

SECTION 9 CUSTOM-MADE ITEMS

MO HealthNet provider payment may be made for custom-made items such as dentures when a participant becomes ineligible (either through complete loss of MO HealthNet eligibility or change of assistance category to one for which the particular service is not covered) or dies after the item is ordered or fabricated and prior to the date of delivery or placement of the item.

The following prerequisites apply to all such payments:

- The participant must have been eligible when the service was first initiated (and following receipt of an approved PA request form if required) and at the time of any subsequent service, preparatory and prior to the actual ordering or fabrication of the device or item;
- The custom-made device or item must have been fitted and fabricated to the specific medical needs of the user in such a manner so as to preclude its use for a medical purpose by any other individual;
- The custom-made device or item must have been delivered or placed if the participant is living;
- The provider must have entered "See Attachment" in the "Remarks" section of the dental claim form (field #35) and must have attached a provider signed statement to the claim. The statement must explain the circumstances and include the date of actual delivery or placement for a living participant or the date of death when delivery or placement is not possible due to this reason. The statement must also include the total amount of salvage value, if any, which the provider estimates is represented in cases where delivery or placement is not possible.

Payments regarding the aforementioned devices are made as follows:

- If the item is received by the participant following loss of MO HealthNet eligibility or eligibility for the service, the payment is the lesser of the billed charge or the MO HealthNet maximum allowable for the total service, less any applicable coinsurance and any payments made by another insurance company.
- If the item cannot be delivered or placed due to death of the participant, the payment is the lesser of the "net billed charge" or the MO HealthNet maximum allowable for the total service, less any applicable coinsurance. The "net billed charge" is the provider's usual and customary billed charge(s) as reduced by any salvage value amount.

Salvage value exists whenever there is further profitable use that can be made by the provider of materials or components of the device or item.

Dentures are an example of an item representing no reasonable salvage value.

The date of service that is shown on the claim form for the item (dentures, etc.) when either of the above situation applies, must be the last date on which service is provided to the eligible participant (and following receipt of an approved PA request if required) prior to the ordering or fabrication of the item. The provider is responsible for verifying participant eligibility each time a service is provided. The use of a date for which the participant is no longer eligible for MO HealthNet coverage of the service results in a denial of the claim. The claim (with attachment) is to be submitted to the fiscal agent (currently Wipro Infocrossing Healthcare Services) in the same manner as other claims.

Payments made as described in the above situations constitute the allowable MO HealthNet payment for the service. Other than any applicable coinsurance due, no further collection from the participant or other persons is permitted.

If the provider determines the participant has lost eligibility after the service is first initiated and before the custom-made item is actually ordered or fabricated, the participant must be immediately advised that completion of the work and delivery or placement of the item is not covered by MO HealthNet. It is then the participant's choice whether to request completion of the work on a private payment basis. If the participant's death is the reason for loss of eligibility, the provider can, of course, proceed no further and there is no claim for the non-provided item of service.

If a participant refuses to accept the item/service, MO HealthNet does not reimburse the provider.