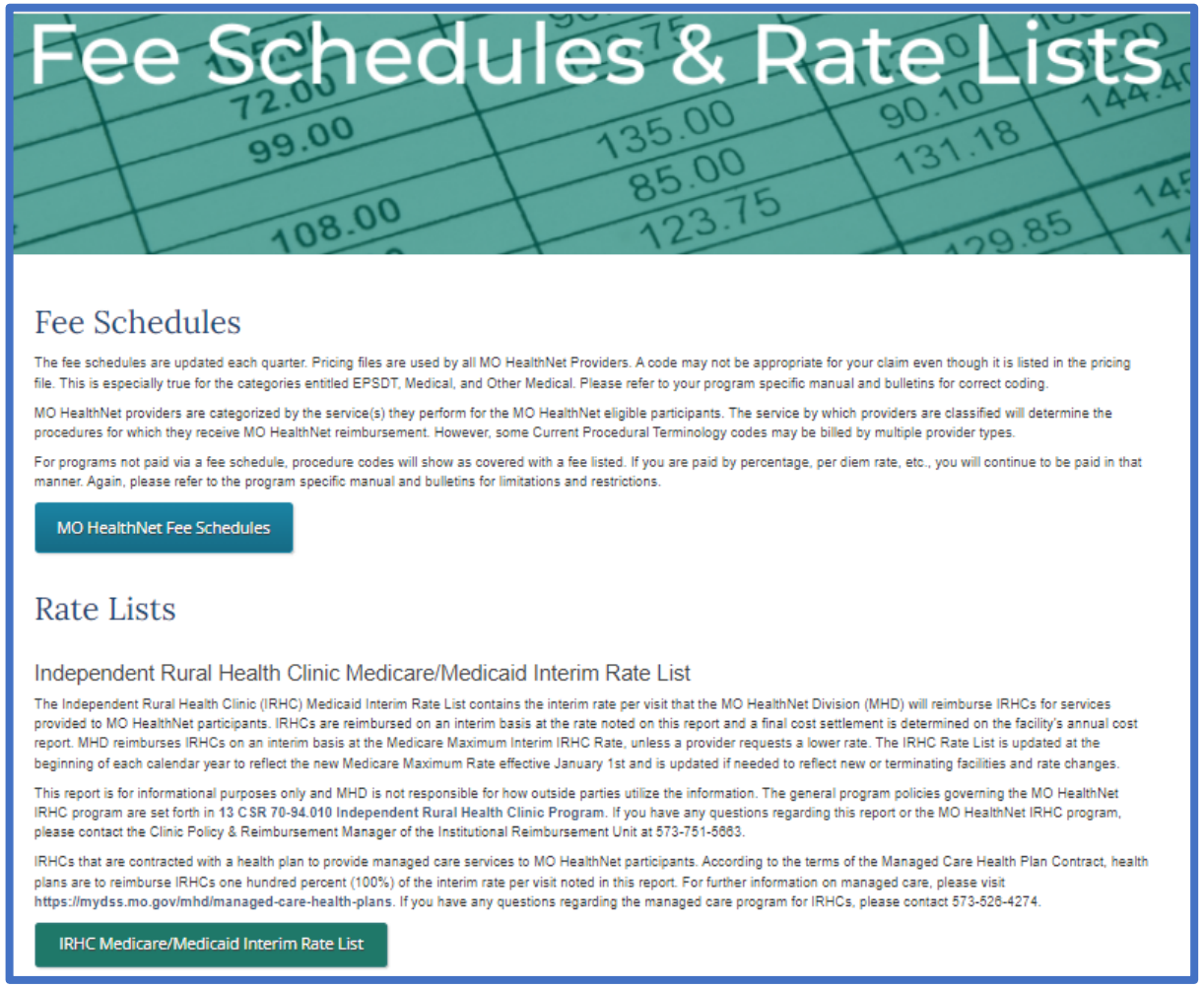
# Physician Provider Manual

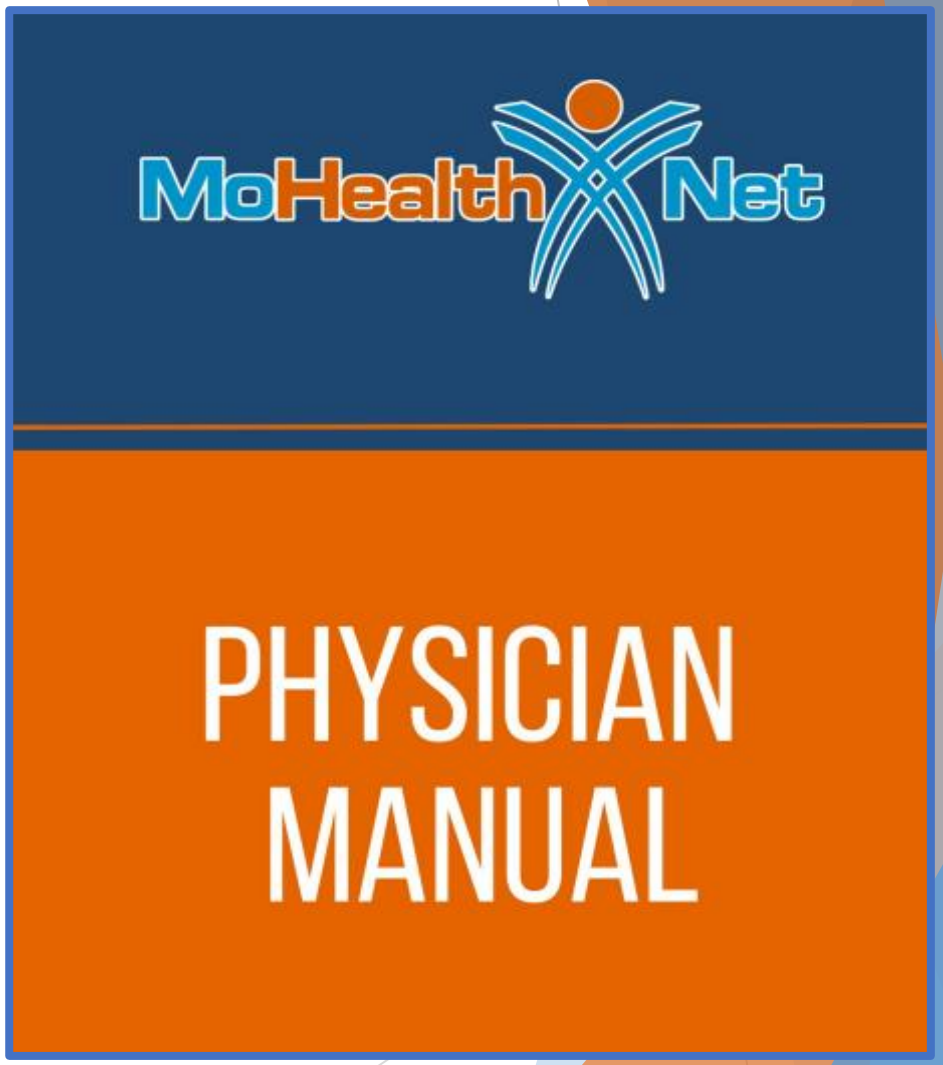
We will cover specific information on the following slides, refer to the **Physician Provider Manual** for additional information on each:

| 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



# Section 2: Benefits and Limitations

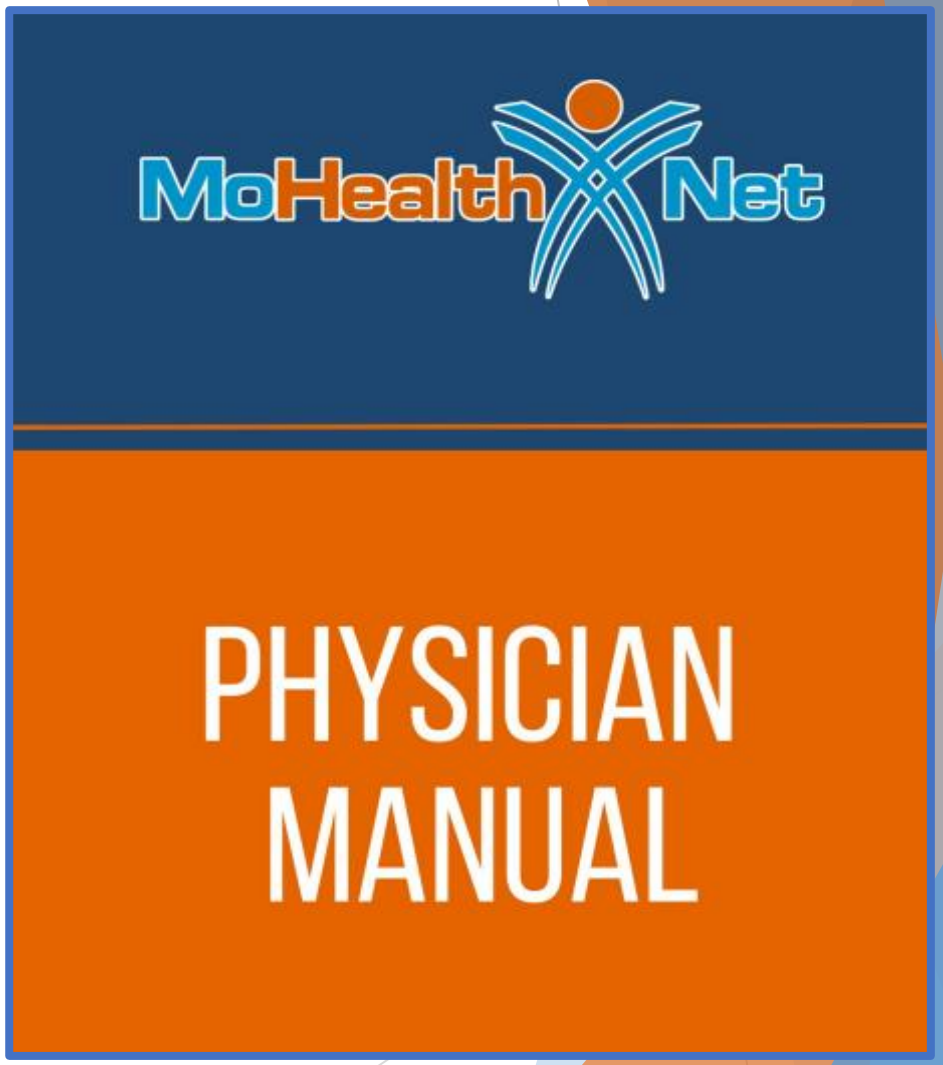
**Physicians Manual: Section 2.12 (Preventive Medicine Services)**

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.



# Section 2: Benefits and Limitations

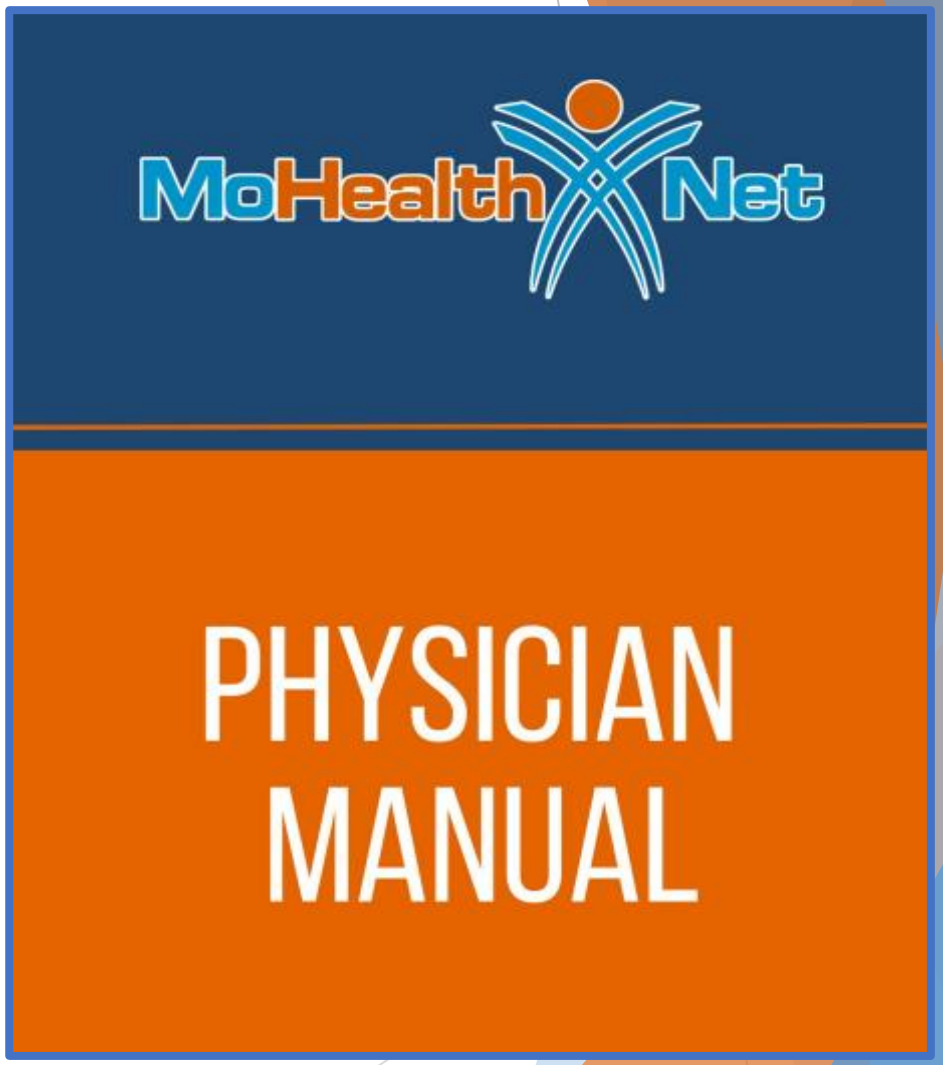
**Physicians Manual: Section 2.12 (Preventive Medicine Services)**

**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).

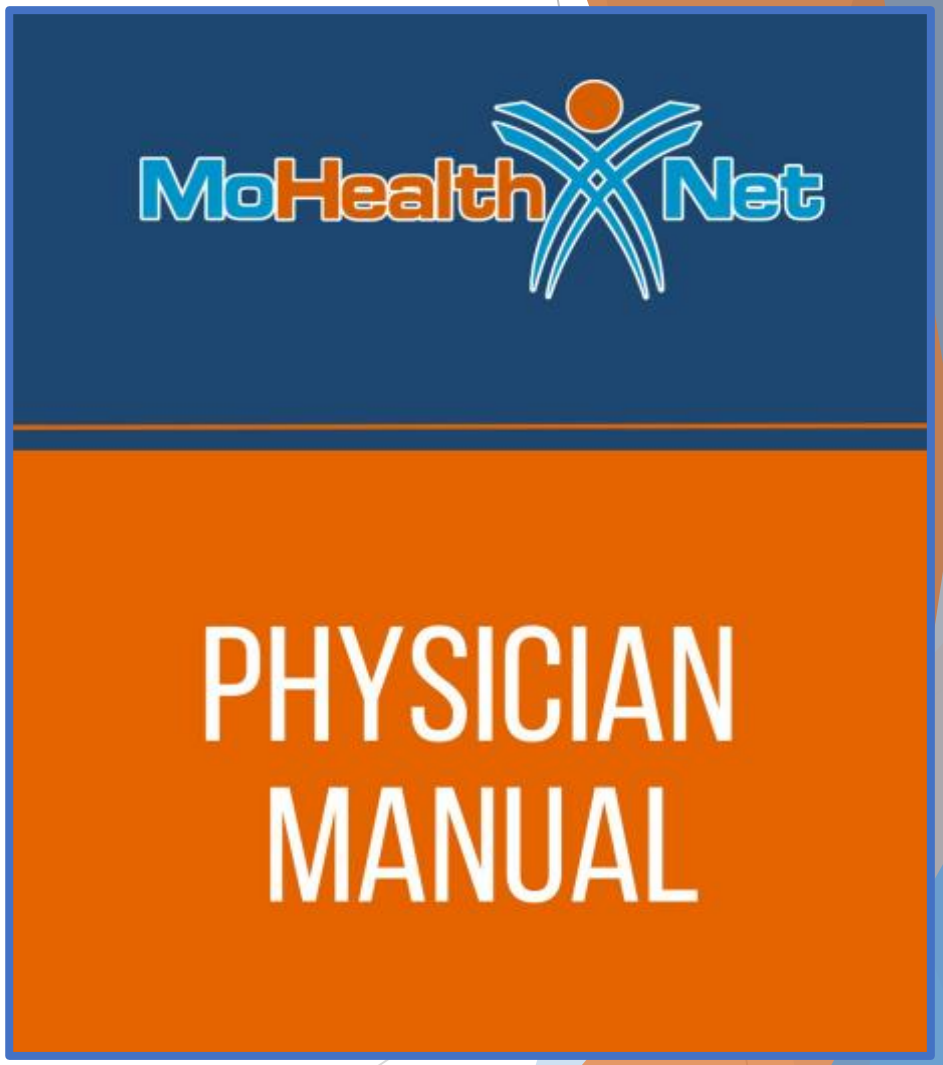


# Section 2: Benefits and Limitations

**VFC Program**

MO HealthNet enrolled providers must participant 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.



# 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, 90651SL** |
| | 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 diptheriadiphtheria (Td) adsorbed, preservative free, for useprovided 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. |

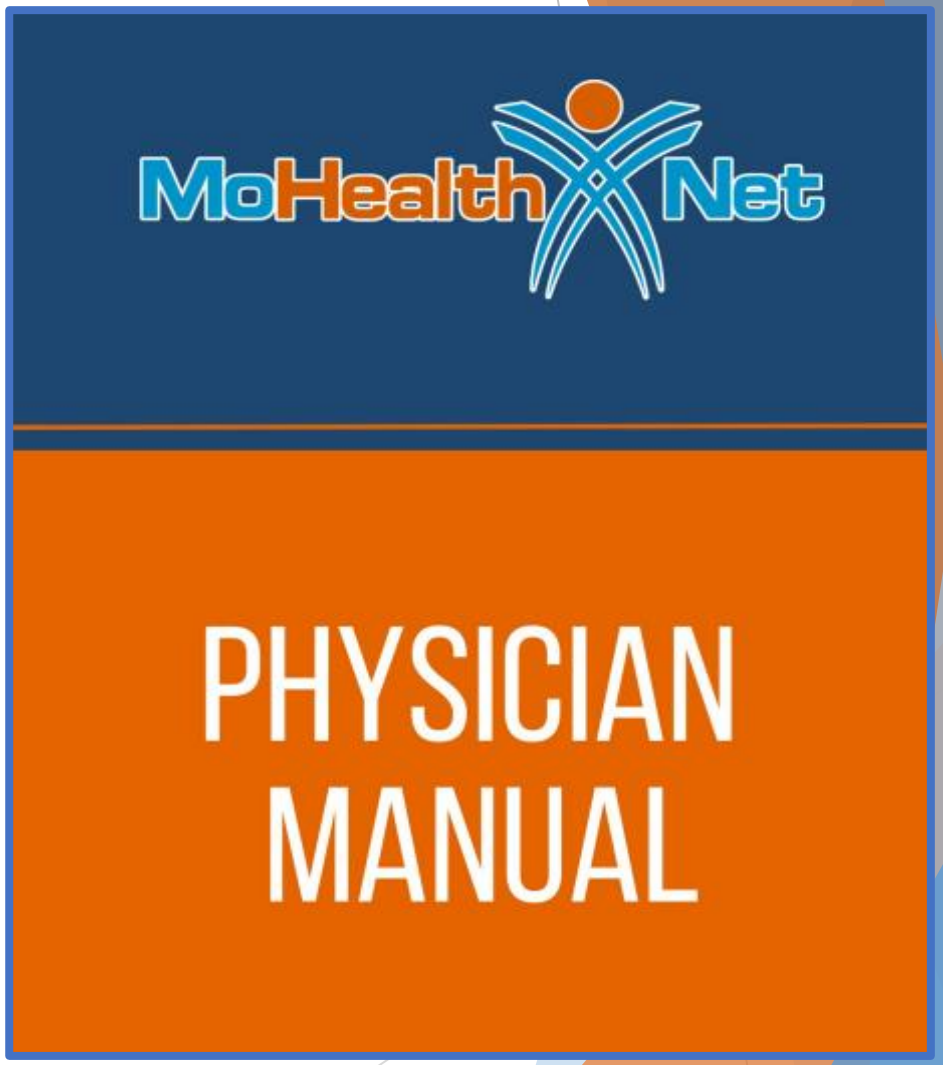
# Section 2: Benefits and Limitations

**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 on in writing to:

Bureau of Immunization
PO Box 570
Jefferson City, MO 65109



# Section 2: Benefits and Limitations

**VFC for MO HealthNet Managed Care Participants**

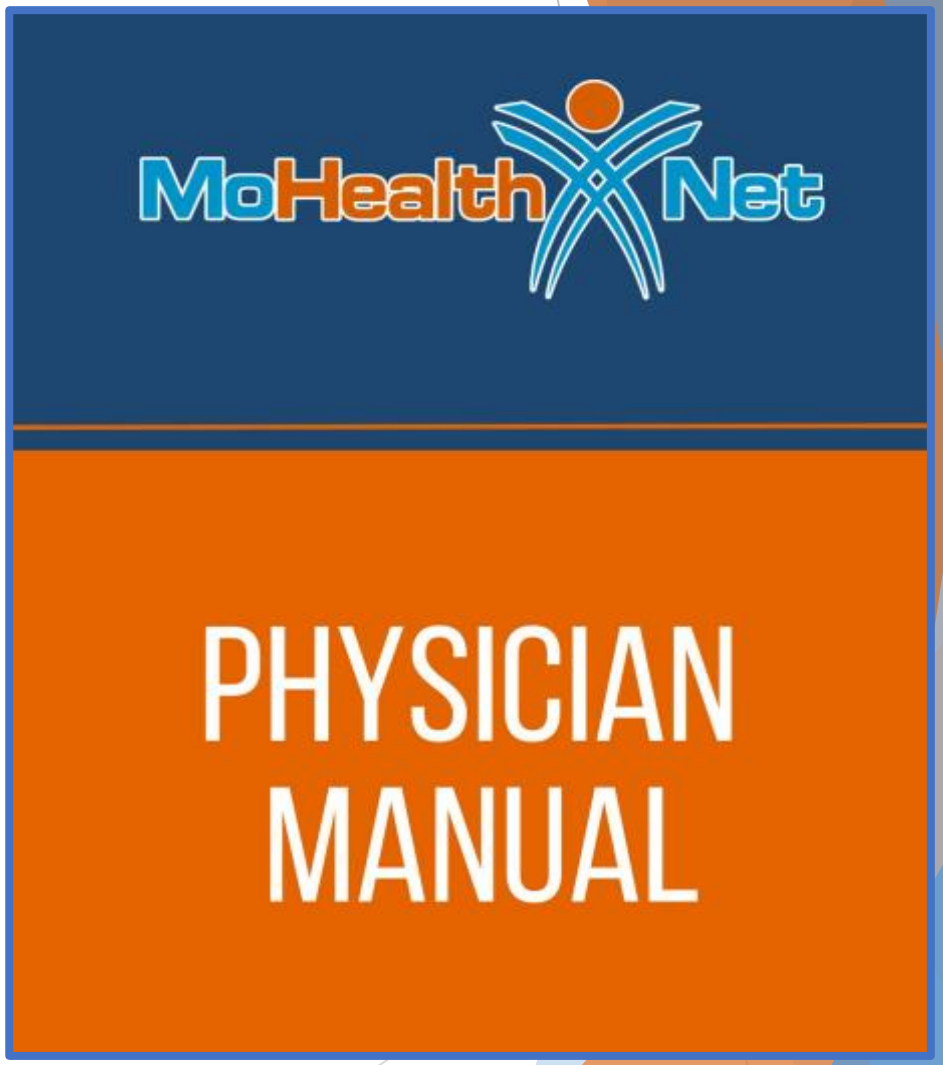
Managed Care health plan providers must use the VFC vaccine for MCO participants.

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.



# Section 2: Benefits and Limitations

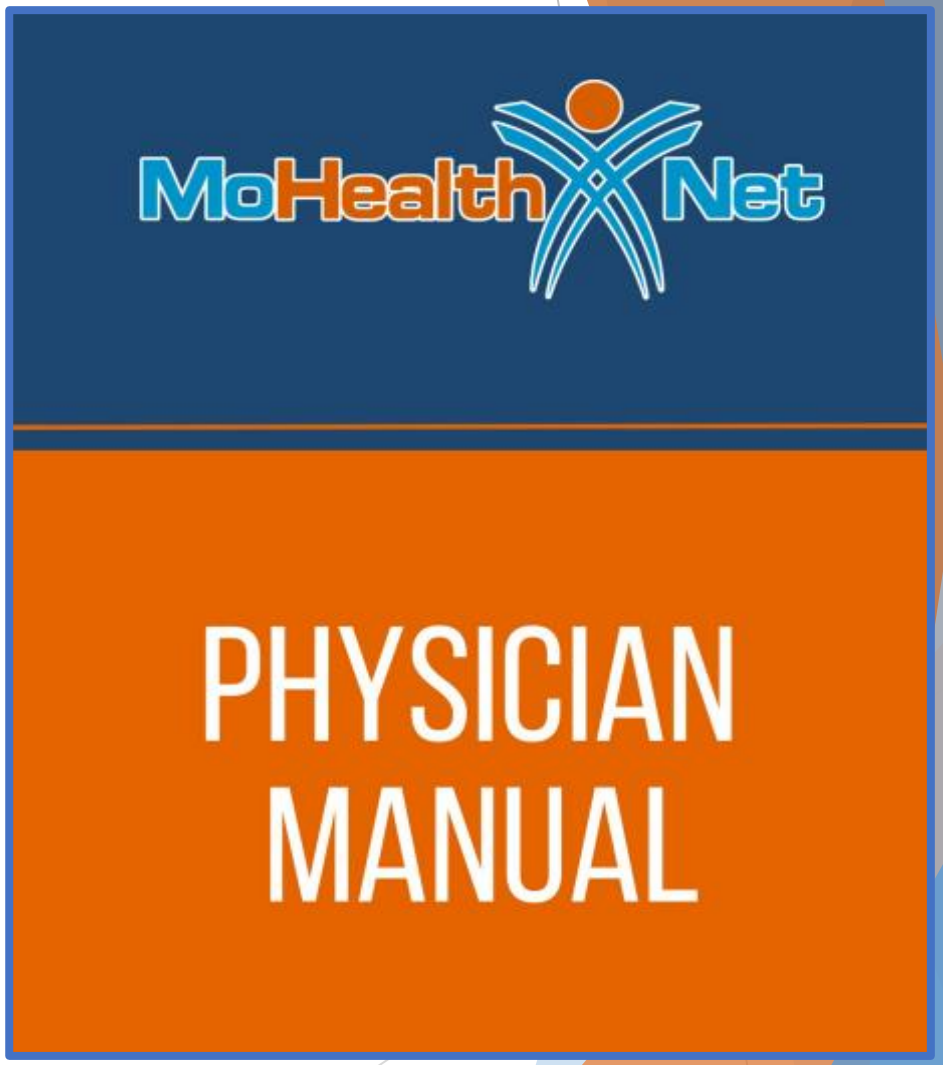
**Immunizations Outside VFC Guidelines**

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.



# Section 2: Benefits and Limitations

**Physicians Manual: Section 2.12 (Preventive Medicine Services)**

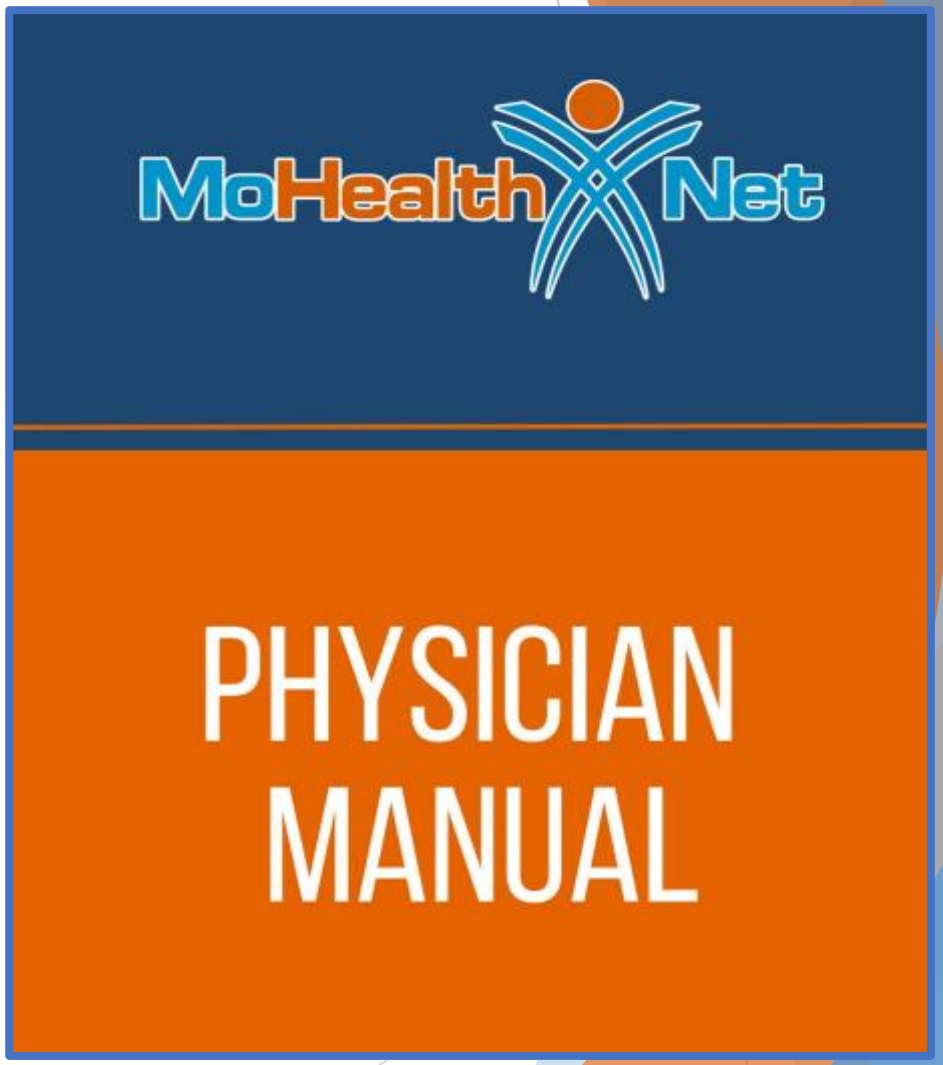
**School/Athletic Physicals**

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.



# Section 2: Benefits and Limitations

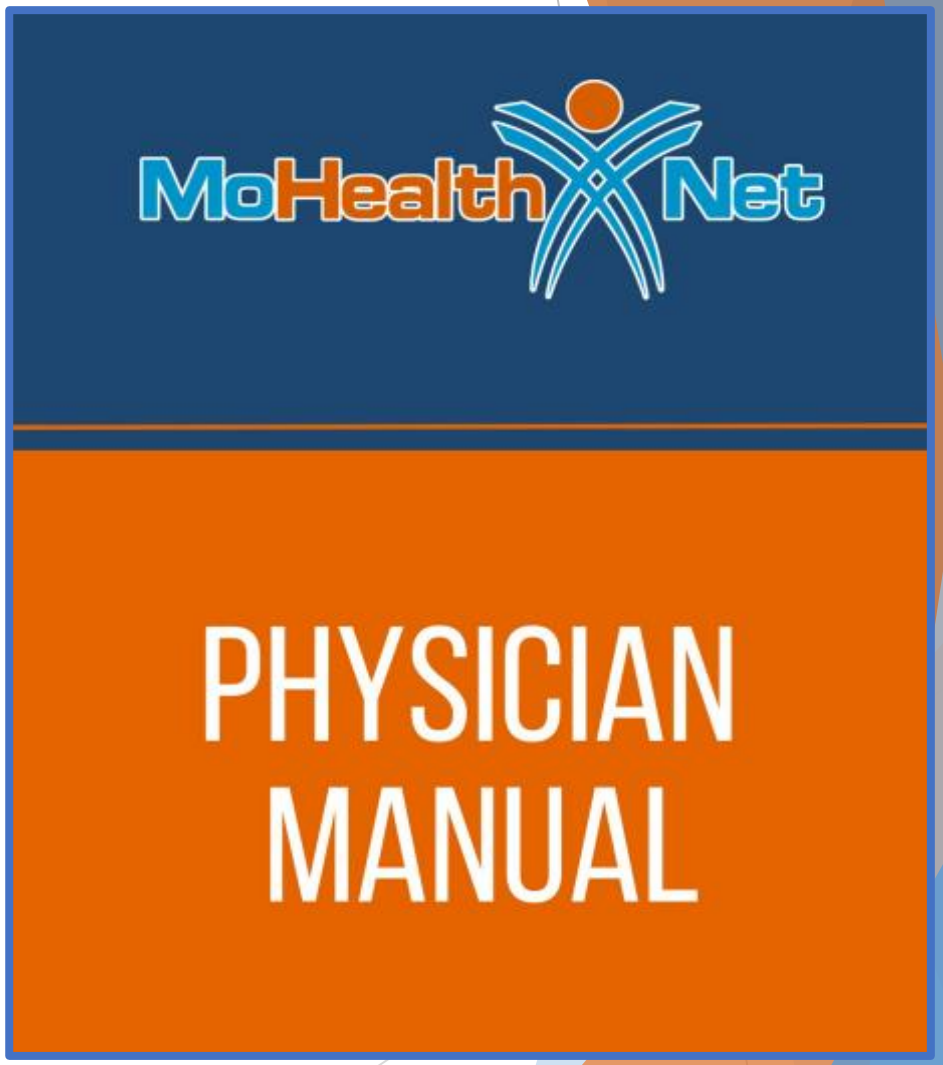
**Physicians Manual: Section 2.12 (Preventive Medicine Services)**

**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.

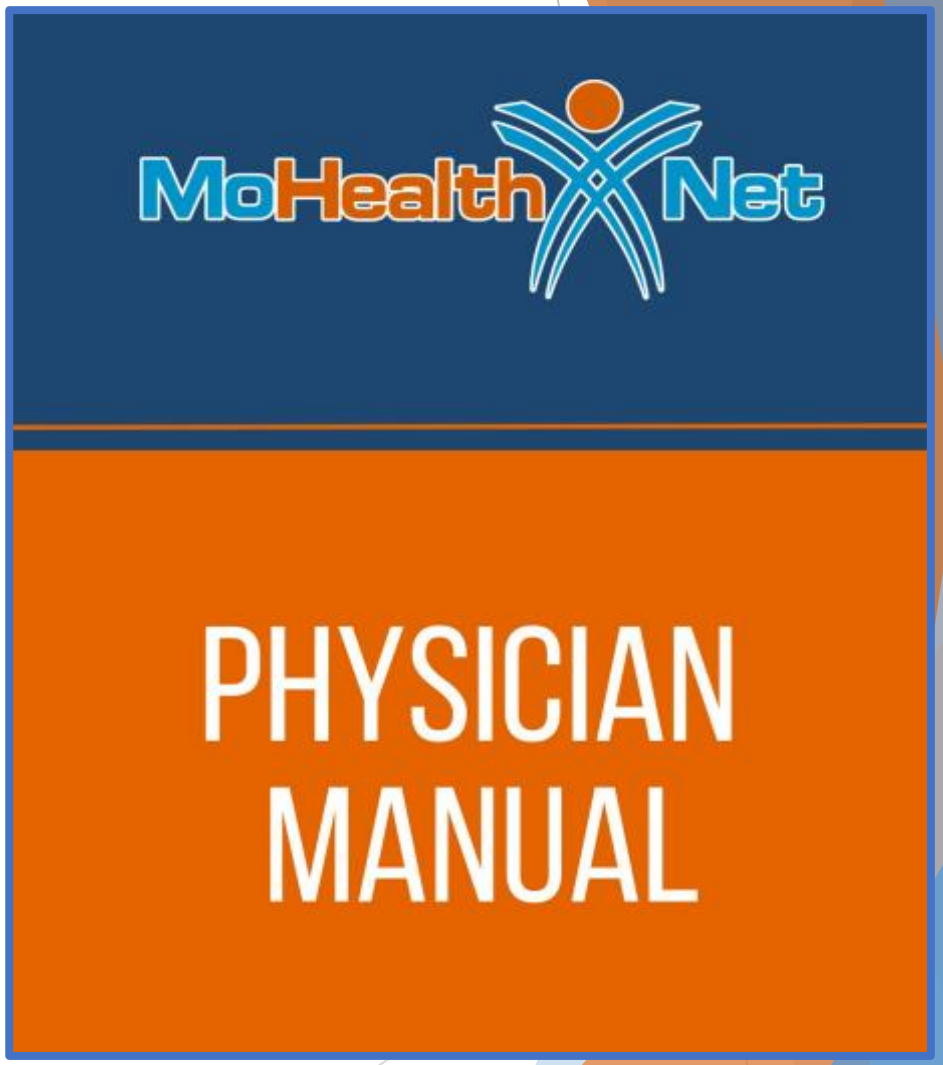
If the WIC provider cannot substantiate that its costs exceed funds received from other sources, then the agency cannot bill MO HealthNet for the WIC services.



# 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)



# Section 2: Benefits and Limitations

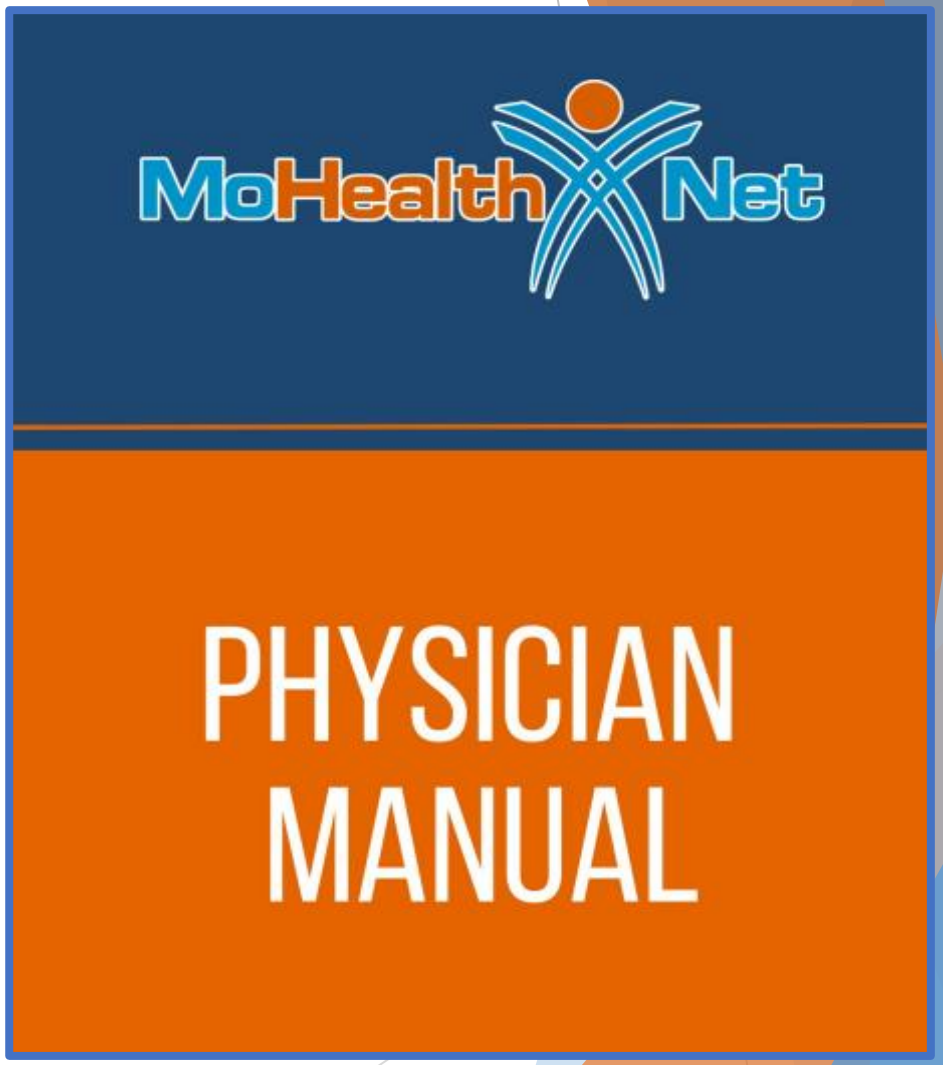
**Physicians Manual: Section 2.14 (SAFE-CARE Examinations)**

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.



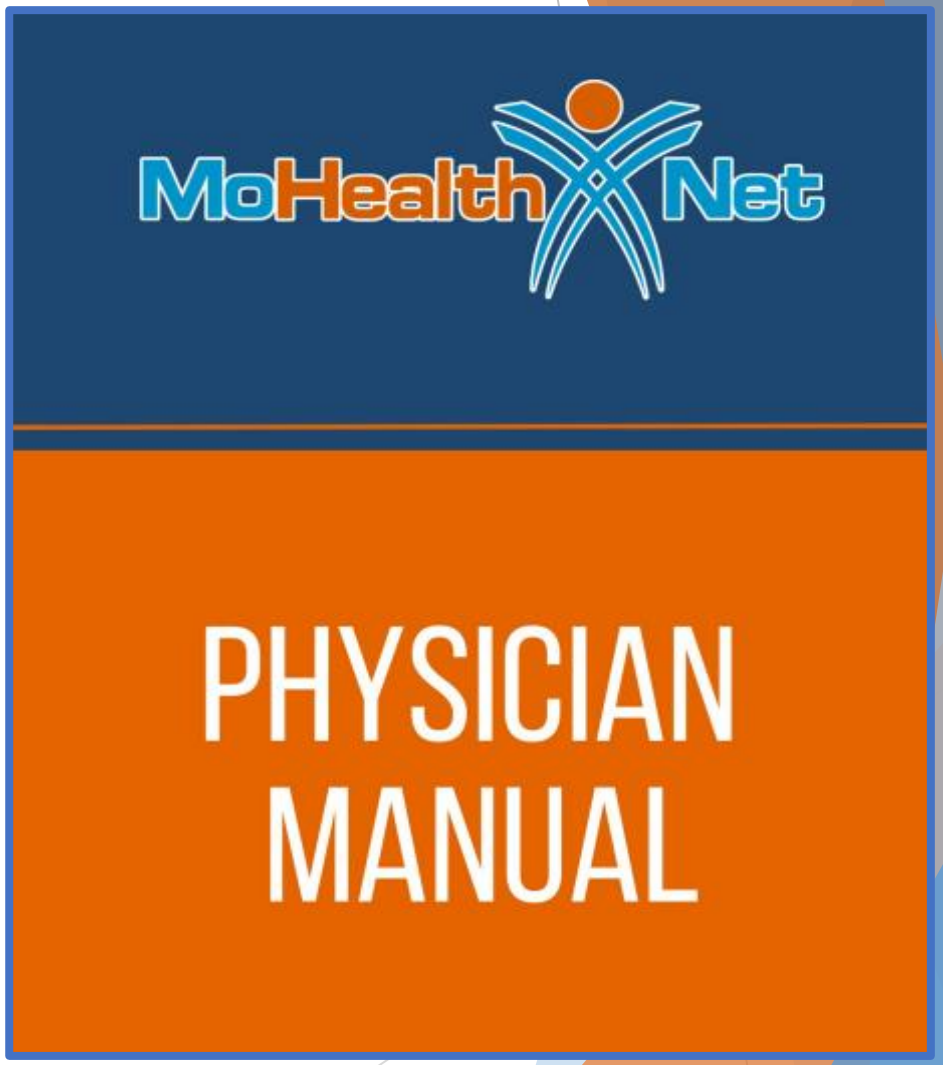
# Section 2: Benefits and Limitations

**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.



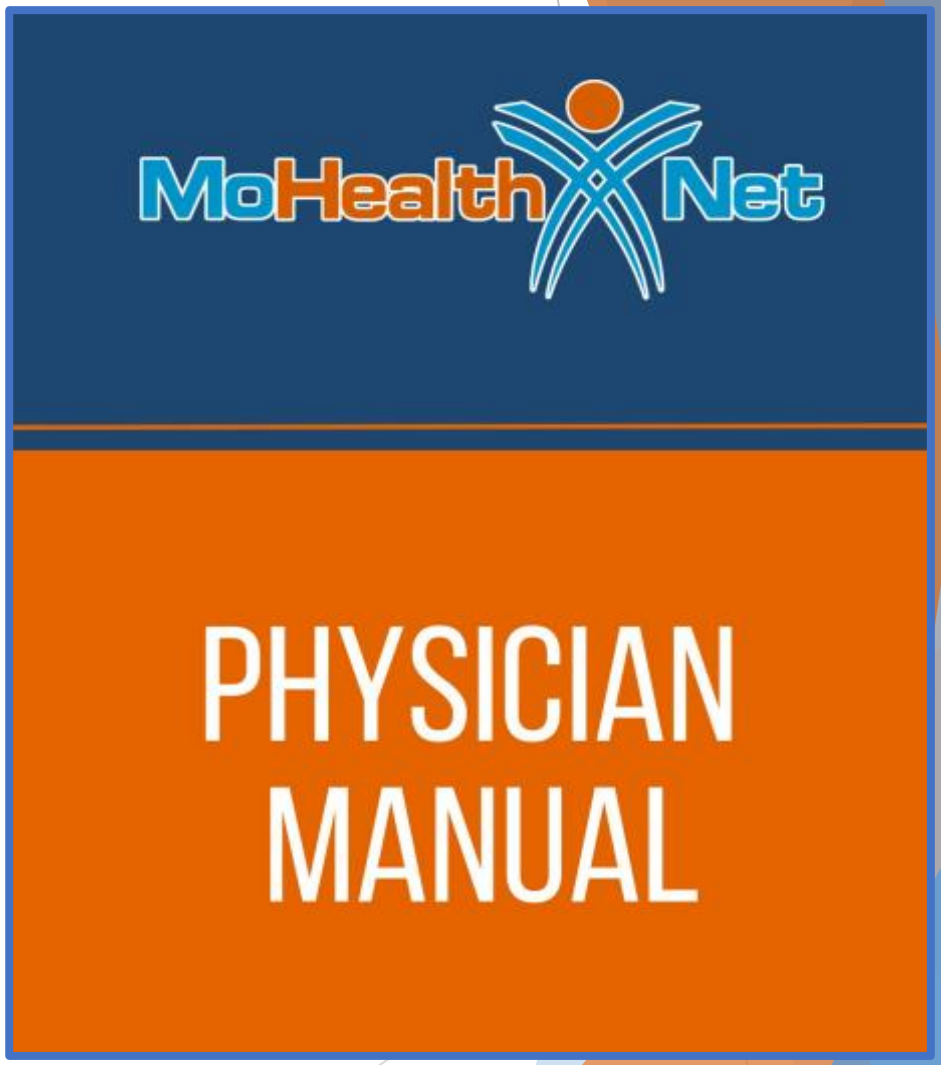
# Section 2: Benefits and Limitations

**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.



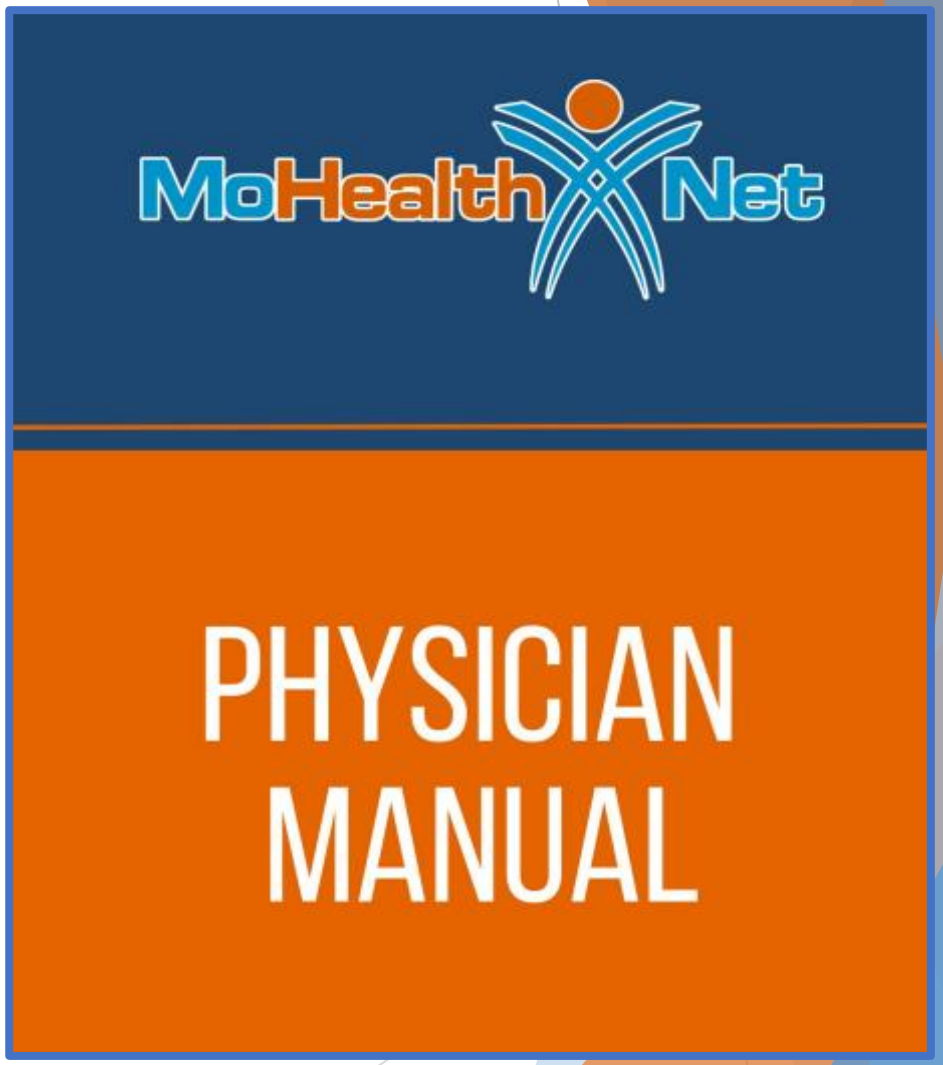
# Section 2: Benefits and Limitations

**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.



# Section 2: Benefits and Limitations

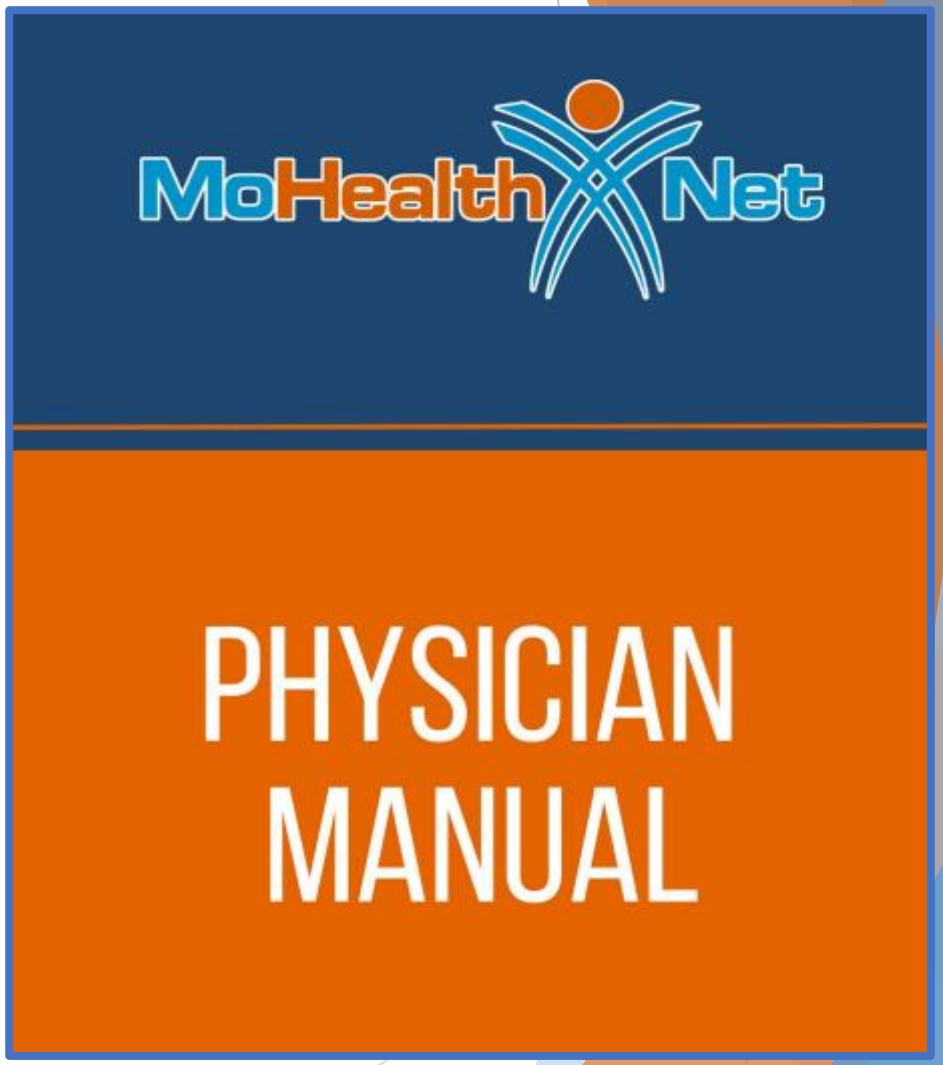
**Physicians Manual: Section 2.14 (Safe-Care Examinations)**

**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.



# Section 2: Benefits and Limitations

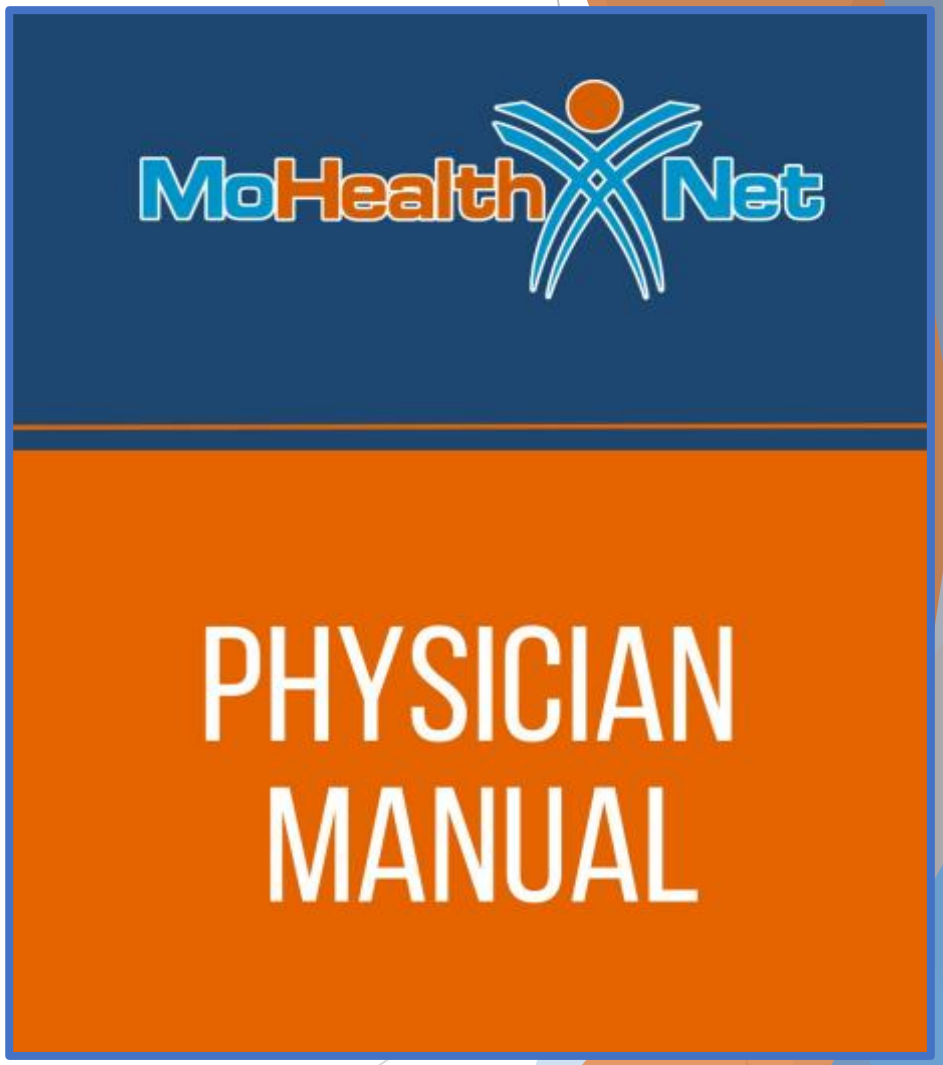
**Physicians Manual: Section 2.16 (Supervision)**

**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.



# Section 2: Benefits and Limitations

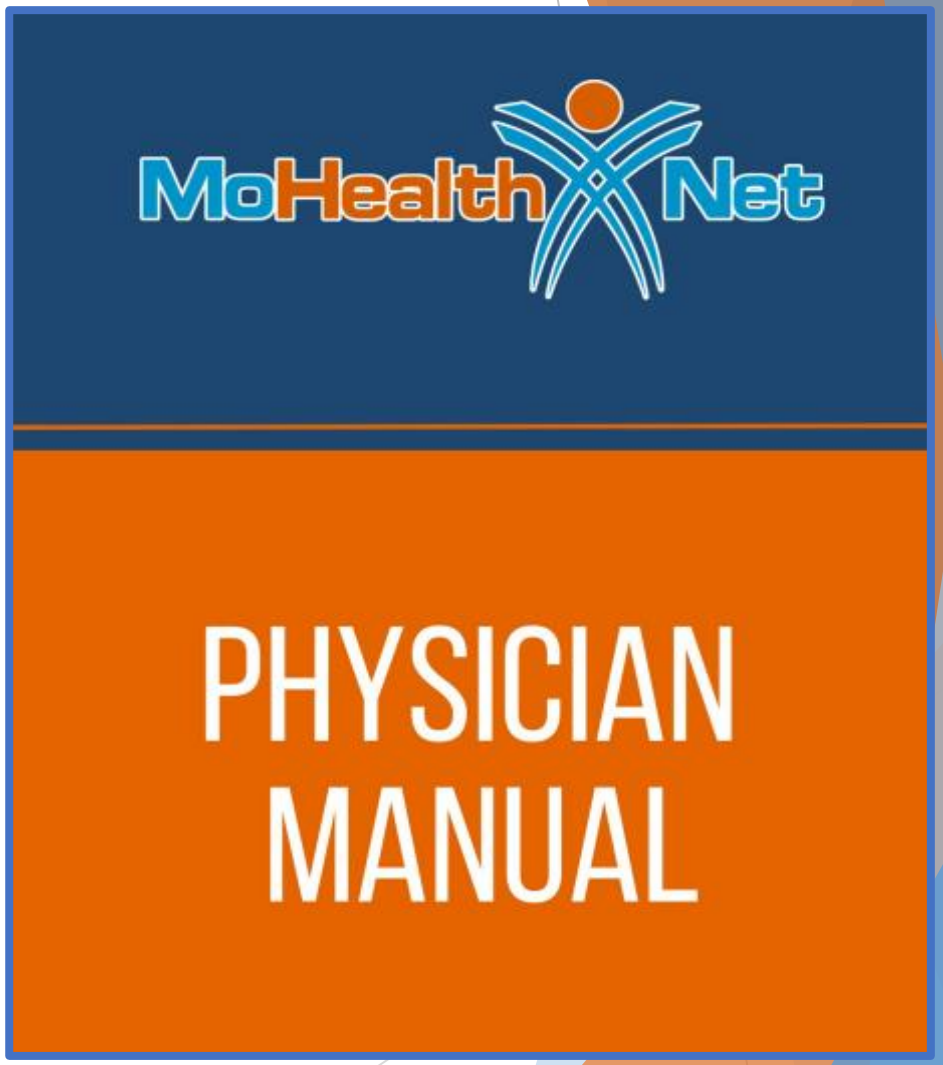
**Public Health Department Clinics and Planned Parenthood Clinics**

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.



# Section 2: Benefits and Limitations

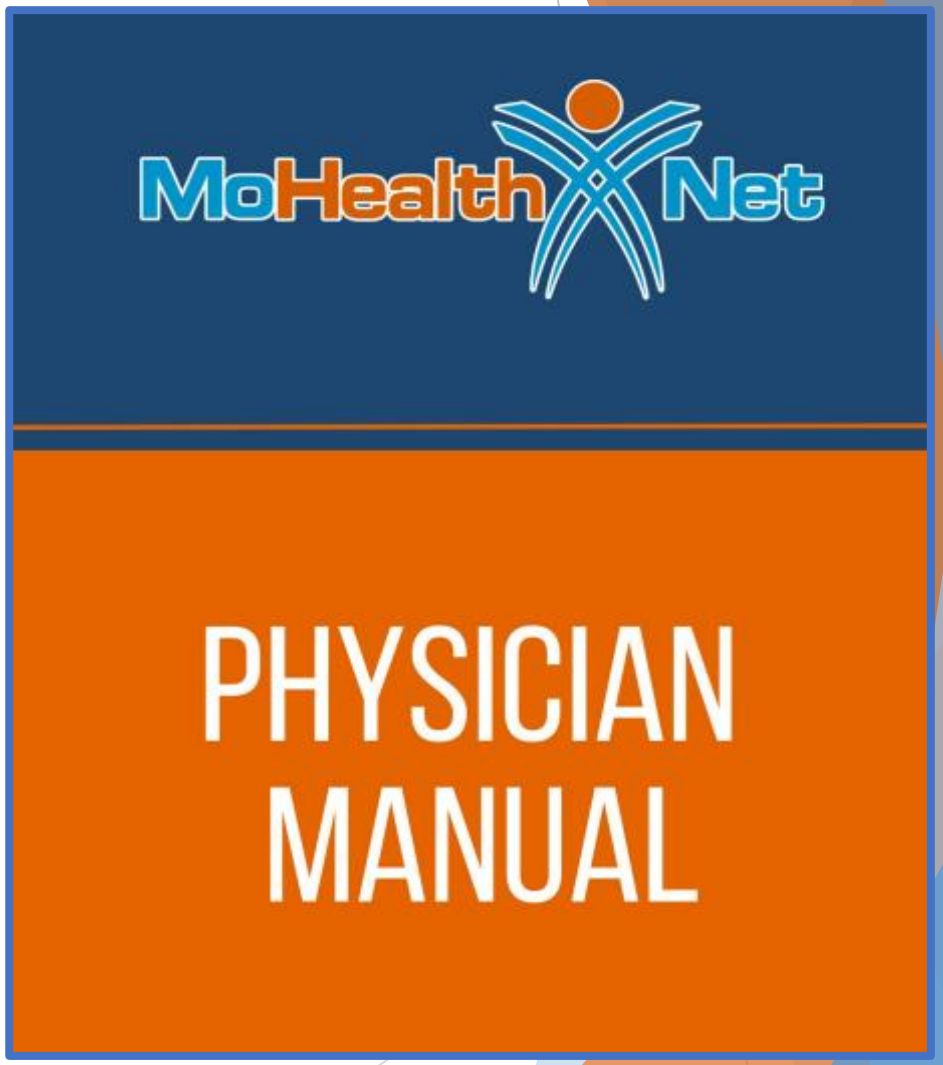
**Physicians Manual: Section 2.22 (Prescription Drugs)**

**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.



# Section 2: Benefits and Limitations

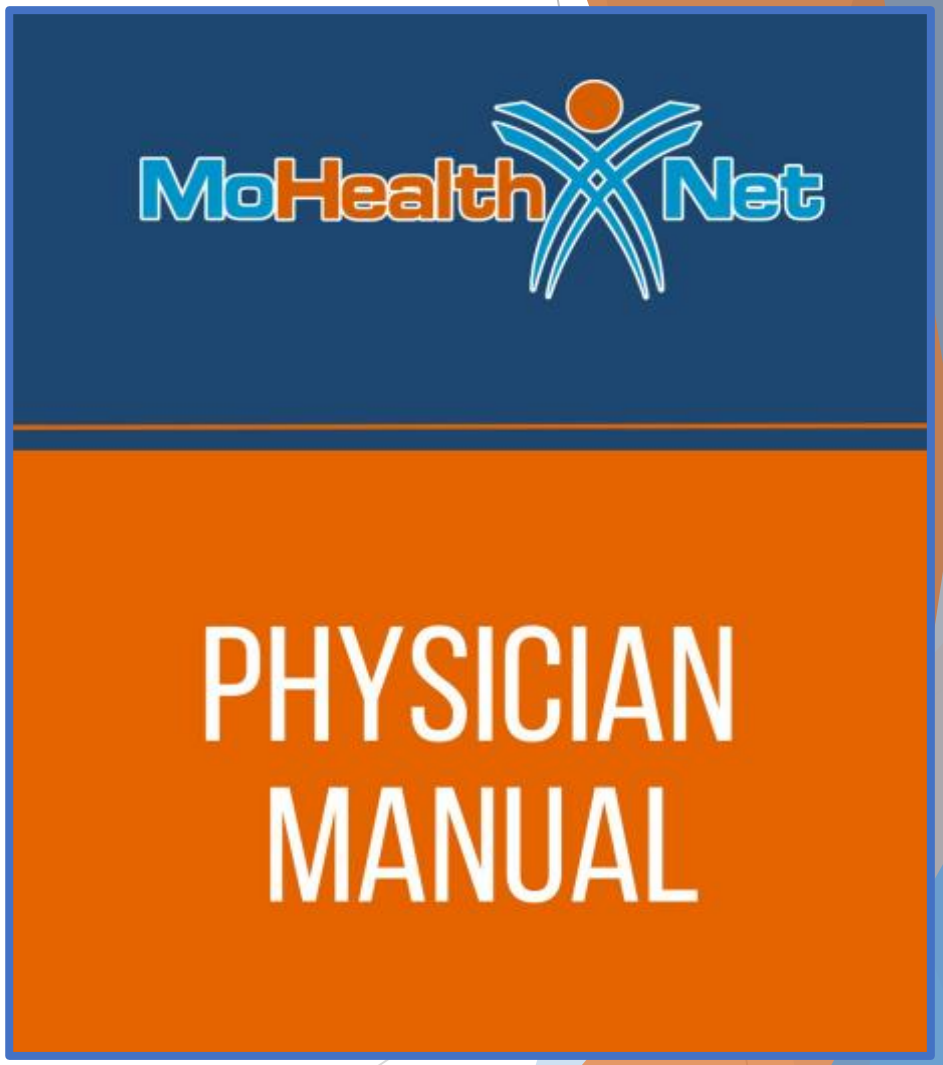
**Physicians Manual: Section 2.27 (Adult Physicals)**

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 |

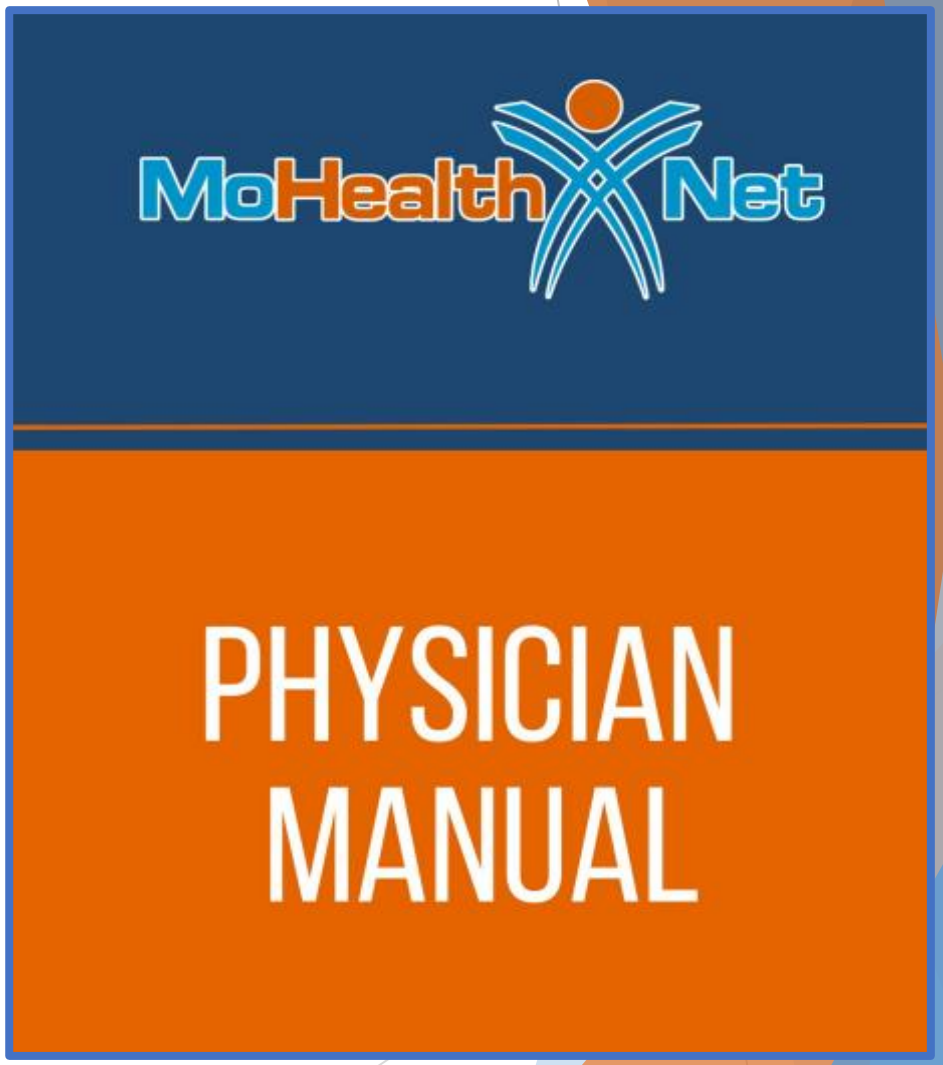


# Section 2: Benefits and Limitations

**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.



# Section 2: Benefits and Limitations

**Physicians Manual: Section 2.54 (Case Management)**

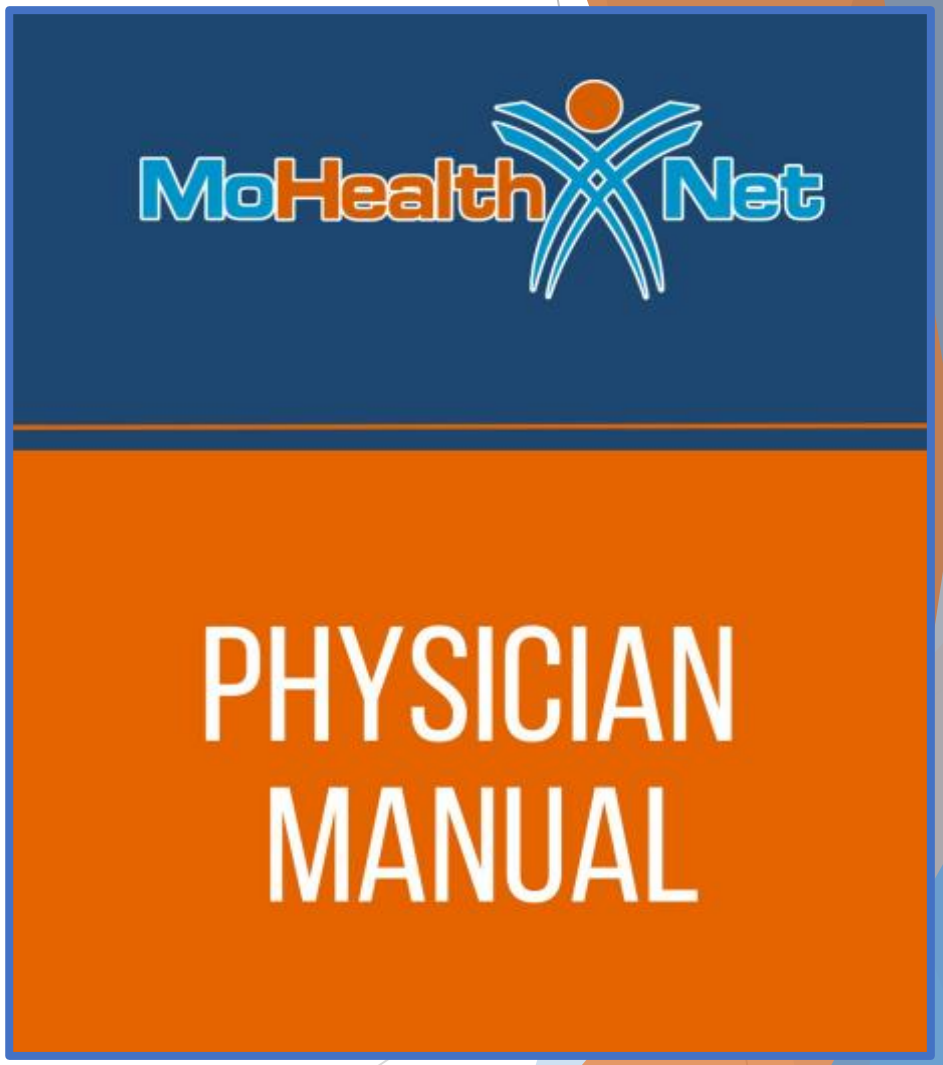
**Case Management for Pregnant Women**

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.



# Section 4: Billing Instructions

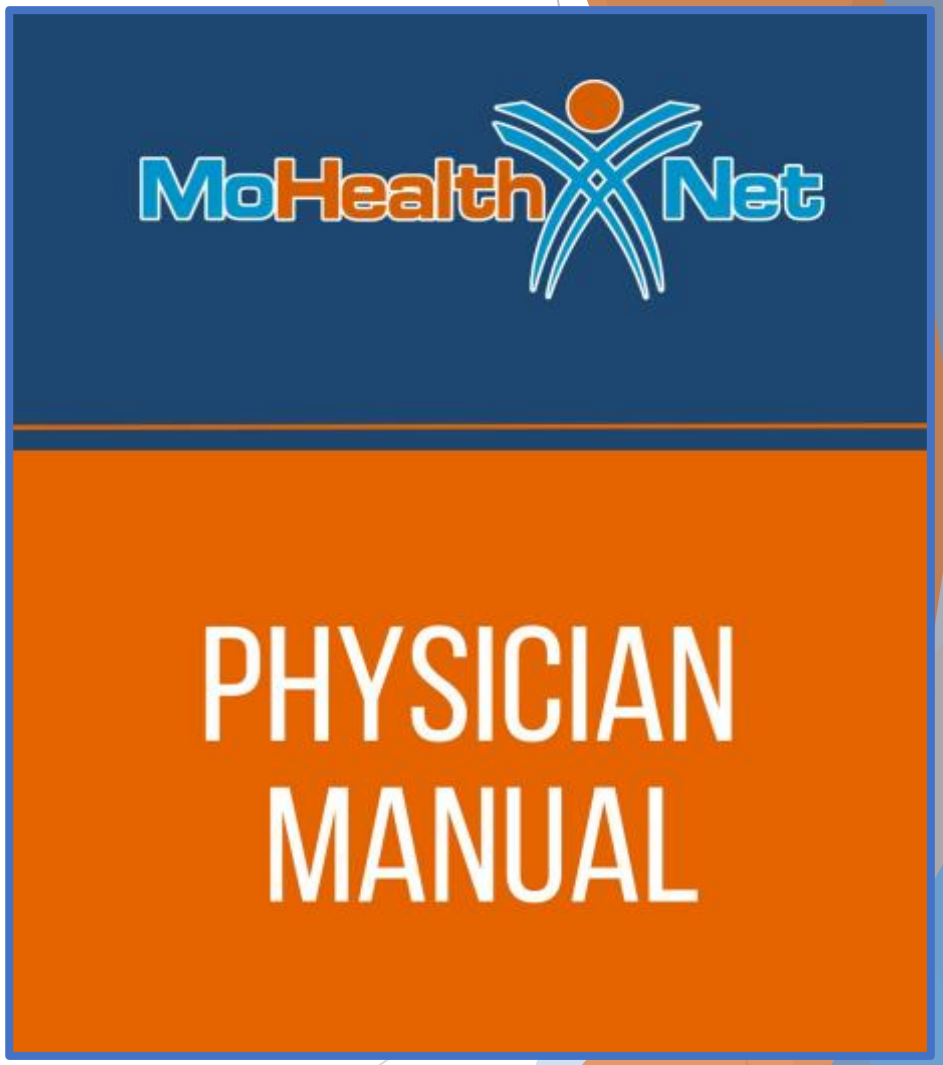
Provider may submit claims online at **eMOMED**.

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.

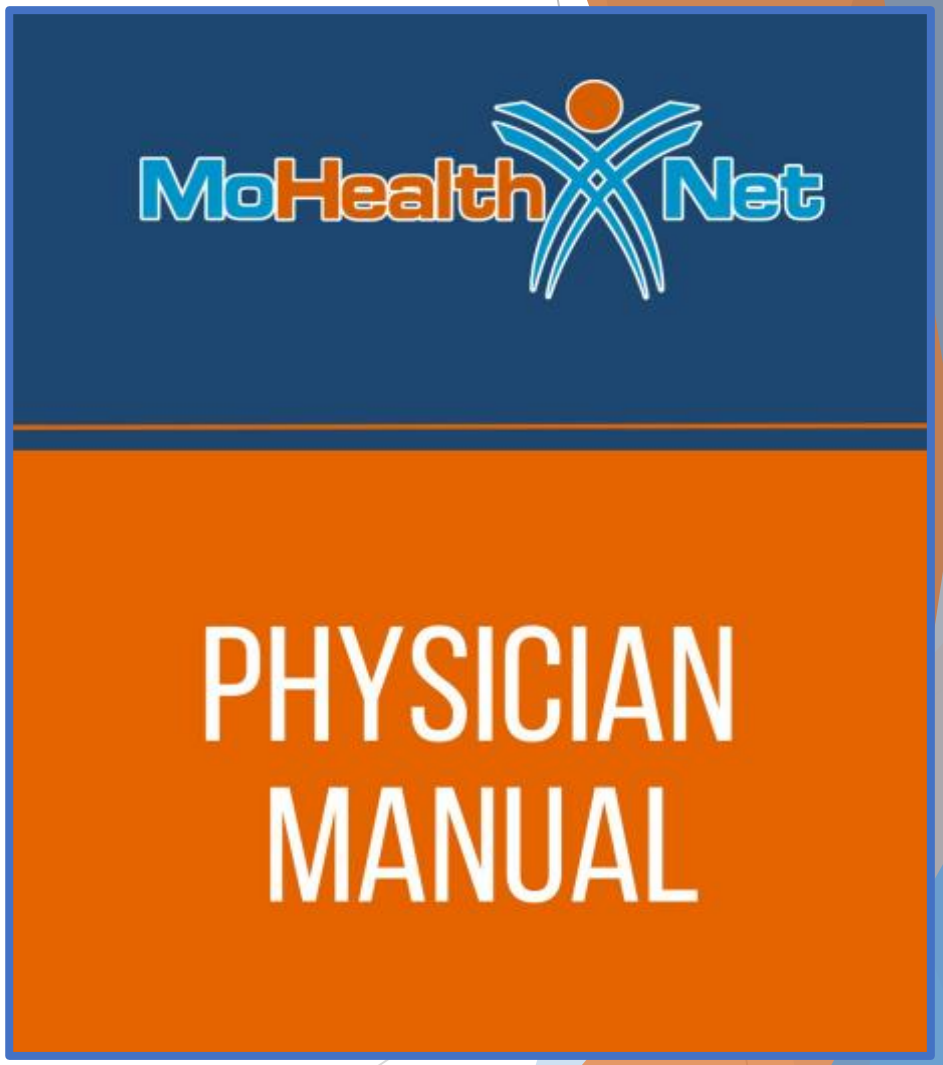
The pharmacy claim form is used to bill for pharmacy services.



# 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.

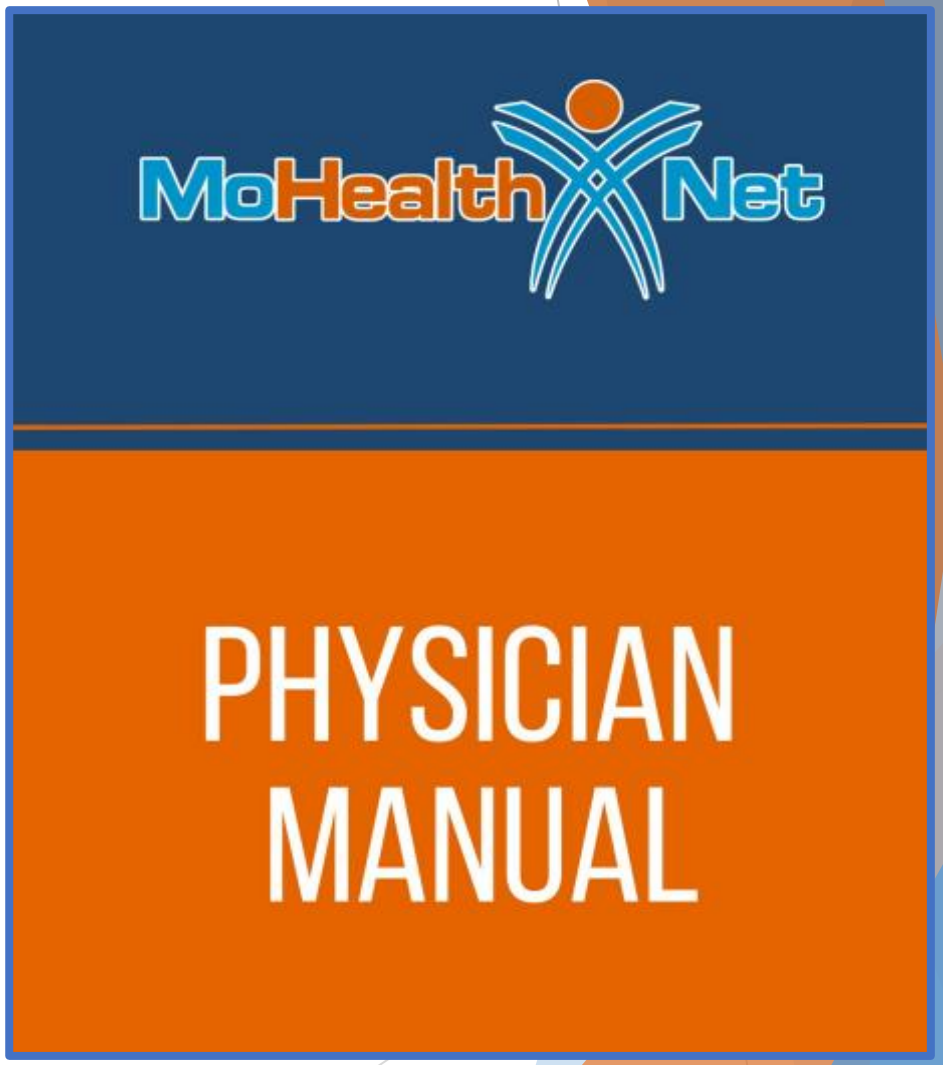


# Section 4.6: CMS-1500 Claim Filing Instructions

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



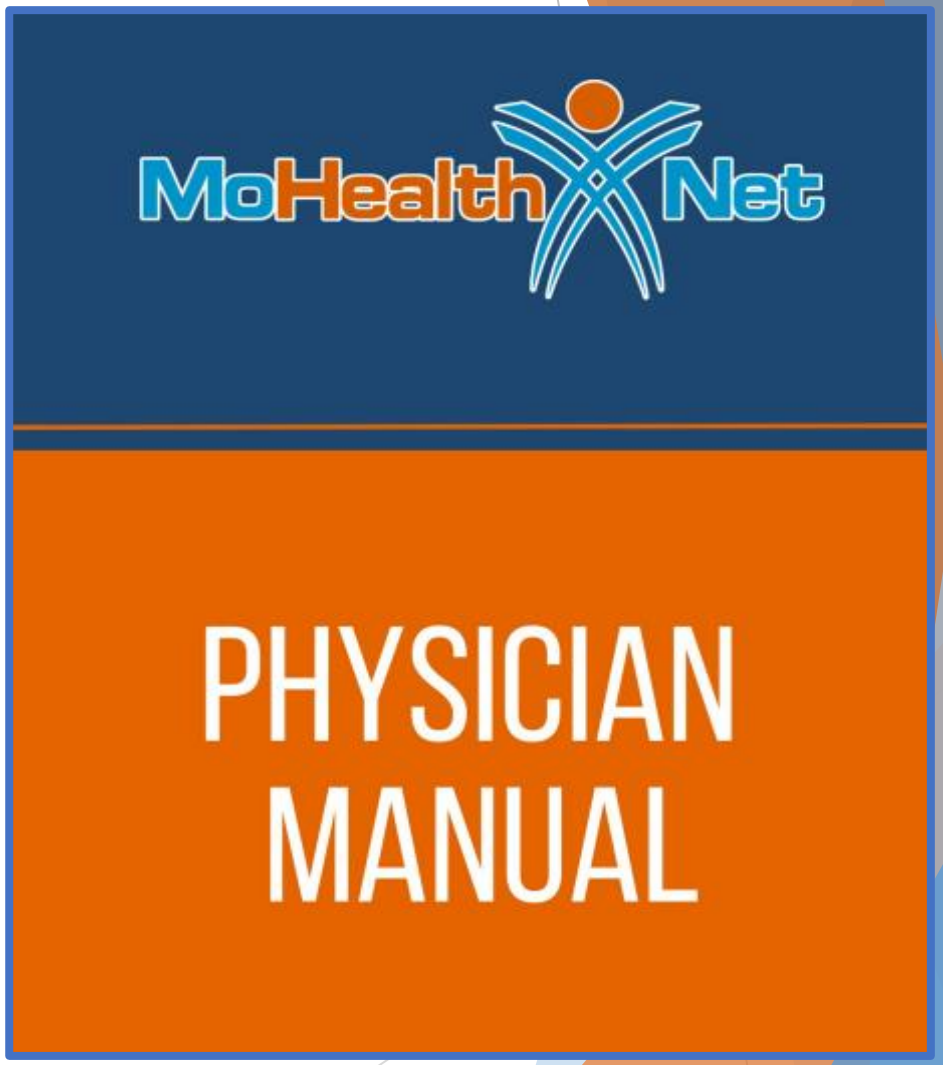
# Section 4.9: Insurance Coverage Codes

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.



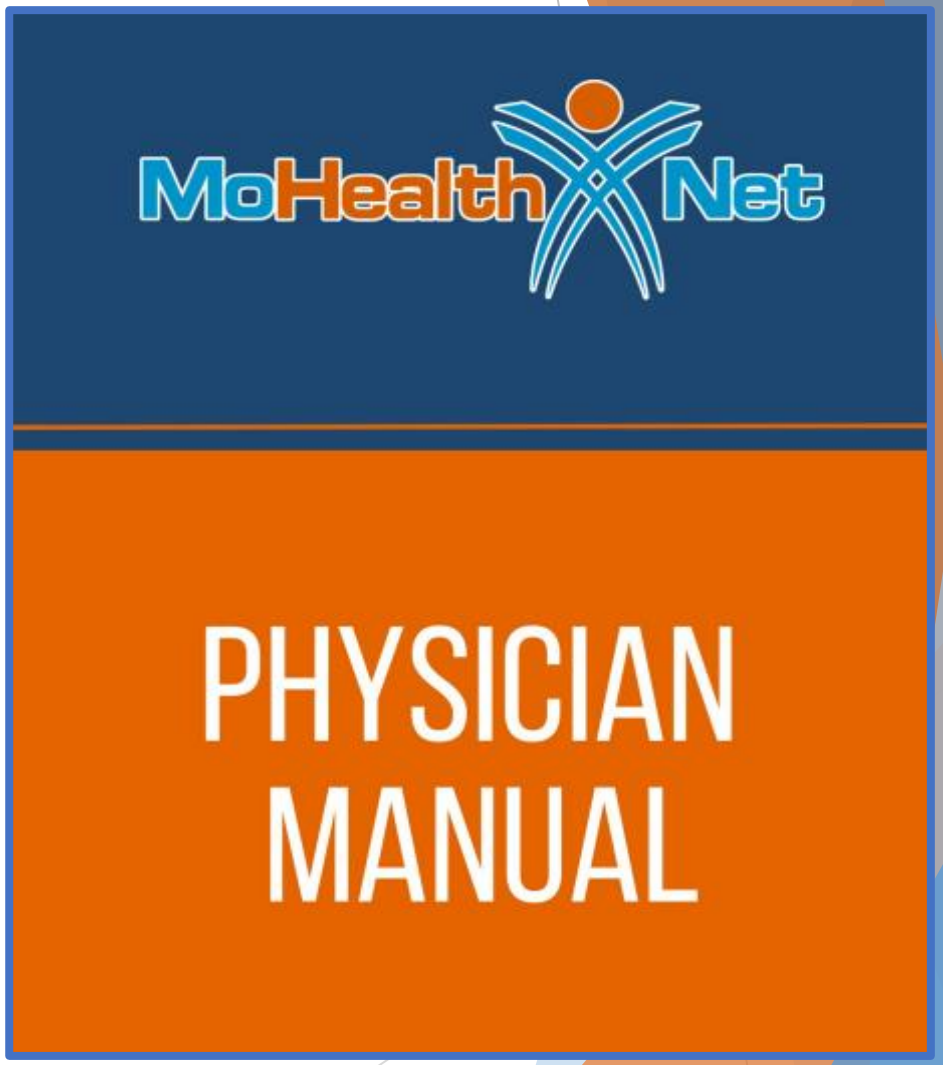
# Section 5: Diagnosis Codes

**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.

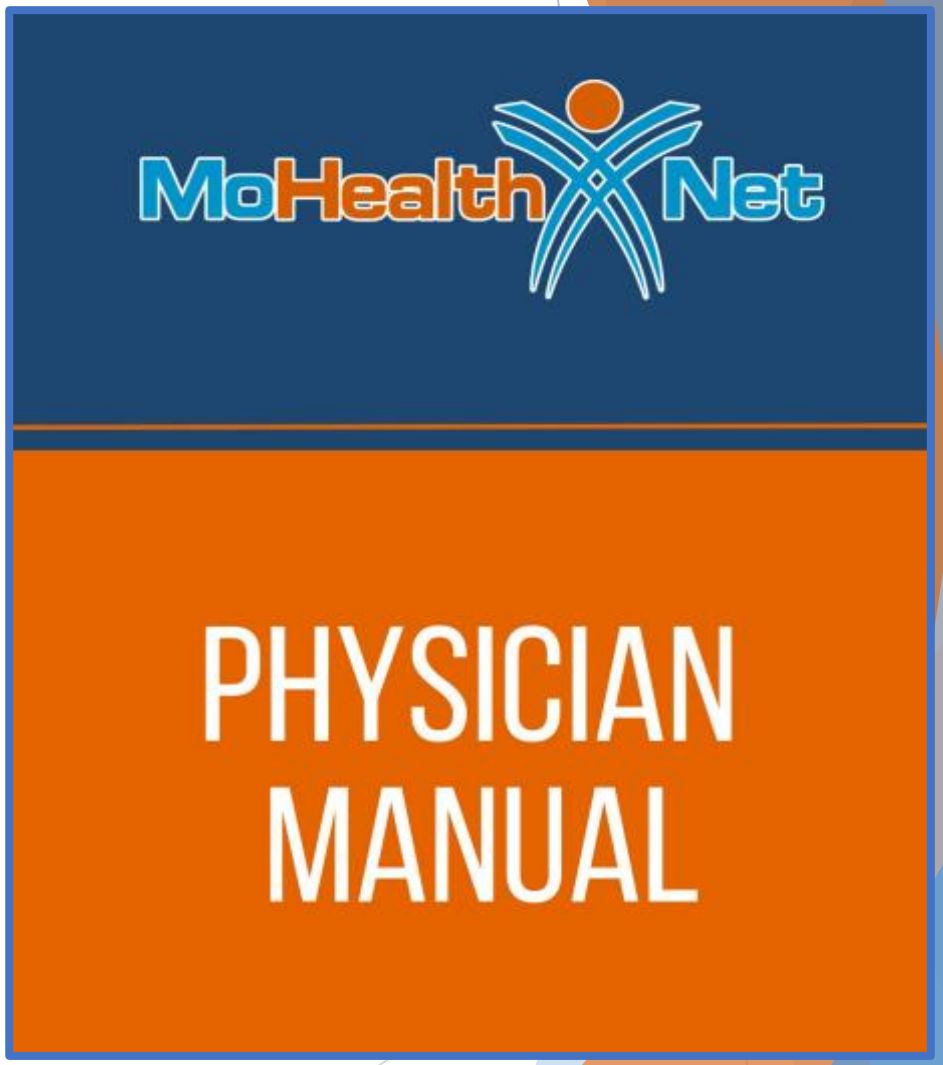
Diagnosis codes are not included in Section 5. The current ICD book should be used as a guide in the selection of the appropriate diagnosis code.



# Section 6: Procedure Codes

**Physicians Manual: Section 6.1 (Case Management Procedures)**

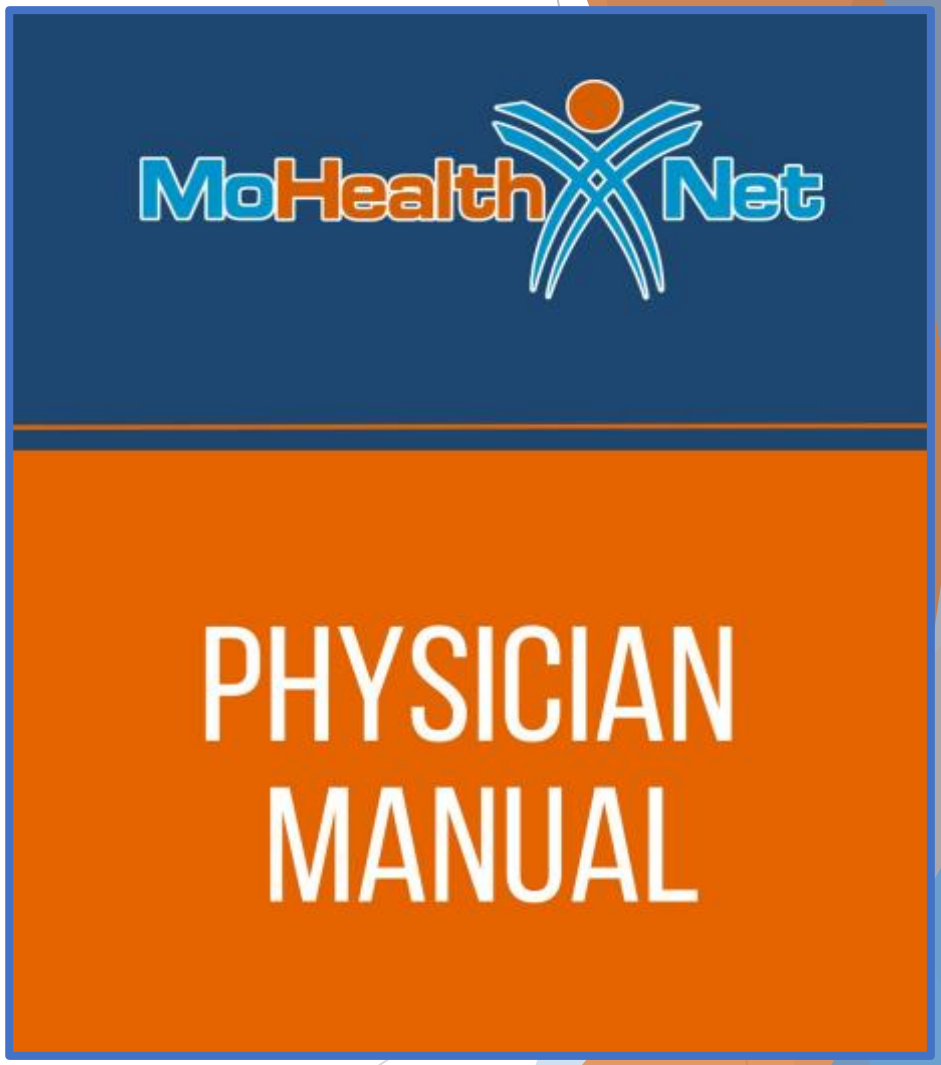
| Procedure Code | Description |
|---|---|
| H1000 | Prenatal care, at risk assessment |
| H101TS | Prenatal care, at risk enhanced service; antepartum management; follow-up service |
| H101 | Prenatal care, at risk enhanced service; antepartum management |
| G9012 | Other specified case management service 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 |



# eMOMED Overview

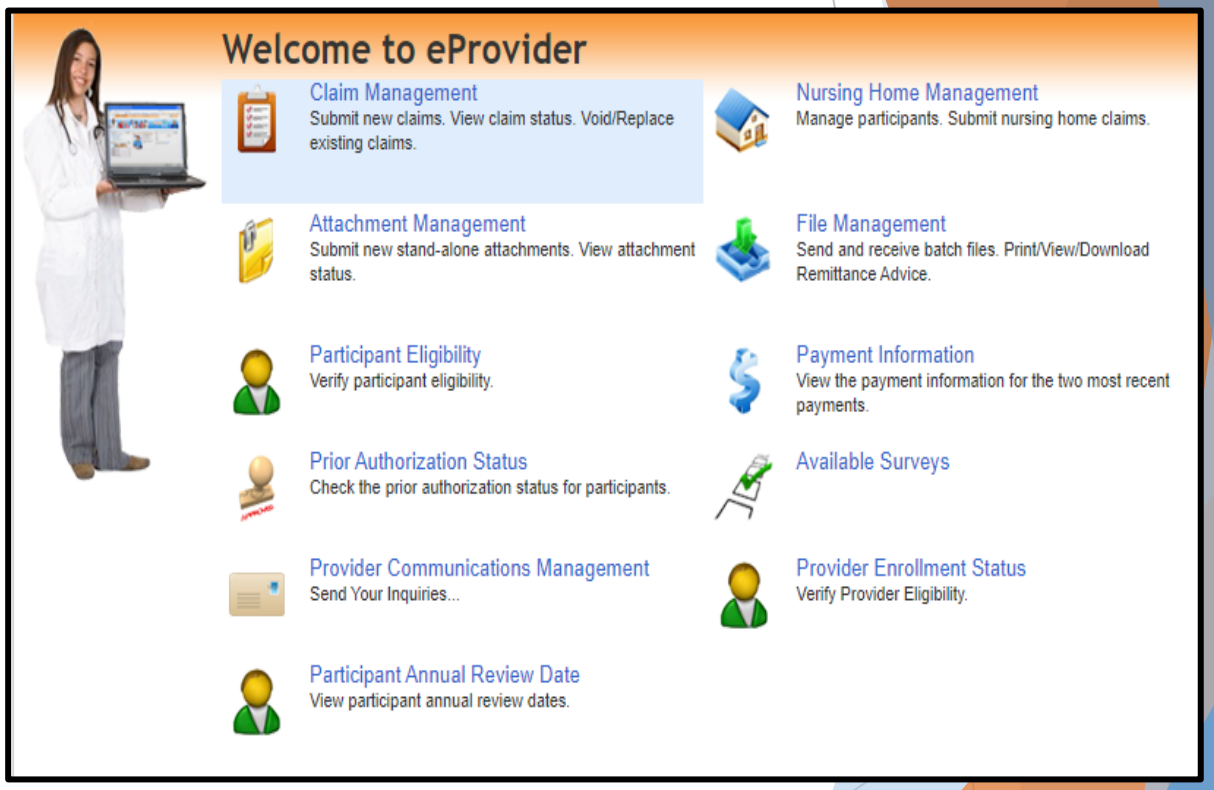
Providers can utilize **eMOMED** for the following:

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


Providers can review the **eMOMED Overview** found on the **Education & Training Page** for a detailed explanation of each function.

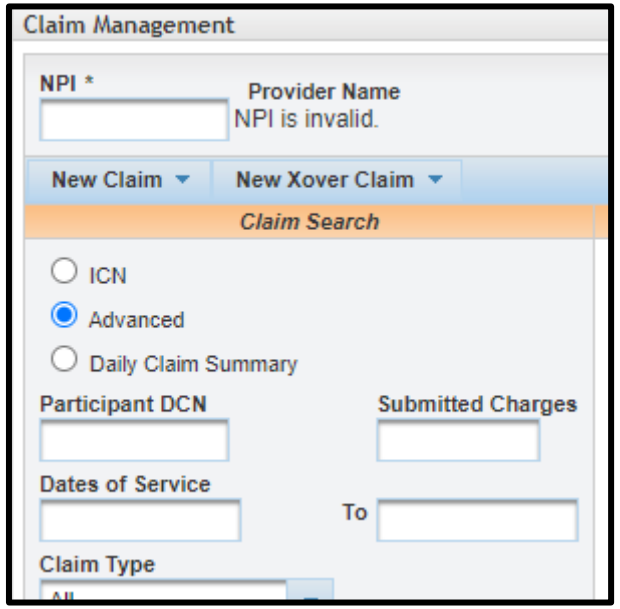
# eMOMED Claim Samples

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



# Claim Management

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

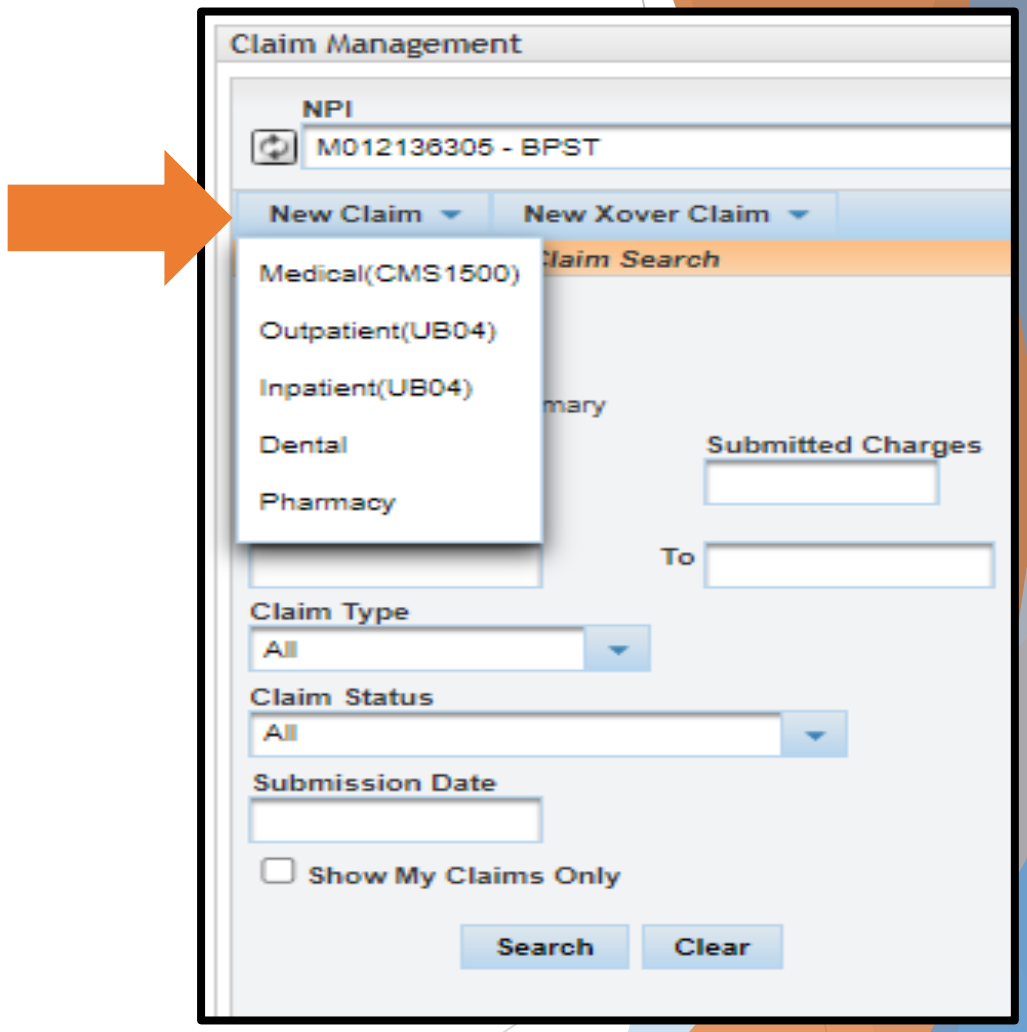



# MO HealthNet Only

Under Claim Management:

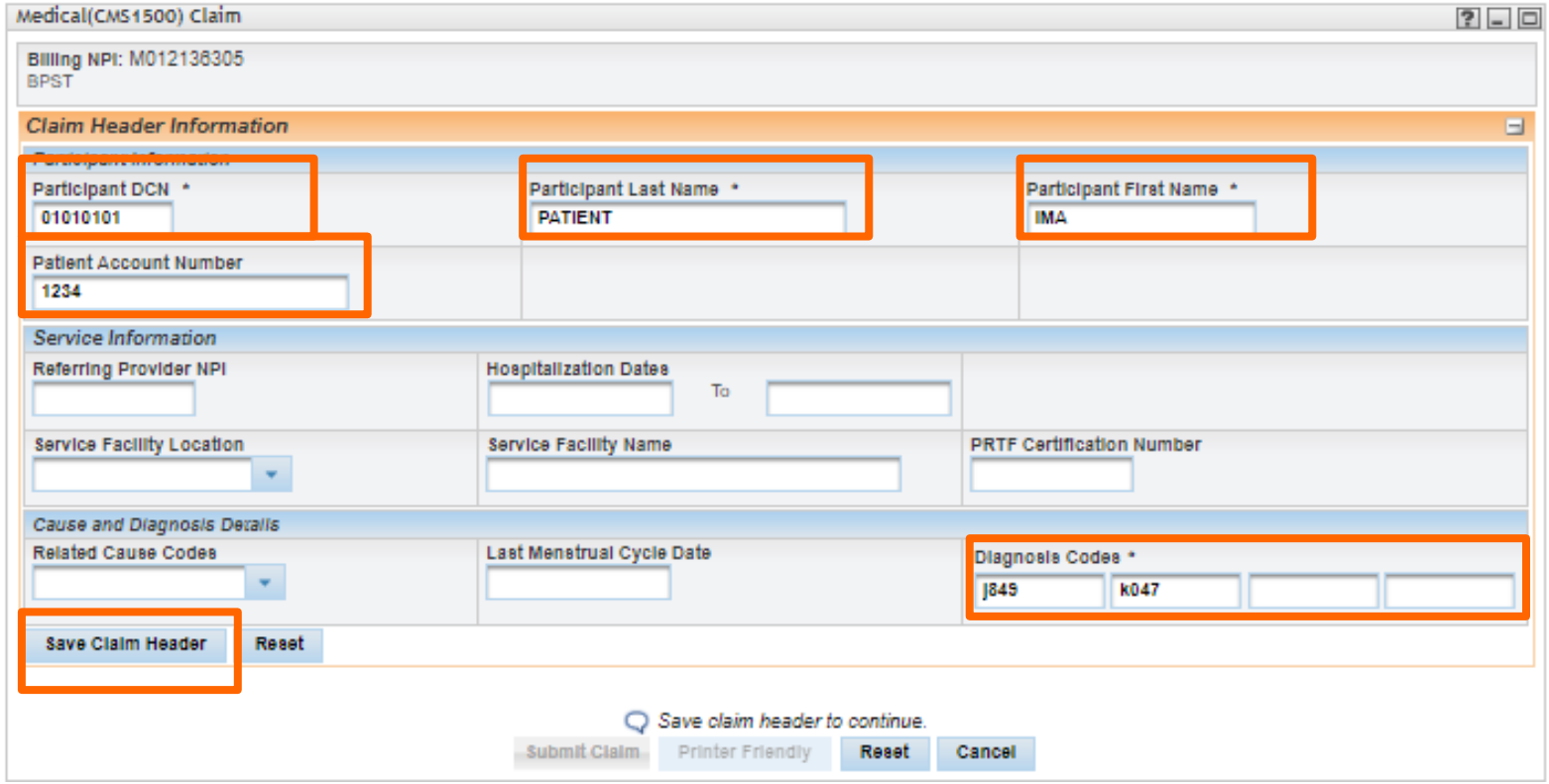
- Select the correct Billing NPI from the drop-down box
- Under New Claim, select the claim form

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



# Claim Header

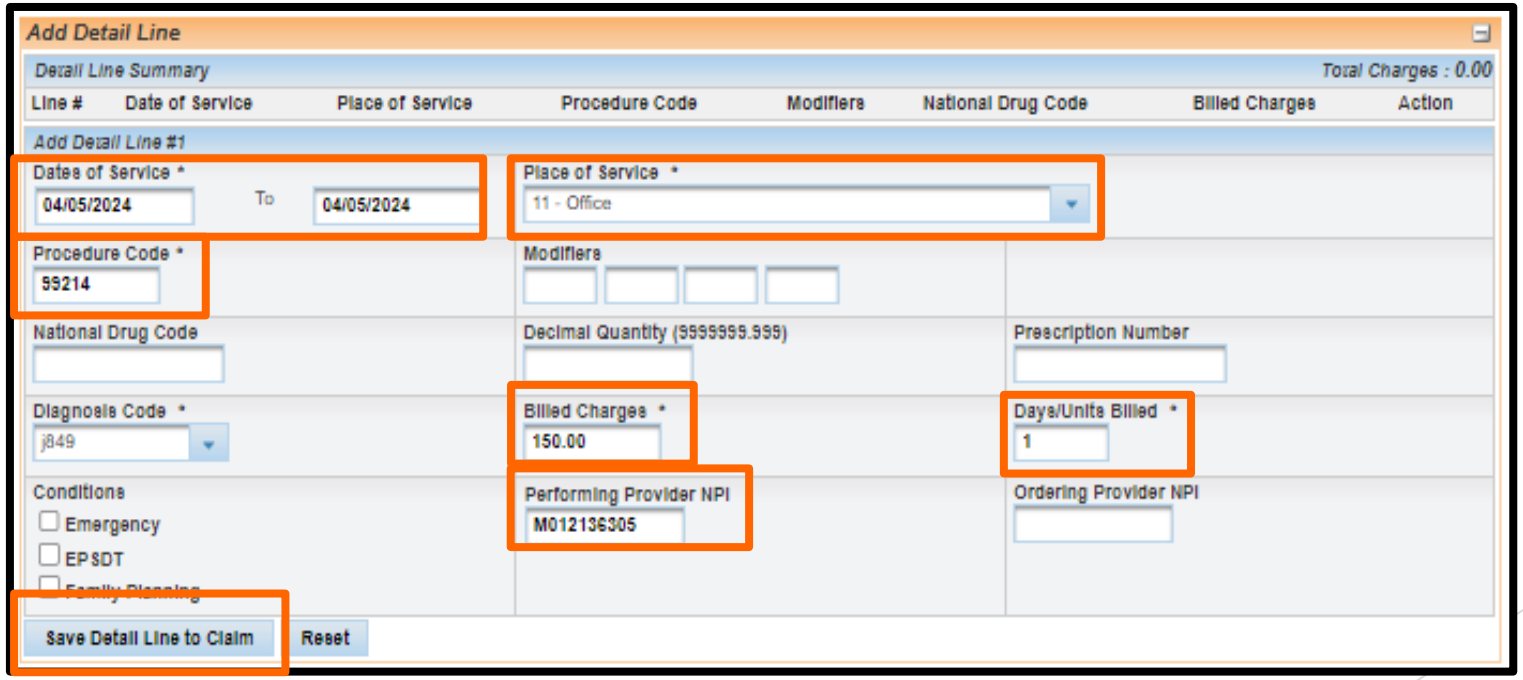
**Step 1:** Enter DCN #
**Step 2:** Participant's last name
**Step 3:** Participant's first name
**Step 4:** Patient Acct # (optional)
**Step 5:** Enter Diagnosis Code(s)
**Step 6:** Save Claim Header



# Detail Line Summary

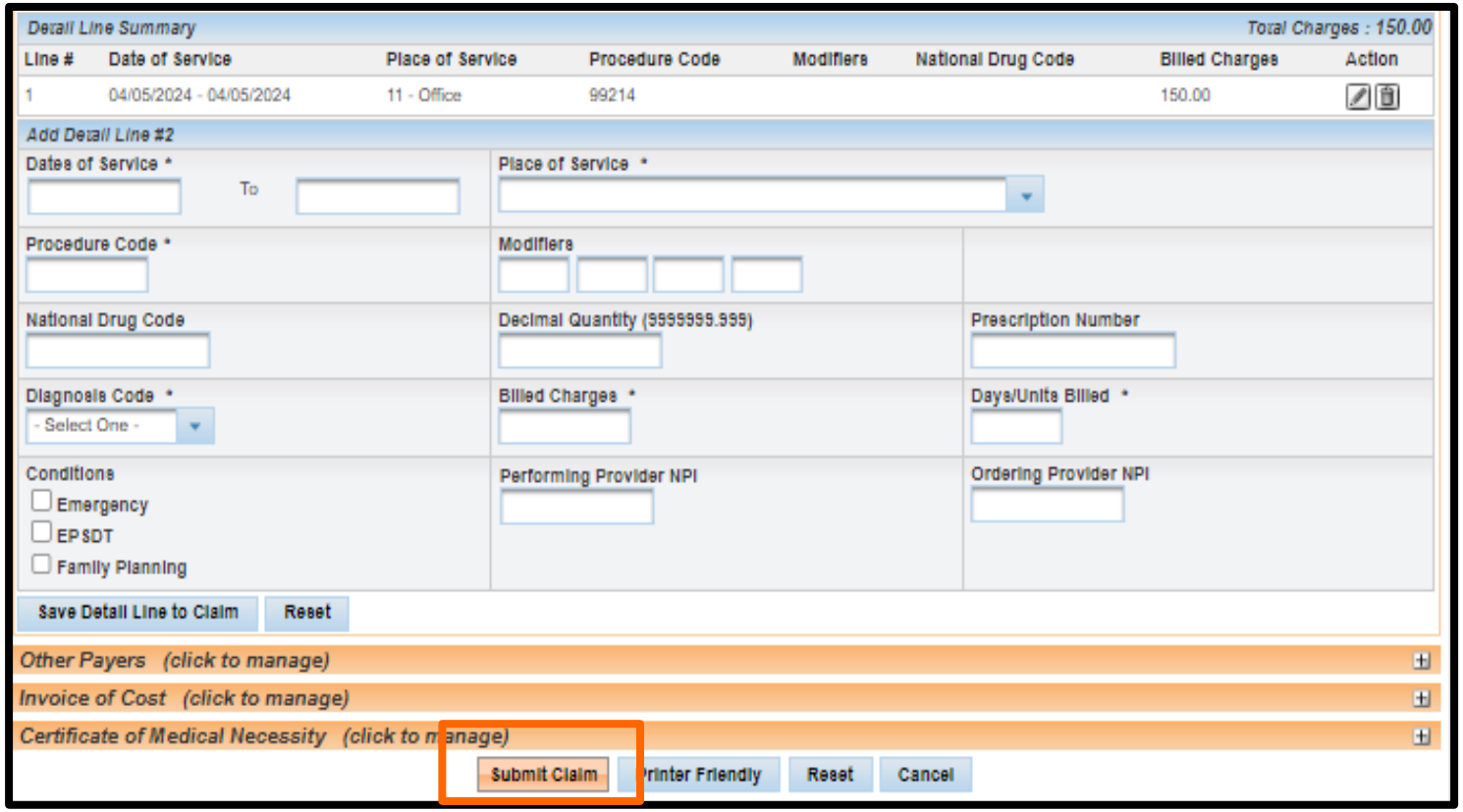
**Step 1:** Enter Date of Service
**Step 2:** Enter Place of Service
**Step 3:** Enter Procedure Code
**Step 4:** Enter Billed Charges
**Step 5:** Enter Days/Units Billed
**Step 6:** Enter Performing Provider NPI
**Step 7:** Save Detail Line to Claim

Complete additional fields based on service.



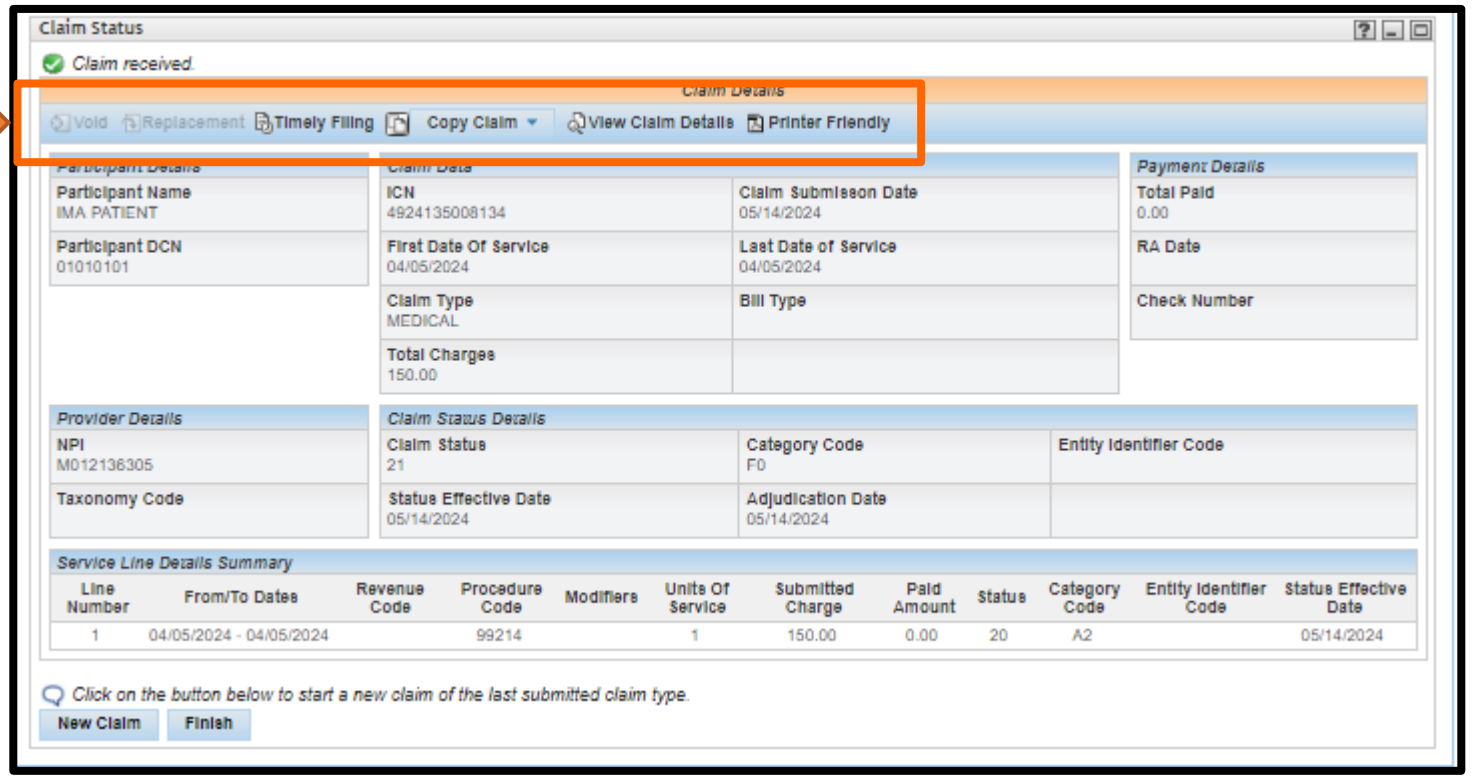
# Submit Claim

Click:  Submit Claim



# 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

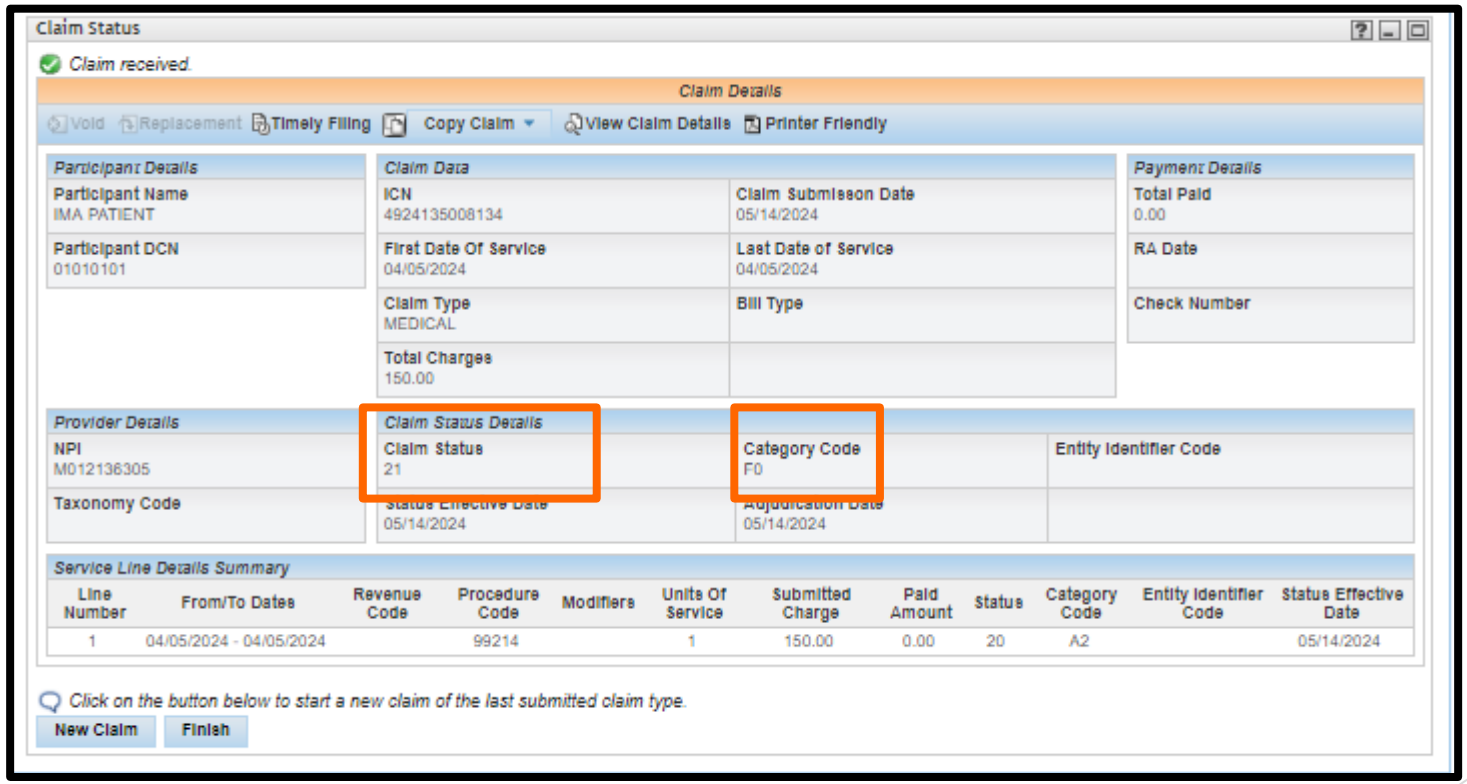



Review Section 6 of the **General Provider Manual** for the function of each button.

# Why Did My Claim Deny?

Resolving Claims:  See Claim Status and Category Codes

Refer to **RA Remark Advice & Claim Adjustment Reason Codes**



# Printer Friendly

MO HealthNet

## Medical(CMS1500) Claim Details - ICN: 4924135008134

**Billing NPI:** M012136305

### Claim Header Information

| Participant Information | | |
|---|---|---|
| **Participant DCN**<br>01010101 | **Participant Last Name**<br>PATIENT | **Participant First Name**<br>IMA |
| **Patient Account Number**<br>1234 | | |

| Service Information | | |
|---|---|---|
| **Referring Provider NPI** | **Hospitalization Dates** | |
| **Service Facility Location**<br>N | **Service Facility Name** | **PRTF Certification Number** |

| Cause and Diagnosis Details | | |
|---|---|---|
| **Related Cause Codes**<br>0 | **Last Menstrual Cycle Date** | **Diagnosis Codes**<br>J849 K047 |

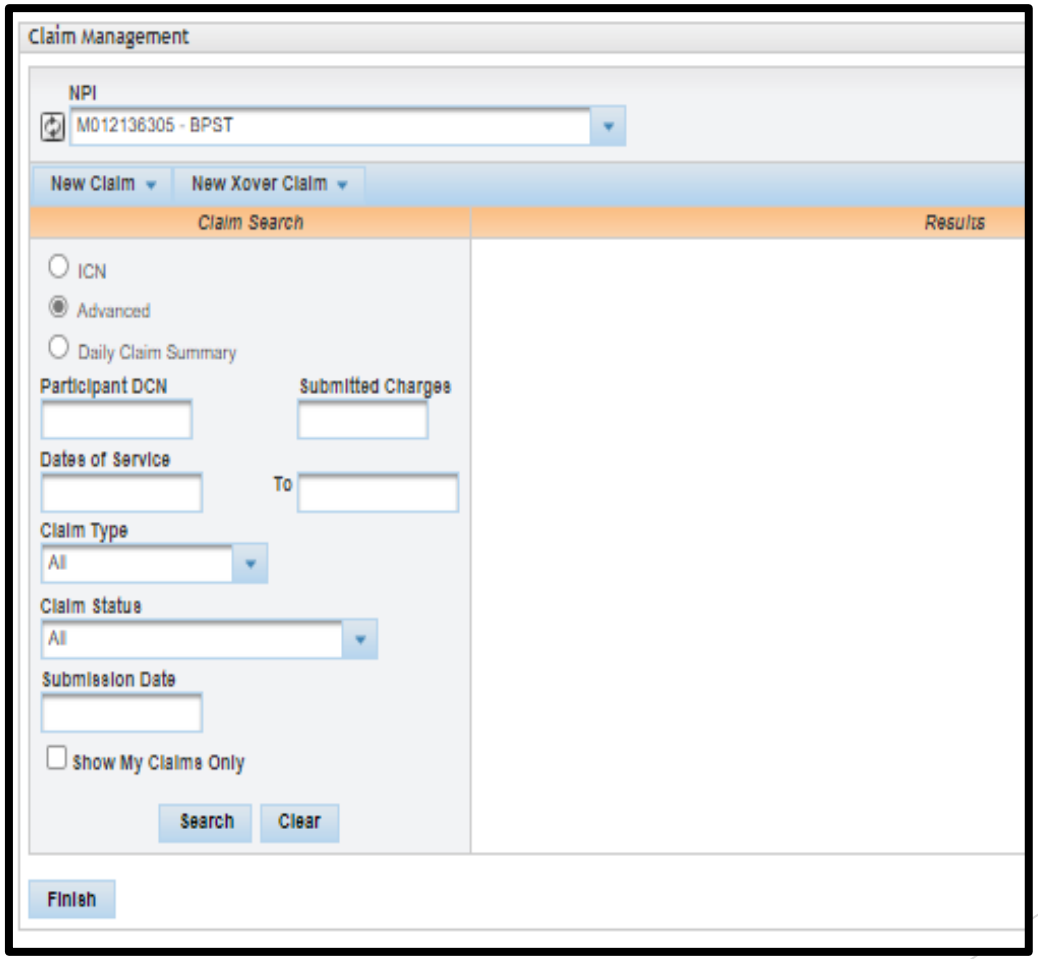
### Claim Service Lines

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

# Find Claim

**Search Options**

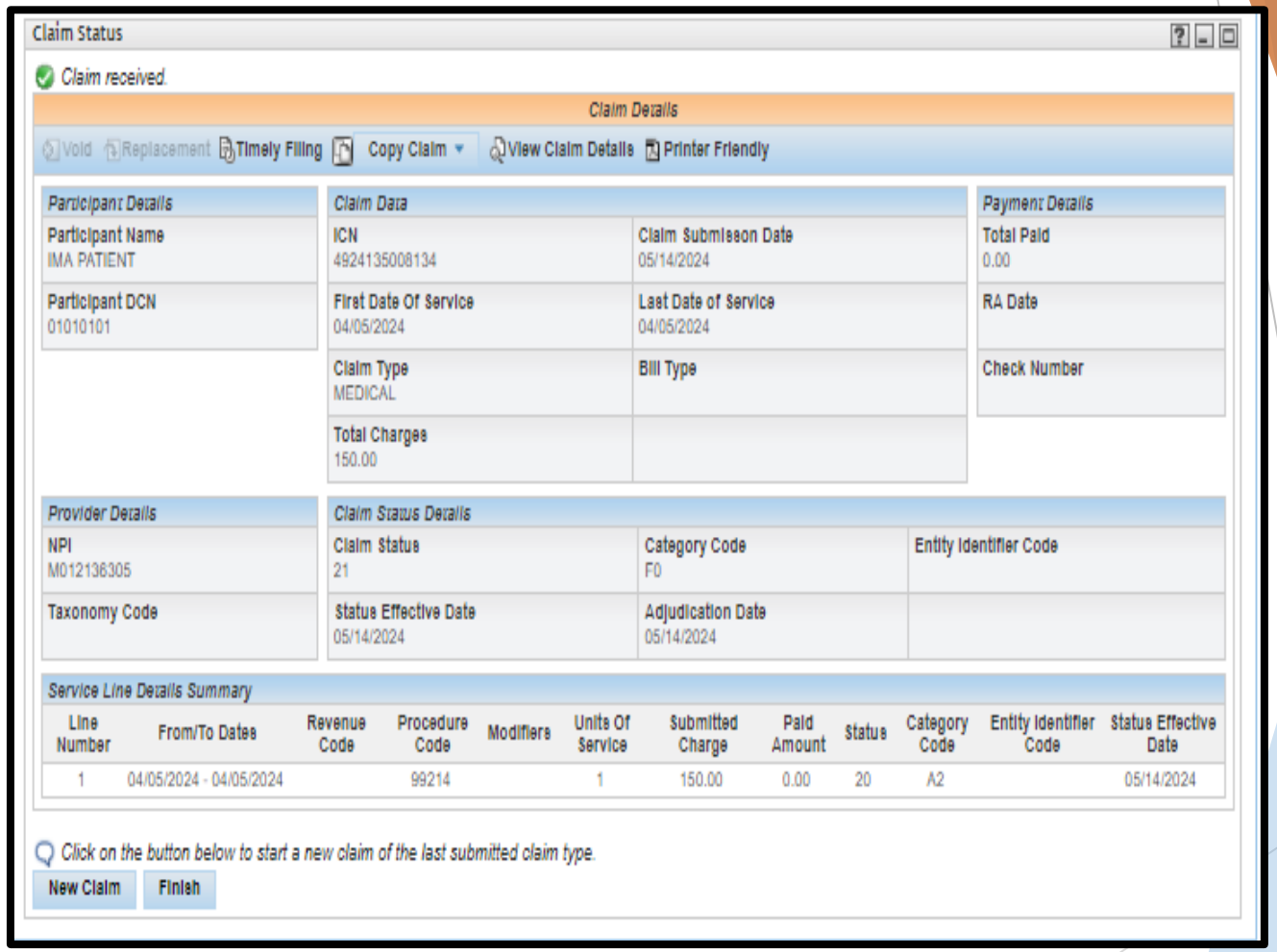
1. ICN
2. DCN
3. Date of Service (DOS)



# Fix Claim

Option 1:
Replacement if **PAID**

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



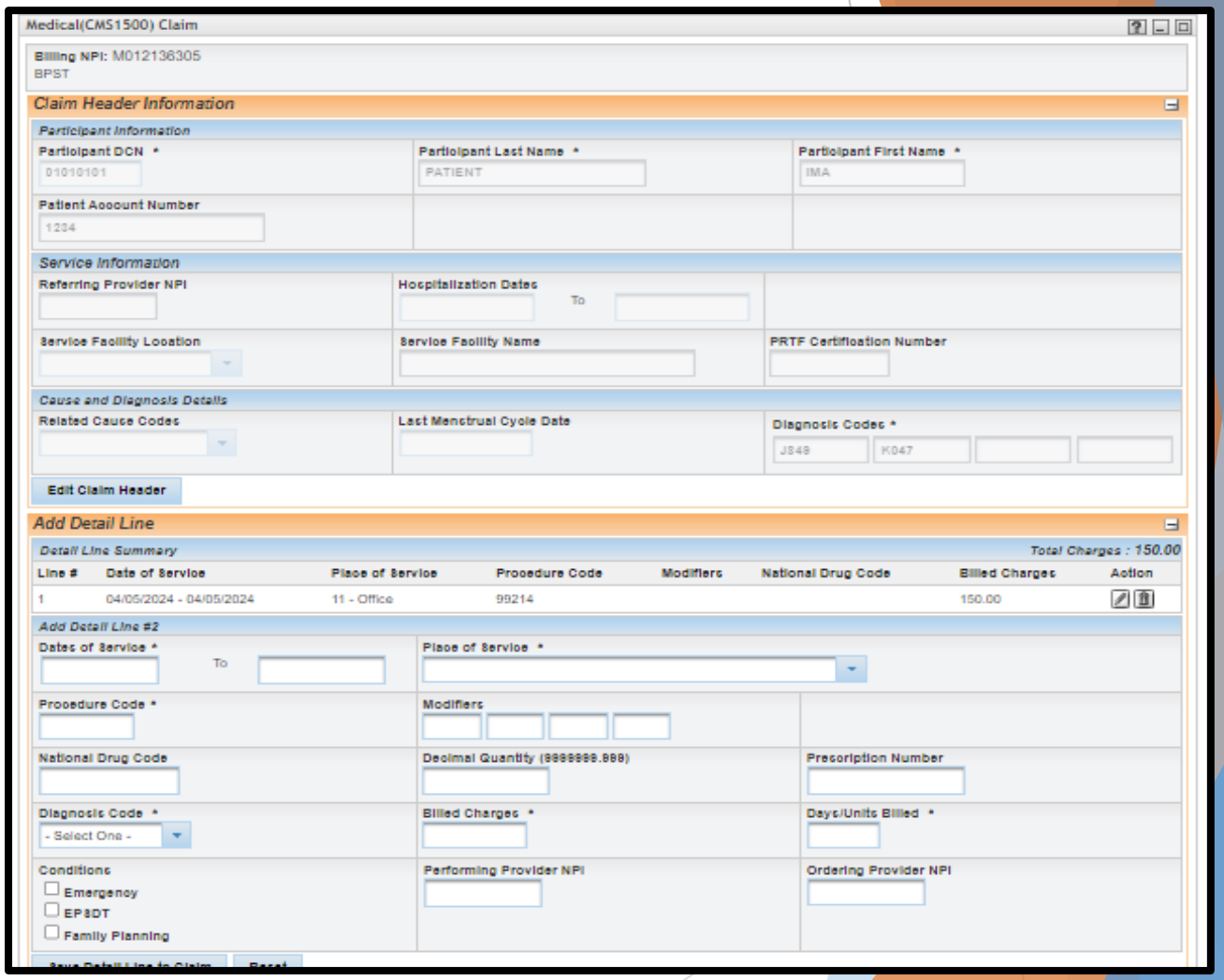
# Edit Claim

Option 1: Edit Claim Header

Option 2: Edit Detail Line Summary

Option 3: Delete Line Detail

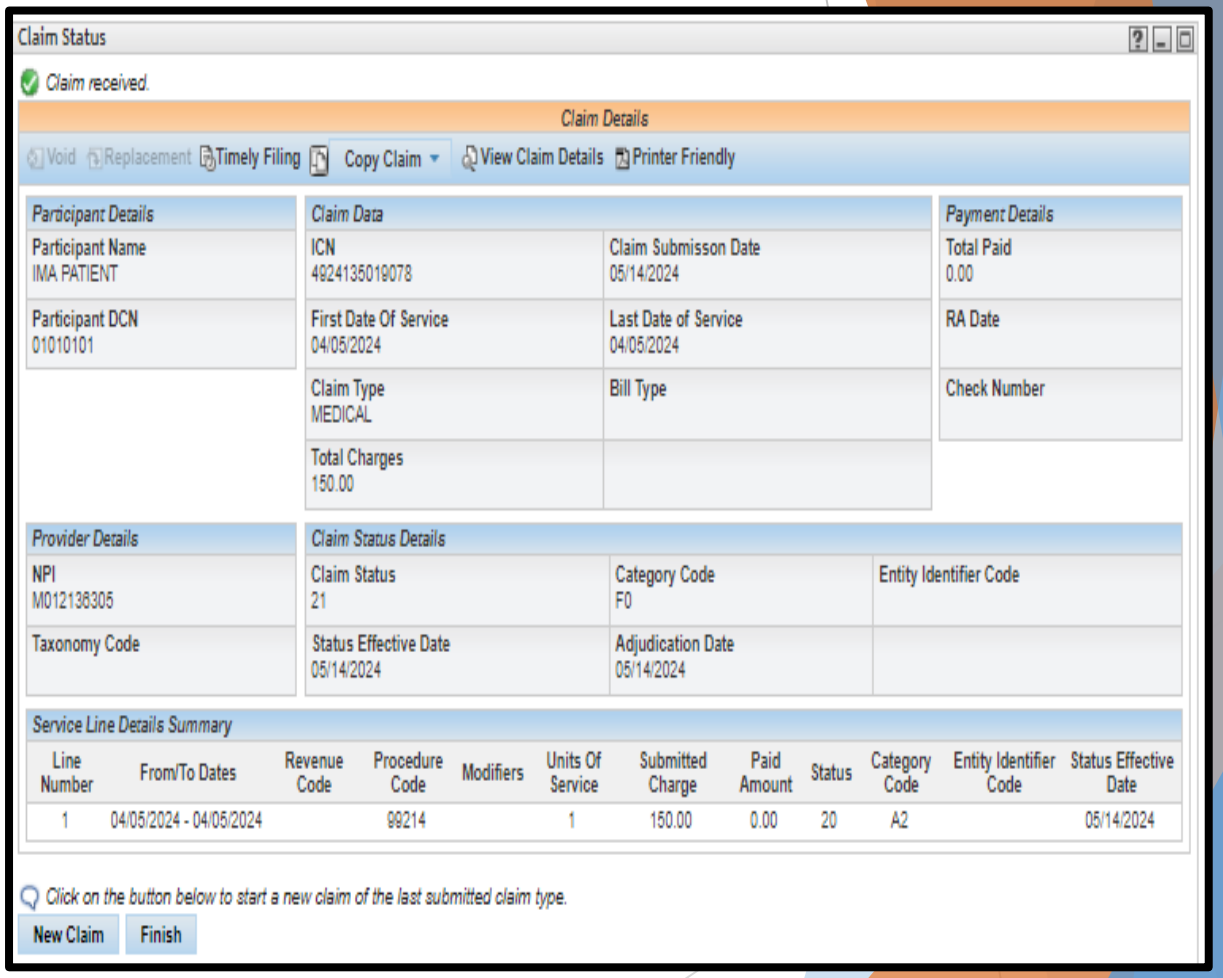
Option 4: Save Detail Line to Claim



# New Claim Status

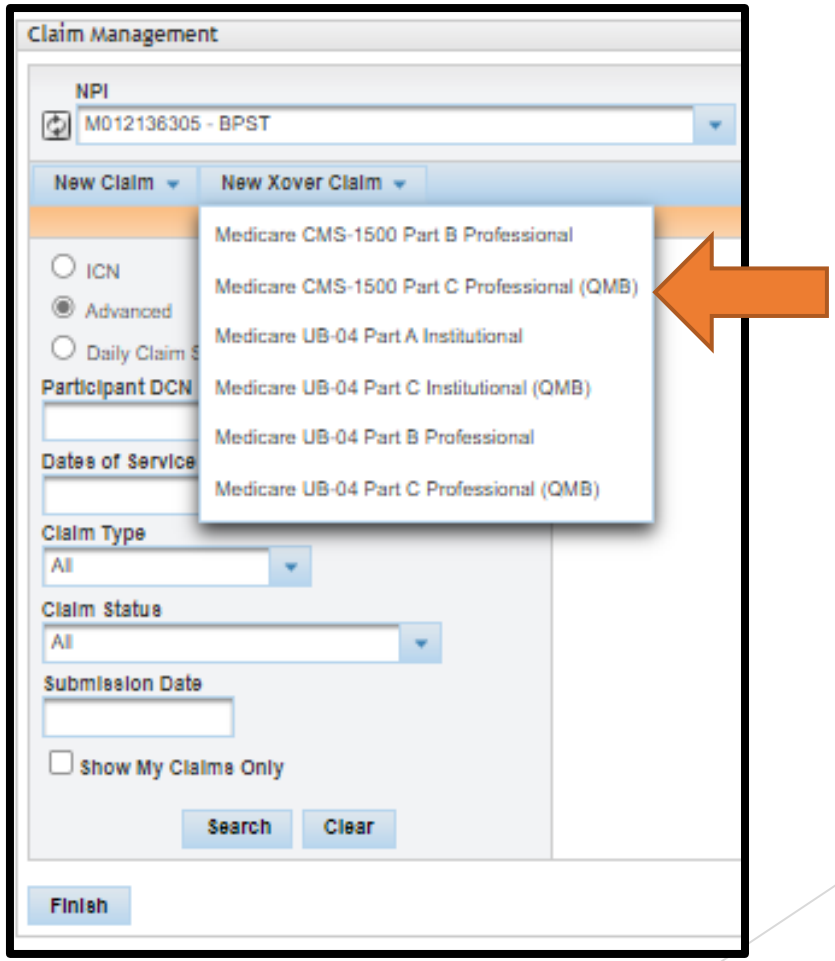
New printer friendly with corrected information

New ICN with updated information



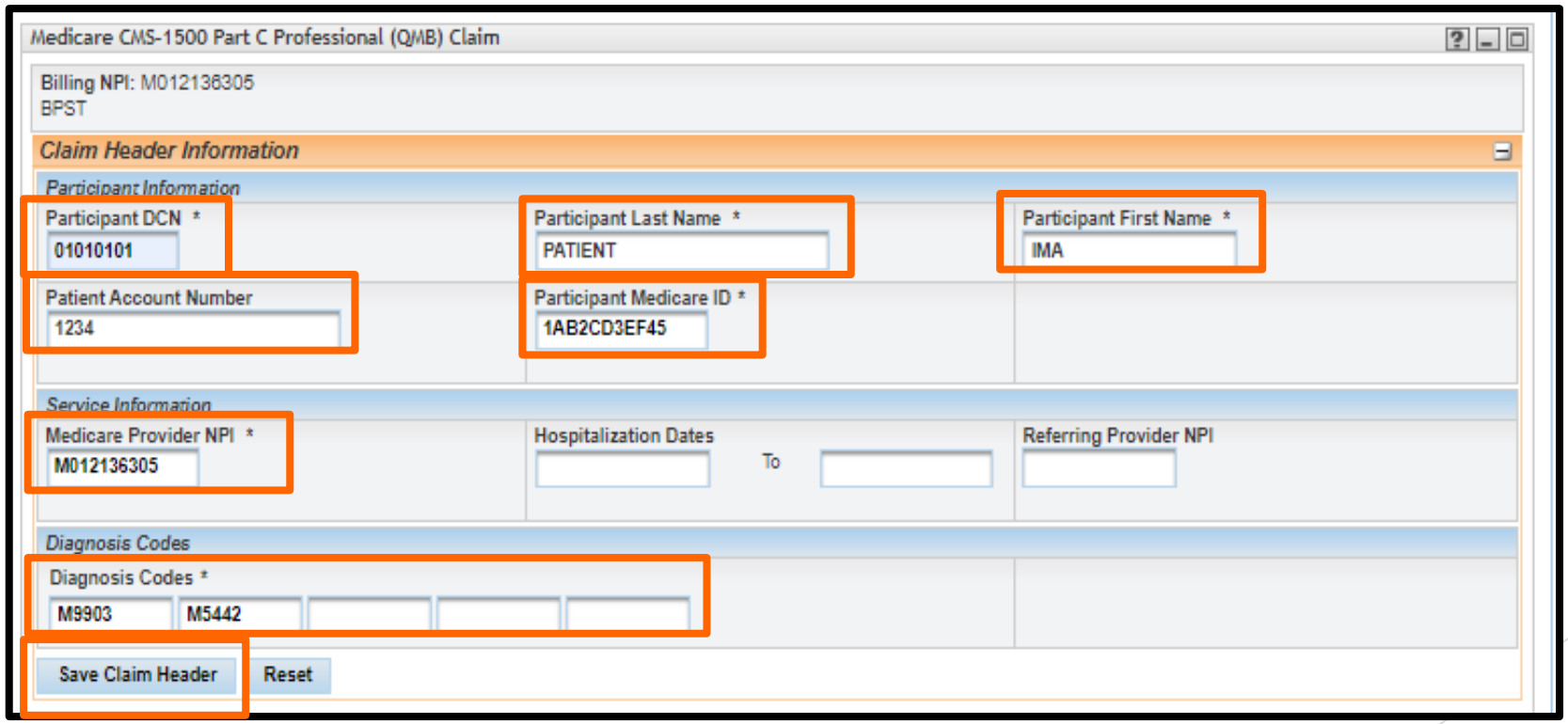
# MO HealthNet + Commercial Insurance or Medicare Part C

Select Medicare CMS-1500 Part C Professional (QMB)



# Claim Header

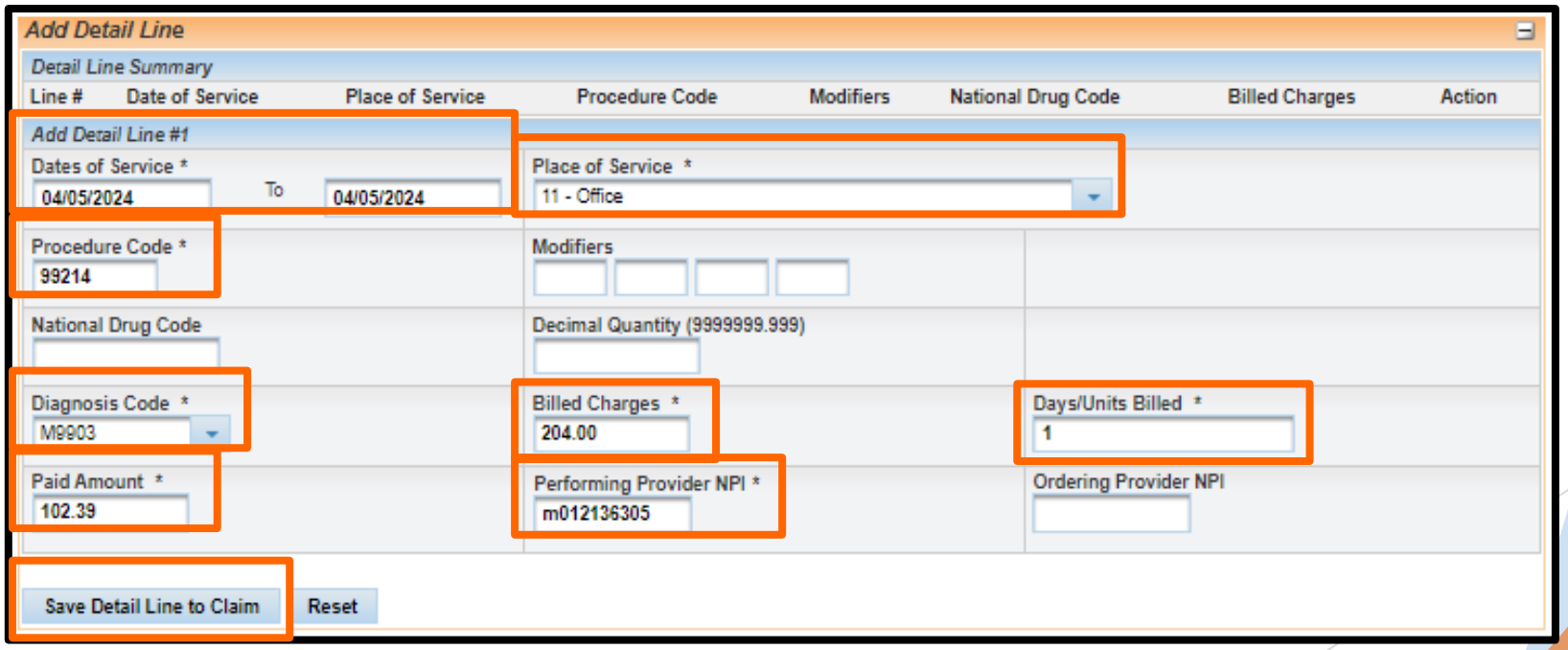
**Step 1:** Enter DCN #
**Step 2:** Participant's last name
**Step 3:** Participant's first name
**Step 4:** Patient Acct # (optional)
**Step 5:** Enter Participant's Medicare ID
**Step 6:** Enter Medicare Provider NPI
**Step 7:** Enter Diagnosis Code(s)
**Step 8:** Save Claim Header



# Detail Line Summary

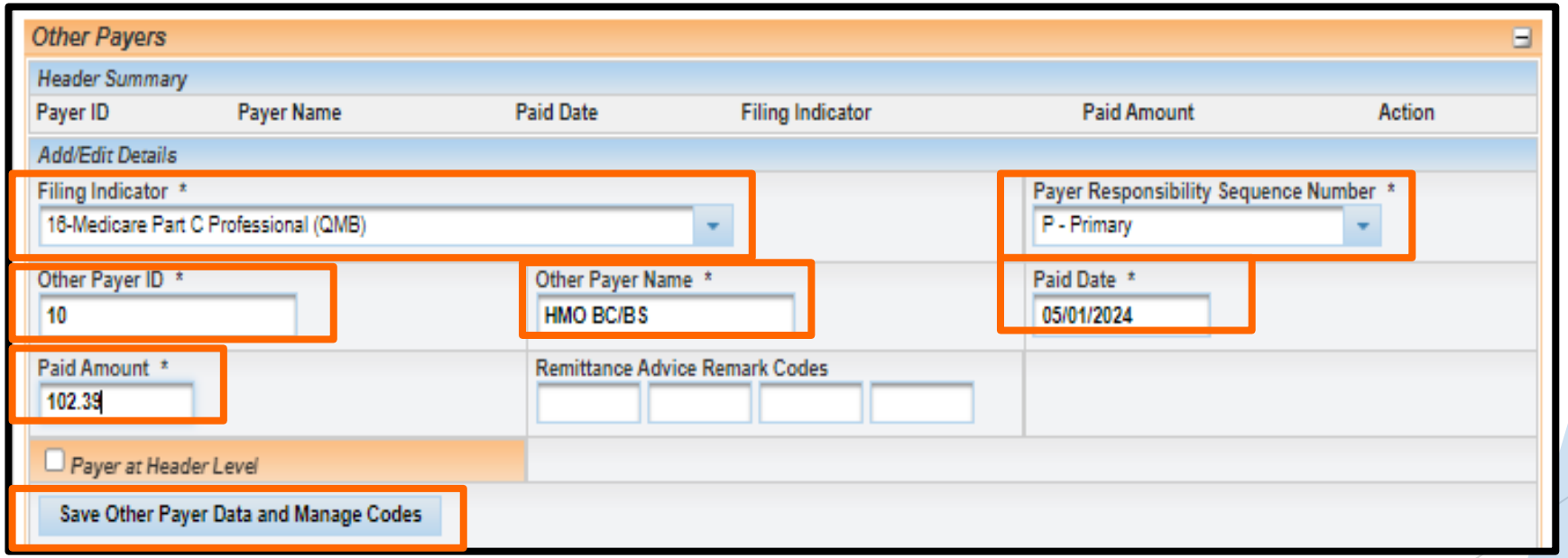
**Step 1:** Enter Date of Service
**Step 2:** Enter Place of Service
**Step 3:** Enter Procedure Code
**Step 4:** Enter Diagnosis Code
**Step 5:** Enter Billed Charges
**Step 6:** Enter Days/Units Billed
**Step 7:** Enter Paid Amount
**Step 8:** Enter Performing Provider NPI
**Step 9:** Save Detail Line to Claim

Complete additional fields based on service.



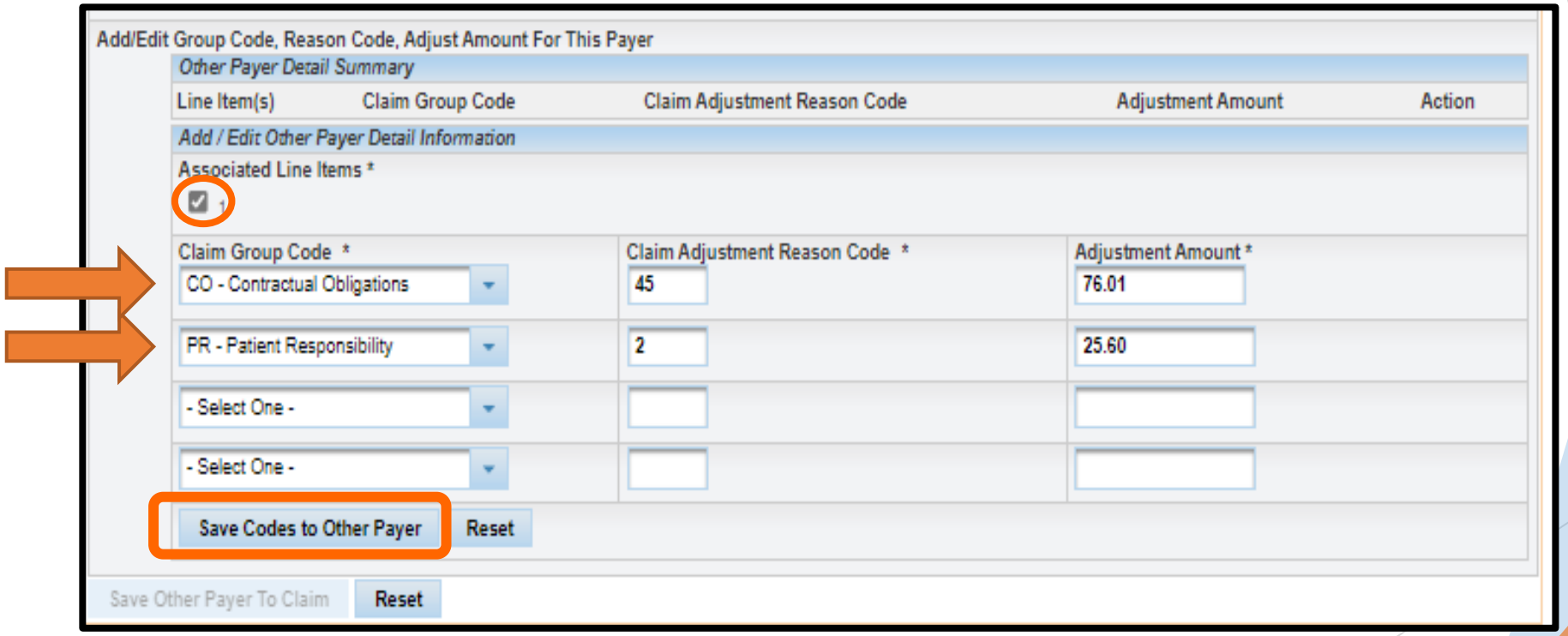
# Add EOB Information

**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



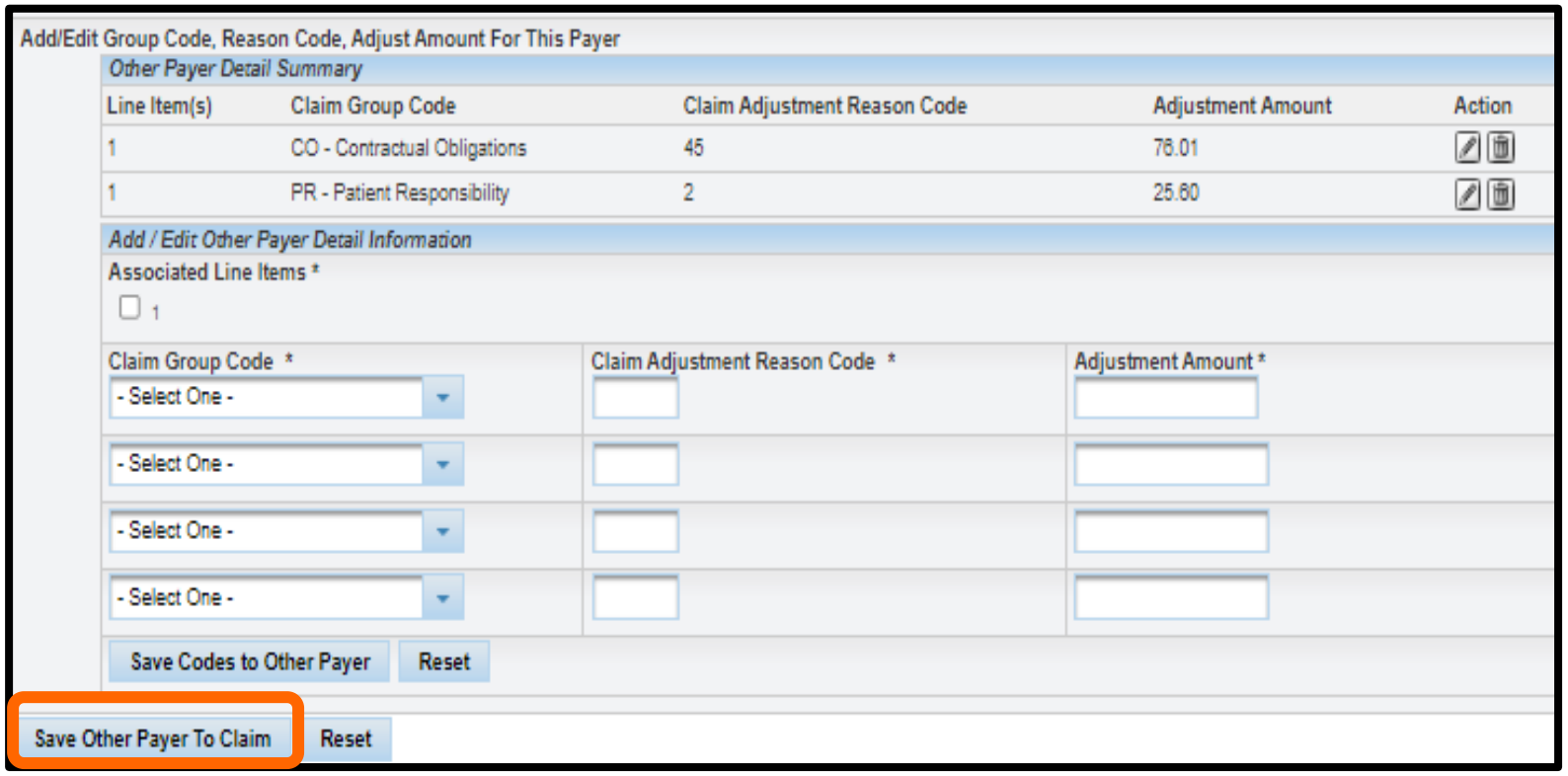
# Add/Edit Group Code, Reason Code & Adjust Amount

**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



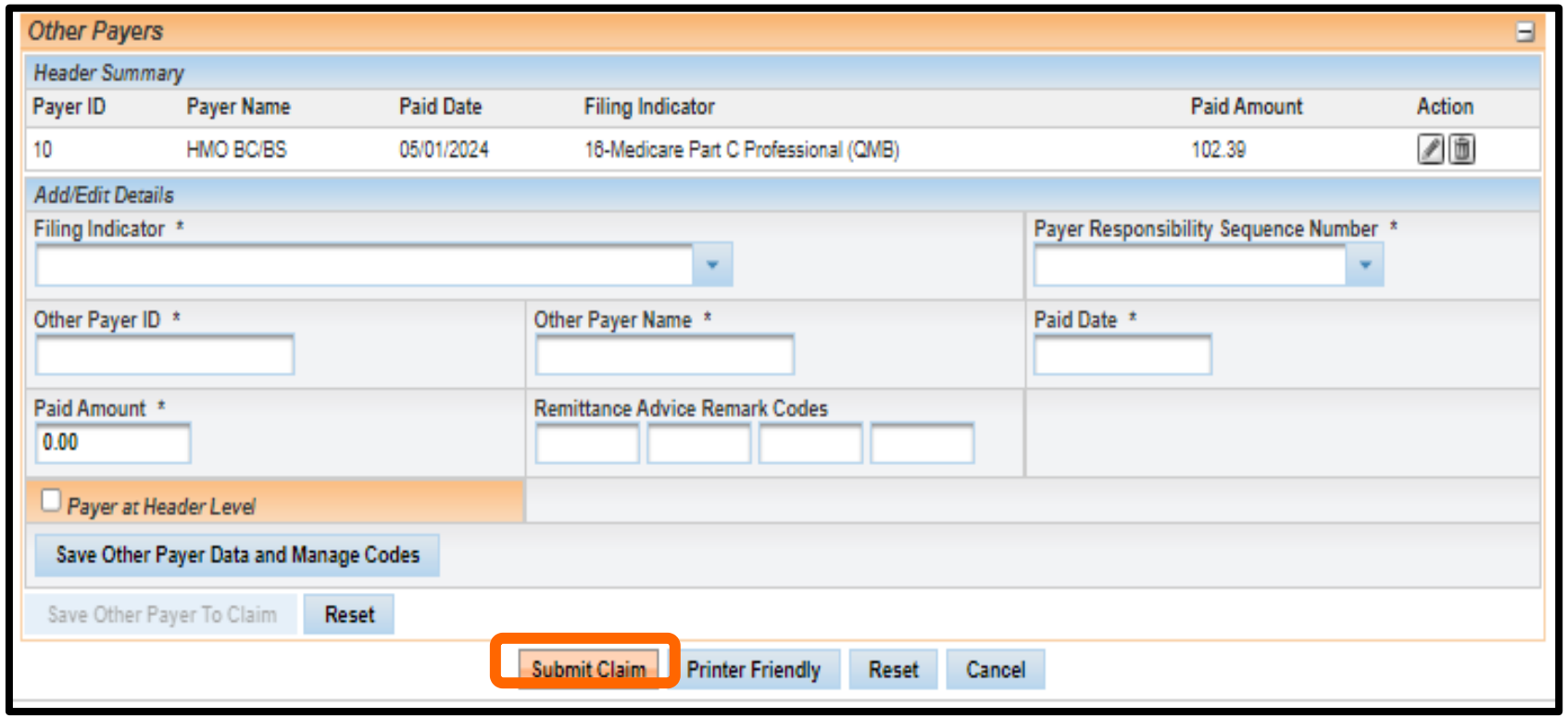
# Save Other Payer to Claim

Click:  Save Other Payer to Claim



# Submit Claim

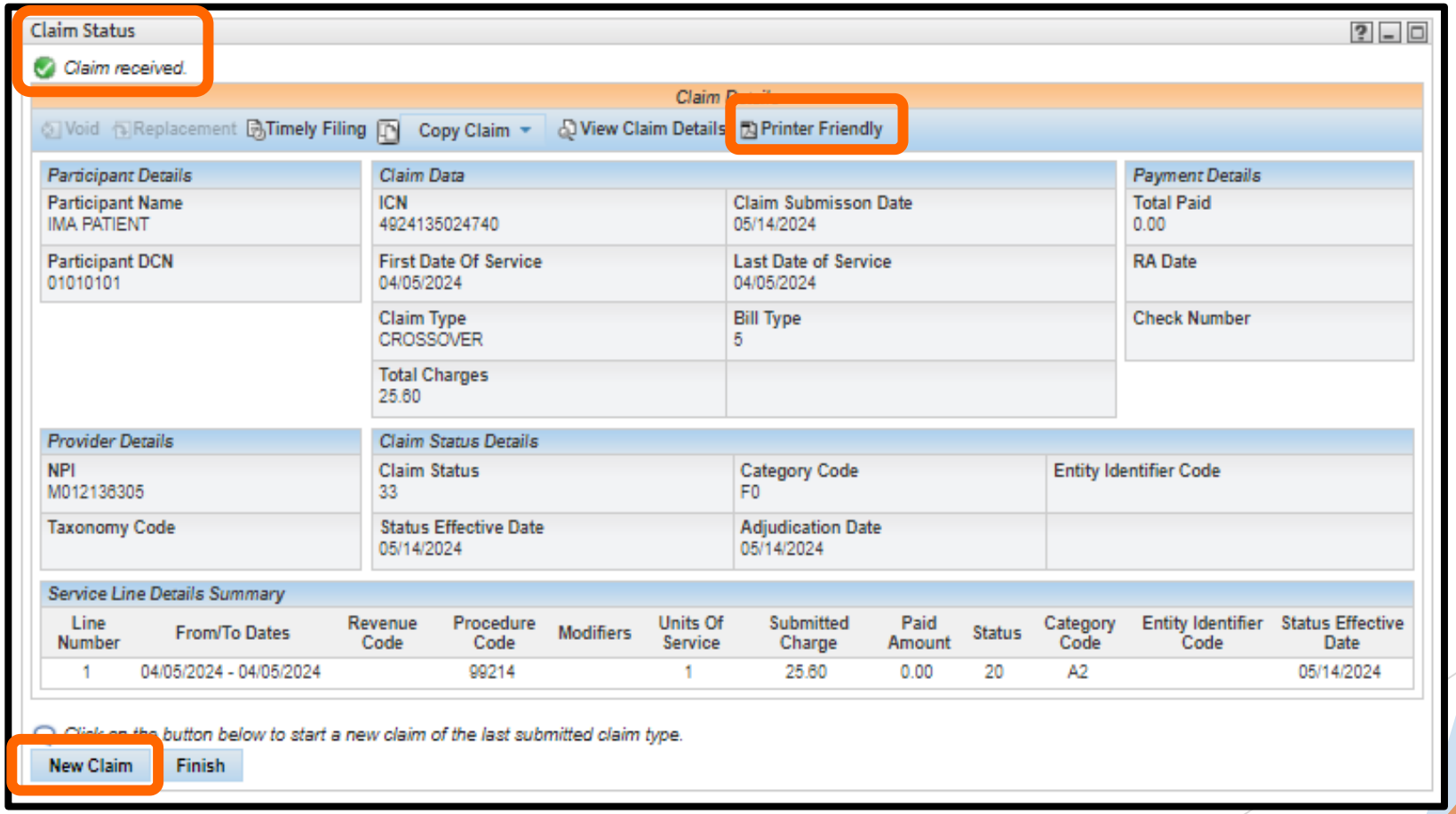
Click:  Submit Claim



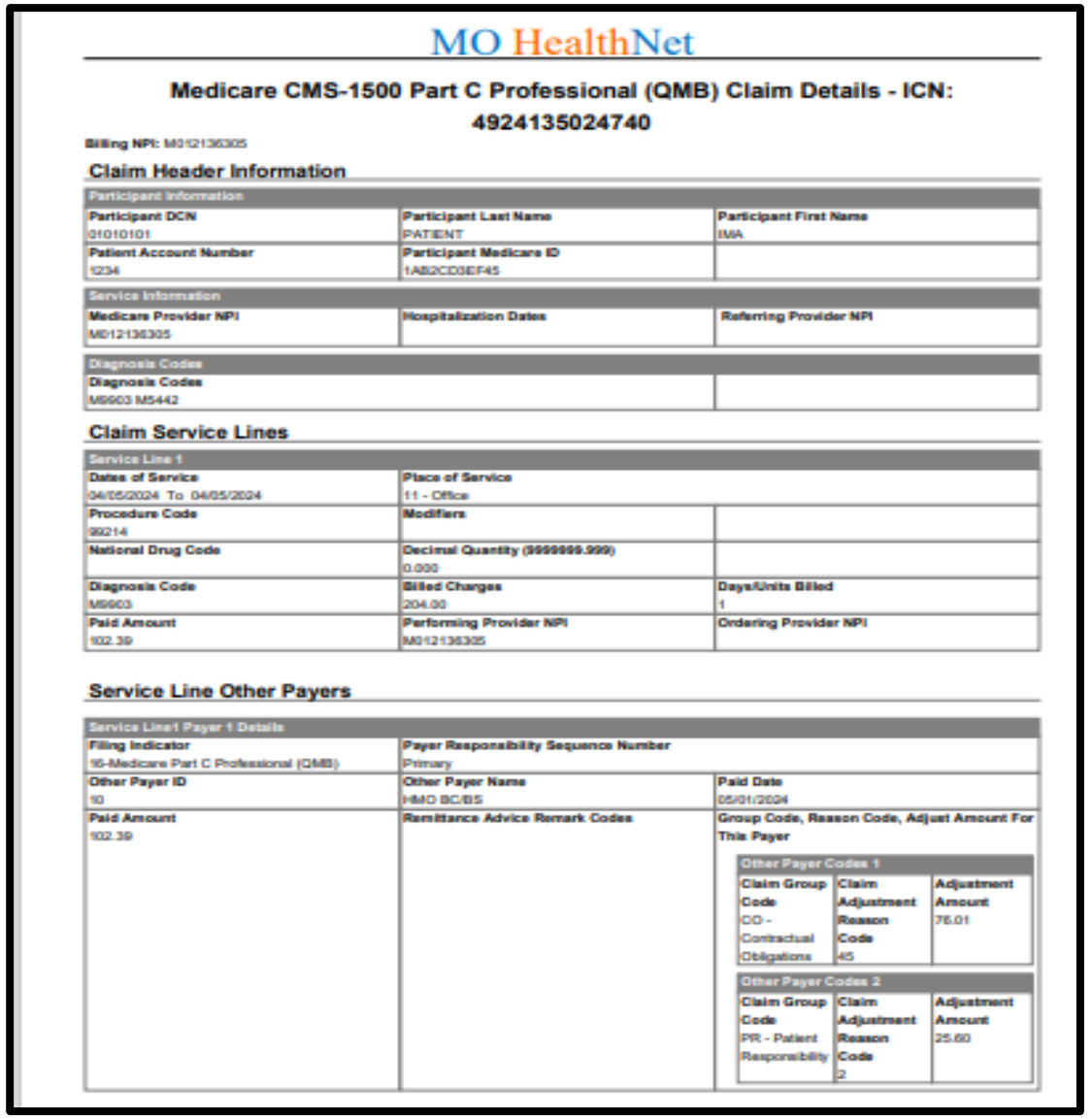
# Claim Status/Printer Friendly

Claim status: Received  Printer Friendly

Enter New Claim or Finish



# Printer Friendly EOB Info



MO HealthNet

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

**Billing NPI:** M012136305

## Claim Header Information

| Participant Information | | |
|---|---|---|
| **Participant DCN**<br>01010101 | **Participant Last Name**<br>PATIENT | **Participant First Name**<br>IMA |
| **Patient Account Number**<br>1234 | **Participant Medicare ID**<br>1AB2CD3EF45 | |

| Service Information | | |
|---|---|---|
| **Medicare Provider NPI**<br>M012136305 | **Hospitalization Dates** | **Referring Provider NPI** |

| Diagnosis Codes | |
|---|---|
| **Diagnosis Codes**<br>M9903 M5442 | |

## Claim Service Lines

| Service Line 1 | | |
|---|---|---|
| **Dates of Service**<br>04/05/2024 To 04/05/2024 | **Place of Service**<br>11 - Office | |
| **Procedure Code**<br>99214 | **Modifiers** | |
| **National Drug Code** | **Decimal Quantity (9999999.999)**<br>0.000 | |
| **Diagnosis Code**<br>M9903 | **Billed Charges**<br>204.00 | **Days/Units Billed**<br>1 |
| **Paid Amount**<br>102.39 | **Performing Provider NPI**<br>M012136305 | **Ordering Provider NPI** |

## Service Line Other Payers

| Service Line1 Payer 1 Details | | |
|---|---|---|
| **Filing Indicator**<br>16-Medicare Part C Professional (QMB) | **Payer Responsibility Sequence Number**<br>Primary | |
| **Other Payer ID**<br>10 | **Other Payer Name**<br>HMO BC/BS | **Paid Date**<br>05/01/2024 |
| **Paid Amount**<br>102.39 | **Remittance Advice Remark Codes** | **Group Code, Reason Code, Adjust Amount For This Payer** |

**Other Payer Codes 1**

| Claim Group Code | Claim Adjustment Reason Code | Adjustment Amount |
|---|---|---|
| CO - Contractual Obligations | 45 | 76.01 |

**Other Payer Codes 2**

| Claim Group Code | Claim Adjustment Reason Code | Adjustment Amount |
|---|---|---|
| PR - Patient Responsibility | 2 | 25.60 |

# Resources & Contact Information

# Resources & Contact Information

| | | |
|---|---|---|
| Clinical Services | Policy development, benefit design, coverage decisions, provider and program policy inquiries | (573) 751-6963<br>MHD.clinical.services@dss.mo.gov |
| CyberAccess | Account setup or technical questions | (888) 581-9797<br>(573) 632-9797<br>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<br>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<br>www.mydss.mo.gov<br>Family Support Division Information Center<br>(855) FSD-INFO<br>(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<br>Provider Communications Unit<br>PO Box 5500<br>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<br>**mmac.providerenrollment@dss.mo.gov**<br>Missouri Medicaid Audit & Compliance<br>P. O. Box 6500<br>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<br>**internethelpdesk@momed.com** |

# Follow Us on Social Media

# Questions

If you have additional questions, contact by email at: MHD.EDUCATION@dss.mo.gov or call (573)751-6683.