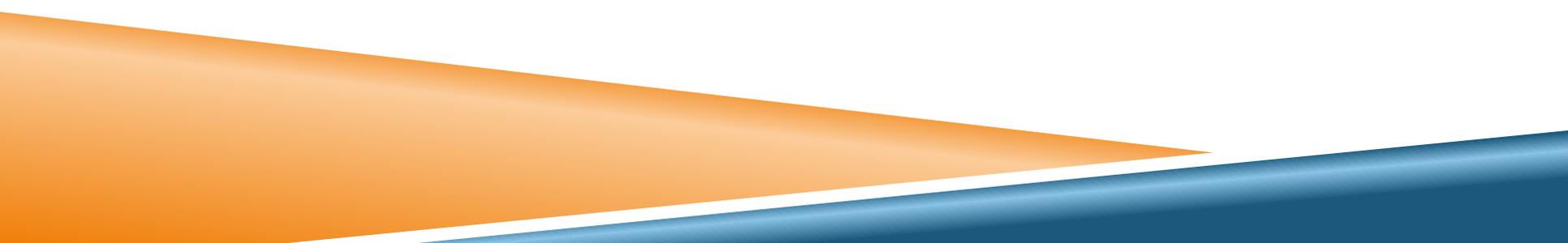


Physicians & Clinics Resources

April 2022



Outline

- Managed Care Plan Presentations
 - Healthy Blue
 - Home State Health
 - United Healthcare
 - Navigating Provider Information Page
 - Spenddown & Eligibility
 - MHD Policy Updates
 - Missouri Medicaid and Compliance (MMAC)
 - eMOMED Overview
 - Common Reasons for Claim Denials
 - Electronic Claim Filing Adjustments/Resubmissions
 - Resources and Contact Information
- 

Managed Care Plans

Home State Health

1-855-694-HOME (4663)

<https://www.homestatehealth.com/providers.html>

Healthy Blue

1-833-388-1407

<https://www.healthybluemo.com/Missouri-home/healthyblue.html>

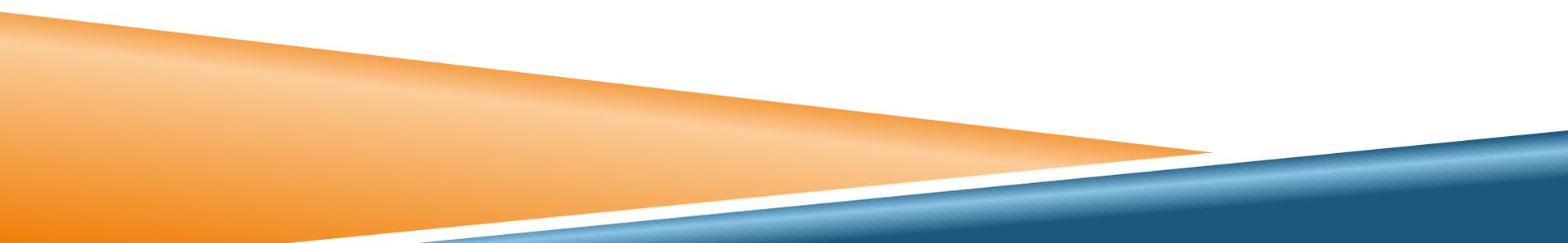
United Healthcare

1-866-292-0359

<https://www.uhc.com>

Managed Care enrolled providers should contact their Managed Care Organization for questions regarding billing and reimbursement.

Provider Information Page

- MHD News
 - Policy & Procedures
 - Billing
 - Provider Forms
 - Fee Schedule & Rate Lists
 - Education Provider Enrollment
- 

MHD News

Stay Informed

- Provider Bulletins
- Email Blasts
- Hot Tips
- Alerts
- Notifications
- Also follow us on social media

Sign Up and Stay Connected



Email Updates

Click to sign up for MO HealthNet News.

Subscription Type

Email

Email Address

Submit

Featured Links

[MO HealthNet News Archives](#)

[Calendar of Events](#)

Policies & Procedures

- **Provider Bulletins**
 - Notify providers of new or updated policies
 - Clarify existing policies
 - Advise of important program information, rate changes, and new/changed procedure codes

PROVIDER BULLETINS

March 22, 2022 – COVID-19 Vaccine

February 4, 2022 – 2022 HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

November 19, 2021 – MONOCLONAL ANTIBODY COVID-19 INFUSION

November 19, 2021 – COVID-19/FLU/RSV TESTING

November 19, 2021 – COVID-19/FLU/RSV TESTING

November 10, 2021 – Adult Expansion Group – ME Code E2

October 7, 2021 – ICD-10 ANNUAL UPDATES Effective: October 1, 2021

Provider Hot Tips

Tips to assist providers with:

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

Provider Hot Tips

Hot Tip Indices

- [Hot Tip Index By Topic/Subject](#) 
- [COVID-19 Hot Tip Index](#) 

[See Index to find the pertinent Hot Tip](#)

2022 Provider Tips Index

- [COVID Testing and Specimen Collection Codes](#)
- [Enrolling Pharmacists](#)
- [Chiropractic Medicine](#)
- [At-Home COVID Test Coverage](#)
- [COVID-19 Outpatient Inhaler Treatment](#)
- [Telehealth Services](#)
- [Biopsychosocial Treatment of Obesity Policy Clarification](#)
- [COVID-19 Oral Antiviral Treatment](#)
- [DME Walker Criteria](#)

Provider Manuals ~ Physician

General Sections vs. Program Specific Sections

General Sections:

- Universal Sections published in each manual
 - Written to encompass all providers
 - Sections: 01-12 and 16, 17, and 20-23
- Program-Specific Sections
 - Specifically address Physician Program
 - Sections: 13-15, 18-19

Billing

- Quick link to eMOMED
- CyberAccess

Claims Processing and payment schedule

- Link to Washington Publishing Company:
 - Remittance Advice Remark Codes
 - Claim Adjustment Reason Codes
- Telemedicine

eMOMED



eMOMED

Contact

Troubleshooting



Log In

eMOMED / Login

External Links

- State of Missouri Web site
- Department of Social Services
- MO HealthNet Division
 - Provider Information
 - Provider Enrollment Application
 - Participant Information

Public News

07/17/2019
eMOMED Training and Assistance Utilities

03/24/2015
Requesting & Accepting NPI Access

Welcome

Alerts (2) - Click to hide

Provider Education Representatives provide interactive web based trainings for providers. Register today for a Webinar <https://dss.mo.gov/mhd/providers/education/>

Need help registering? [Click here to watch the video](#)

Welcome to the New MO HealthNet Web Portal

The complete source for all MO HealthNet Participant and Provider related services.

Find everything you need from one convenient portal!

ERA Enrollment

Provider Sign up for Electronic Remittance Advice (ERA) [Click Here!](#)

Login

ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.

User ID Password

If you are having trouble logging in, [Click Here!](#)
Not registered? [Register Now!](#)

WARNING! THIS SYSTEM CONTAINS GOVERNMENT INFORMATION. BY ACCESSING AND USING THIS COMPUTER SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES AS WELL AS CIVIL PENALTIES.

eMOMED | Contact | Troubleshooting



CyberAccess

Account setup or technical questions

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

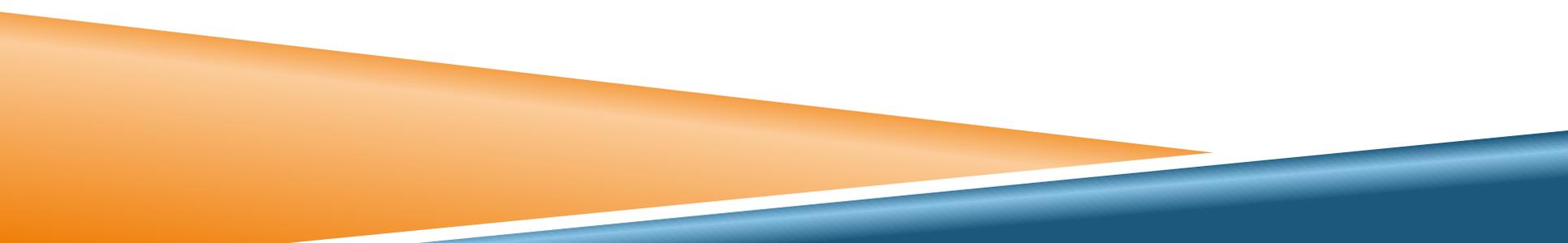
cyberaccesshelpdesk@xerox.com

CyberAccess web address:

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

CyberAccess helpful Tips:

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



CyberAccess

MHD paid claim data - procedures, diagnosis codes, prescriptions

Pre-Certification for services

Radiology, Durable Medical Equipment, Optical, Inpatient

Drug Prior Authorization (PA), or Clinical Edit Override (EO)

Protect your patients by following a few simple rules

Log In

User Name:

Password:

[Log In](#)

[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](#)

Claims Processing and Payment Schedule

MO HEALTHNET CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2022

JULY 1, 2021 - JUNE 30, 2022

FINANCIAL CYCLE DATE	PROVIDER CHECK DATE	BEGINNING CLAIM CAPTURE CURRENT CYCLE	ENDING CLAIM CAPTURE ₁
Friday 06/25/2021	Wednesday 07/07/2021	Tuesday 06/08/2021	Friday 06/25/2021
Friday 07/16/2021	Friday 07/23/2021	Saturday 06/26/2021	Friday 07/16/2021
Friday 07/30/2021	Friday 08/13/2021	Saturday 07/17/2021	Friday 07/30/2021
Friday 08/13/2021	Wednesday 08/25/2021	Saturday 07/31/2021	Friday 08/13/2021
Friday 08/27/2021	Friday 09/10/2021	Saturday 08/14/2021	Friday 08/27/2021
Friday 09/10/2021	Friday 09/24/2021	Saturday 08/28/2021	Friday 09/10/2021
Friday 09/24/2021	Friday 10/08/2021	Saturday 09/11/2021	Friday 09/24/2021
Friday 10/15/2021	Friday 10/22/2021	Saturday 09/25/2021	Friday 10/15/2021
Friday 10/29/2021	Friday 11/12/2021	Saturday 10/16/2021	Friday 10/29/2021
Friday 11/12/2021	Wednesday 11/24/2021	Saturday 10/30/2021	Friday 11/12/2021
Friday 11/26/2021	Friday 12/10/2021	Saturday 11/13/2021	Friday 11/26/2021
Friday 12/10/2021	Thursday 12/23/2021	Saturday 11/27/2021	Friday 12/10/2021
Friday 12/24/2021	Friday 01/07/2022	Saturday 12/11/2021	Friday 12/24/2021
Friday 01/07/2022	Tuesday 01/18/2022	Saturday 12/25/2021	Friday 01/07/2022
Friday 01/21/2022	Friday 02/04/2022	Saturday 01/08/2022	Friday 01/21/2022
Friday 02/04/2022	Friday 02/18/2022	Saturday 01/22/2022	Friday 02/04/2022
Friday 02/25/2022	Friday 03/04/2022	Saturday 02/05/2022	Friday 02/25/2022
Friday 03/11/2022	Friday 03/25/2022	Saturday 02/26/2022	Friday 03/11/2022
Friday 03/25/2022	Friday 04/08/2022	Saturday 03/12/2022	Friday 03/25/2022
Friday 04/08/2022	Monday 04/18/2022	Saturday 03/26/2022	Friday 04/08/2022
Friday 04/29/2022	Friday 05/06/2022	Saturday 04/09/2022	Friday 04/29/2022
Friday 05/13/2022	Tuesday 05/24/2022	Saturday 04/30/2022	Friday 05/13/2022
Friday 05/27/2022	Friday 06/10/2022	Saturday 05/14/2022	Friday 05/27/2022
Friday 06/10/2022	Friday 06/24/2022	Saturday 05/28/2022	Tuesday 06/07/2022

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

Revised : 05/03/2021

Remittance Advice Remark Codes and Claim Adjustment Reason Codes

[Home](#) / [Products](#) / [External Code Lists](#)

External Code Lists

The table below includes external code lists maintained by X12 and external code lists maintained by others and distributed by WPC on behalf of the maintainer. Click on the name of any external code list to access more information about the code list, view the codes, or submit a maintenance request. These external code lists were previously published on either www.wpc-edi.com/reference or www.x12.org/codes.

The table includes additional information for X12-maintained external code lists. If you have questions about these lists, submit them on the [X12 Feedback form](#). To purchase code list subscriptions call (425) 562-2245 or email admin@wpc-edi.com .

Name	ID	Scope Statement	Maintained by
Claim Adjustment Group Codes	974	These codes categorize a payment adjustment.	CMG01
Claim Adjustment Reason Codes	139	These codes describe why a claim or service line was paid differently than it was billed.	CMG03
Claim Status Category Codes	507	These codes organize the Claim Status Codes (ECL 139) into logical groupings.	CMG03
Claim Status Codes	508	These codes convey the status of an entire claim or a specific service line.	CMG03

Source: <http://www.wpc-edi.com/reference/>

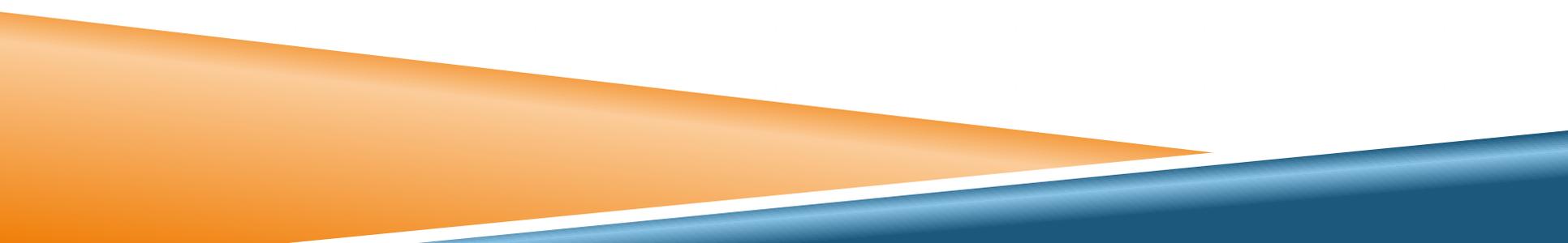
Telemedicine

- Most claims for services provided at the **Distant Site** (where the health care provider is located) are to be billed with the appropriate Current Procedural Terminology (CPT) code for the service along with place of service 02. Exceptions to this include:
 - Claims for Distant Site services provided on school grounds should be billed with the appropriate CPT code for the service along with place of service 03 and a GT modifier.
 - Providers delivering behavioral health services via telemedicine, for participants located in a residential or inpatient place of service (Place of service codes 14, 21, 33, 51, 55, 56 or 61), must bill with the GT modifier and with the place of service where the participant is physically located.

Telemedicine

- Claims for the **Originating Site** (where the patient is located) are billed with procedure code Q3014.
 - Q3014 cannot be billed when participant is receiving services at home

More Information:

- Telemedicine Missouri State Statute (**208.670**), (**208.677**)
 - Telemedicine Billing PowerPoint
 - COVID – 19 Telehealth Resources
 - Telemedicine Overview
- 

Provider Forms

MO HealthNet Forms

- Certificate of Medical Necessity
- Diabetic Supplies Prior Authorization
- Provider Spenddown Form
- Sterilization Consent Form
- Temp Eligibility Determination

MHD Fee Schedule

Professional and Technical Component
Independent Lab - Professional Component
Independent Lab - Technical Component
Medical Services
Nurse/Midwife
Optical Services
Other Medical
Other Services
Podiatry
Radiology - Professional and Technical Component X-Ray / Nuclear Medicine / EEG / EKG
Radiology - Professional Component: X-Ray / Nuclear Medicine / EEG / EKG
Radiology - Technical Component: X-Ray / Nuclear Medicine / EEG / EKG
Rehabilitation Center
Surgery - Assistant Surgery
Surgery - Postoperative Services
Surgery - Without Postoperative Services
Surgery and Epidurals
Search Options
Search For
Proc Code <input checked="" type="radio"/> Modifier <input type="radio"/>
99211 <input type="button" value="Go"/>
MHD Price File Key
Modifier Information
General Fee Schedule Information

Fee Schedule Search

Medical Services

ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
99211						3	07/01/2019	0.00	\$15.31	1
99211	EP					3	07/01/2019	0.00	\$17.28	1
99211	GE					3	07/01/2019	0.00	\$14.78	1
99211	GE	EP				3	07/01/2019	0.00	\$17.28	1
99211	GT					3	07/01/2019	0.00	\$14.78	1
99211	GT	EP				3	07/01/2019	0.00	\$17.65	1
99211	X4		J			3	07/01/2019	0.00	\$13.55	1
99211	YG					9	10/16/2003	0.00	\$0.00	1

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

- MHD Price File Key – gives additional information regarding codes in each column
- Modifier Information: pricing, active/inactive, routing, etc.

MO HealthNet Price File "Key"

The information below is a key to help identify the indicators.

MHD Price File "KEY"

"M1" "M2" Columns on Pricing File

Possible procedure codes modifiers are listed in these columns.

"PA" Columns on Pricing File

0	No Restrictions	I	Home Health Plan of Care Required
1	Prior Authorization Required	J	Smart DME Prior Authorization Required
2	Medical Necessity Required	K	Cert. of Medical Necessity for Abortion Required
3	Denture Certification Required	L	Home Health Equipment Certification and Prior Authorization Required
4	Sterilization Consent Form Required	M	Smart Prior Authorization Required
5	Home Health Equipment Certification Required	N	Denture Certification and Prior Authorization Required
6	Hearing Aid Certification Required	O	Prior Authorization for Providers
7	EPDS/HCY MS-40 Required	P	Oxygen and Respiratory Equipment Justification Required
8	Hysterectomy Form Required	Q	Prior Authorization Required for Ages 0-2
9	Second Opinion Form Required	R	Invoice Required
A	Prior Authorization and Second Opinion Form Required	S	X-Ray Required
B	Medical Necessity and Second Opinion Form Required	T	Transplant
C	Complex Consultation Form Required	V	Sleep Study
D	Sterilization Consent Form and Second Opinion Form Required	W	Medical Necessity Required for 1st Claim only
E	Augmentative Evaluation Report Required	X	Anesthesia Report Required
F	Invoice and Prior Authorization Required	Y	Operative Report Required
G	Inv. Cost and Medical Necessity Required	Z	Pathology Report Required
H	Hysterectomy and Second Opinion Required		

"P1" Column on Pricing File

3	Lower of billed or maximum allowed charge items of service
6, 7	Manually Priced
9	Do Not Pay - will not suspend
A	Anesthesia
D	NCD Required
H	HCPCS Conversion
O	IEP Federal Paid
W	Encounter Data only

"EFF DATE" Column on Pricing File

The date that this procedure was activated or the latest fee increase.

"REL VAL" Column on Pricing File

The relative value assigned to a procedure code in calculating anesthesia pricing.

"SPEC FEE" Column on Pricing File

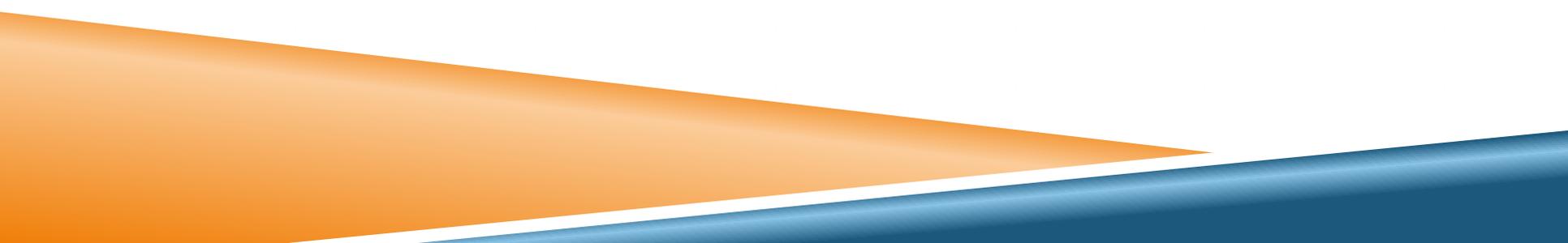
The Medicaid maximum allowable fee for this procedure.

"QTY" Column on Pricing File

The maximum quantity that can be billed per date of service.

Education and Training

Education:

- **Benefit Tables** (formerly Benefit Matrix) This shows the various benefits for each MO HealthNet program.
 - **Provider Resource Guide** This guide provides description of medical eligibility code, shows limited and comprehensive benefits and provides abundant MO HealthNet contact information.
 - **Training information** Offers provider webinar and workshop schedules, educational PowerPoint resources and audio-visual training.
 - **Contacting Constituent Education**, updated 03/28/22
- 

Audio/Visual Training

Series of PowerPoints Available

- Adding an NPI as a Provider Employee
- PI-118 Form
- Sterilization Consent Form
- Determining Eligibility
- Medicare Part B Crossover Claim filing

Missouri Medicaid Audit and Compliance (MMAC)

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

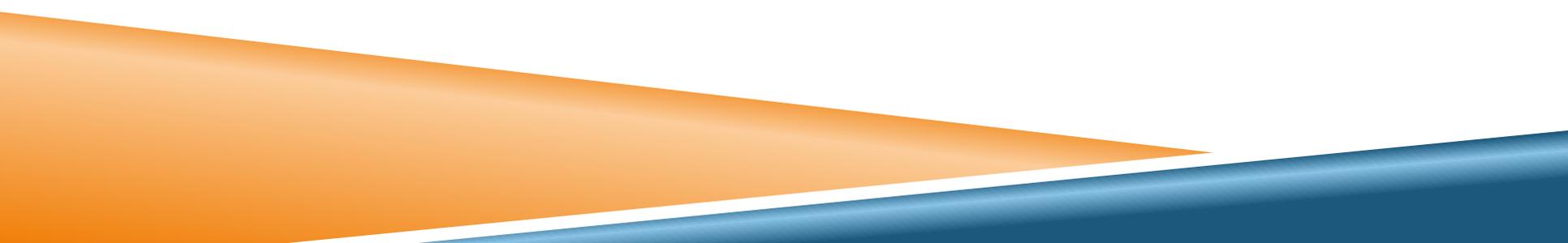
Missouri Medicaid Audit and Compliance

PO Box 6500

Jefferson City, MO 65102-6500

Telephone: 573/751-3399

<http://mmac.mo.gov>



Provider Enrollment

- Located within MMAC Unit
- Inquiries regarding enrollment applications, changes to Provider Master File (addresses, tax identification, ownership, individual's name, practice name, National Provider Identification (NPI) number)
- Email: **mmac.providerenrollment@dss.mo.gov**
- Send written inquiries to:

Missouri Medicaid Audit and Compliance Unit

P. O. Box 6500

Jefferson City, Missouri 65102



Spenddown & Eligibility

What is Spenddown

- Participant's income exceeds allowable amount to qualify for MO HealthNet for the Aged, Blind and Disabled (MHABD) coverage
- Spenddown is the amount of medical expenses incurred that is the participant's financial responsibility similar to insurance deductible
- Spenddown must be met or paid before MHD reimburses claims

Spenddown Amounts

- Family Support Division (FSD) determines spenddown amounts based on income
- Any income changes need to be reported to FSD
- Participants should contact FSD with questions or concerns about their spenddown amounts
- Questions should be directed to FSD at
1-855-FSD-INFO (660-4412)

Participant Options to Meet Spenddown

- Mail full payment to MHD - coverage entire month:

MO HealthNet Division

P.O. Box 808001

Kansas City, MO 64180-8001

- Complete Spenddown Automatic Withdrawal- Form found on <http://dss.mo.gov/mhd/participants>
- Submit Incurred medical bills to be applied to spenddown amount to FSD (refer to section 1.6.B for more ways to meet spenddown)

Spenddown Provider Form

- Access Provider Spenddown Form – MO HealthNet forms page or:
<http://dss.mo.gov/fsd/health-care/mo-healthnet-for-people-with-disabilities.htm>
- Complete Provider Spenddown Form:
 - With rendered service information
- Submit Provider Spenddown Form to:
 - Spenddown Unit (SDU)

Spenddown Provider Form



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

MO HealthNet Spend Down Provider Form

Provider Instructions: Please assist your patient by completing the following information. By completing this form, you are verifying medical expenses have been incurred and are owed by your patient. The "Total Daily Expense Patient is Responsible to Pay" column should reflect the patient's incurred expenses for which they are personally responsible to pay.

ATTENTION: All fields on this document are required to be completed, unless an attachment(s) verifying the required information for the incomplete field is provided.

Patient Name (Print): _____ MO HealthNet Number: _____

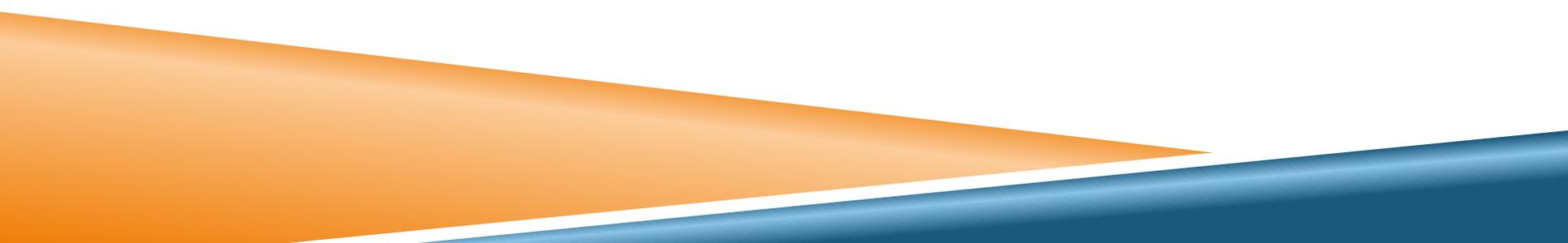
Provider Name: _____

Check One: Doctor Pharmacy Hospital: In-patient Out-patient Other _____

Date of Service	Service Description	Procedure Code	Name of Liable Third Party(s)	Total Amount of Charge	Amount of Expense Billable to Third Party	Write off or Other Discount (i.e. Indigent Waiver)	Total Daily Expense Patient is Responsible to Pay	Total Amount Billable to State Only Funds (i.e. DMH, DHSS contracts)
<i>EXAMPLE: 08/01/2012</i>	<i>CPR Medication Services</i>	<i>90862</i>	<i>DMH</i>	<i>\$80.00</i>	<i>\$80.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$80.00</i>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

BY COMPLETING AND SIGNING THIS DOCUMENT, YOU ARE ATTESTING TO THE ACCURACY OF THE _____

Spenddown Unit

- Reviews expenses to meet spenddown, determine MHD coverage dates and authorize coverage.
 - Fax Number for Spenddown Unit (This is an eFax option):
 - (855) 600-3754
 - Email any questions or issues to: **Spenddown.Unit@dss.mo.gov**
 - Phone Number Spenddown Unit: **(855) 600-4412**
 - Scan and email Provider Spenddown form to: **sesd@ip.sp.mo.gov**, including receipts and bills.
- 

After Spenddown is Met

- Coverage starts day spenddown is met, ends last day of month
- MHD reimburses for services over spenddown amount

Eligibility: Inactive Coverage

Coverage shows “**Inactive**” if participant does not:

- Pay-in
- Or submit bills

eMOMED Electronic Claim Filing



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.

eMOMED Electronic Claim Filing

- Participant Eligibility
- Provider Communications Management
- Prior Authorization Status
- Attachment Management
- Payment Information
- File Management
- Claim Management

MO HealthNet ID Card

MO HealthNet
Department of Social Services



Name of Participant

Date of Birth
XX-XX-XXXX

MO HealthNet ID Number
99999999

USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS
FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW

MO HealthNet ID Card

- You must present this card each time you get medical services
- You must tell the provider of services if you have other insurance
- Some services may not be covered by MO HealthNet and you may have to pay for services that are not covered.

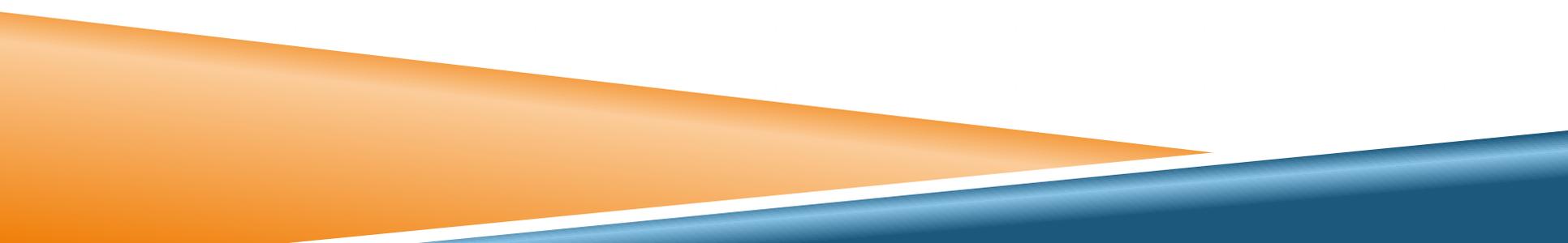
Participant Inquires: 1-800-392-2161 or 1-573-751-6527

Fraud and Abuse: 1-573-751-3285 or Ask.MHD@dss.mo.gov

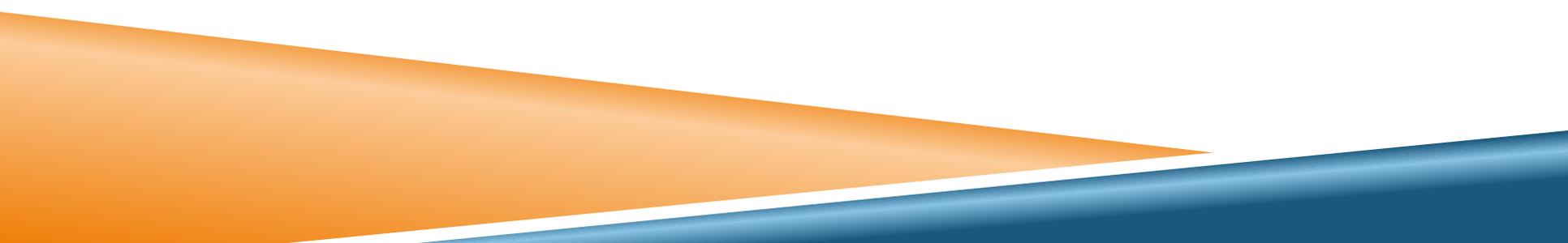
Possession of the card does not certify eligibility or guarantee benefits.

- Restrictions may apply to some participants or for certain services
- Services are covered as specified in the Rules and Regulations of the Family Support Division or the MO HealthNet Division
- The holder of this card has made an assignment of rights to the Department of Social Services for payment of medical care from a third-party.

Reasons to Check Eligibility

- Name
 - Eligibility on date of service
 - Medical eligibility code
 - Medicare eligibility including Part C
 - Commercial insurance
 - MO HealthNet Managed Care enrollment
 - Administrative Lock-in
 - Hospice Lock-in
- 

Resources to Verify MHD Eligibility

- Several resources to assist providers on verifying eligibility
 - First, check participant eligibility on eMOMED
 - Provider Communication at (573)751-2896
 - Email Provider Communications Unit from eMOMED
 - Access Provider Manuals, Section 1.1.A, Description of Eligibility Categories
- 

Participant Eligibility Training Tool

- Determining Eligibility PowerPoint
 - Walks through checking eligibility
- Located on Provider Participation webpage
- <http://dss.mo.gov/mhd/providers>

Checking Eligibility

eProvider ePassport | Welcome, DMEOptDent Log Out

Home / eProvider / Eligibility

Eligibility Request

NPI
MD12136305 - BPST

Search

First Date Of Service *	Last Date of Service	
<input type="text"/>	<input type="text"/>	
Participant DCN	Participant SSN	Participant Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant Last Name	Participant First Name	Participant Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Casehead DCN	Child's Date of Birth	Service Type Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Search Finish

Refer to Determining Eligibility PowerPoint

MO HealthNet Portal - Internet Explorer

https://www.emomed.com/portal/wps/myportal/1ut/p/c5/hy3LDoIwFEQ_6V4etmxLmb5mIiAisCEkGgORRwKBwNclCv3OLC

File Edit View Favorites Tools Help

MO HealthNet Providers Ho... medicaid MO HealthNet Portal

Home Contact Training Search Center

eProvider ePassport Welcome, Roger Log Out

Home / eProvider / Eligibility

Eligibility Response

NPI:M012136305

Submitted Information

First Date Of Service *		
10/14/2010		
Participant DCN		
01010101		

Participant Information

Participant DCN	Participant Name	Participant Date of Birth
01010101		
Participant Address	Participant SSN	Participant Date Of Death

Participant Request Validation

Response Code	Follow Up Action Code	Reject Reason
N	C - Please correct and resubmit	✖ 75 - Subscriber/insured not found

Reference Information

Confirmation Number

10287033381

Print Finish

Home | Contact | Training | Search Center

Missouri Department of SOCIAL SERVICES

Done Internet 100%

Possible Insurance Coverage

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 Family Support Division (FSD) of changes, the information on file may need to be updated.

Third Party Liability (TPL)

Complete the **MO HealthNet Insurance Resource Report form**, commonly known as the TPL-4 form.

This form should be mailed to:

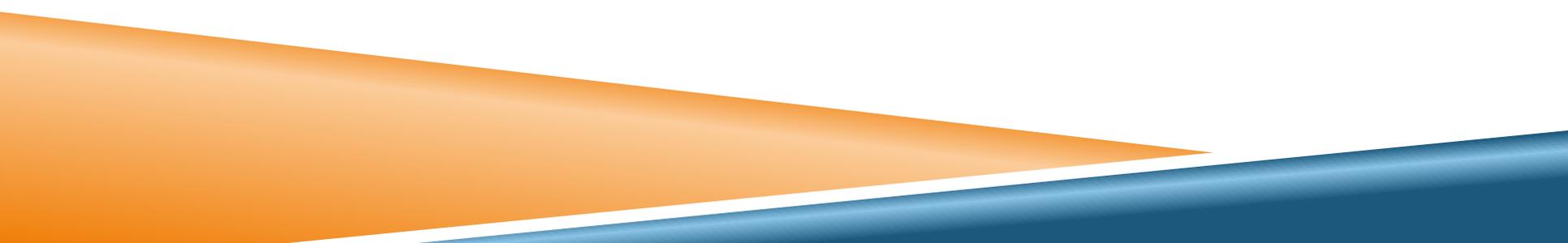
MO HealthNet Division

ATTN: TPL Unit

PO Box 6500

Jefferson City, MO 65102-6500

Email: MHD.COSTRECOVERY@dss.mo.gov



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/CCYY)	
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/CCYY)	

Source: <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>
Provider Forms/MO HealthNet Forms

Third Party Liability Cost and Recovery

- Injuries sustained by MO HealthNet participant
- Questions about the estate of a deceased MO HealthNet participant
- Problems obtaining a response from an insurance carrier
- Unusual situations concerning third party insurance coverage for a MO HealthNet participant, or
- The Health Insurance Premium Payment Program (HIPP)

Third Party Liability

PO Box 6500

Jefferson City, MO 65102-6500

Telephone: 573/751-2005

Email: MHD.COSTRECOVERY@dss.mo.gov

Provider Communications Management

- Direct Email to Provider Communication Staff
- Only 1 inquiry per email
- Give detailed identifying information
- Documented return response

eProvider | ePassport | Welcome, DMEOptDent | Log Out
Home / eProvider / Manage Provider Communication

Create New Request

Contact Person Details

Contact Userid dprovider	Contact Last Name *	Contact First Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address *	Phone *	Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>

NPI
M012136305 - BPST

ICN-Claim Details

ICN	Claim Type - Select One -	From Date of Service	To Date of Service
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Participant Details

Participant DCN	Participant Last Name	Participant First Name	Participant MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Inquiry Details

Subject *

Question * - Please limit your question to one issue. (max allowable characters 1024)

Submit Inquiry | Cancel

Prior Authorization

PA Status Search

NPI
M012136305 - 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 <input type="checkbox"/> Closed <input type="checkbox"/> Denied <input type="checkbox"/> Hold <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending <input type="checkbox"/> All</p> <p><input type="button" value="Search"/> <input type="button" value="Clear"/></p>	<p>Information and status of prior authorizations.</p>

Attachment Management

Attachment Management

NPI
M012136305 - BPST

New Attachment

- Medical Necessity
- Sterilization Consent
- Medical Referral
- Acknowledgement of Hysterectomy Information

Attachme

ICN
Advanced

Participant DCN:

Status: All

Attachment Type:

- SSO
- STERIL
- HYST
- PI-118
- CMN
- All

Additional search parameters are available when only one attachment type is selected.

Search Clear

Results

Finish

Choose which form to attach to the claim.

Payment Information

Shows the last 2 direct deposit amounts

Payment Information

NPI

<i>Remittance Advice</i>		
Date	Number	Amount
10/16/2020	11112163	\$0.00
09/25/2020	11101885	\$0.00

[Finish](#)

File Management

- Claim Confirmation
- Current Remittance Advice (RA) information
- Aged RA information
 - Request uploads overnight
 - Available for 5 calendar days

The screenshot displays the 'File Management' interface. At the top, there is a header 'File Management'. Below it, a dropdown menu shows 'NPI' with the selected value 'M012136305 - BPST'. A navigation bar contains three buttons: 'Upload Files', 'Request Aged RA', and 'Manage Test Files'. Below the navigation bar is a 'Search' section with a 'Search Scope' area containing three radio buttons: 'Selected NPI', 'By User ID', and 'All NPIs' (which is selected). The 'File Type:' section contains a grid of checkboxes for various file types: 'All', 'Claim Confirmation', 'NCPDP', 'Printable Aged RAs', 'Remittance Advice (835)', 'Rejects (X12)', 'Printable RAs', 'Acknowledgements', 'NAT Claim Confirmation', 'Claim Status (277)', 'Eligibility Verification (271)', 'SE Data Tracking', and 'PA 278 Response'. At the bottom of the search section are 'Search' and 'Clear' buttons.

Claim Confirmation

File Management ? - □

NPI
M012136305 - BPST

Upload Files Request Aged RA Manage Test Files

Search **Results**

Search Scope

Selected NPI
 By User ID
 All NPIs

File Type:

All
 Claim Confirmation [?](#)
 NCPDP [?](#)
 Printable Aged RAs [?](#)
 Remittance Advice (835) [?](#)
 Rejects (X12) [?](#)
 Printable RAs [?](#)

Acknowledgements [?](#)
 NAT Claim Confirmation [?](#)
 Claim Status (277) [?](#)
 Eligibility Verification (271) [?](#)
 SE Data Tracking
 PA 278 Response [?](#)

[Search](#) [Clear](#)

Name	Type	NPI/Taxonomy	Date	
164948413533115_M012136305.PDF	Claim Confirmation	M012136305	04/09/2022	
164948413533115_M012136305.CSV	Claim Confirmation	M012136305	04/09/2022	
164931137765415_M012136305.PDF	Claim Confirmation	M012136305	04/07/2022	
164931137765415_M012136305.CSV	Claim Confirmation	M012136305	04/07/2022	
164922845762215_M202137709.PDF	Claim Confirmation	M202137709	04/06/2022	
164922845762215_M202137709.CSV	Claim Confirmation	M202137709	04/06/2022	
164922844993915_M012136305.PDF	Claim Confirmation	M012136305	04/06/2022	
164922844993915_M012136305.CSV	Claim Confirmation	M012136305	04/06/2022	

[Finish](#)

Claim Confirmation



Claim Confirmation



ICN	Provider Identifier / Taxonomy Code	Participant #	Participant Name	Claim Type	Claim Status	From DOS	Thru DOS	Billed Amount	Paid Amount	Reason Cd1	Reason Cd2	RA Remark Code1	RA Remark Code2	Patient Account#	Error Messages
4922098023392	M012136305 / N/A	01010101		X	K	2022-03-17	2022-03-17	0000045.00	0000000.00	31					
4922098020683	M012136305 / N/A	01010101		M	K	2022-03-17	2022-03-17	0000600.00	0000000.00	16		MA30			
4922098020537	M012136305 / N/A	01010101		M	K	2022-03-17	2022-03-17	0000600.00	0000000.00	16		MA30			
4922098020361	M012136305 / N/A	01010101		M	K	2022-03-17	2022-03-17	0000600.00	0000000.00	16		MA30			



ICN – Internal Control Number
 Provider ID/Taxonomy Number
 Participant’s DCN
 Claim Type and Claim Status
 FROM and TO Date of Service
 Billed Amount and Paid Amounts
 Denial Reason Code (CARCS/RARCS)

Aged RA Information

Request Aged RA

Request Parameters

NPI
M012136305 - BPST

From
January
2022
2021
2020
2019
Cycle 1 Cycle 2

To
January
2022
Cycle 1 Cycle 2

Save Cancel Finish

Request uploads over night
Available for 5 calendar days

Aged RA Information (cont.)

File Management

NPI
M012136305 - BPST

Upload Files Request Aged RA Manage Test Files

Search

Search Scope

- Selected NPI
- By User ID
- All NPIs

File Type:

- All
- Claim Confirmation
- NCPDP
- Printable Aged RAs
- Remittance Advice (835)
- Rejects (X12)
- Printable RAs
- Acknowledgements
- NAT Claim Confirmation
- Claim Status (277)
- Eligibility Verification (271)
- SE Data Tracking
- PA 278 Response

Search Clear

Results

Name	Type	NPI/Taxonomy	Date	
164972340336305_M012136305.PDF	Printable Aged RAs	M012136305	05/28/2021	
164972340336005_M012136305.PDF	Printable Aged RAs	M012136305	05/14/2021	
164972340335605_M012136305.PDF	Printable Aged RAs	M012136305	02/26/2021	
164972340335105_M012136305.PDF	Printable Aged RAs	M012136305	02/05/2021	

Click on PDF to download Aged RA

Finish



Printable Aged RA

GMDM6455-R001
 MEDICAL
 NPI NUMBER: M012136305
 PROVIDER NAME: BPST
 PROVIDER ADDR: PO BOX 6500

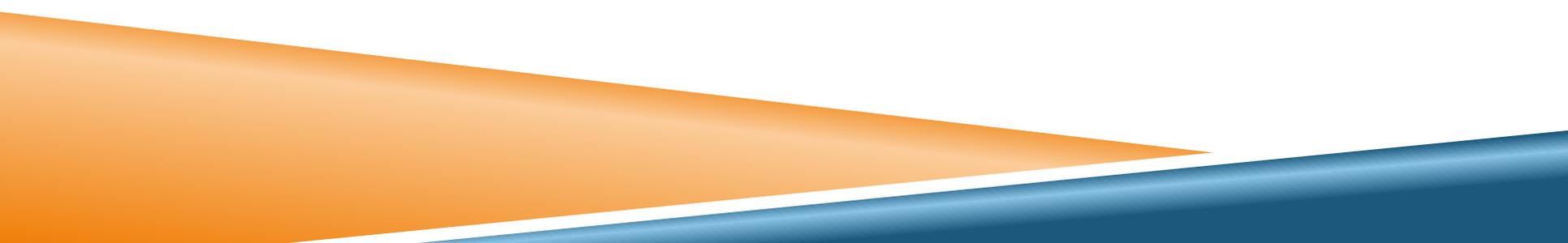
MEDICAID MANAGEMENT INFORMATION SYSTEM
 REMITTANCE ADVICE AS OF 06/22/2018
 RA #: 10510439

PAGE 1
 RUN DATE 07/01/2019

PARTICIPANT NAME	JEFFERSON CITY MO HEALTHNET ID	MO65107 ICN	SERVICE DATES FROM	SERVICE DATES TO	PAT ACCT	CLAIM: ST	TOT BILLED	TOT PAID	TOT OTHER
MERMAID, IMAS	01010101	4918165019331	01/17/2018	01/17/2018	0	4	150.00	0.00	0.00
LN	SERVICE DATES	REV/PROC/NDC	MOD	REV	QTY	BILLED AMT	ALLOWED AMT	PAID AMT	PERF PROV
1	011718 011718	L5673	RR		1.000	100.00	0.00	0.00	M012136305
	GROUP CODE: CO		RSN: 16	AMT:	100.00				
	REMARK CODES: HE MA30								
2	011718 011718	L8420	NU		1.000	50.00	0.00	0.00	M012136305
	GROUP CODE: CO		RSN: 16	AMT:	50.00				
	REMARK CODES: HE MA30								
PATIENT, IMAS	01010101	4918165019267	01/17/2018	01/17/2018	0	4	150.00	0.00	0.00
LN	SERVICE DATES	REV/PROC/NDC	MOD	REV	QTY	BILLED AMT	ALLOWED AMT	PAID AMT	PERF PROV
1	011718 011718	L5673	NU		1.000	100.00	0.00	0.00	M012136305
	GROUP CODE: CO		RSN: 16	AMT:	100.00				
	REMARK CODES: HE MA30								
2	011718 011718	L8420	NU		1.000	50.00	0.00	0.00	M012136305
	GROUP CODE: CO		RSN: 16	AMT:	50.00				
	REMARK CODES: HE MA30								
PATIENT, IMAS	01010101	4918165019410	06/01/2018	06/01/2018	0	4	150.00	0.00	0.00
LN	SERVICE DATES	REV/PROC/NDC	MOD	REV	QTY	BILLED AMT	ALLOWED AMT	PAID AMT	PERF PROV
1	060118 060118	L8420	NU		1.000	100.00	0.00	0.00	M012136305
	GROUP CODE: CO		RSN: 16	AMT:	100.00				
	REMARK CODES: HE MA30								
2	060118 060118	L5673	NU		1.000	50.00	0.00	0.00	M012136305
	GROUP CODE: CO		RSN: 16	AMT:	50.00				
	REMARK CODES: HE MA30								
CATEGORY TOTALS :						450.00	.00	.00	*
NUMBER OF CLAIMS =		3							

It will show you the ICN – Internal Control Number and the Denial Reason Code (if it denied)

Claim Management

- New Claims
 - Crossover Claims
 - Search claim history
 - Resubmit, Copy Claim Original or Advanced, and Void Claims
- 

Claim Management

- New Claim
- New Crossover Claim
- Search Claim
 - ICN Search
 - Or Advanced

The screenshot shows the 'Claim Management' interface. At the top, there is a header 'Claim Management' and a dropdown menu for 'NPI' with the value 'M012136305 - BPST'. Below this are two buttons: 'New Claim' and 'New Xover Claim'. An orange arrow points to the 'New Claim' button, and another orange arrow points to the 'New Xover Claim' button. Below these buttons is a section titled 'Claim Search'. This section contains several search filters: 'ICN' (radio button), 'Advanced' (radio button, selected), and 'Daily Claim Summary' (radio button). There are two columns of input fields: 'Participant DCN' and 'Submitted Charges' on the left, and 'Dates of Service' and 'To' on the right. Below these are dropdown menus for 'Claim Type' (set to 'All') and 'Claim Status' (set to 'All'). There is also a text input field for 'Submission Date' and a checkbox for 'Show My Claims Only'. At the bottom of the search section are 'Search' and 'Clear' buttons. Below the search section is a 'Finish' button.

Adjusting Claims

Claim Status

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

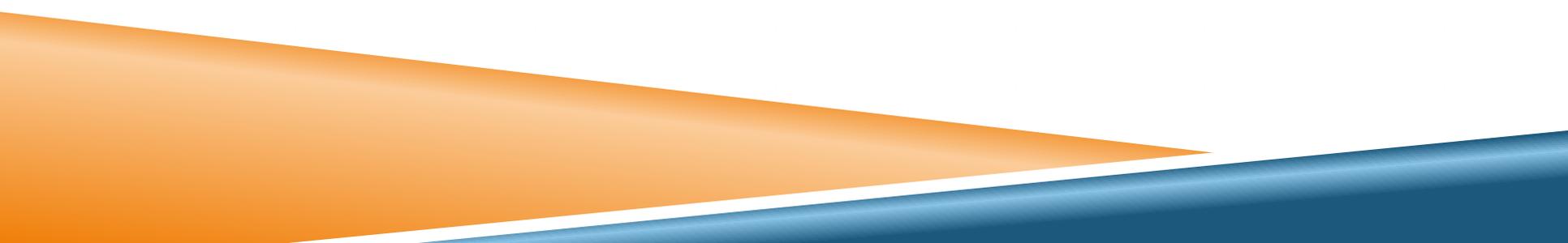
Participant Details		Claim Data	
Participant Name	IMA PATIENT	ICN	Claim Submission Date
Participant DCN	01010101	4916047049548	02/16/2016
		First Date Of Service	Last Date of Service
		10/01/2015	10/01/2015
		Claim Type	Bill Type

- Void
- Copy Claim Original or Advanced
- Replacement

Claim Adjustments & Resubmissions

- **Void Claim** – used when the claim *paid* and should have not 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

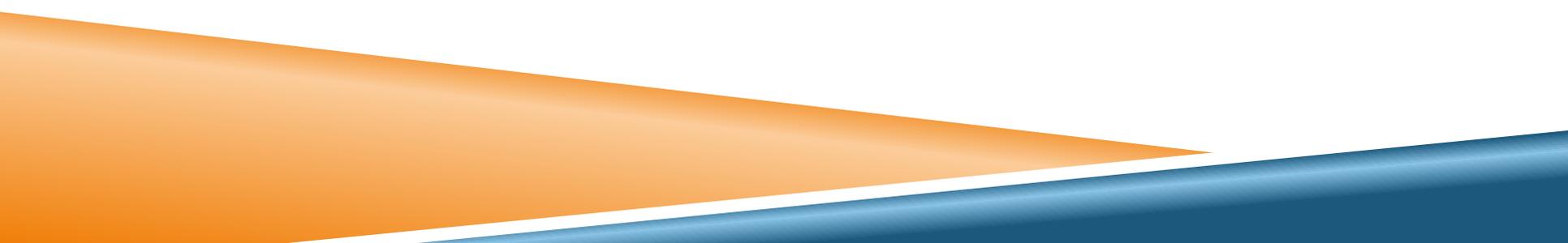
Adjustments & Resubmissions (cont.)

- **Replacement Claim** – used when a claim *paid* and it was billed incorrectly
 - 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 the highlighted “submit” button. The replacement claim has now been submitted
- 

Adjustments & Resubmissions (cont.)

- **Copy Claim Original** – used when a claim or any line of a claim *denied* and needs to be corrected. This will copy the claim as it was entered.
- Choose the “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 the highlighted “submit” button. The corrected claim has now been submitted.

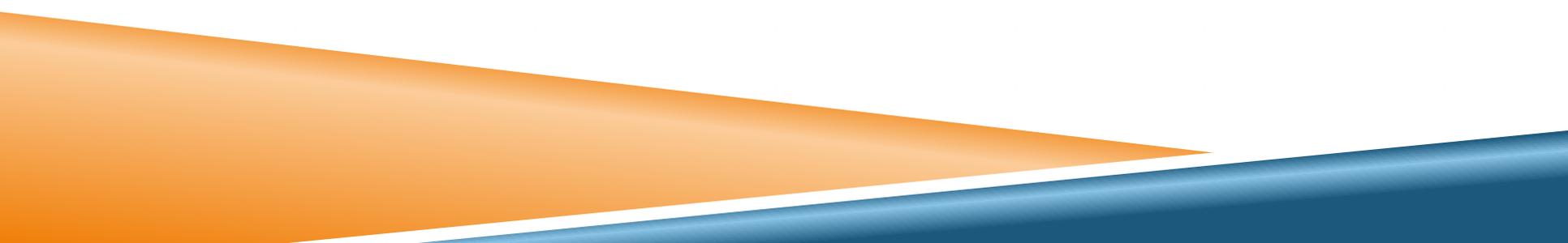
Adjustments & Resubmissions (cont.)

- **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 the highlighted “submit” button.
 - If claim was filed on the wrong form, only DCN and Name will transfer to correct form. Key in claim and click the “submit” button.
- 

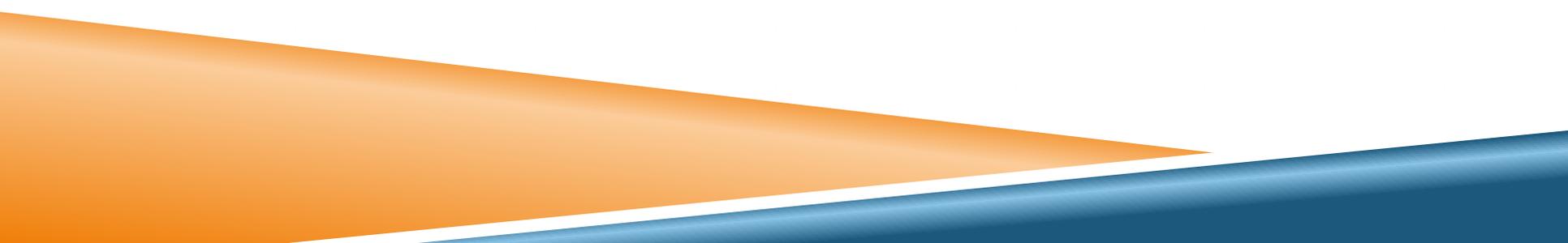
Claim Denials

- Washington Publishing Company provides HIPAA related code lists:
- Webpage: <http://www.wpc-edi.com/reference/>
 - Claim Adjustment Reason Codes (CARC)
 - Remittance Advice Remark Codes (RARC)
 - Claim Status Category Codes
 - Claim Status Codes

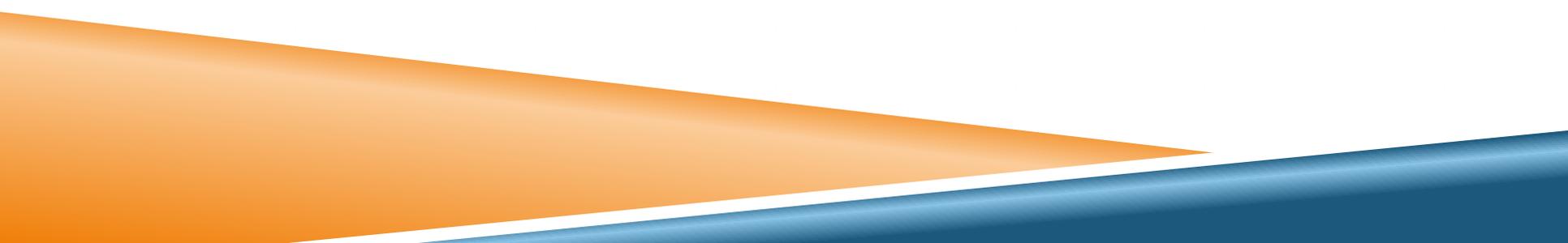
Timely Filing

- A claim initially must be filed within 12 months of the date of service.
 - A Medicare crossover claim must be filed within 12 months of the date of service or 6 months of the date of the Medicare provider's notice of an allowed claim, whichever date is later.
 - The final deadline to correct and refile for all claims is 24 months from the date of service.
- 

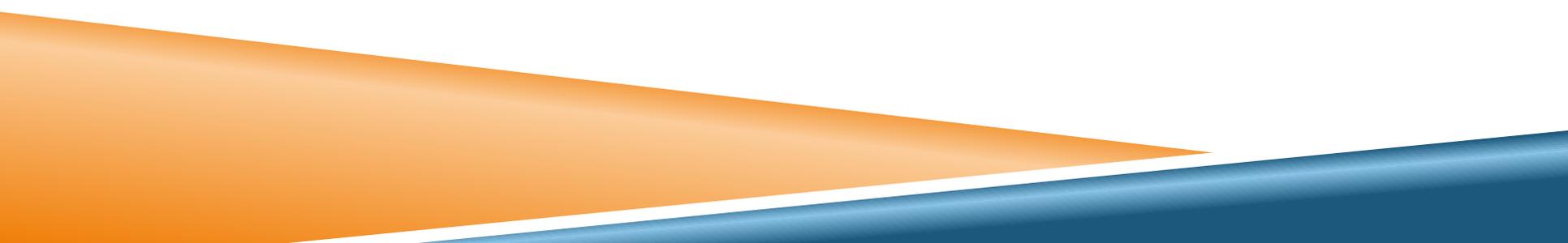
Exact/Suspect Duplicate Claim

- A duplicate to a paid claim is currently being processed or is in the paid claim history file
 - There is duplicate information on the same claim
- 

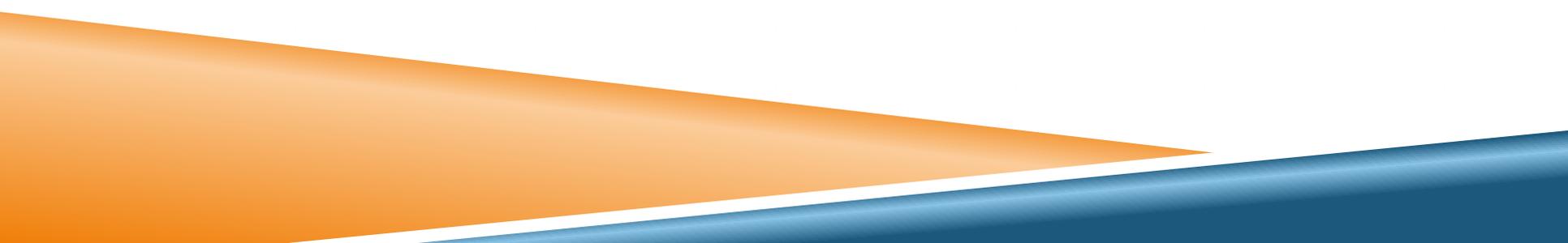
Potential Other Insurance

- The eligibility file indicates the participant has commercial insurance and the provider has left the insurance fields blank
 - File to the commercial carrier first before filing to MO HealthNet
 - Insurance was indicated on the claim but no payment or denial was listed
- 

Medicare Suspect

- 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 Protection against Non-payment

- Eligibility verification – vital for a paid claim
 - Bill all other insurances as primary – **MHD is payer of last resort.**
 - Bill claim as soon as possible with diagnosis participant was seen for on that date of service
 - If participant has limited benefit plan - ensure they understand and sign appropriate forms indicating they are responsible for payment if the service is non-covered.
- 

Self – Pay/Financial Agreements

- **Non-covered services**
- The provider must advise the participant prior to rendering service that the service is non-covered.
- There must be a self-pay agreement meeting the following guidelines: date of service, charges, procedure/services provided on that date of service, and must be signed on the date of service.
- A blanket form is not acceptable. These forms must be completed prior to the provider rendering services on each date of service.
- Must be kept in the patient's file.

Note: There is no MO HealthNet form for this process.



eMOMED Electronic Claim Filing

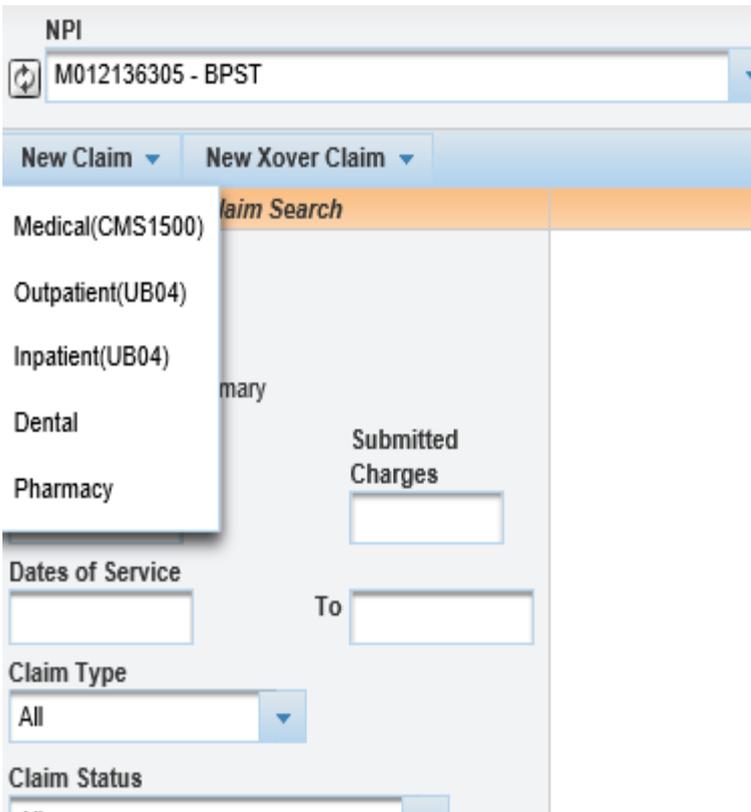


Welcome to eProvider

-  **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.

Claim Management

Select CMS 1500 (Medical) Claim Form



The screenshot shows a web application interface for claim management. At the top, there is a field for NPI (National Provider Identifier) with the value "M012136305 - BPST". Below this 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, there are fields for "Submitted Charges" and "Dates of Service" (with "To" and "From" sub-fields). A "Claim Type" dropdown is set to "All", and a "Claim Status" dropdown is partially visible at the bottom.

Source: <https://www.emomed.com>

Claim Header

Medical(CMS1500) Claim ? - □

Billing NPI: M012136305
BPST

Claim Header Information -

Participant Information Enter information as it appears on MHD card

Participant DCN * 01010101	Participant Last Name * patient	Participant First Name * ima
Patient Account Number 123 Optional		

Service Information

Referring Provider NPI M202174538 Required	Hospitalization Dates [] To []	
Service Facility Location []	Service Facility Name []	

Cause and Diagnosis Details

Related Cause Codes []	Last Menstrual Cycle Date []	Diagnosis Codes * Z89511 [] [] [] []
----------------------------	----------------------------------	---

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

Detail Line Summary

Add Detail Line

Detail Line Summary

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Bill
Add Detail Line #1						
Dates of Service *	Enter date of service 05/01/2017 To 05/01/2017		Place of Service *	Enter place of service 12 - Home		
Procedure Code *	Enter procedure code L5673		Modifiers	Enter modifier(s) NU		
National Drug Code			Decimal Quantity (9999999.999)			Prescription Number
Diagnosis Code *	Enter diagnosis code(s) Z89511		Billed Charges *	Enter usual & customary charges 600.00		Days/Units Billed * 1
Conditions	<input type="checkbox"/> Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/> Family Planning		Performing Provider NPI	Enter days/units M01213630; ✕ Enter performing provider NPI		
Save Detail Line to Claim		Reset				

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	05/01/2017 - 05/01/2017	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 * Z89511 []	Billed Charges * []	Days/Units Billed * []
Conditions <input type="checkbox"/> Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/> Family Planning	Performing Provider NPI []	

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.

Replacement To Be Denied. Copy claim Printer friendly

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Details		Claim Data		Payment Details	
IMA PATIENT	4917153077991	Claim Submission Date	06/02/2017	Total Paid	0.00
Participant DCN 01010101	First Date Of Service 05/01/2017	Last Date of Service	05/01/2017	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 06/02/2017	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

Why Did Claim Deny ?

Claim Status

Claim Details

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Participant Details	Claim Data	Payment Details
Participant Name IMA PATIENT	ICN 4922102012687	Claim Submission Date 04/12/2022
Participant DCN 01010101	First Date Of Service 03/25/2022	Last Date of Service 03/25/2022
	Claim Type MEDICAL	Bill Type
	Total Charges 125.00	Check Number

Provider Details	Claim Status Details
Claim status details	Claim Status 21
	Category Code F0
Taxonomy Code	Status Effective Date 04/12/2022
	Adjudication Date 04/12/2022

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	03/25/2022 - 03/25/2022		92111		1	125.00	0.00	20	A2		04/12/2022

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

Finding the Claim that needs to be fixed

Claim Management

NPI
M822627402 - MID-AMERICA HOSPICE

New Claim ▾ New Xover Claim ▾

Claim Search

ICN **ICN**
 Advanced
 Daily Claim Summary

Participant DCN Submitted Charges
Dates of Service To

DCN and date of service

Claim Status
All ▾

Submission Date

Show My Claims Only

Search Clear

Finish

Correcting your claim

Claim Status ? - □

✔ Claim received

Replacement if paid denied, therefore some functions are not available.

Claim Details

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Participant Details	Claim Details	Payment Details
Participant Name IMA PATIENT	Claim ID 4916347041121	Total Paid 0.00
Participant DCN 01010101	First Date Of Service 11/01/2016	RA Date
	Last Date of Service 11/01/2016	Check Number
	Claim Type OUTPATIENT	
	Bill Type 1	
	Total Charges 4,802.40	

Provider Details	Claim Status Details		
NPI M012136305	Claim Status 33	Category Code F0	Entity Identifier Code
Taxonomy 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.

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 and Commercial Insurance

Select Claim Form CMS-(Medical)1500

Claim Management

NPI
M012136305 - BPST

New Claim New Xover Claim

Claim Search

ICN
 Advanced
 Daily Claim Summary

Participant DCN Submitted Charges
[] []

Dates of Service To []

Claim Type
All

Claim Status
All

Submission Date
[]

Show My Claims Only

Search Clear

Finish

Claim Header

Medical(CMS1500) Claim ? - □

Billing NPI: M012136305
BPST

Claim Header Information -

Participant Information Enter information as it appears on MHD card

Participant DCN * 01010101	Participant Last Name * patient	Participant First Name * ima
Patient Account Number 123 Optional		

Service Information

Referring Provider NPI M202174538 Required	Hospitalization Dates [] To []	
Service Facility Location []	Service Facility Name []	

Cause and Diagnosis Details

Related Cause Codes []	Last Menstrual Cycle Date []	Diagnosis Codes * Z89511 [] [] [] []
----------------------------	----------------------------------	---

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

Detail Line Summary

Add Detail Line

Detail Line Summary

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Bill
Add Detail Line #1						
Dates of Service *	Enter date of service		Place of Service *	Enter place of service		
05/01/2017	To	05/01/2017	12 - Home			
Procedure Code *	Enter procedure code		Modifiers	Enter modifier(s)		
L5673			NU			
National Drug Code			Decimal Quantity (9999999.999)	Prescription Number		
Diagnosis Code *	Enter diagnosis code(s)		Billed Charges *	Enter usual & customary charges		Days/Units Billed *
Z89511			600.00			1
Conditions			Performing Provider NPI	Enter days/units		
<input type="checkbox"/> Emergency			M01213630			
<input type="checkbox"/> EPSDT						
<input type="checkbox"/> Family Planning			Enter performing provider NPI			
Save Detail Line to Claim		Reset				

Click save detail line to claim

Add EOB 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	05/01/2017 - 05/01/2017	12 - Home	L5673	NU		600.00	✎ 🗑

Add Detail Line #2

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

Save Detail Line to Claim
Reset

Other Payers (click to manage) +

Invoice of Cost (click to manage) +

Certificate of Medical Necessity (click to manage) +

Submit Claim
Printer Friendly
Reset
Cancel

Click: other payers

Add EOB Information

Other Payers -

Header Summary

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

Add/Edit Details

Filing Indicator *		Payer Responsibility Sequence Number *	
CI - Commercial Insurance Co.	Select filing indicator <input type="button" value="v"/>	P - Primary	<input type="button" value="v"/>
Other Payer ID *	Other Payer Name *	Paid Date *	Remittance Advice Remark Codes
123 <input type="button" value="x"/> Other payer ID	UMR	05/15/2017 Paid date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Paid Amount *	Total Denied Amount *	Other payer name	
400.00 <input type="button" value="x"/> Paid amount	0.00		
<input type="checkbox"/> Payer at Header Level			
<input type="button" value="Save Other Payer Data and Manage Codes"/> Save other payer data & manage codes			
<input type="button" value="Save Other Payer To Claim"/> <input type="button" value="Reset"/>			

Invoice of Cost (click to manage) +

Certificate of Medical Necessity (click to manage) +

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	

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.

Submit Claim

Other Payers -

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
123	UMR	05/15/2017	CI - Commercial Insurance Co.	400.00	

Add/Edit Details

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

Invoice of Cost *(click to manage)* +

Certificate of Medical Necessity *(click to manage)* +

Click: submit claim

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

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) Medicare Part C)
- Part C Non-QMB= Medical CMS-1500 (Not a Crossover form)
 - (Filing Indicator (16) Health Maintenance Org Medicare Risk)

Professional Crossover Part C

eProvider ePassport Welcome, Dana [Log Out](#)

Home / eProvider / Claim Management

Medicare CMS-1500 Part C Professional Claim

Billing NPI: M502174501
CORRECTIVE ACTION PAYMENT

Claim Header Information

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"/>	<input type="text" value="12345689A"/>	

Enter the Medicare HIC #

Service Information	
Medicare Provider NPI *	Hospitalization Dates
<input type="text" value="M502174501"/>	<input type="text"/> To <input type="text"/>

Diagnosis Codes

Diagnosis Codes *

<input type="text" value="R131"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------------------------	----------------------	----------------------	----------------------	----------------------

Save claim header to continue.

MO HealthNet will have a transition period from April 1, 2018 through December 31, 2019, in which we are able to accept either the old HICN or the new MBI number. **Effective January 1, 2020, providers will only be able to submit claims using the new MBI number.**

Professional Crossover Part C – Add 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 #1							
Dates of Service * 03/01/2017 To <input type="text"/>		Place of Service * 11 - Office <input type="button" value="v"/>					
Procedure Code * 99215		Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
National Drug Code <input type="text"/>		Decimal Quantity (9999999.999) <input type="text"/>					
Diagnosis Code * R131 <input type="button" value="v"/>		Billed Charges * 130.00			Days/Units Billed * 1 <input type="text"/>		
Paid Amount * 100.00		Amount Part C paid		Performing Provider NPI * M502174501			
<input type="button" value="Save Detail Line to Claim"/> <input type="button" value="Reset"/>							

Save detail line to claim

 Save Detail Line to Claim to continue.

Professional Crossover Part C – Add Other Payer Information

Other Payers

Header Summary

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

Add/Edit Details

Filing Indicator * 16-Medicare Part C Professional **Payer Responsibility Sequence Number *** P - Primary

Other Payer ID * 1 **Other Payer Name *** Humana **Paid Date *** 04/15/2017

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

Payer at Header Level

Save Other Payer Data and Manage Codes

Save other payer data and managed codes

Professional Crossover Part C – Add Group Code, Reason Code, Adjustment Amount for Other Payer from EOB

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			P - Primary		
Other Payer ID *	Other Payer Name *	Paid Date *		Remittance Advice Remark Codes	
1	Humana	04/15/2017		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Paid Amount *	Total Denied Amount *	Payer at Header Level			
100.00	0.00	<input type="checkbox"/>			

[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 *				
<input type="checkbox"/> 1				
Claim Group Code *	Claim Adjustment Reason Code *	Adjustment Amount *		
PR - Patient Responsibility		30.00		
- Select One -		<input type="text"/>		
- Select One -		<input type="text"/>		
- Select One -		<input type="text"/>		

Save Codes to Other Payer

[Save Other Payer To Claim](#)

01 – Deductible
 02 – Coinsurance
 03 – Co Payment

Professional Crossover Part C – Save Other Payer to Claim

Other Payers

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
Add/Edit Details					
Filing Indicator * 16-Medicare Part C Professional			Payer Responsibility Sequence Number * P - Primary		
Other Payer ID * 1		Other Payer Name * Humana		Paid Date * 04/15/2017	
Paid Amount * 100.00		Total Denied Amount * 0.00		Remittance Advice Remark Codes	
<input type="checkbox"/> Payer at Header Level					

[Edit Other Payer Info](#)

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

Line Item(s)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount	Action
1	PR - Patient Responsibility	02	30.00	

Add / Edit Other Payer Detail Information

Associated Line Items *

1

Claim Group Code *	Claim Adjustment Reason Code *	Adjustment Amount *
- Select One -		

[Save Codes to Other Payer](#) [Reset](#)

[Save Other Payer To Claim](#) [Reset](#)

Click: save other payer to claim

Save the Other Payer to Claim to continue.
[Submit Claim](#) [Printer Friendly](#) [Reset](#) [Cancel](#)

Professional Crossover Part C – Submit Claim

Other Payers

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
1	Humana	04/15/2017	16-Medicare Part C Professional	100.00	 

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"/>	
<input type="checkbox"/> Payer at Header Level			
<input type="button" value="Save Other Payer Data and Manage Codes"/>			
<input type="button" value="Save Other Payer To Claim"/> <input type="button" value="Reset"/>			

Click: submit claim

Professional Crossover Part C – Printer Friendly

MO HealthNet

Medicare CMS-1500 Part C Professional Claim Details - ICN: 4917172065505

Billing NPI: M502174501

Claim Header Information

Participant Information		
Participant DCN 01010101	Participant Last Name PATIENT	Participant First Name IMA
Patient Account Number 1234	Participant Medicare ID(HIC) 12345689A	
Service Information		
Medicare Provider NPI M502174501	Hospitalization Dates	
Diagnosis Codes		
Diagnosis Codes R131		

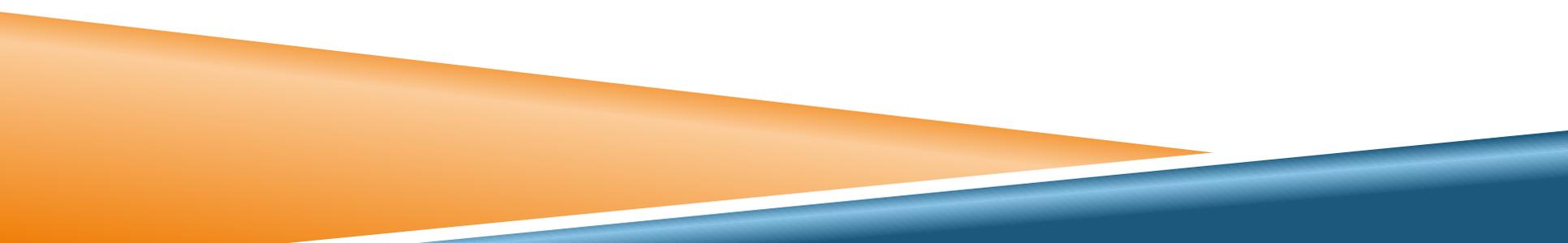
Claim Service Lines

Service Line 1		
Dates of Service 03/01/2017 To 03/01/2017	Place of Service 11 - Office	
Procedure Code 99215	Modifiers	
National Drug Code	Decimal Quantity (999999.999) 0.000	
Diagnosis Code R131	Billed Charges 130.00	Days/Units Billed * 1
Paid Amount 100.00	Performing Provider NPI M502174501	

Service Line Other Payers

Service Line 1 Payer 1 Details		
Filing Indicator 16-Medicare Part C Professional	Payer Responsibility Sequence Number Primary	
Other Payer ID 1	Other Payer Name HUMANA	Paid Date 04/15/2017
Paid Amount 100.00	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 PR - Patient Responsibility	Claim Adjustment Reason Code 02	Adjustment Amount 30.00

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

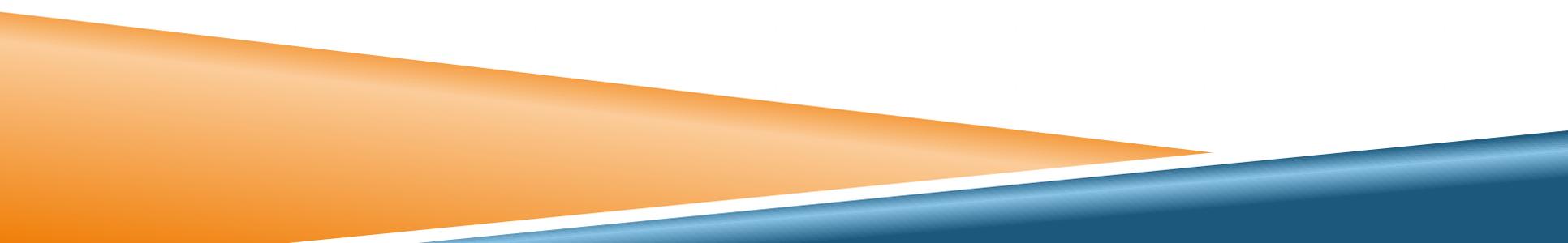
Participants' Resources

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)



Constituent Education

Constituent Education

(573) 751-6683 or

Email: **MHD.provtrain@dss.mo.gov**

Inquiries regarding education and training.

Register for Training Today!

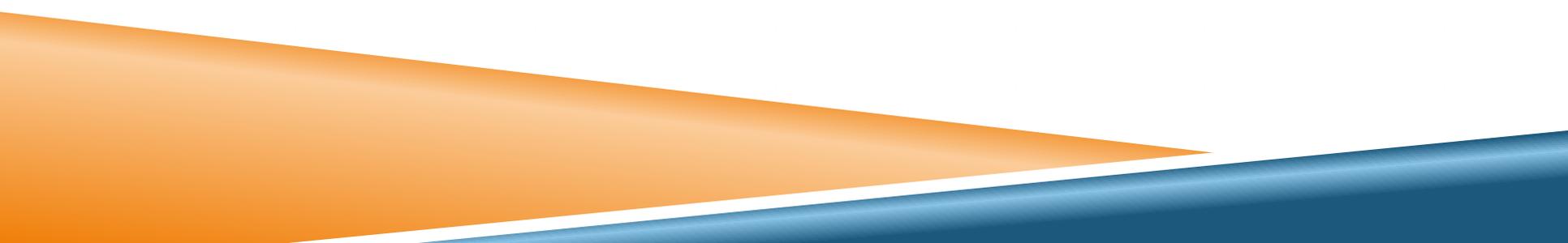
<http://dss.mo.gov/mhd/providers/education>

Clinical Services

(573) 751-6963 or

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

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

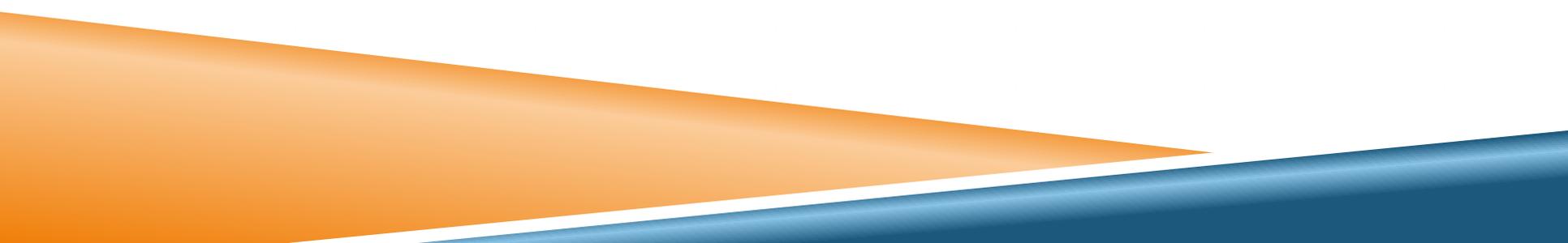


Pharmacy & Medical Pre-Certification Help Desk

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>

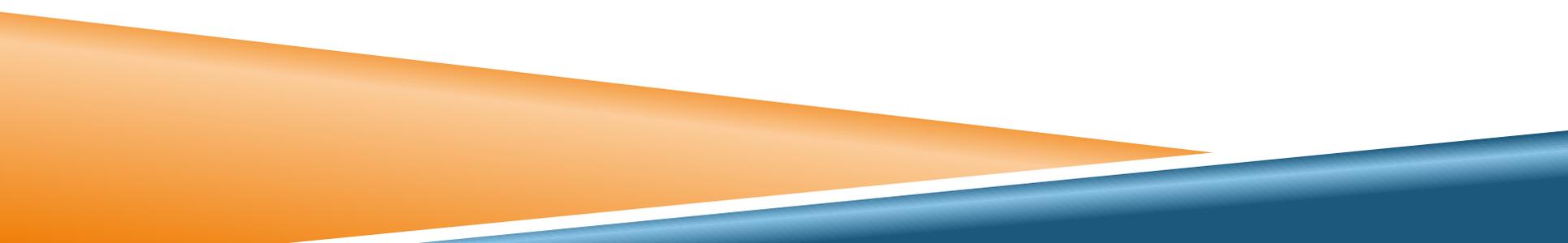


MHD Services & Programs

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:

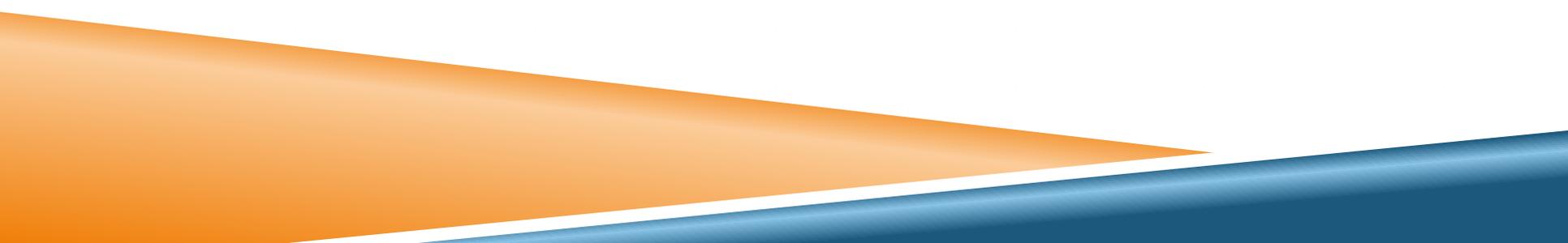
<http://manuals.momed.com/manuals>

Physician Manual:

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

Hospital Manual:

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



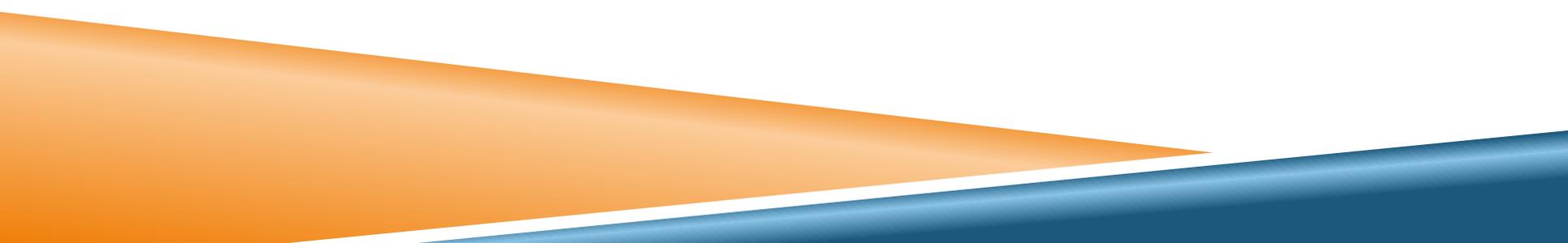
Provider Bulletins and Hot Tips

Provider Bulletin Webpage:

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

Hot Tips Webpage:

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



Q & A

You have

Questions

We have

Answers