



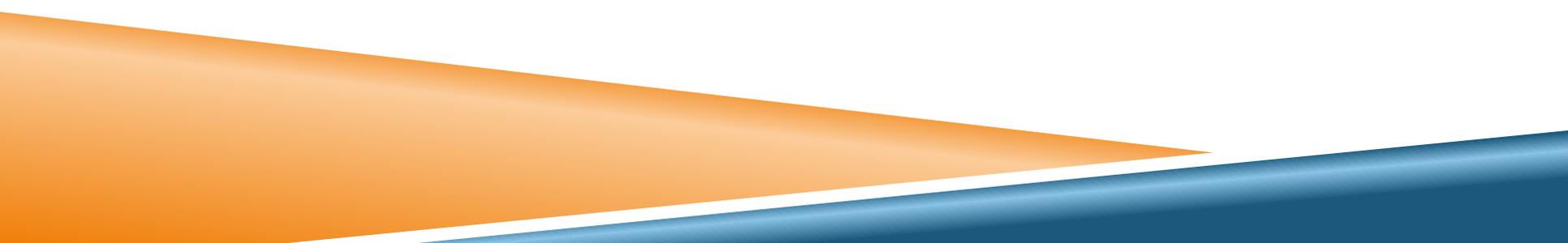
Durable Medical Equipment

Policy and Billing Resources

July 28, 2022

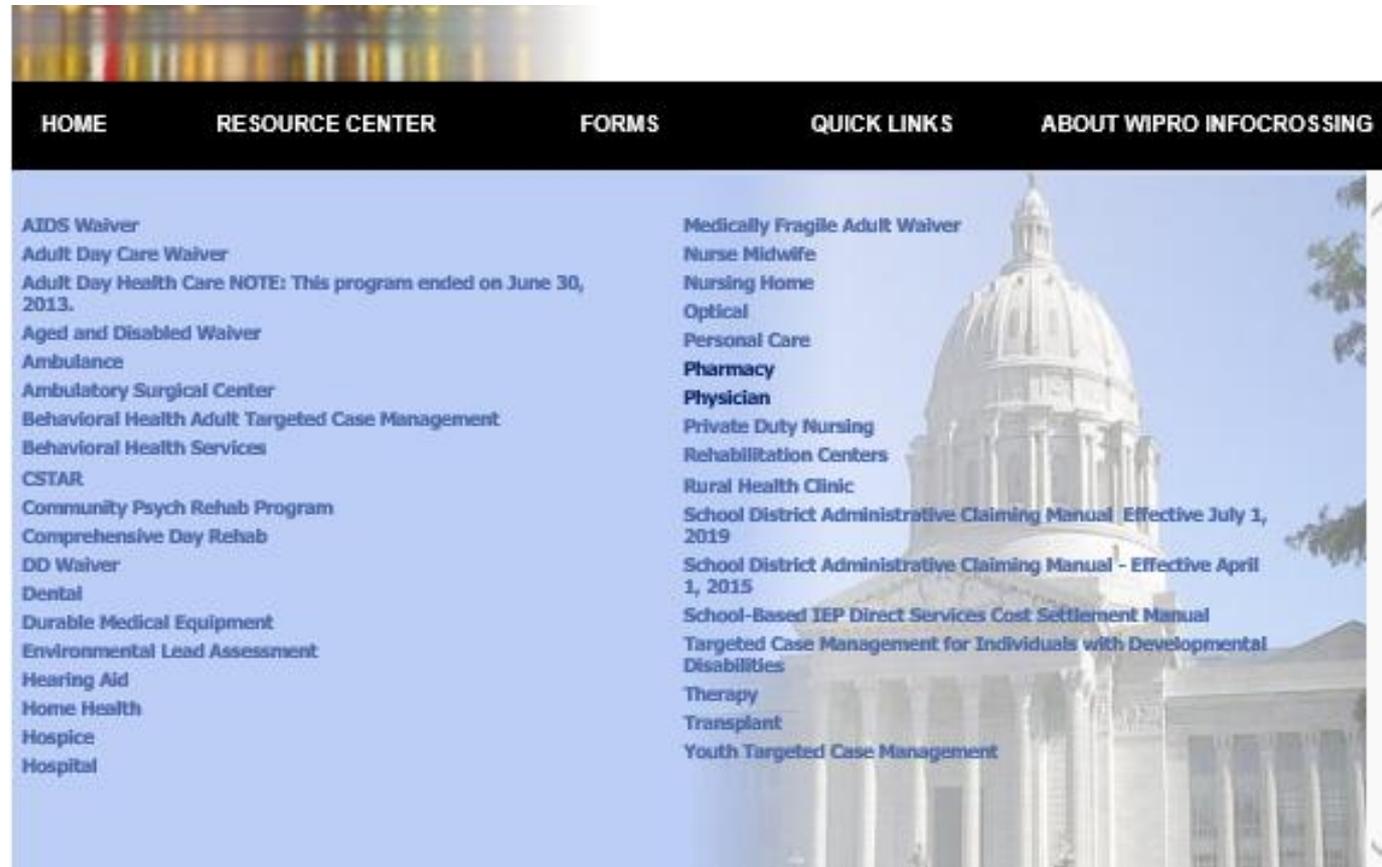
Amanda Fahrendorf

PowerPoint Overview

- DME Provider Manual Overview
 - eMOMED Electronic Claim Filing
 - Resources
- 

Durable Medical Equipment Provider Manual

DME Provider Manual



HOME RESOURCE CENTER FORMS QUICK LINKS ABOUT WIPRO INFOCROSSING

AIDS Waiver
Adult Day Care Waiver
Adult Day Health Care NOTE: This program ended on June 30, 2013.
Aged and Disabled Waiver
Ambulance
Ambulatory Surgical Center
Behavioral Health Adult Targeted Case Management
Behavioral Health Services
CSTAR
Community Psych Rehab Program
Comprehensive Day Rehab
DD Waiver
Dental
Durable Medical Equipment
Environmental Lead Assessment
Hearing Aid
Home Health
Hospice
Hospital

Medically Fragile Adult Waiver
Nurse Midwife
Nursing Home
Optical
Personal Care
Pharmacy
Physician
Private Duty Nursing
Rehabilitation Centers
Rural Health Clinic
School District Administrative Claiming Manual - Effective July 1, 2019
School District Administrative Claiming Manual - Effective April 1, 2015
School-Based IEP Direct Services Cost Settlement Manual
Targeted Case Management for Individuals with Developmental Disabilities
Therapy
Transplant
Youth Targeted Case Management

<http://manuals.momed.com/manuals>

Provider Manuals

The table of contents is very detailed.

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General vs. Program Specific Sections

General Sections:

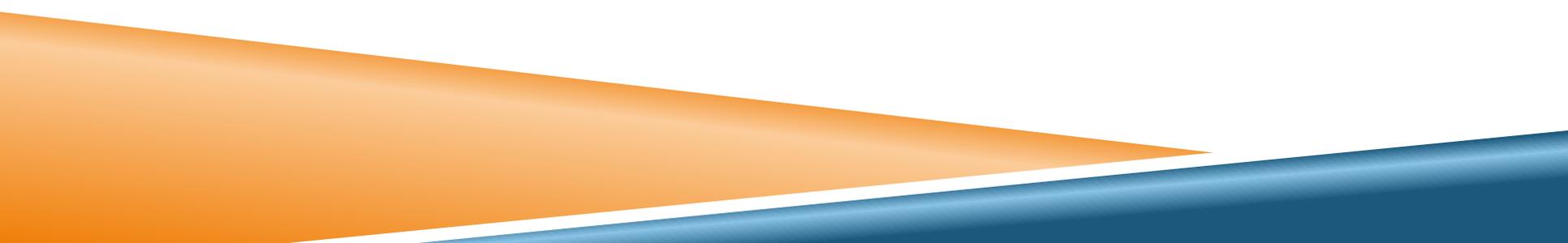
General sections published in each manual are written broadly to encompass all provider types.

(Sections: 1-10 and 16, 17, and 20-23)

Program Specific Sections:

Program specific sections address the individual program.

(Sections: 12-15 and 18, and 19)



Provider Manual Resource

Manual Sections	
Section Name	Description
Cover	Cover
General Section 01	Client Conditions of Participation
General Section 02	Provider Conditions of Participation
General Section 03	Provider and Participant Services
General Section 04	Timely Filing
General Section 05	Third Party Liability
General Section 06	Adjustments
General Section 07	Medical Necessity
General Section 08	Prior Authorization
General Section 09	Healthy Children and Youth Program
General Section 10NA	Family Planning Not Applicable
General Section 11	MO HealthNet Managed Health Care Delivery System
Section 12	Reimbursement Methodology
Section 13	Benefits and Limitations
Section 14	Special Documentation Requirements
Section 15	Billing Instructions
General Section 16	Medicare/Medicaid Crossover Claims
General Section 17	Claims Disposition
Section 18	Diagnosis Codes
Section 19	Procedure Codes
General Section 20	Exception Process
General Section 21NA	Advance Health Care Directives Not Applicable
General Section 22	Non-Emergency Medical Transportation (NEMT)
General Section 23	Claim Attachment Submission and Processing

Searching the Provider Manual

How to search the manual?

Use the **control “F”** search function to find information in the provider manual.

- Start with the section you think the information is in.
example “Section 13”
- Then search by Key words.
examples: “Walker, Wheelchair, E1399...”

Provider Manual Overview

Section 1 – Client conditions of Participation

Section 2 – Adequate Documentation

Section 3 – Stakeholder Services

Section 4 – Timely Filing

Section 5 – Third Party Liability

Section 6 – Adjustments

Section 7 – Certificate of Medical Necessity

Section 8 – Prior Authorization

**** Program Specific Section**

Provider Manual Overview

Section 9 – Healthy Children and Youth Program

Section 10 – Family Planning

Section 11 – Stakeholder Services

Section 12 – Managed Care Delivery System **

Section 13 – Benefits and Limitations **

Section 14 – Special Documentation Requirements **

Section 15 – Billing Instructions **

Section 16 – Medicare Medicaid Crossover Claims

** Program Specific Section

Provider Manual Overview

Section 17 – Claims Disposition

Section 18 – Diagnosis Codes **

Section 19 – Procedure Codes (CDT Codes) **

Section 20 – Exception Process

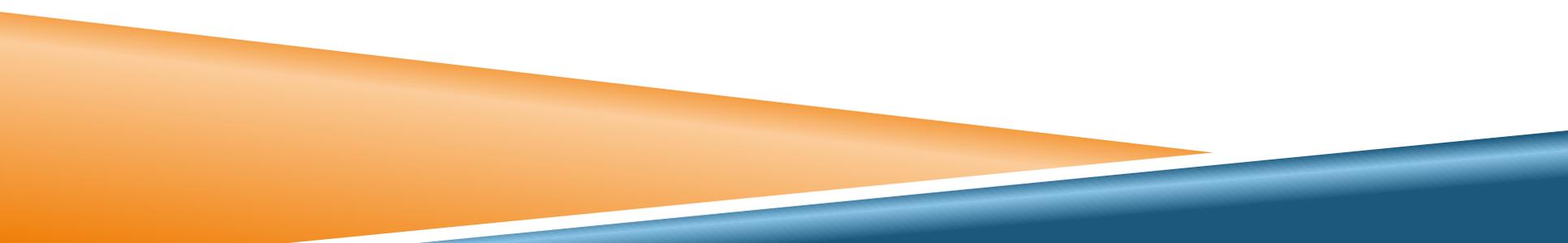
Section 21 – Advance Health Care Directives

Section 22 – Non-Emergency Transportation (NEMT)

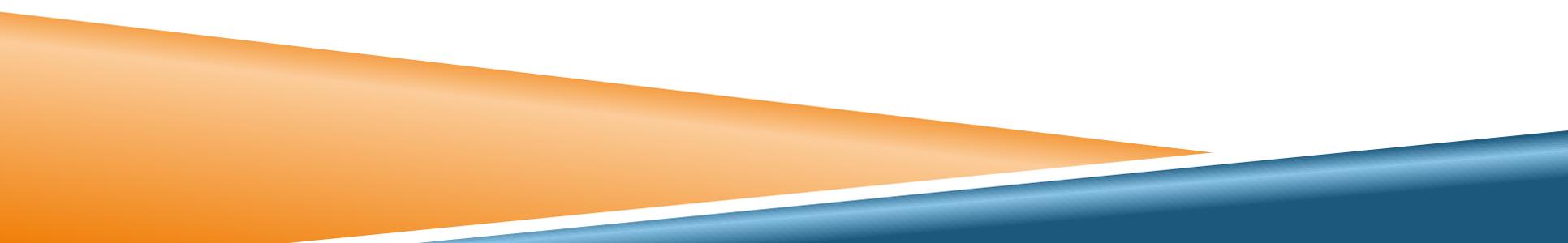
Section 23 – Claim Attachment and Processing

** Program Specific Section

Section 1- Client conditions of Participation

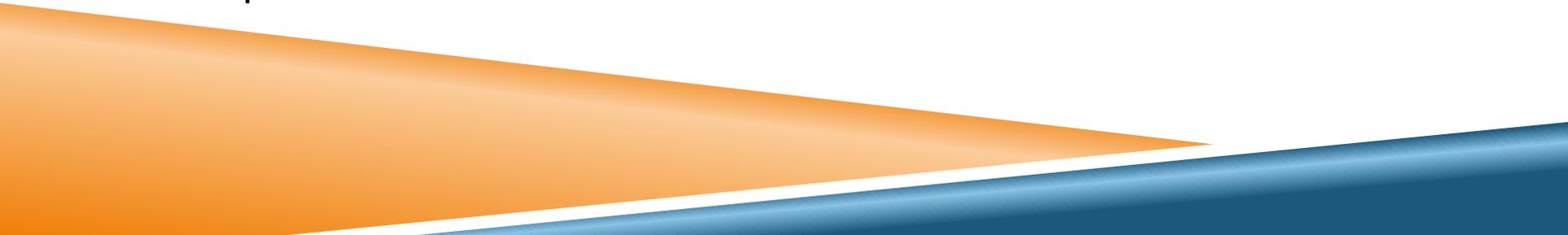
- Eligibility Categories-General eligibility information
 - Medical Eligibility (ME) Codes-Descriptions
 - Managed Care – General guidelines
 - Qualified Medicare Beneficiaries (QMB)
 - General Spend down information
- 

Section 2- Provider Conditions of Participation

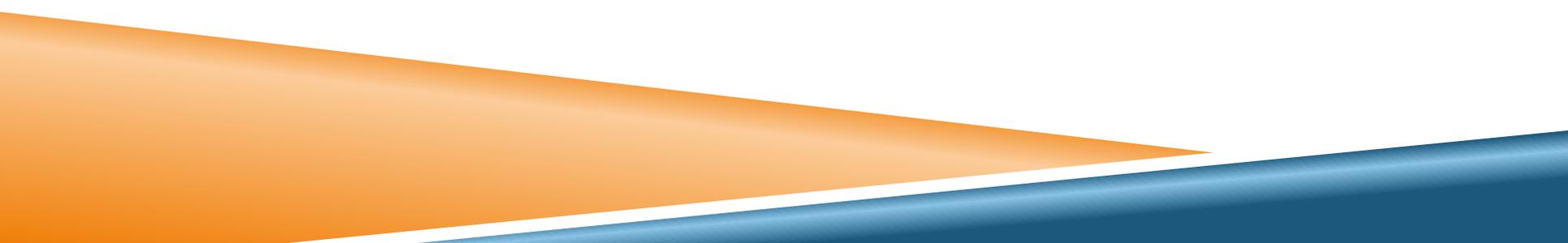
- Provider Eligibility- General Enrollment information
 - eMOMED- enrollment information
 - Notification of changes
 - Retention of Records- must retain records for 5 years from the date of services
 - Fraud and Abuse (Missouri Medicaid Audit and Compliance) General information about MMAC
- 

Section 2.3.A - Adequate Documentation

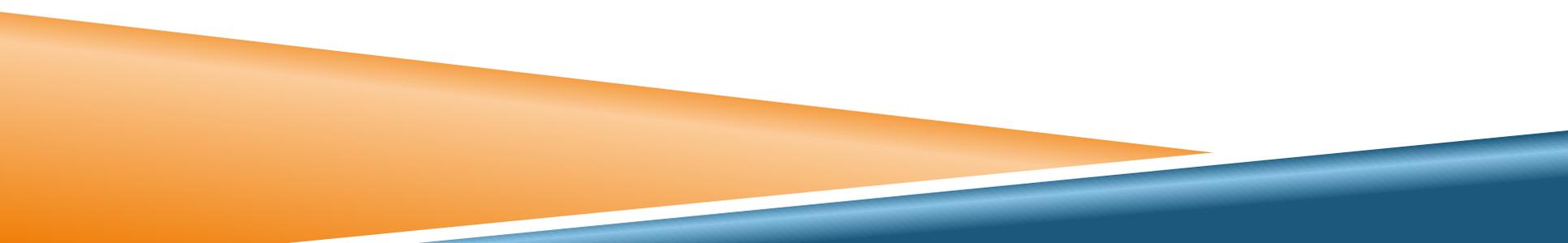
13 CSR 70-3.030, Section (2)(A) defines “adequate documentation” and “adequate medical records” as follows:

- Documentation of rendered services:
Some procedure codes require certain services to be performed. Document what services were provided. Be sure they match the code being billed.
 - Ensure Received Reimbursement can be readily discerned.
 - Symptoms, conditions, diagnoses, treatments, prognosis. Identify the patient who was treated.
- 

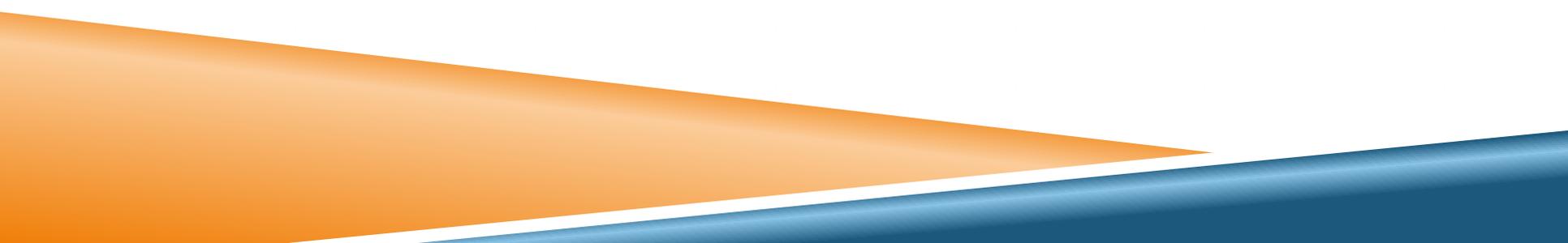
Section 3- Stakeholder Services

- MHD Technical Help Desk
 - MMAC contact information (provider enrollment)
 - Provider Communications Unit
 - Provider Education Unit
 - Participant Services
 - Forms (link)
 - Third Party Liability (TPL)
- 

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 date 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)

- MO HealthNet is the Payer of last resort
 - Participant's 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 (TPL-4)
- 

Section 5- Third Party Liability (Cont.)

Hot Tip dated May 11, 2018

- When checking the participant's eligibility, you are given information about known possible insurance coverage. **The insurance information on file at the MO HealthNet Division (MHD) does not guarantee the insurance(s) listed is (are) the only resource(s) available nor does it guarantee the coverage is currently in effect.** If the participant has not informed the eligibility specialist of changes, the information on file may need to be updated.
- Complete the MO HealthNet Insurance Resource Report form, commonly known as the TPL-4 form. This form should be emailed to MHD.CostRecovery@dss.mo.gov

Section 5- TPL-4 Form

		MISSOURI DEPARTMENT OF SOCIAL SERVICES MO HEALTHNET DIVISION MO HEALTHNET INSURANCE RESOURCE REPORT		TPL-4	
		<input type="button" value="Save"/>		<input type="button" value="Print"/>	
		<input type="button" value="Reset"/>			
<p>Submit this form to notify the MO HealthNet agency of insurance information that you have verified for a MO HealthNet participant. Please send the completed form to:</p> <p>Department of Social Services MO HealthNet Division Attention: TPL Unit P.O. Box 6500 Jefferson City, MO 65102-6500 MHD.CostRecovery@dss.mo.gov</p> <p>DO NOT SEND CLAIMS WITH THIS FORM. YOUR CLAIM WILL NOT BE PROCESSED FOR PAYMENT IF ATTACHED TO THIS FORM.</p>					
PROVIDER IDENTIFIER		PROVIDER TAXONOMY CODE		DATE (MM/DD/YY)	
PROVIDER NAME					
CHECK THE APPROPRIATE BOX FOR THE REQUESTED ACTION					
<input type="checkbox"/> ADD NEW RESOURCE		OR		<input type="checkbox"/> CHANGE MO HEALTHNET RESOURCE FILES	
PARTICIPANT NAME			MO HEALTHNET ID NUMBER		
INSURANCE COMPANY NAME					
POLICYHOLDER (IF OTHER THAN PARTICIPANT)			POLICYHOLDER'S SOCIAL SECURITY NUMBER		
POLICY NUMBER			GROUP NAME OF NUMBER		
VERIFIED INFORMATION					
SOURCE OF VERIFIED INFORMATION: <input type="checkbox"/> EMPLOYER <input type="checkbox"/> INSURANCE COMPANY					
TELEPHONE NUMBER OF CONTACT			DATE CONTACTED (MM/DD/YY)		

Section 5- Medicare Suspect

- If the eligibility file shows patient has Medicare.
- Provider must file the claim to Medicare first.
- Wait 45 days from the date of the Medicare notice of an allowed claim before filing a crossover claim to MO HealthNet using www.emomed.com to prevent potential duplicate payments.
- You must use the patient's name that is on the MO HealthNet file when filing on www.emomed.com.

Provider Manual Section 15- Billing Procedures for Medicare/MHD

<http://manuals.momed.com/manuals/>

Section 6- Adjustments

Adjusting claims in eMOMED (www.emomed.com)

- Void Claim - used when the claim *paid* and should never have been billed, i.e., wrong billing NPI or wrong DCN
- Choose “Void” tab to bring up paid claim, scroll to the bottom of the claim and click on the highlighted “submit claim” button. The claim has now been submitted to be voided or credited in the system

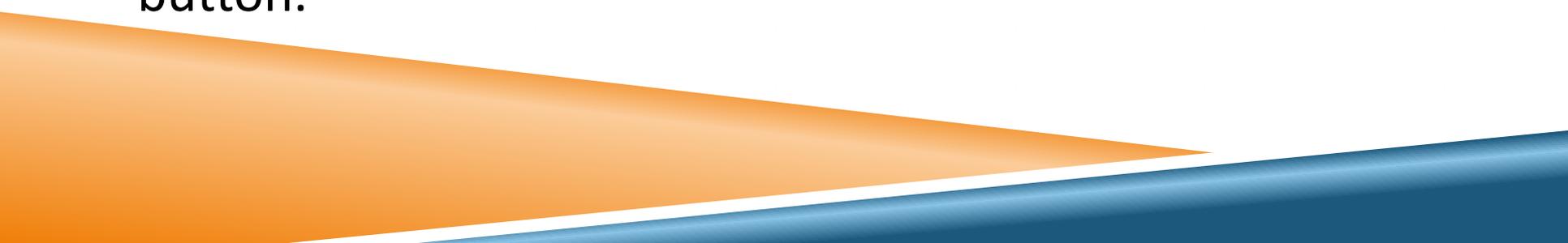
Section 6- Adjustments

- Replacement Claim – used to modify a *paid* claim.
- Choose “Replacement” tab to bring up paid claim, select “edit” button to make changes, then save the changes. Scroll to the bottom of the claim and click highlighted “submit” button. The replacement claim has now been submitted

Section 6- Adjustments

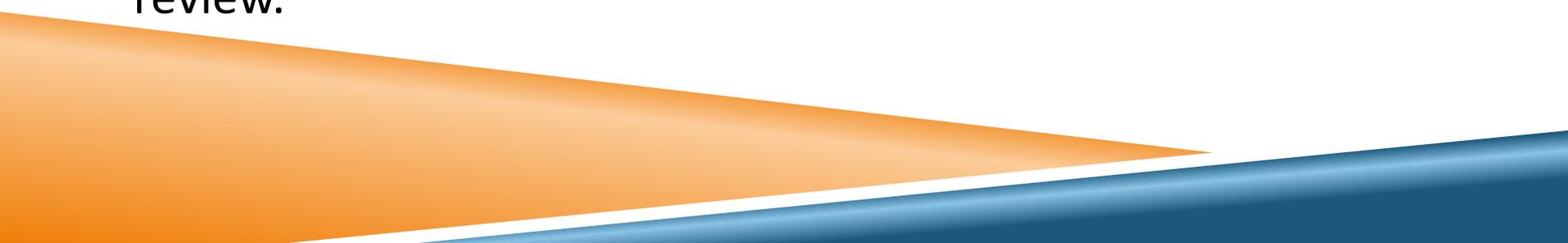
- **Copy Claim - Original**– used when a claim or any line of a claim *denied* needs to be corrected. This will copy a claim just as it was entered.
- Choose “Copy Claim” tab to bring up claim, choose “original,” select “edit” button to make changes, then save the changes. Scroll to the bottom of the claim and click highlighted “submit” button. The corrected claim has now been submitted.

Section 6- Adjustments

- **Copy Claim - Advanced**— used when a claim *denied* that had been filed using the wrong NPI or wrong claim form.
 - Choose “Copy Claim” tab to bring up claim, choose “advanced,” select “edit” button to edit NPI, then save the changes. Scroll to the bottom of the claim and click highlighted “submit” button.
 - If claim was filed on wrong form, only DCN and Name will transfer to correct form. Key in claim and click “submit” button.
- 

Section 7- Certificate of Medical Necessity

See DME Provider Manual: Sections 7 and 14

- HCPC(s) identified
 - Description of the supply/equipment
 - Brand name or Model number
 - Accessories or components (*if applicable*)
 - Diagnosis
 - Prognosis
 - Reason why the equipment/item is needed
 - Anticipated length of need
 - All necessary fields and/or information must be submitted for review.
- 

Certificate of Medical Necessity



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
CERTIFICATE OF MEDICAL NECESSITY

PATIENT NAME					PARTICIPANT MO HEALTHNET ID NUMBER			
PROCEDURE CODES (MAXIMUM 6)	DESCRIPTION OF ITEM/SERVICE				REASON FOR SERVICE	MONTHS EQUIP. NEEDED (DME ONLY)		
	MOD 1	MOD 2	MOD 3	MOD 4				

DME Manual, Section 7.2 - Instructions for Completing the CMN
http://manuals.momed.com/forms/Certificate_of_Medical_Necessity.pdf

CMN for DME Providers

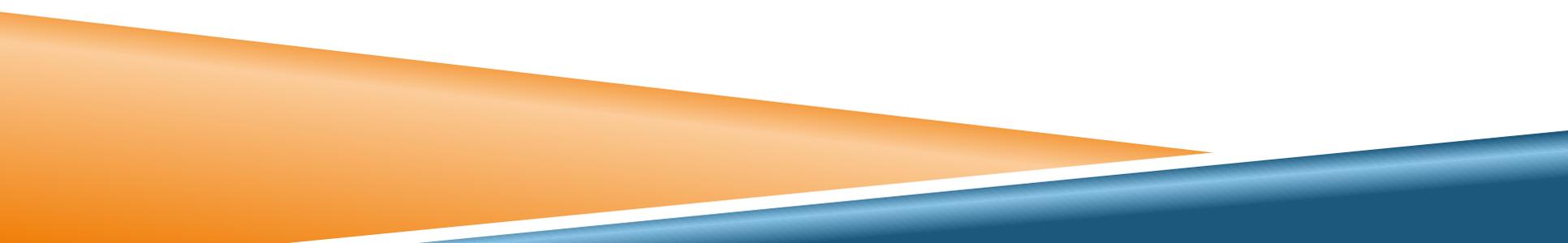
Two submission options:

- Submit through Attachment Management via eMOMED.
- Submit at the bottom of the claim on eMOMED.

Note: CMN's have a six (6) month approval period from the prescription date.

DME Manual, Section 7.1.A

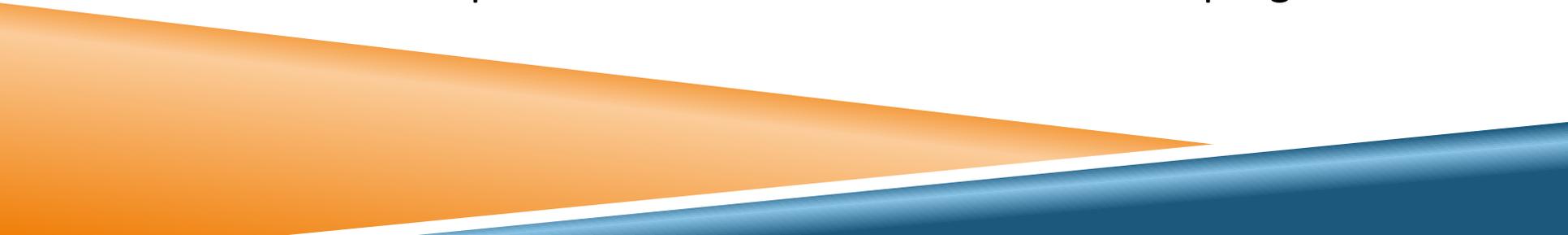
http://manuals.momed.com/collections/collection_dme/print.pdf



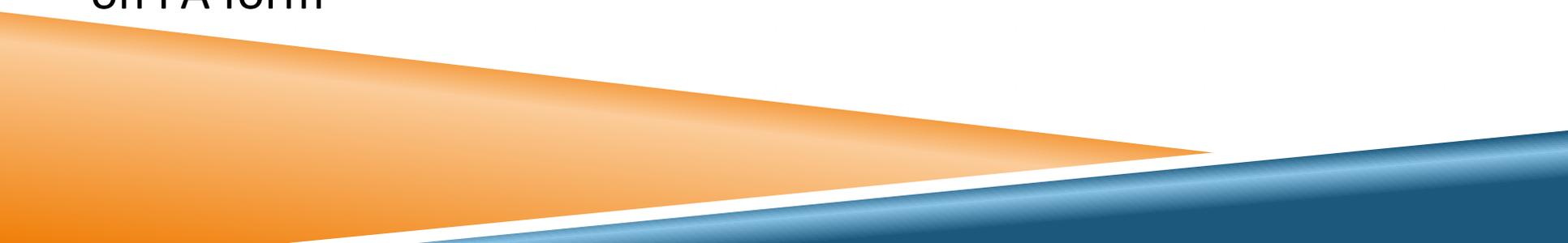
Section 8 – Prior Authorization

- Prior Authorization Guidelines
- Procedure for obtaining Prior Auth
- Instructions for Completing the PA Form
- When to Submit a PA Request
- MO HealthNet Auth Determination
- Denial of PA Requests
- Auth Determination Explanation

NOTE: Section 8 is a General Section. See Section 14 for special documentation requirements related to PA's in the DME program.



Prior Authorization (PA) Section 14.2.A

- Detailed description of the requested supply/equipment
 - Detailed description of the need for the supply/equipment
 - Duration of need (length of treatment, frequency, etc.)
 - Diagnosis
 - Prognosis (desired outcome from treatment)
 - Attending physician signature required
 - Specific documentation (evaluation or IOC, *if applicable*) must accompany the PA form
 - Additional documentation can be attached due to limited fields on PA form
- 

Prior Authorization (PA)



MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
PRIOR AUTHORIZATION REQUEST

Return to: Infocrossing Healthcare Services, Inc.
PO Box 5700
Jefferson City, MO 65102

Authorization approves the medical necessity of the requested service only. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The participant must be MO HealthNet Eligible on the date of service or date the equipment or prosthesis is received by the participant. **SEE REVERSE SIDE FOR INSTRUCTIONS.**

I. GENERAL INFORMATION												
1. _____		2. NAME (LAST, FIRST, M.I.)				3. DATE OF BIRTH						
4. ADDRESS (STREET, CITY, STATE, ZIP CODE)					5. MO HEALTHNET NUMBER							
6. PROGNOSIS			7. DIAGNOSIS CODE		8. DIAGNOSIS DESCRIPTION							
9. NAME AND ADDRESS OF FACILITY WHERE SERVICES ARE TO BE RENDERED IF OTHER THAN HOME OR OFFICE												
II. HCY (EPSDT) SERVICE REQUEST (MAY REQUIRE PLAN OF CARE)												
10. DATE OF HCY SCREEN			11. SCREENING <input type="checkbox"/> FULL <input type="checkbox"/> INTERPERIODIC <input type="checkbox"/> PARTIAL			12. TYPE OF PARTIAL HCY SCREEN						
13. SCREENING PROVIDER NAME				14. PROVIDER IDENTIFIER			15. TELEPHONE NUMBER ()					
III. SERVICE INFORMATION								FOR STATE USE ONLY				
16. REF. NO.	17. PROCEDURE CODE	18. MODIFIERS			19. FROM	20. THROUGH	21. DESCRIPTION OF SERVICE/ITEM	22. QTY OR UNITS	23. AMOUNT TO BE CHARGED	APPR.	DENIED	AMOUNT ALLOWED IF PRICED BY REPORT
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												

Form http://manuals.momed.com/collections/collection_dme/print.pdf

PA Helpful Hints

PA approves the medical necessity of the item/service but, does not guarantee payment.

PA's can be submitted two ways:

- Fax: (573) 659-0207 Dispositions will be sent via fax if submitted by fax.
 - Mail:
Wipro Infocrossing
P.O. Box 5700
Jefferson City, MO 65102
- 

PA Helpful Hints Continued...

PA Determinations

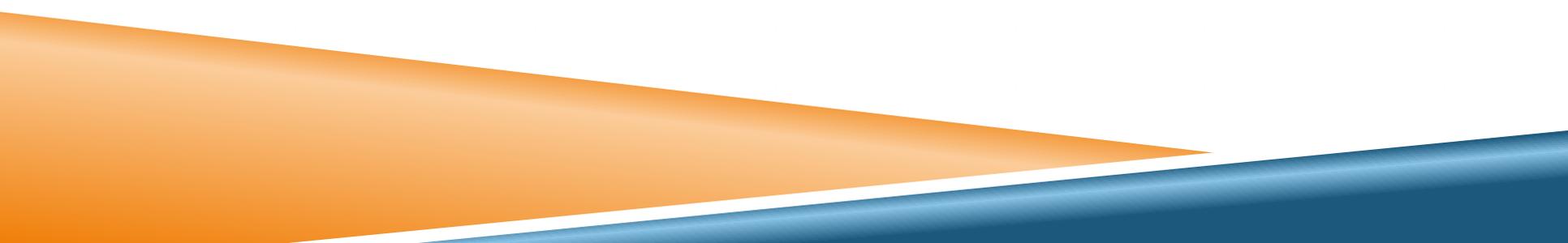
- Responses are broken down by line number.
- Refer to your copy of the original PA submission for line detail information.
- “I” Incomplete- often means that the documentation was not sufficient to approve the requested item. Review your documentation and be sure your documentation is clear.
- Submit a NEW PA for procedures marked “I” (Incomplete) or “D” (Denied) with all supporting documentation if you want them reconsidered. (stand alone process)

NOTE: Don't resubmit lines that were approved.



Request for Change (RFC) to PA

Key Notes:

- The PA must be **approved (A)** to request RFC.
 - Changes **must be** on the MHD Authorization Determination.
 - Attach additional documentation per program requirements, if the requested change is in frequency, amount, duration or scope, or if it documents an error on the original request.
 - The amended MHD Authorization Determination **must be signed and dated** and submitted with applicable documentation.
- 

Not Eligible for RFC Request

- Requests for reconsideration of any detail lines that reflect a **Denied “D” or Incomplete “I”** status ***must not*** be included on an RFC.
- Providers ***must submit a new PA Request form*** for reconsideration of denied detail lines.

NOTE: *Unless otherwise stated in Section 13 or 14 of the applicable provider manual, PA Request forms and RFC’s should be*

mailed to:

Mo HealthNet Division

P.O. Box 5700

Jefferson City, MO 65102

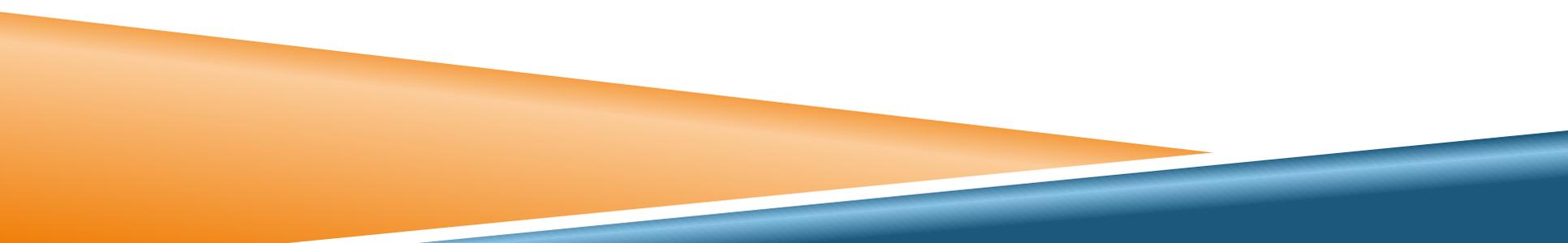
Manual and Power Wheelchair Accessories

K0108

- Wheelchair accessories must be billed under the specific HCPC(s) if available.
- If there is no HCPC(s) for the supply, K0108 may be used.

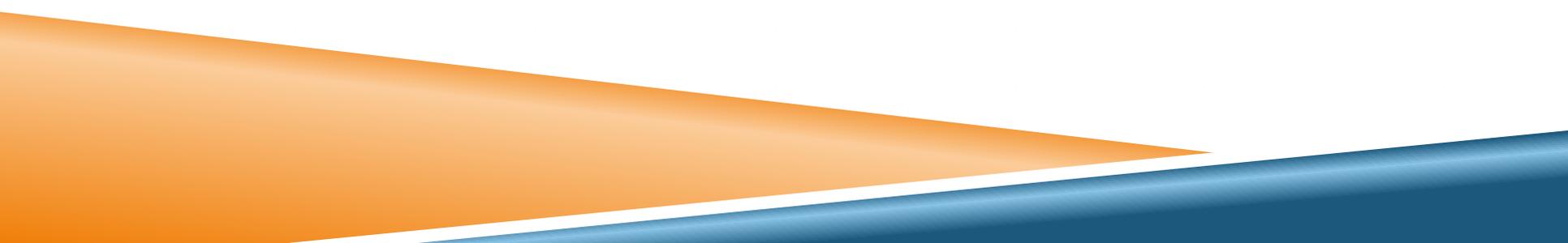
Section 13.30.C Power Wheelchair Accessories

Section 13.30.F Wheelchair Accessories Not Otherwise Listed



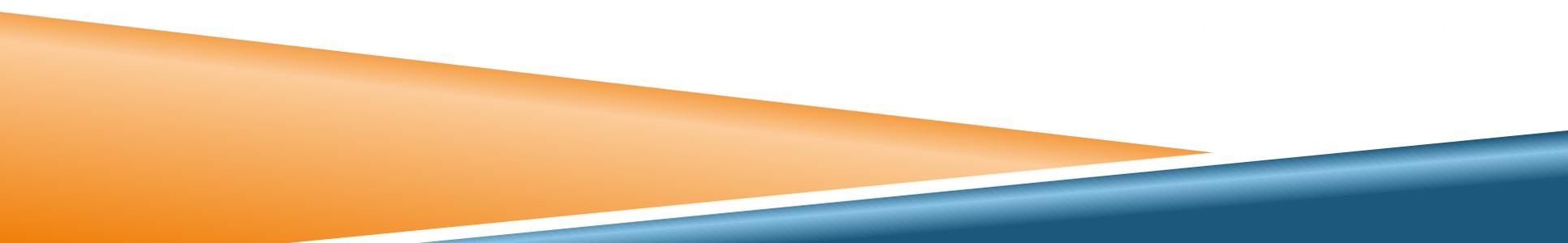
K0108 PA Form - Special Requirements

What is required?

- List K0108 one (1) time on the Prior Authorization Request form and combine all items/accessories that do not have an assigned HCPC(s) code into one line.
 - Combine requested amounts.
 - Description: Enter a general abbreviated description of each item in same description box.
- 

K0108 PA Form - Special Requirements

Additional Documentation

- Provide specific information about the item(s).
 - **Circle each K0108** item in supporting documents and write “**K0108**” next to specific item.
 - The pricing information in the supporting documents **must add up** to your requested amount.
 - Be cautious of items that are sold in pairs or sold individually.
- 

Status of Prior Authorizations

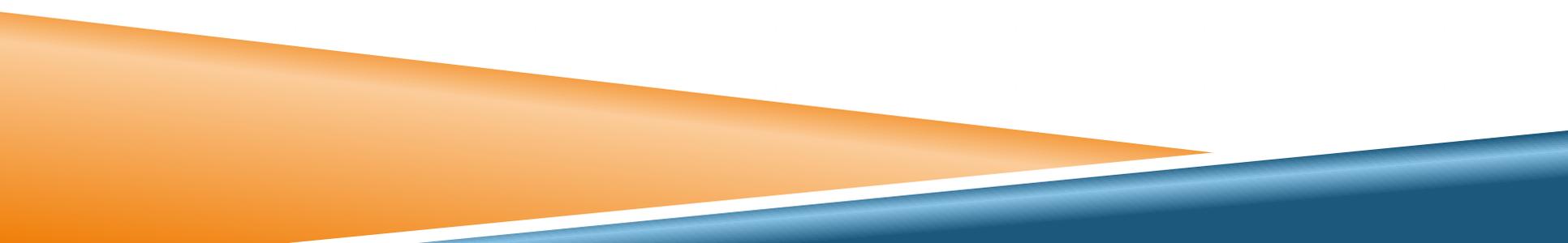
PA Status Search

NPI
MD12136305 - BPST

Search	Results
<p>Participant DCN <input type="text"/></p> <p>Procedure Code <input type="text"/></p> <p>Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PA Status *</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Closed</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Hold</p> <p><input type="checkbox"/> Incomplete</p> <p><input type="checkbox"/> Pending</p> <p><input checked="" type="checkbox"/> All</p> <p><input type="button" value="Search"/> <input type="button" value="Clear"/></p>	<p>Check Status of PA's on eMOMED</p>

Section 9- Healthy Children and Youth Program

Not Applicable



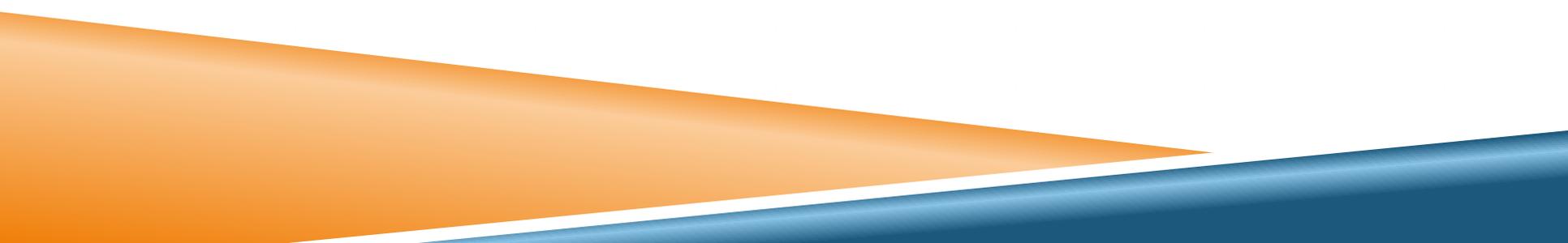
Section 10- Family Planning

- Participants with Family Planning only coverage are not eligible for DME services:

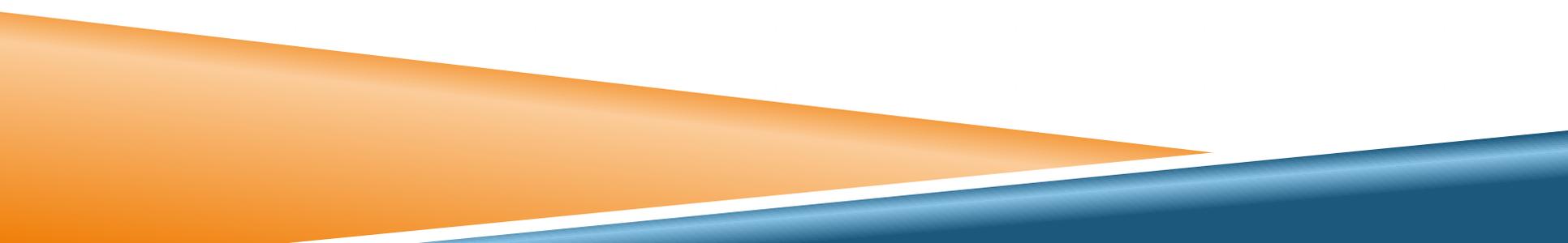
ME Code 80 and 89

(other codes may apply see section 1 of the provider manual and the Provider Resource guide for more information)

Section 11- MO HealthNet Managed Care Program Delivery System

- Managed Care Plan information. (State Wide)
 - MO HealthNet Managed Care Health Plan Enrollment
 - Included Individuals
 - Excluded Individuals
 - Managed Care Member Benefits
 - Standard Benefits under Managed Care plans
 - Benefits for children and pregnant woman
 - Services provided outside Managed Care Program
- 

Section 12- Reimbursement Methodology

- Basis for Establishing a Rate of Payment
 - On-line Fee Schedule- general information
 - Medicare/Medicaid Reimbursement (crossover claims)
 - Participant Copay and Coinsurance
 - MO HealthNet Managed Health Care Delivery System
Method of Reimbursement
 - MO HealthNet Managed Health Care
- 

DME Section 13 - Benefits and Limitations

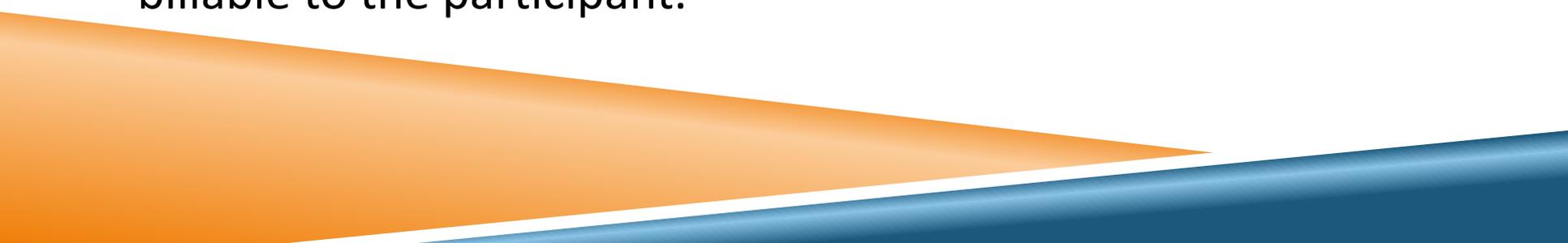
- Delivery Rules and Requirements
- Rental – Purchase – Repair
- Rules for Custom-Made Items
- DME Coverage for Nursing Home Participants
- DME for Participants in the Hospital
- Specific coverage information for several DME Items

Section 13 of the DME Provider Manual



Delivery

13.9.B DELIVERY OF ITEMS COVERED UNDER THE DURABLE MEDICAL EQUIPMENT (DME) PROGRAM

- Items that are covered under the DME Program must be dispensed to the participant before the provider bills MO HealthNet for the item. Holding equipment until MO HealthNet payment is received constitutes a payment for a service not provided and is in violation of State Regulation 13 CSR 70-3.030(3)(A)23.
 - All charges for delivery, pickup, shipping, freight, C.O.D. and handling are included in the MO HealthNet allowed reimbursement amount and are not paid for separately or billable to the participant.
- 

Direct Delivery

13.15.B DIRECT DELIVERY

DME providers may deliver an item or supply directly to the participant or their designee. An example of proof of delivery made directly to a participant is a signed and dated delivery slip. It is recommended the delivery slip include the following:

- Participant's name
- Quantity delivered
- Detailed description of the item being delivered
- Brand name of the item
- Serial number (if applicable)

The date of signature on the delivery slip *must* be the date that the item/supply was received by the participant or designee. In instances where the item/supply is delivered directly by the DME provider, the actual date the participant received the item/supply shall be the date of service on the claim.

Mail Order/Shipping Service Delivery

13.15.C MAIL ORDER/SHIPPING SERVICE DELIVERY

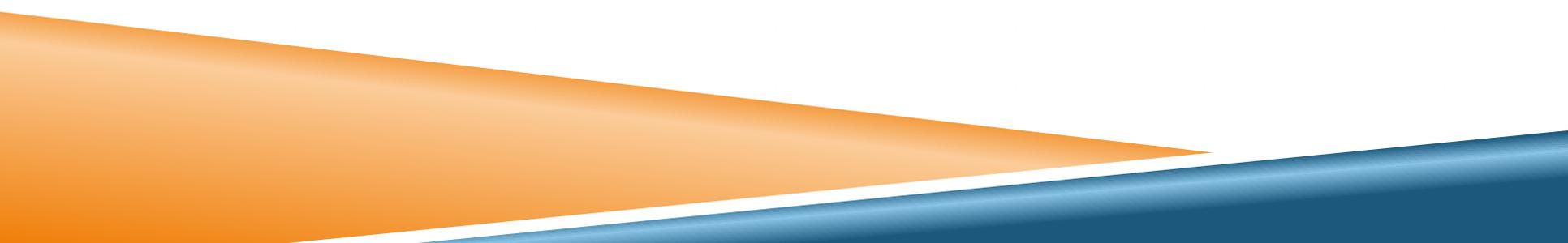
If a DME provider uses a shipping or mail order service, an example of proof of delivery should include the services tracking slip and the DME provider's own shipping invoice. If possible, the DME provider's record should also include the delivery service's package identification number for the package sent to the participant. The shipping service's tracking slip should reference each individual package, the delivery address, the corresponding package identification number given by the shipping service, and, if possible, the date delivered. DME providers should use the shipping date as the date of service on the claim.

Section 13.15.D

Supply Refills- No Auto Refills

- The DME provider MUST contact the participant or caregiver prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the participant.
- This shall be done to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes/modification to the order. Direct contact with the participant or designee is required.

See Section 13.15.D for more requirements



13.16 Custom-Made Items

MO HealthNet provider payment may be made for custom-made items, such as orthotics, prosthetics, custom wheelchairs, and custom Healthy Children and Youth HCY equipment.

- when the participant becomes ineligible (either through complete loss of MO HealthNet eligibility *or*
- change of assistance category to one in 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.

Custom-made Items Continued

The following prerequisites apply to all such payments:

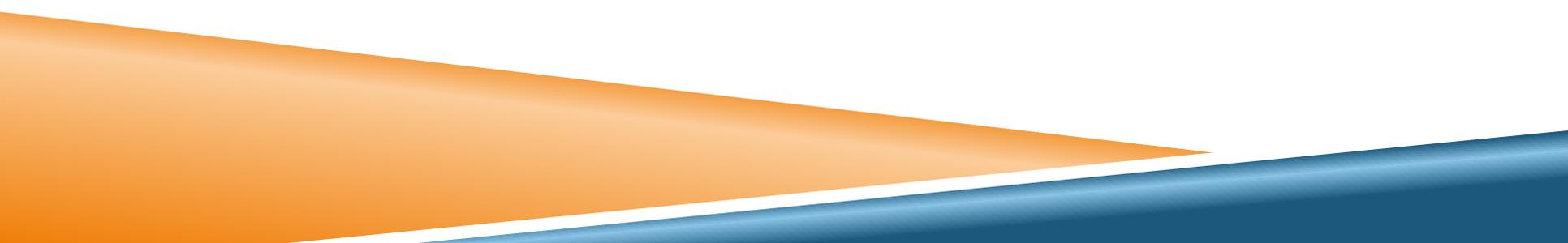
- The participant *must* have been eligible when the service was first initiated (and following receipt of an approved Prior Authorization Request form if required), and at the time of any subsequent service, including preparatory visits prior to the actual ordering or fabrication of the device or item;
- 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;

NOTE: (Refer to section 13.16 for the full process)



13.18 Coverage of DME in a Nursing Home

DME is *not* covered for those participants residing in a nursing home (place of service 31 or 99 with level of care 1 or 2). DME is included in the nursing home per diem rate and *not* paid for separately with the **exception** of the following items:

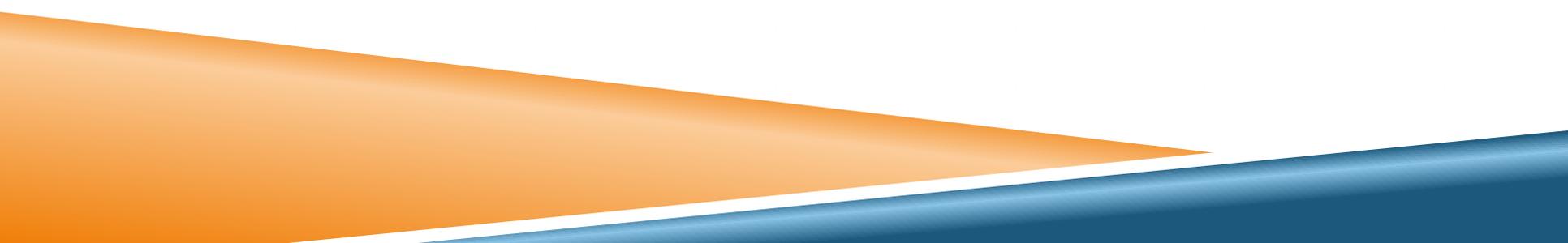
- Augmentative Communication Devices (ACDs) and accessories
 - Custom Wheelchairs;
 - Power Wheelchairs;
 - Orthotic and Prosthetic Devices;
 - Total Parenteral Nutrition; and
 - Volume Ventilators.
- 

Section 14 - Special Documentation Requirements

- Certificate of Medical Necessity (CMN)
- Prior Authorization (PA)
- Pre-Certification (PC)

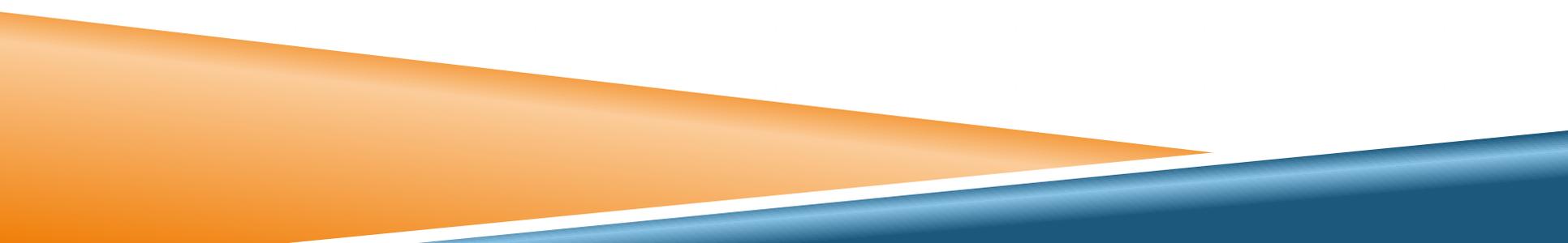
DME Manual, Section 14 – Special Documentation Requirements

CyberAccess - Section 14.4

- The CyberAccess tool enables providers to obtain pre-certifications for specific items and services electronically.
 - CyberAccess can automatically reference the individual participant's claim history, including applicable ICD diagnosis codes and CPT procedure codes.
 - Requests for precertification must meet medical criteria established by the MHD in order to be approved.
- 

CyberAccess

Pre-certification is available for the following services:

- Radiology
 - Durable Medical Equipment
 - Optical
 - Inpatient
 - Drug Prior Authorization (PA)
 - Clinical Edit Override (EO)
- 

CyberAccess

Account setup or technical questions

(888) 581-9797 or (573) 632-9797

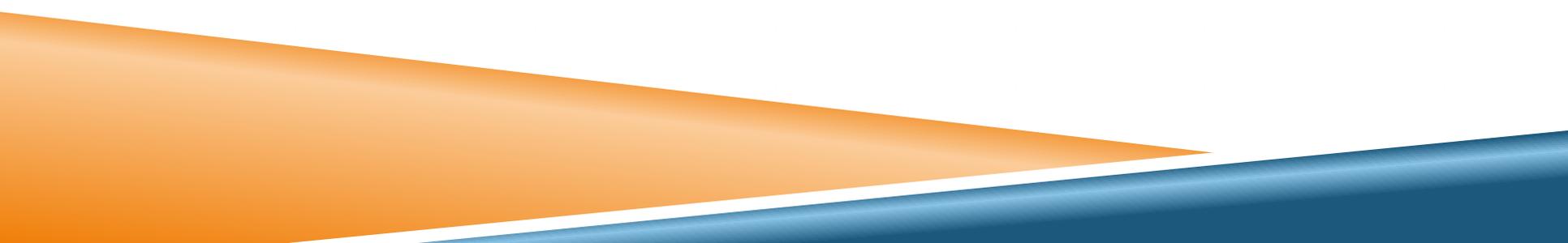
cyberaccesshelpdesk@xerox.com

CyberAccess web address:

<https://www.cyberaccessonline.net/cyberaccess>

CyberAccess helpful Tips:

<http://dss.mo.gov/cd/info/forms/reference/cyberaccess-helpful-tips.pdf>



Quick link to CyberAccess

CyberAccess

Protect your patients by following a few simple rules

Log In

User Name:

Password:

[Forget Your Password?](#)

- Always choose passwords that are difficult for others to guess. You can change your password on the "My Account" screen after you log in.
- Never give your user name and password to others because it could be used without your knowledge.
- Never leave patient information unprotected on the computer screen while you step away.
- Place all printed documents containing patient information in secure storage or shred them daily to prevent accidental disclosure.
- Obey the golden rule: always handle information about your patients with the same care that you expect from your own physician.

NOTE: Any unauthorized use or access to the pages, or the computer systems on which the pages and information to be displayed reside, is strictly prohibited and may be a criminal violation. Your use of this Web site is governed by and conditioned on your acceptance of the terms of use referenced herein and such other terms and conditions as may be contained in this Web site. Your use of this Web site constitutes your agreement to the terms of use and all such additional terms and conditions.

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Version: 10.7

For technical support with CyberAccess please call 1-888-581-9797

[FREQUENTLY ASKED QUESTIONS](#) [SYSTEM REQUIREMENTS](#)

[CYBERACCESS FLYER](#)

<https://www.cyberaccessonline.net/cyberaccess>

Pre-Certification

DME Pre-Certification Criteria Documents

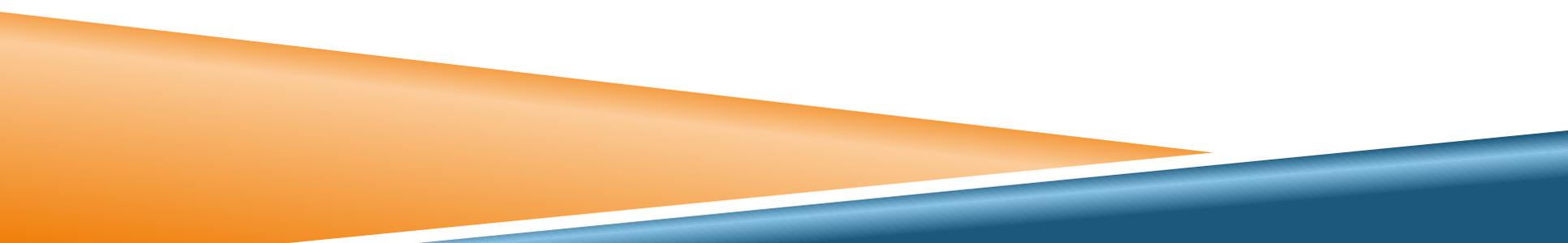
[home](#) » [mo healthnet division](#) » [clinical services](#) » [dmeprecert](#) » [pages](#) » dmeprecert

Issue Date	DME Pre-Certification Criteria Documents
Nov 13, 2008	Apnea monitor, with recording feature, months 5-12, E0619 (RRKJ) 
Nov 30, 2009	Augmentative Communication Devices 
Nov 30, 2009	Augmentative Communication Devices, Subsequent Pre-Cert after rental 
Oct 06, 2009	Breast Prostheses 
Nov 13, 2008	Canes and Crutches 
Dec 11, 2008	Commodes, bed pans, urinals; E0163NU, E0163RR, E0165NU, E0165RR, E0168NU, E0168RR, E0275NU, E0276NU, E0325NU, E0326NU 

<https://dss.mo.gov/mhd/cs/dmeprecert/pages/dmeprecert.htm>

Pre-Certification Documents

Examples of Information provided:

- Product information
 - Approval Criteria
 - Denial Criteria
 - Quantity Limitation
 - Approval Period
- 

Section 15- Billing Instructions

Two options for CMS(Medical)-1500 claim submission

- **Electronic** : www.emomed.com (preferred)
- **Paper mailing:**

Wipro Infocrossing

P.O. Box 5600

Jefferson City, MO 65102

DME Provider Manual Section

15.1 CMS-1500 Claim Form

15.3 Resubmission of Claims

15.4 Billing Procedures for Medicare/MHD

15.5 CMS-1500 Claim Filing Instructions

Section 16- Medicare/Medicaid Crossover Claims

Always bill Medicare prior to billing Medicaid

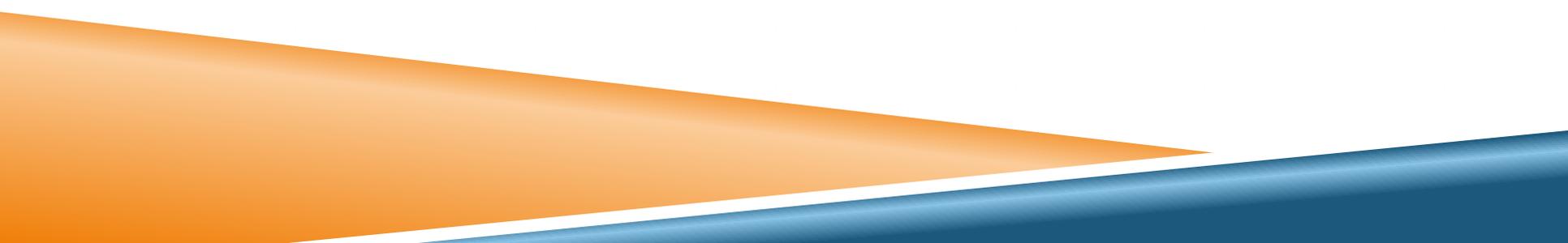
- Medicare Part B paid claims *should* crossover automatically.

Form: Medicare CMS-1500 Part B Professional

Billing for Medicare Non-covered services (Part B)

- Medicare Part B denied claims have to be keyed on eMOMED.

Form: Medical CMS-1500 report Medicare EOB information



Section 16- Medicare/Medicaid Crossover Claims

- Medicare Part C paid claims **never** crossover and must be keyed on eMOMED.

Form: Medicare CMS-1500 Part C Professional *-with QMB*

Form: Medical CMS-1500 *-No QMB*

Always use the 16 indicator on both claim forms.

Billing for Medicare Non-covered services (Part C)

- Medicare Part C denied claims **never** crossover and must be keyed on eMOMED.

Form: Medical CMS-1500 *–regardless if they have QMB or not*

Always use the 16 indicator on both claim forms.

NOTE: Paper crossover claims are no longer accepted

Section 17 – Claims Disposition

17.1 Access to Remittance Advices

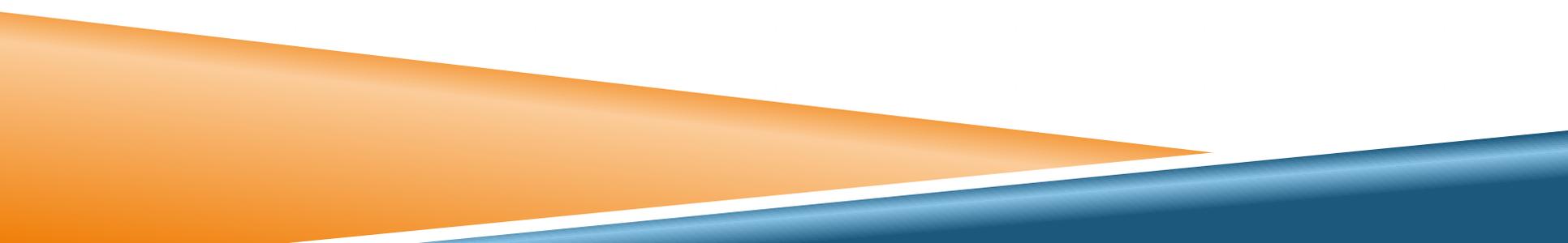
17.2 Internet Authorization

17.3 On-line Help

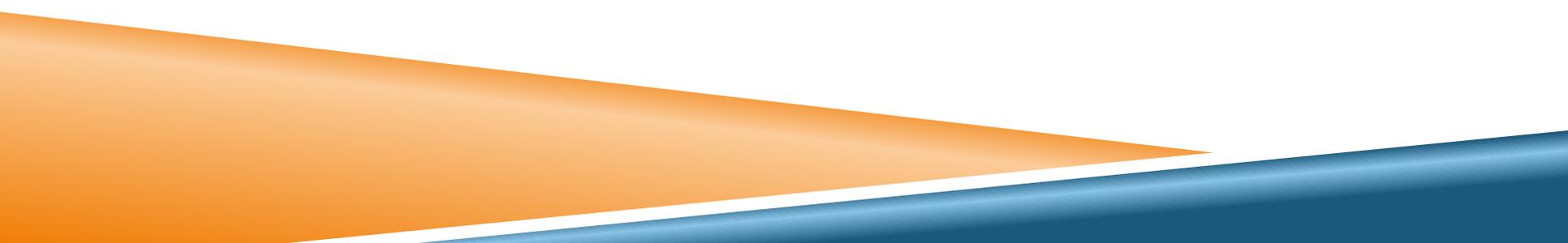
17.4 Remittance Advice

17.5 Claim status message codes

17.5.A Frequently reported reductions or cutbacks



Section 18 – Diagnosis Codes

- ICD 10-CM Diagnosis Codes are required to bill MO HealthNet
 - Refer to the most current ICD-10-CM manual
- 

Section 19- Procedure Codes (HCPC)

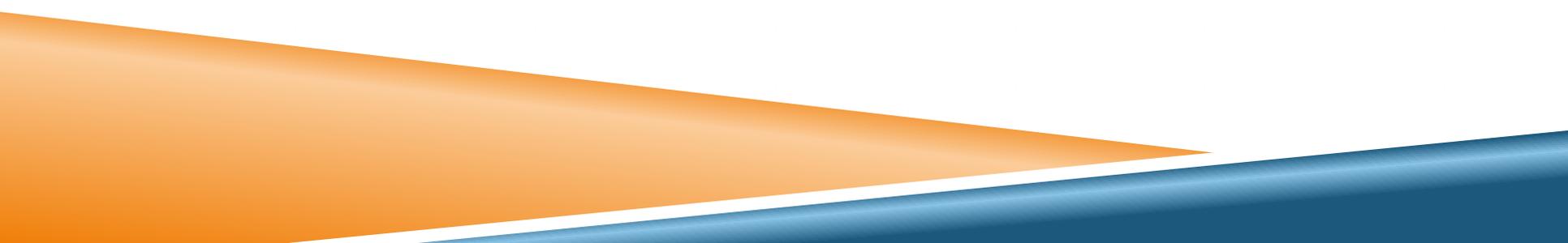
SECTION 19 - PROCEDURE CODES

19.1 HEALTHY CHILDREN AND YOUTH (HCY) COVERED *ONLY* FOR PARTICIPANTS AGE 0 - 20

19.2 DURABLE MEDICAL EQUIPMENT (DME), INCLUDES ALL AGE PARTICIPANTS

- IOC = Invoice of Cost
- MN = Medical Necessity
- MNF = Medical Necessity on File – Keep in patients file don't submit.
- MP = Manually Priced
- PA = Prior Authorization- Think... PA for paper process submit via fax.
- PC = Pre-Certification- Think... PC computer process through CyberAccess.

DME Section 19- Modifiers

- RB- Repair
 - EP- Children Under 21
 - NU- Purchase
 - UB- Exception Program (patients 21 and over)
 - RR- Rental
- 

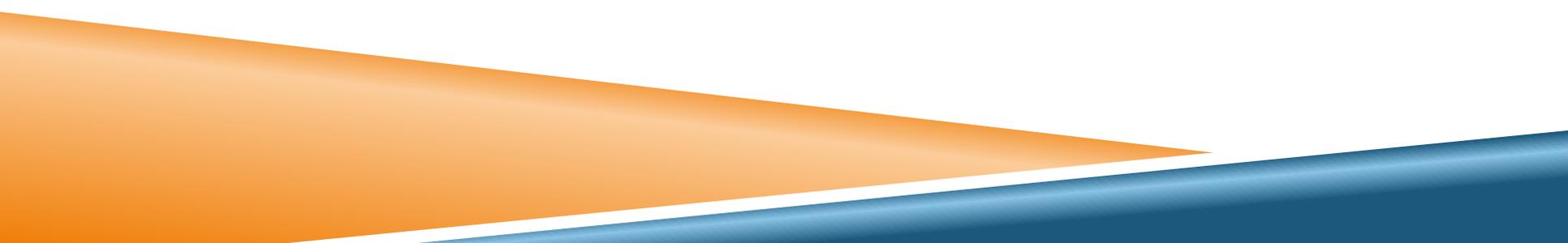
Section 19- Procedure Codes

SECTION 19 DME PROCEDURE CODES						
19.1 HEALTHY CHILDREN AND YOUTH (HCY) COVERED ONLY FOR PARTICIPANTS AGE 0-18						
Procedure Code	Modifiers		Description	Reimbursement Guidelines		Limits qty/days and Comments
A4206	NU	EP	1 CC STERILE SYRINGE&NEEDLE	MNF		100/30
A4207	NU	EP	SYRINGE WITH NEEDLE, STERILE 2 CC EACH	MNF		30/30
A4208	NU	EP	SYRINGE WITH NEEDLE, STERILE 3 CC EACH	MNF		100/30
A4209	NU	EP	SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER, EACH	MNF		100/30
A4211	NU	EP	SUPPLIES FOR SELF-ADMIN INJECT.	PA	IOC	
A4212	NU	EP	NON-CORING NEEDLE OR SYLET W/WO CATHETER	MNF		15/30
A4213	NU	EP	SYRINGE STERILE 20CC OR GREAT, EACH	MNF		100/30
A4215	NU	EP	NEEDLE, STERILE, ANY SIZE, EACH	MNF		100/30
A4216	NU	EP	STERILE WATER/SALINE, 10 ML	MNF		100/30
A4217	NU	EP	STERILE WATER/SALINE, 500 ML	MNF		30/30
A4221	NU	EP	SUPP NON-INSULIN INF CATH/WK			1/7
A4222	NU	EP	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG LIST DRUG SEPARATELY			

Section 19 outlines modifiers, item descriptions, required processes such as: CMN, PA, or IOC, and quantity limitations.

Invoice of Cost (IOC)

Invoice of Cost typically includes:

- Itemization of manufacturer's materials to produce a finished product.
 - Manufacturer's bulk discounts, cost reduction due to quick payment and other Manufacturer incentives.
 - Reporting of state sales tax
(non- reimbursable by MHN)
 - Reporting of shipping fees
(non-reimbursable by MHN)
- 

Invoice of Cost (IOC)

Some supplies or equipment require IOC.

IOC can be submitted:

- Attached to the eMOMED electronic claim
- Submitted with the prior authorization

Invoice of Cost Attachment

Invoice of Cost

Invoice of Cost Details Summary

Line Item(s)	Vendor Name	Date of Invoice	Action
--------------	-------------	-----------------	--------

Add/Edit Invoice of Cost

Claim Line Numbers Associated with Invoice *

1

Vendor/Supplier Name *

Date of Invoice *

Add/Edit Cost Details For This Invoice of Cost

Cost Details Summary

Item Description	Unit Cost	Total Cost	Cost Type	Action
------------------	-----------	------------	-----------	--------

Add/Edit Cost Details

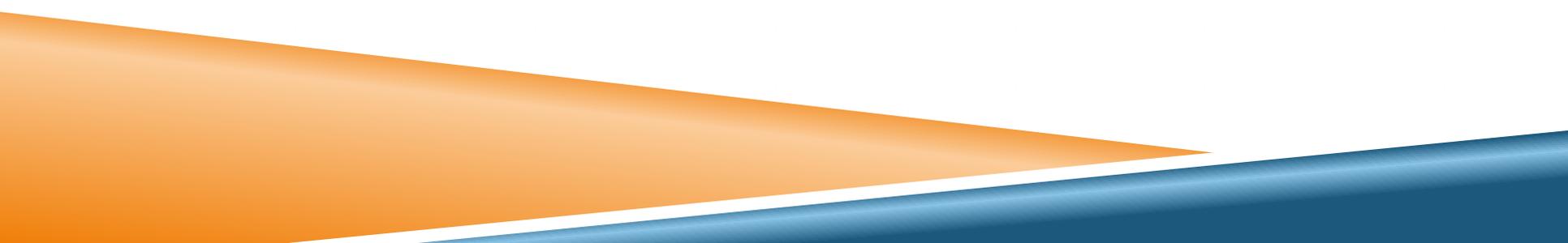
Item Description *

Unit Cost *

Total Cost *

Cost Type * MSRP Cost

Manufacturer's Suggested Retail Price

- The manufacturer's suggested retail price (**MSRP**), or list price of a product, is the price at which the manufacturer recommends that the retailer sell the product.
 - MSRP information is required for pricing certain manually-priced DME items.
 - MSRP should be submitted with PA's as supporting documentation.
- 

When to Submit MSRP?

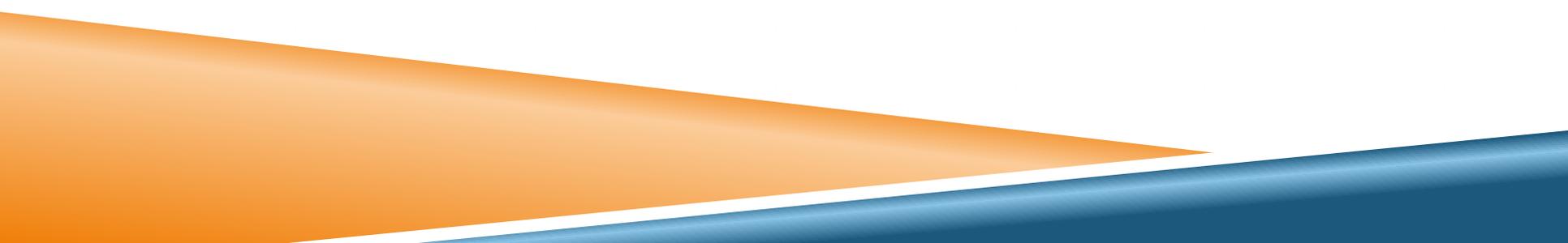
K0108	NU	Wheelchair Component Or Accessory Not Otherwise Specified	PA	MP	
K0108	NU SC	Wheelchair Component Or Accessory Not Otherwise Specified	PA	MP	
K0108	RB	Wheelchair Component Or Accessory Not Otherwise Specified	PA	MP	
K0108	RB SC	Wheelchair Component Or Accessory Not Otherwise Specified	PA	MP	
K0108	RR	Wheelchair Component Or Accessory Not Otherwise Specified	PA	MP	
K0108	RR SC	Wheelchair Component Or Accessory Not Otherwise Specified	PA	MP	

- Manually-Priced (MP) items could require MSRP or IOC.
- Refer to DME Manual Section 13 for additional direction.

Section 20- Exceptions Process

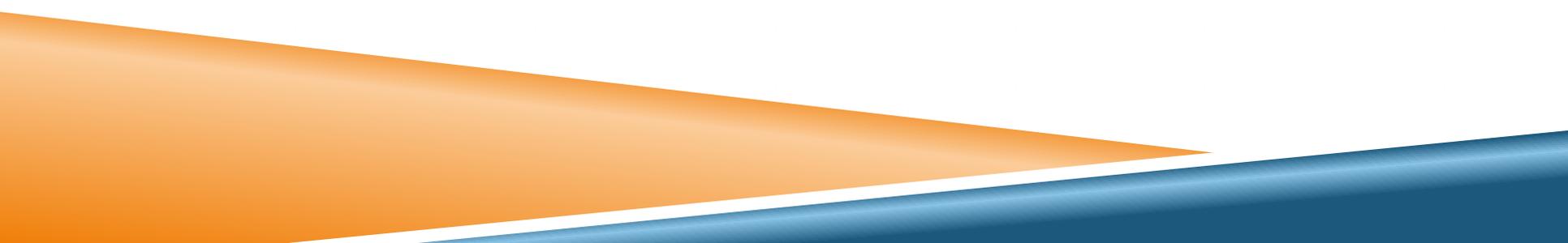
Under certain conditions of medical need, the MO HealthNet Division may authorize payment for a MO HealthNet eligible participant to receive an *essential* medical service or item of equipment that otherwise exceeds the benefits and limitations of any one of the various medical service programs administered by the Division. The Exceptions Process is for participants 21 and over.

http://manuals.momed.com/collections/collection_dme/print.pdf



Section 20- Exceptions Process

Requests for exception consideration *must* support and demonstrate that one (1) or more of the following conditions is met:

- 1. The item or service is required to sustain the participant's life;*
 - 2. The item or service would substantially improve the quality of life for a terminally ill patient;*
 - 3. The item or service is necessary as a replacement due to an act occasioned by violence of nature without human interference, such as a tornado or flood; or*
 - 4. The item or service is necessary to prevent a higher level of care.*
- 

Section 20- Exceptions Process

Non- Emergency Exception Requests-

Submission Methods:

Prescriber can submit via fax (573)-522-3061

Or mail to:

MO HealthNet Division

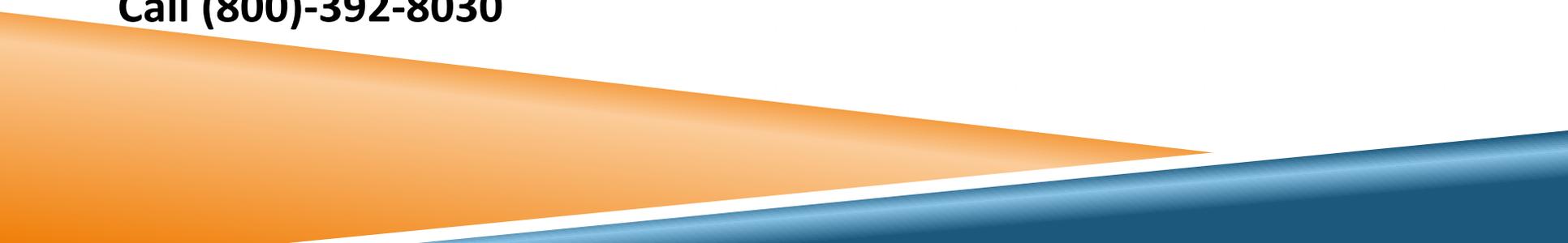
Exceptions Unit

PO Box 6500

Jefferson City MO 65102

Life-Threatening Emergency Exceptions Requests

Call (800)-392-8030



Exceptions Process - Tips

In an effort to make the Exceptions process move smoothly for providers and MO HealthNet, we have identified some areas of concern.

A MO HealthNet enrolled treating prescriber must initiate all requests.

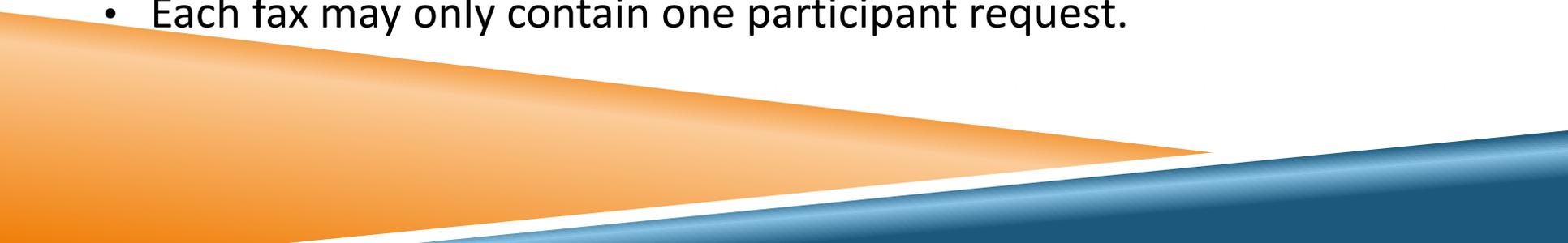
- The DME Company should not facilitate exception requests. It is to be completed by the prescribing provider.
- Provide correct prescriber contact information. Request for additional information will be sent to the prescriber's fax.

Exceptions Process – Tips (cont.)

Multiple requests on the same patient for identical equipment or services.

- This creates duplicate requests and slows down the review process.
- Providers can call MO HealthNet at 800-382-8030 option 2 to check status and receipt of the request.

Multiple participants in the same fax.

- Each fax is a request regardless if you submit multiple patient's information. If faxed together our system scans the documents in the same transaction causing a rejection.
 - MO HealthNet will fax a rejection back to the prescriber.
 - Each fax may only contain one participant request.
- 

Exceptions Process- Tips

Incorrect or incomplete forms:

- Provide correct DME information: NPI or provider ID, location, fax, and phone numbers. It is important that contact information for the actual location of service is provided. Approval letters are faxed to the DME providing the equipment or service. (not corporate)
- HPCS must be present if the item has an assigned HCPC code. DME providers can help provide these codes to the prescriber completing the Exceptions Request.

Contact the Exception Hotline: 800-392-8030 option 2 or Constituent Services, Provider Education 573-751-6683 or email:

MHD.PROVTRAIN@dss.mo.gov for additional clarification.

Note: Refer to Section 20 to see the full Exceptions Process.

Not Applicable

SECTION 21- ADVANCE HEALTH CARE DIRECTIVES-NA

Section 22- Non-Emergency Medical Transportation (NEMT)

- The purpose of the NEMT Program is to assure transportation to MO HealthNet participants who do *not* have access to free appropriate transportation to and from scheduled MO HealthNet covered services.
- For questions about Non-Emergency Medical Transportation (NEMT), participants may call the reservation line at **(866) 269-5927**.

Section 23 – Claim Attachment Submission and Processing

CMN- Certificates of Medical Necessity can be submitted via eMOMED through Attachment Management.

CMN- Can also be attached to the bottom of a claim on eMOMED.

emomed.com electronic claim filing

The screenshot displays the MoHealthNet eProvider portal. At the top, a navigation bar includes links for Home, Contact, Training, Search Center, and Troubleshooting, along with a search box. Below this is a banner image featuring a diverse group of healthcare professionals and the MoHealthNet logo. The main content area is titled "eProvider Welcome" and features a central image of a doctor with a laptop. To the left, there are two sidebars: "External Links" with links to the State of Missouri Web site, Department of Social Services, and MO HealthNet Division; and "eProvider News" with a list of recent news items including ICD-10 MO HealthNet Provider Resources, 835 Posting Dates based on 370 EFT & ERA REASSOCIATION (CCD+/835) RULE, HIPAA Compliant Remittance Advice Remark Codes (RARC) and Claim Adjustment Reason Code (CARC), Removing a User's Access to an NPI, Requesting & Allowing NPI Access, and eMOMED Training and Assistance Utilities. The main "eProvider Welcome" area contains a grid of service tiles: Claim Management (submit new claims, view status), Attachment Management (submit stand-alone attachments), Participant Eligibility (verify eligibility), Prior Authorization Status (check status), Provider Communications Management (send inquiries), and Participant Annual Review Date (view dates). Other tiles include Nursing Home Management, File Management, Payment Information, and Provider Enrollment Status.

MoHealthNet

Home Contact Training Search Center Troubleshooting

MoHealthNet

eProvider ePassport Welcome, DMEOptDent Log Out

Home / eProvider

External Links

State of Missouri Web site
Department of Social Services
MO HealthNet Division

- Provider Information
- Provider Enrollment Application
- Participant Information

eProvider News

eNews

09/30/2015
ICD-10 MO HealthNet Provider Resources

08/31/2015
835 Posting Dates based on 370 EFT & ERA REASSOCIATION (CCD+/835) RULE

07/02/2015
HIPAA Compliant Remittance Advice Remark Codes (RARC) and Claim Adjustment Reason Code (CARC)

03/25/2015
Removing a User's Access to an NPI

03/24/2015
Requesting & Allowing NPI Access

03/24/2015
eMOMED Training and Assistance Utilities

eProvider Welcome

Welcome to eProvider

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

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

Participant Eligibility
Verify participant eligibility.

Prior Authorization Status
Check the prior authorization status for participants.

Provider Communications Management
Send Your Inquiries...

Participant Annual Review Date
View participant annual review dates.

Nursing Home Management
Manage participants. Submit nursing home claims.

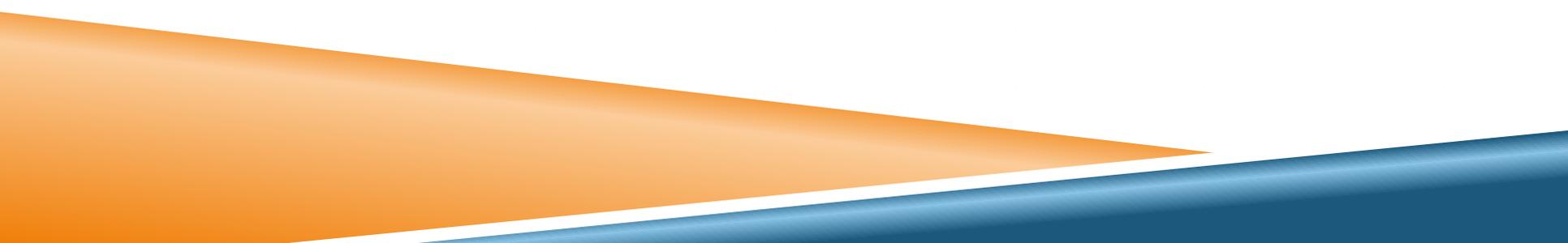
File Management
Send and receive batch files. Print/View/Download Remittance Advice.

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

Available Surveys

Provider Enrollment Status
Verify Provider Eligibility.

Claim Samples

- MO HealthNet Only
 - MO HealthNet and Commercial Insurance
 - MO HealthNet and Medicare Part B
 - MO HealthNet and Medicare Part C + QMB
- 

eMOMED Electronic Claim Filing



Welcome to eProvider



Claim Management

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



Nursing Home Management

Manage participants. Submit nursing home claims.



Attachment Management

Submit new stand-alone attachments. View attachment status.



File Management

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



Participant Eligibility

Verify participant eligibility.



Payment Information

View the payment information for the two most recent payments.



Prior Authorization Status

Check the prior authorization status for participants.



Available Surveys



Provider Communications Management

Send Your Inquiries...



Provider Enrollment Status

Verify Provider Eligibility.

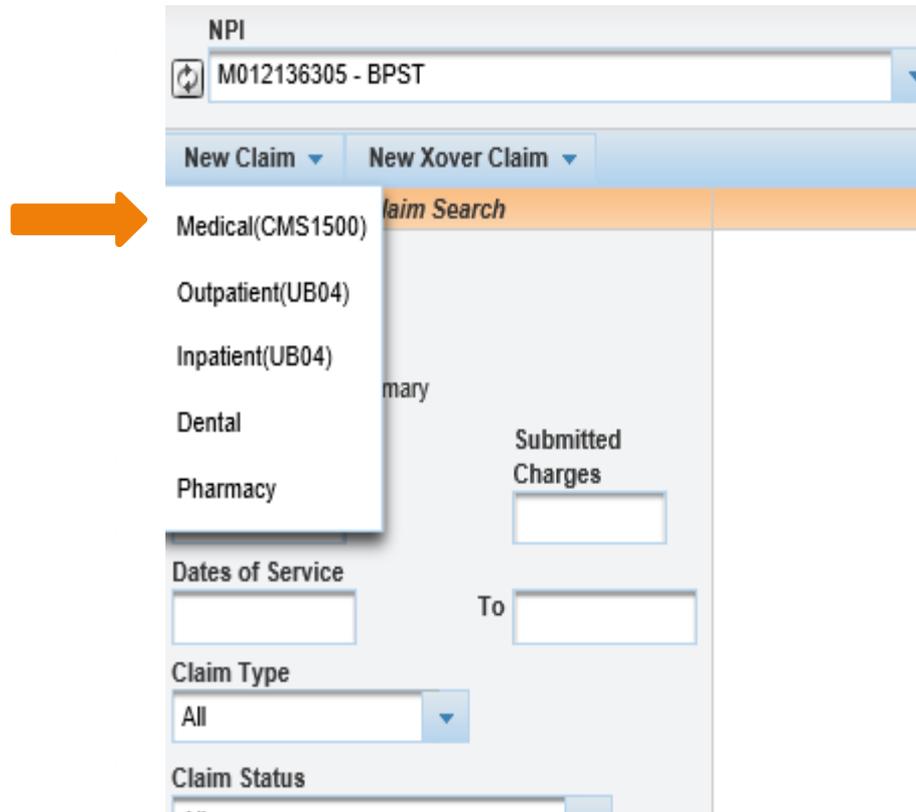


Participant Annual Review Date

View participant annual review dates.

Mo HealthNet Only

Select CMS 1500 (Medical) Claim Form



The screenshot shows a web application interface for selecting a claim form. At the top, there is a field for NPI (National Provider Identifier) with the value "M012136305 - BPST". Below this, there are two buttons: "New Claim" and "New Xover Claim". A dropdown menu is open, showing several options: "Medical(CMS1500)", "Outpatient(UB04)", "Inpatient(UB04)", "Dental", and "Pharmacy". An orange arrow points to the "Medical(CMS1500)" option. Below the dropdown menu, there are several input fields: "Submitted Charges" (with a text input box), "Dates of Service" (with two text input boxes labeled "From" and "To"), "Claim Type" (with a dropdown menu set to "All"), and "Claim Status" (with a dropdown menu set to "...").

Claim Header

Medical(CMS1500) Claim

Billing NPI: M012136305
BPST

Claim Header Information Enter information as it appears on MHD card

Participant Information

Participant DCN *	Participant Last Name *	Participant First Name *
01010101	patient	ima

Patient Account Number

123 **Optional**

Service Information

Referring Provider NPI	Hospitalization Dates	
M012174504 Required	<input type="text"/>	To <input type="text"/>

Service Facility Location	Service Facility Name	PRTF Certification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Cause and Diagnosis Details

Related Cause Codes	Last Menstrual Cycle Date	Diagnosis Codes *
<input type="text"/>	<input type="text"/>	Z111 <input type="text"/> <input type="text"/> <input type="text"/>

Save Claim Header Reset Save claim header Enter ICD10 DX (No decimals)

Detail Line Summary

Add Detail Line
-

Detail Line Summary
Total Charges : 0.00

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
Add Detail Line #1							
Dates of Service * <input type="text" value="04/01/2022"/> To <input type="text" value="04/01/2022"/>		Place of Service * <input type="text" value="12 - Home"/>					
Procedure Code * <input type="text" value="L5673"/>			Modifiers <input type="text" value="NU"/>				
National Drug Code <input type="text"/>			Decimal Quantity (9999999.999) <input type="text"/>		Prescription Number <input type="text"/>		
Diagnosis Code * <input type="text" value="Z111"/>			Billed Charges * <input type="text" value="600.00"/>		Days/Units Billed * <input type="text" value="1"/>		
Conditions <input type="checkbox"/> Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/> Family Planning			Performing Provider NPI <input type="text" value="M012136305"/>		Ordering Provider NPI <input type="text" value="M012174504"/>		

Click save detail line to claim

Submit Claim

Add Detail Line

Detail Line Summary							Total Charges : 600.00
Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
1	04/01/2022 - 04/01/2022	12 - Home	L5673	NU		600.00	 

Add Detail Line #2

Dates of Service *	To	Place of Service *
<input type="text" value="#####"/>	<input type="text"/>	<input type="text"/>
Procedure Code *	Modifiers	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
National Drug Code	Decimal Quantity (9999999.999)	Prescription Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnosis Code *	Billed Charges *	Days/Units Billed *
<input type="text" value="Z111"/>	<input type="text"/>	<input type="text"/>
Conditions	Performing Provider NPI	Ordering Provider NPI
<input type="checkbox"/> Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/> Family Planning	<input type="text"/>	<input type="text"/>

[Other Payers \(click to manage\)](#) 

[Invoice of Cost \(click to manage\)](#) 

[Certificate of Medical Necessity \(click to manage\)](#) 

Claim Status

Void

Replacement

Copy claim

Printer friendly

Claim Details

[Void](#)
[Replacement](#)
[Timely Filing](#)
[Copy Claim](#)
[View Claim Details](#)
[Printer Friendly](#)

Participant Details		Claim Data		Payment Details							
Participant Name IMA PATIENT	4922152063741	Claim Submission Date 06/01/2022		Total Paid 0.00							
Participant DCN 01010101	First Date Of Service 04/01/2022	Last Date of Service 04/01/2022		RA Date							
	Claim Type MEDICAL	Bill Type		Check Number							
	Total Charges 600.00										
Provider Details		Claim Status Details									
NPI M012136305	Claim Status 21	Category Code F0	Entity Identifier Code								
Taxonomy Code	Status Effective Date 06/01/2022	Adjudication Date 06/01/2022									
Service Line Details Summary											
Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	04/01/2022 - 04/01/2022		L5673	NU	1	600.00	0.00	20	A2		06/01/2022

Timely filing

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

New Claim

Finish

NOTE: See Section 6 for additional information

Why Did Claim Deny?

Home / Provider / Claim Management

Claim Status

Claim received.

Claim Details

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Participant Details	Claim Data	Payment Details
Participant Name IMA PATIENT	ICN 4922152063741	Claim Submission Date 06/01/2022
Participant DCN 01010101	First Date Of Service 04/01/2022	Last Date of Service 04/01/2022
	Claim Type MEDICAL	Bill Type
	Total Charges 600.00	
		Total Paid 0.00
		RA Date
		Check Number

Provider Details	Claim Status Details
Claim status details	Claim Status 21
	Category Code F0
	Claim category code
Taxonomy Code	Status Effective Date 06/01/2022
	Adjudication Date 06/01/2022

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

New Claim Finish

Claim status detail and claim category code

Note: Refer to the Washington Publishing Company

Refer to Washington Publishing Company



This includes most of the external code lists that were previously published on www.wpc-edi.com/reference and www.x12.org/codes. To purchase code list subscriptions call WPC: (425) 562-2245 or email WPC: admin@wpc-edi.com.

10

Claim Adjustment Reason Codes

Health Care Claim Status

Health Care Claim Status Category

Health Care Service Decision Reason

Provider Taxonomy Codes

Remittance Advice Remark Codes

<https://nex12.org/index.php/codes>

Printer Friendly

claimDetails.pdf | 1 / 1 | 100%

MO HealthNet

Medical(CMS1500) Claim Details - ICN: 4922152063741

Billing NPI: M012136305

Claim Header Information

Participant Information		
Participant DCN 01010101	Participant Last Name PATIENT	Participant First Name IMA
Patient Account Number 123		

Service Information		
Referring Provider NPI M012174504	Hospitalization Dates	
Service Facility Location N	Service Facility Name	PRTF Certification Number

Cause and Diagnosis Details		
Related Cause Codes 0	Last Menstrual Cycle Date	Diagnosis Codes Z111

Claim Service Lines

Service Line 1		
Dates of Service 04/01/2022 To 04/01/2022	Place of Service 12 - Home	
Procedure Code L5673	Modifiers NU	
National Drug Code	Decimal Quantity 0.000	Prescription Number
Diagnosis Code Z111	Billed Charges 600.00	Days/Units Billed 1
Conditions N - Emergency N - EPSDT N - Family Planning	Performing Provider NPI M012136305	Ordering Provider NPI M012174504

Claims Research

Claim Management

NPI
M822627402 - MID-AMERICA HOSPICE

New Claim ▾ New Xover Claim ▾

Claim Search

ICN **ICN Specific**

Advanced **Advanced Search: DCN, DOS, Claim type, or status.**

Daily Claim Summary

Participant DCN Submitted Charges

Dates of Service To

Claim Type
All ▾

Claim Status
All ▾

Submission Date

Show My Claims Only

Claim Status

Claim Status

Void Replacement Copy claim

Timely filing

Participant Details

Participant Name IMA PATIENT	Claim Submission Date 12/12/2016
Participant DCN 01010101	First Date Of Service 11/01/2016
	Last Date of Service 11/01/2016
	Claim Type OUTPATIENT
	Bill Type 1
	Total Charges 4,802.40

Payment Details

Total Paid 0.00
RA Date
Check Number

Provider Details

NPI M012136305
Taxonomy Code

Claim Status Details

Claim Status 33	Category Code F0	Entity Identifier Code
Status Effective Date 12/12/2016	Adjudication Date 12/12/2016	

Service Line Details Summary

Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	11/01/2016 - 11/01/2016	0651			30	4,802.40	0.00	21	F2		12/12/2016

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

New Claim Finish

NOTE: Select appropriate option. See Section 6 for additional information.

Editing Claim

Medical(CMS1500) Claim

Billing NPI: M012136305
BPST

Claim Header Information

Participant Information

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

Patient Account Number 1234

Service Information

Referring Provider NPI Hospitalization Dates To

Service Facility Location Service Facility Name

Cause and Diagnosis Details

Related Cause Codes Last Menstrual Cycle Date Diagnosis Codes * R112 G43909

Edit Claim Header Edit claim header

Add Detail Line

Detail Line Summary

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
1	04/01/2017 - 04/01/2017	23 - Emergency Room-Hospital	A0425			231.00	 

Add Detail Line #2

Dates of Service * To Place of Service * Trash can – delete line detail

Procedure Code * Modifiers

New Claim Status

Claim Status



Claim received.

This claim has a status of K - To Be Denied, therefore some functions are not available.

Claim Details

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Participant Details

Participant Name
IMA PATIENT

Participant DCN
01010101

Claim Data

ICN
4917129056608

New ICN with updated information

First Date Of Service
04/01/2017

Last Date of Service
04/01/2017

Claim Type
MEDICAL

Bill Type

Total Charges
231.00

Payment Details

Total Paid
0.00

RA Date

Check Number

Provider Details

NPI
M012136305

Taxonomy Code

Claim Status Details

Claim Status
21

Category Code
F0

Entity Identifier Code

Status Effective Date
05/09/2017

Adjudication Date
05/09/2017

Service Line Details Summary

Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	04/01/2017 - 04/01/2017		A0425		22	231.00	0.00	20	A2		05/09/2017

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

MO HealthNet + Commercial Insurance

Select CMS-(Medical)1500

NPI
M012136305 - BPST

New Claim ▾ New Xover Claim ▾

Medical(CMS1500) Claim Search

Outpatient(UB04)

Inpatient(UB04)

Dental Primary

Pharmacy Submitted Charges

Dates of Service To

Claim Type All

Claim Status

Claim Header

Medical(CMS1500) Claim

Billing NPI: M012136305
BPST

Claim Header Information Enter information as it appears on MHD card

Participant Information

Participant DCN *	Participant Last Name *	Participant First Name *
01010101	patient	ima

Patient Account Number

123 Optional

Service Information

Referring Provider NPI	Hospitalization Dates	
M012174504 Required	<input type="text"/> To <input type="text"/>	

Service Facility Location	Service Facility Name	PRTF Certification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Cause and Diagnosis Details

Related Cause Codes	Last Menstrual Cycle Date	Diagnosis Codes *
<input type="text"/>	<input type="text"/>	Z111 <input type="text"/> <input type="text"/> <input type="text"/>

Save Claim Header Reset Save claim header Enter ICD10 DX (No decimals)

Detail Line Summary

Add Detail Line
⊞

Detail Line Summary
Total Charges : 0.00

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
Add Detail Line #1							
Dates of Service * <input type="text" value="04/01/2022"/> To <input type="text" value="04/01/2022"/>		Place of Service * <input type="text" value="12 - Home"/>		<input type="text" value=""/>			
Procedure Code * <input type="text" value="L5673"/>		Modifiers <input type="text" value="NU"/>		<input type="text" value=""/>			
National Drug Code <input type="text" value=""/>		Decimal Quantity (9999999.999) <input type="text" value=""/>		Prescription Number <input type="text" value=""/>			
Diagnosis Code * <input type="text" value="Z111"/>		Billed Charges * <input type="text" value="600.00"/>		<input type="text" value=""/>		Days/Units Billed * <input type="text" value="1"/>	
Conditions <input type="checkbox"/> Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/> Family Planning		Performing Provider NPI <input type="text" value="M012136305"/>		Ordering Provider NPI <input type="text" value="M012174504"/>			

Save Detail Line to Claim
Reset

Click save detail line to claim

Add other Payer Information

Add Detail Line -

Detail Line Summary Total Charges : 600.00

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
1	04/01/2022 - 04/01/2022	12 - Home	L5673	NU		600.00	 

Add Detail Line #2

Dates of Service * ##### To	Place of Service *	
Procedure Code *	Modifiers	
National Drug Code	Decimal Quantity (9999999.999)	Prescription Number
Diagnosis Code * Z111	Billed Charges *	Days/Units Billed *
Conditions <input type="checkbox"/> Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/> Family Planning	Performing Provider NPI	Ordering Provider NPI

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

Other Payers (click to manage) [Click on Other Payers](#) +

Invoice of Cost (click to manage) +

Certificate of Medical Necessity (click to manage) +

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

Add EOB Information

Other Payers

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
----------	------------	-----------	------------------	-------------	--------

Add/Edit Details

Filing Indicator *
CI - Commercial Insurance Co. **Select filing indicator**

Payer Responsibility Sequence Number
P - Primary **Payer responsibility**

Other Payer ID *
1234 **Other payer ID**

Other Payer Name *
UMR **Other payer name**

Paid Date *
05/01/2022 **Paid date**

Paid Amount *
400.00 **Paid amount**

Total Denied Amount *
0.00 **Leave blank**

Remittance Advice Remark Codes
Leave blank

Payer at Header Level

Save Other Payer Data and Manage Codes **Save other payer data & manage codes**

Save Other Payer To Claim **Reset**

Invoice of Cost (click to manage)

Certificate of Medical Necessity (click to manage)

Submit Claim **Printer Friendly** **Reset** **Cancel**

Note: The Other Payer ID is not a specific number. The provider can put anything in the field. The number must be different if there are multiple other payers.

Add/Edit Group Code, Reason Code & Adjustment Amount

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

Other Payer Detail Summary

	Claim Adjustment Reason Code	Adjustment Amount	Action
Select each associated line Item			
Associated Line Items *			
<input checked="" type="checkbox"/> 1	Enter claim adjustment reason Code		
Claim Group Code *	Claim Adjustment Reason Code *	Adjustment Amount *	
CO - Contractual Obligations	45	150.00	Enter adjustment amounts
PR - Patient Responsibility	1	50.00	

Select each claim group code

Save Codes to Other Payer Reset

Save Other Payer To Claim **Click save codes to other payer**

Invoice of Cost (click to manage) +

Certificate of Medical Necessity (click to manage) +

Save Other Payer to Claim

Edit Other Payer Info

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

Other Payer Detail Summary				
Line Item(s)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount	Action
1	CO - Contractual Obligations	45	150.00	 
1	PR - Patient Responsibility	1	50.00	 

Add / Edit Other Payer Detail Information

Associated Line Items *

1

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

Click: save other payer To claim

Invoice of Cost (click to manage) 

Certificate of Medical Necessity (click to manage) 

 Save the Other Payer to Claim to continue.

Claim Status/Printer Friendly

Claim Status
? - □

✔ Claim received.
i This claim has a status of K - To Be Denied, therefore some functions are not available.

Claim Details

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly
Click: printer friendly

Participant Details	Claim Data	Payment Details
Participant Name IMA PATIENT	ICN 4917153262184	Total Paid 0.00
Participant DCN 01010101	First Date Of Service 05/01/2017	RA Date
	Claim Type MEDICAL	Check Number
	Total Charges 600.00	

Provider Details	Claim Status Details		
NPI M012136305	Claim Status 21	Category Code F0	Entity Identifier Code
Taxonomy Code	Status Effective Date 06/02/2017	Adjudication Date 06/02/2017	

Service Line Details Summary											
Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	05/01/2017 - 05/01/2017		L5673	NU	1	600.00	0.00	20	A2		06/02/2017

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

New Claim
Finish

Printer Friendly EOB Info

MO HealthNet

Medical(CMS1500) Claim Details - ICN: 4917153262184

Billing NPI: M012138305

Shows specific info

Claim Header Information

Participant Information		
Participant DCN 01010101	Participant Last Name PATIENT	Participant First Name IMA
Patient Account Number 123		
Service Information		
Referring Provider NPI M002174538	Hospitalization Dates	
Service Facility Location N	Service Facility Name	
Cause and Diagnosis Details		
Related Cause Codes 0	Last Menstrual Cycle Date	Diagnosis Codes 289511

Claim Service Lines

Service Line 1		
Dates of Service 05/01/2017 To 05/01/2017	Place of Service 12 - Home	
Procedure Code L5673	Modifiers NU	
National Drug Code	Decimal Quantity 0.000	Prescription Number
Diagnosis Code 289511	Billed Charges 800.00	Days/Units Billed 1
Conditions N - Emergency N - EPSDT N - Family Planning	Performing Provider NPI M012138305	

Service Line Other Payers

Service Line1 Payer 1 Details		
Filing Indicator Commercial Insurance Co.	Payer Responsibility Sequence Number Primary	
Other Payer ID 123	Other Payer Name UMR	Paid Date 05/15/2017
Paid Amount 400.00	Total Denied Amount 0.00	Remittance Advice Remark Codes
Group Code, Reason Code, Adjust Amount For This Payer		
Other Payer Codes 1		
Claim Group Code CO - Contractual Obligations	Claim Adjustment Reason Code 45	Adjustment Amount 150.00
Other Payer Codes 2		
Claim Group Code PR - Patient Responsibility	Claim Adjustment Reason Code 1	Adjustment Amount 50.00

MO HealthNet + Medicare B

Select- Medicare CMS-1500 Part B Professional Claim

Claim Management

NPI
M012136305 - BPST

New Claim ▾ New Xover Claim ▾

ICN
 Advanced
 Daily Claim S

Participant DCN
[]

Dates of Service
04/01/2022

Claim Type
All ▾

Claim Status
All ▾

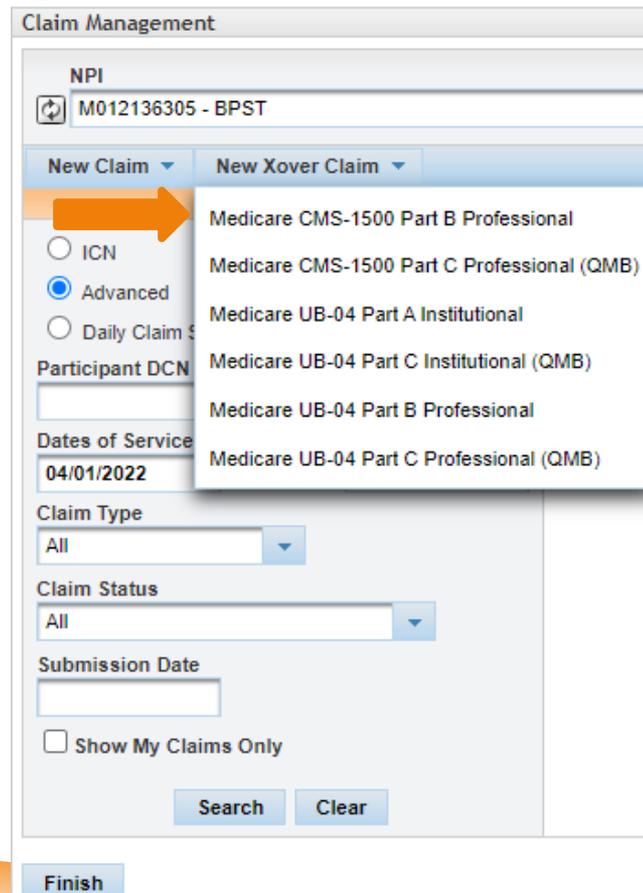
Submission Date
[]

Show My Claims Only

Search Clear

Finish

Medicare CMS-1500 Part B Professional
Medicare CMS-1500 Part C Professional (QMB)
Medicare UB-04 Part A Institutional
Medicare UB-04 Part C Institutional (QMB)
Medicare UB-04 Part B Professional
Medicare UB-04 Part C Professional (QMB)

The image shows a software interface for 'Claim Management'. At the top, there's a header 'Claim Management'. Below it, the 'NPI' field is populated with 'M012136305 - BPST'. There are two tabs: 'New Claim' and 'New Xover Claim'. An orange arrow points to the 'New Claim' tab. Under this tab, there are radio buttons for 'ICN', 'Advanced' (which is selected), and 'Daily Claim S'. Below these are fields for 'Participant DCN' (empty), 'Dates of Service' (04/01/2022), 'Claim Type' (All), 'Claim Status' (All), and 'Submission Date' (empty). There is a checkbox for 'Show My Claims Only' which is unchecked. At the bottom of the form are 'Search' and 'Clear' buttons. A 'Finish' button is located below the form. A dropdown menu is open, showing several Medicare claim types: 'Medicare CMS-1500 Part B Professional', 'Medicare CMS-1500 Part C Professional (QMB)', 'Medicare UB-04 Part A Institutional', 'Medicare UB-04 Part C Institutional (QMB)', 'Medicare UB-04 Part B Professional', and 'Medicare UB-04 Part C Professional (QMB)'. The first option, 'Medicare CMS-1500 Part B Professional', is highlighted.

Claim Header

Claim Header Information		
Enter information as it appears on MHD card		
Participant Information		
Participant DCN *	Participant Last Name *	Participant First Name *
<input type="text" value="01010101"/>	<input type="text" value="patient"/>	<input type="text" value="ima"/>
Patient Account Number	Participant Medicare ID (HIC) *	
<input type="text" value="1234"/> Optional	<input type="text" value="400000000A"/> Enter the Medicare HIC #	
Service Information		
Medicare Provider NPI *	Hospitalization Dates	
<input type="text" value="M012136305"/> Required	<input type="text"/> To <input type="text"/>	
Diagnosis Codes		
Diagnosis Codes *	Enter ICD10 DX (no decimals)	
<input type="text" value="M05441"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="button" value="Save Claim Header"/> <input type="button" value="Reset"/>		
Save claim header		
Save claim header to continue.		
<input type="button" value="Submit Claim"/>	<input type="button" value="Printer Friendly"/>	<input type="button" value="Reset"/> <input type="button" value="Cancel"/>

Claim Detail Line

Add Detail Line

Detail Line Summary

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
Add Detail Line #	Enter date of service						
Dates of Service	05/01/2017 To 05/01/2017	Place of Service *	12 - Home				Enter place of service
Procedure Code *	L0631	Modifiers					Enter modifier(s)
National Drug Code		Decimal Quantity (9999999.999)					
Diagnosis Code *	M05441	Billed Charges *	125.00				Enter usual & customary charges
Paid Amount	100.00	Performing Prov	M012136305				Enter days/units
Save Detail							Enter performing provider NPI

Save Detail Line to Claim to continue.

Submit Claim Printer Friendly Reset Cancel

Click save detail line to claim

Add EOB Info

Other Payers

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
----------	------------	-----------	------------------	-------------	--------

Add/Edit Details

Filing Indicator * Select filing indicator MB-Medicare **Payer Responsibility** Payer Responsibility Sequence Number * P - Primary

Other Payer ID * 1234 ***Other payer ID** **Other Payer Name *** Medicare B **Other payer name** **Paid Date *** 05/15/2017 **Paid date**

Paid Amount * 100.00 **Paid amount** **Total Denied Amount *** 0.00 **Leave blank** **Remittance Advice Remark Codes** **Leave blank**

Payer at Header Level

Save other payer data & manage codes

Note: The Other Payer ID is not a specific number. The provider can put anything in the field. The number must be different if there are multiple other payers.

Add/Edit Group Code, Reason Code & Adjust Amount

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

Other Payer Detail Summary

Line Item(s)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount
<i>Add / Edit Other Payer Detail Information</i>			
Associated Line Items *			
<input checked="" type="checkbox"/> 1	Select each associated line Item		Enter adjustment amounts
Claim Group Code *	Claim Adjustment Reason Code *	Adjustment Amount *	
CO - Contractual Obligations	45	10.00	
PR - Patient Responsibility	Enter claim adjustment reason Code	15.00	
- Select One -			

Click save codes to other payer

 Save Codes to Other Payer to continue.

Submit Claim

Add Detail Line

Detail Line Summary							Total Charges : 100.00
Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
1	03/01/2020 - 03/01/2020	12 - Home	L5673	NU		100.00	 

Add Detail Line #2

Dates of Service *	To	Place of Service *
<input type="text" value="#####"/> x	<input type="text"/>	<input type="text"/>
Procedure Code *	Modifiers	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
National Drug Code	Decimal Quantity (9999999.999)	Prescription Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnosis Code *	Billed Charges *	Days/Units Billed *
<input type="text" value="Z891"/>	<input type="text"/>	<input type="text"/>
Conditions	Performing Provider NPI	Ordering Provider NPI
<input type="checkbox"/> Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/> Family Planning	<input type="text"/>	<input type="text"/>

[Other Payers \(click to manage\)](#) 

[Invoice of Cost \(click to manage\)](#) 

[Certificate of Medical Necessity \(click to manage\)](#) 

Click: Submit Claim

Claim Status

Claim Status



Claim received.

Claim Details

Void
 Replacement
 Timely Filing
 Copy Claim
 View Claim Details
 Printer Friendly

Participant Details	Claim Data		Payment Details
Participant Name IMA PATIENT	ICN 4920140045839	Claim Submission Date 05/19/2020	Total Paid 0.00
Participant DCN 01010101	First Date Of Service 03/01/2020	Last Date of Service 03/01/2020	RA Date
	Claim Type MEDICAL	Bill Type	Check Number
	Total Charges 100.00		

Provider Details	Claim Status Details		
NPI M012136305	Claim Status 21	Category Code F0	Entity Identifier Code
Taxonomy Code	Status Effective Date 05/19/2020	Adjudication Date 05/19/2020	

Service Line Details Summary											
Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	03/01/2020 - 03/01/2020		L5673	NU	1	100.00	0.00	20	A2		05/19/2020

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

[New Claim](#)

[Finish](#)

Medicare Part C + QMB vs. Non-QMB

Helpful Hints:

- Medicare Advantage/Part C plans do NOT forward electronic crossover claims to MHD
- Part C + QMB= Crossover CMS-1500 Part C Professional Claim
(Filing Indicator 16 Health Maintenance Org Medicare Risk)
- Part C Non-QMB= CMS-1500 (Not a Crossover form)
(Filing Indicator (16) Health Maintenance Org Medicare Risk)

Medicare Part C + QMB

Select- Medicare CMS-1500 Part C Professional (**QMB**) Claim

Claim Management

NPI
M012136305 - BPST

New Claim ▾ New Xover Claim ▾

Medicare CMS-1500 Part B Professional
 Medicare CMS-1500 Part C Professional (QMB)
 Advanced
 Daily Claim S

Participant DCN
[]

Dates of Service
04/01/2022

Claim Type
All ▾

Claim Status
All ▾

Submission Date
[]

Show My Claims Only

Search Clear

Finish

Claim Header

Claim Header Information		
Enter information as it appears on MHD card		
Participant Information		
Participant DCN *	Participant Last Name *	Participant First Name *
<input type="text" value="01010101"/>	<input type="text" value="patient"/>	<input type="text" value="ima"/>
Patient Account Number	Participant Medicare ID (HIC) *	
<input type="text" value="1234"/> Optional	<input type="text" value="400000000A"/> Enter the Medicare HIC #	
Service Information		
Medicare Provider NPI *	Hospitalization Dates	
<input type="text" value="M012136305"/> Required	<input type="text"/>	To <input type="text"/>
Diagnosis Codes		
Diagnosis Codes *	Enter ICD10 DX (no decimals)	
<input type="text" value="M05441"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="button" value="Save Claim Header"/> <input type="button" value="Reset"/>		
<input type="button" value="Save claim header"/>		
Save claim header to continue.		
<input type="button" value="Submit Claim"/>	<input type="button" value="Printer Friendly"/>	<input type="button" value="Reset"/> <input type="button" value="Cancel"/>

Claim Detail Line 1

Editing Detail Line #1		
Dates of Service *	Place of Service *	
01/01/2020 x	12 - Home	
Procedure Code *	Modifiers	
E0130	NU	
National Drug Code	Decimal Quantity (9999999.999)	
Diagnosis Code *	Billed Charges *	Days/Units Billed *
Z334	100.00	1
Paid Amount *	Performing Provider	Ordering Provider NPI
75.00	M012136305	M202174538

Save Detail Line to Claim Cancel

Click save detail line to claim

Claim Detail Line 2

Editing Detail Line #2

Dates of Service *	Place of Service *	
01/01/2020 x Enter date of service	12 - Home Enter place of service	
Procedure Code *	Modifiers	
E0163 Enter procedure code	NU Enter modifier(s)	
National Drug Code	Decimal Quantity (9999999.999)	
Diagnosis Code *	Billed Charges *	Days/Units Billed *
Z334 Enter diagnosis code(s)	50.00 Enter usual & customary charges	1 Enter days/units
Paid Amount *	Performing Prov	Ordering Provider NPI
30.00 Enter paid amount	M012136305	M202174538

Save Detail Line to Claim Cancel Save detail line to claim

Other Rows

Detail Lines

Edit Claim Header

Add Detail Line

Detail Line Summary

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
1	01/01/2020 - 01/01/2020	12 - Home	E0130	NU		100.00	 
2	01/01/2020 - 01/01/2020	12 - Home	E0163	NU		50.00	 

Add Detail Line #3

Dates of Service *

To

Place of Service *

Procedure Code *

Modifiers

Other Payer

Other Payers						
Header Summary						
Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action	
Add/Edit Details						
Filing Indicator *				Payer Responsibility Sequence Number *		
16-Medicare Part C Professional (QMB)				P - Primary		
Other Payer ID *		Other Payer Name *		Paid Date *		
1		United health Care		01/20/2020		
Paid Amount *		Total Denied Amount *		Remittance Advice Remark Codes		
105.00 ×		0.00		[] [] [] []		
<input type="checkbox"/> PAYER AT HEADER LEVEL						
Save Other Payer Data and Manage Codes				Save other payer data and manage codes		
Save Other Payer To Claim		Reset				

Add/Edit Group Code, Reason Code & Adjust Amount

Edit Other Payer Info

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

Other Payer Detail Summary

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

Add / Edit Other Payer Detail Information

Associated Line Items *

1 2 **Select each associated line Item**

Claim Group Code	Claim Adjustment Reason Code *	Adjustment Amount *
CO - Contractual Obligations	45	15.00
PR - Patient Responsibility	2	10.00 ×
- Select One -		
- Select One -		

Save Codes to Other Payer Res **Save Codes to Other Payer**

Save Other Payer To Claim **Reset**

Add/Edit Group Code, Reason Code & Adjust Amount

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

Other Payer Detail Summary				
Line Item(s)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount	Action
1	CO - Contractual Obligations	45	15.00	 
1	PR - Patient Responsibility	2	10.00	 

Add / Edit Other Payer Detail Information			
Associated Line Items *			
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2		
Claim Group Code	Claim Adjustment Reason Code *	Adjustment Amount *	
CO - Contractual Obligations	45	15.00	
PR - Patient Responsibility	2	5.00 ×	
- Select One -			
- Select One -			

Res

Select each associated line item

Save Codes to Other Payer

Other Payer Info

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

Other Payer Detail Summary				
Line Item(s)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount	Action
1	CO - Contractual Obligations	45	15.00	 
1	PR - Patient Responsibility	2	10.00	 
2	CO - Contractual Obligations	45	15.00	 
2	PR - Patient Responsibility	2	5.00	 

Add / Edit Other Payer Detail Information

Associated Line Items *

1 2

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

Other Payer Info

Save Detail Line to Claim Reset

Other Payers -

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
1	United health Care	01/20/2020	16-Medicare Part C Professional (QMB)	105.00	 

Add/Edit Details

Filing Indicator *		Payer Responsibility Sequence Number *	
<input type="text"/>		<input type="text"/>	
Other Payer ID *	Other Payer Name *	Paid Date *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Paid Amount *	Total Denied Amount *	Remittance Advice Remark Codes	
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

PAYER AT HEADER LEVEL

Save Other Payer Data and Manage Codes

Submit Claim

Save Other Payer To Claim Reset

Submit Claim Printer Friendly Reset Cancel

Claim Status Screen

 Claim received.

Claim Details											
Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly											
Participant Details			Claim Data						Payment Details		
Participant Name IMA PATIENT			ICN 4920121059431			Claim Submission Date 04/30/2020			Total Paid 0.00		
Participant DCN 01010101			First Date Of Service 01/01/2020			Last Date of Service 01/01/2020			RA Date		
			Claim Type CROSSOVER			Bill Type 5			Check Number		
			Total Charges 15.00								
Provider Details			Claim Status Details								
NPI M012136305			Claim Status 33			Category Code F0			Entity Identifier Code		
Taxonomy Code			Status Effective Date 04/30/2020			Adjudication Date 04/30/2020					
Service Line Details Summary											
Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	01/01/2020 - 01/01/2020		E0130	NU	1	10.00	0.00	255	F2		04/30/2020
2	01/01/2020 - 01/01/2020		E0163	NU	1	5.00	0.00	255	F2		04/30/2020

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

Printer Friendly

MO HealthNet

**Medicare CMS-1500 Part C Professional (QMB) Claim Details - ICN:
4920121059431**

Billing NPI: M012136305

Claim Header Information

Participant Information		
Participant DCN 01010101	Participant Last Name PATIENT	Participant First Name IMA
Patient Account Number	Participant Medicare ID 40000000000A	

Service Information		
Medicare Provider NPI M012136305	Hospitalization Dates	Referring Provider NPI M202174538

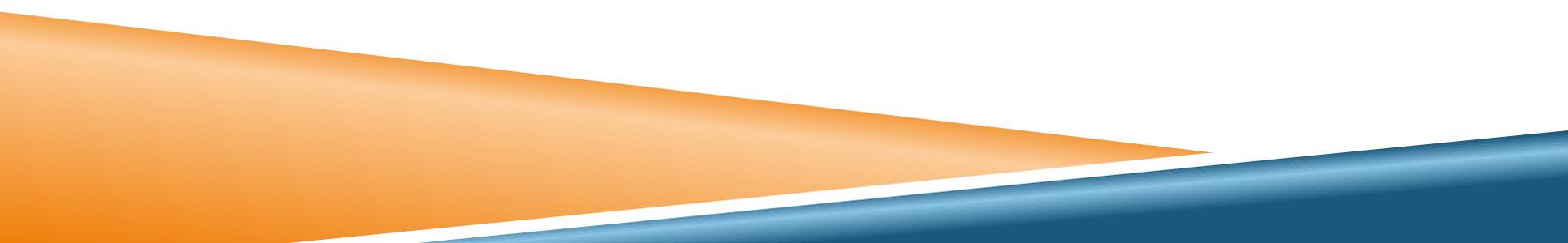
Diagnosis Codes	
Diagnosis Codes Z334	

Claim Service Lines

Service Line 1		
Date of Service 01/01/2020 To 01/01/2020	Place of Service 12 - Home	
Procedure Code E0130	Modifiers NU	
National Drug Code	Decimal Quantity (999999.999) 0.000	
Diagnosis Code Z334	Billed Charges 100.00	Days/Units Billed 1
Paid Amount 75.00	Performing Provider NPI M012136305	Ordering Provider NPI M202174538

Service Line 2		
Date of Service 01/01/2020 To 01/01/2020	Place of Service 12 - Home	
Procedure Code E0163	Modifiers NU	
National Drug Code	Decimal Quantity (999999.999) 0.000	
Diagnosis Code Z334	Billed Charges 50.00	Days/Units Billed 1
Paid Amount 30.00	Performing Provider NPI M012136305	Ordering Provider NPI M202174538

Resources and Contact Information

- Technical Help Desk
 - Provider Communication Unit
 - Participant Resources
 - Constituent Education
 - Pharmacy and Clinical Services
 - Pharmacy & Medical Pre-cert Help Desk
 - MHD Services and Programs
 - CyberAccess
 - MMAC
 - Provider Enrollment
- 

Technical Help Desk

Technical support and assistance for issues with eMOMED.com

Establish required electronic claims and RA formats, network communication, HIPAA trading partner agreements

MHD Help Desk, (573) 635-3559

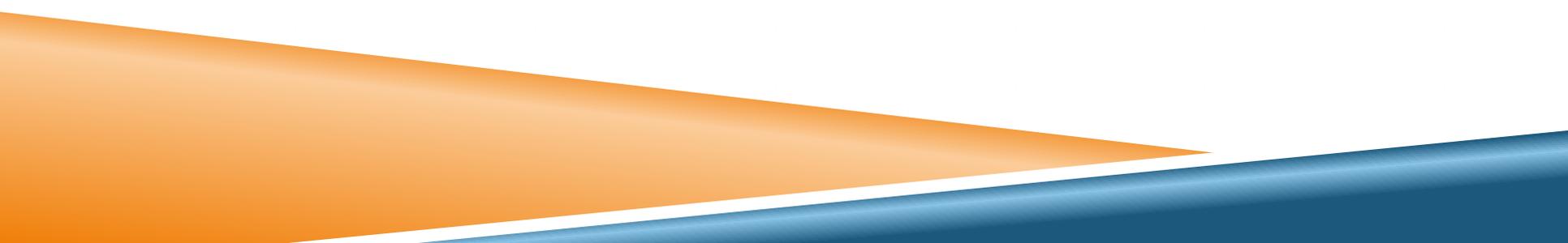
Email: internethelpdesk@momed.com

Provider Communications Unit

Providers' Initial Contact

Contact with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.

Provider Communications Unit
PO Box 5500
Jefferson City, MO 65102-2500
(573) 751-2896



Participant Resources

Questions regarding MHD eligibility benefits and application process

Website address: www.mydss.mo.gov

Contact by phone: (855) 373-9994

Family Support Division Info Center 1-855-FSD-INFO. (855-600-4412)

Education and Training Unit

Education and Training Unit

(573) 751-6683 or

Email: MHD.provtrain@dss.mo.gov

Inquiries regarding education and training.

Register for Training Today

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

Clinical Services

(573) 751-6963 or

Email: MHD.clinical.services@dss.mo.gov

Policy development, benefit design, coverage decisions,
provider and program policy inquiries

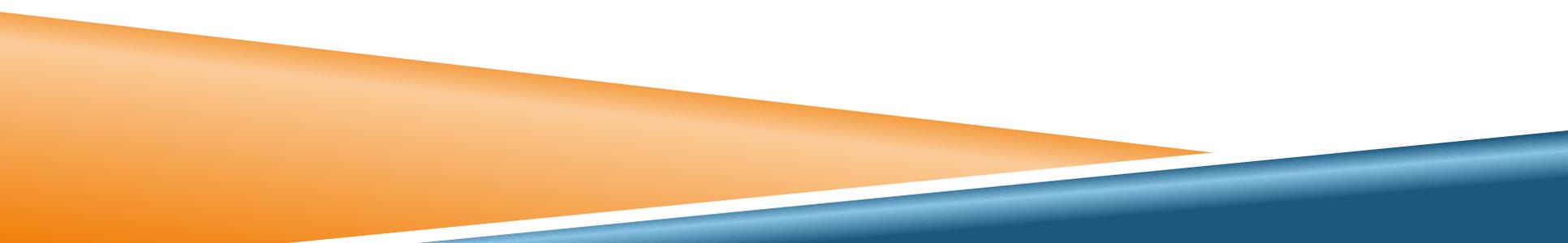
Pharmacy & Medical Pre-Certification Help Desk

Call: 800-392-8030

Pharmacy Clinical Authorizations, Edit Overrides, medical Pre-Certifications (outpatient, diagnostic, non-emergency MRI, MRA, CT, CTA, PET scans and cardiac imaging)

Pre-Certification for certain radiological procedures listed at:

<https://portal.healthhelp.com/mohealthnet>



MHD Services & Programs

Email: Ask.MHD@dss.mo.gov

Inquiries regarding programs and policies that cannot be answered by any other contact information.

Please provide NPI, name and contact information, and complete details regarding inquiry.

Provider Manuals

Provider Manual Webpage:

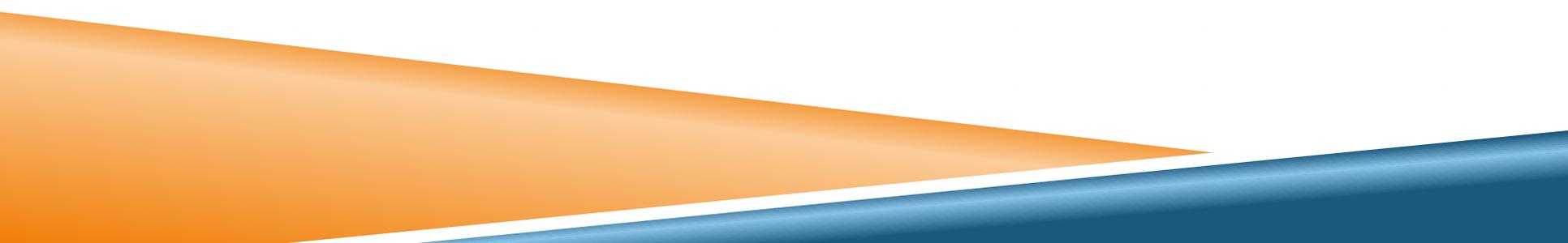
<http://manuals.momed.com/manuals>

Physician Manual:

http://manuals.momed.com/collections/collection_phy/print.pdf

Hospital Manual:

http://manuals.momed.com/collections/collection_hsp/print.pdf



Provider Bulletins and Hot Tips

Provider Bulletin Webpage:

<http://dss.mo.gov/mhd/providers/pages/bulletins.htm>

Hot Tips Webpage:

<http://dss.mo.gov/mhd/providers/pages/provtips.htm>