

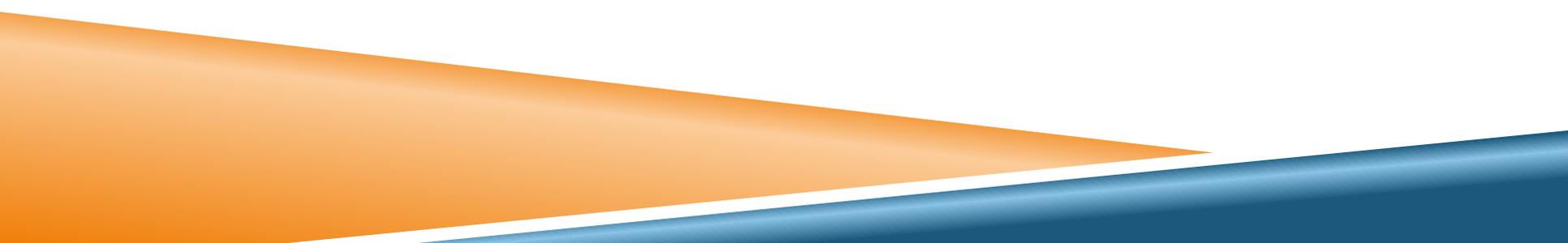


Dental

Policy and Billing Resources

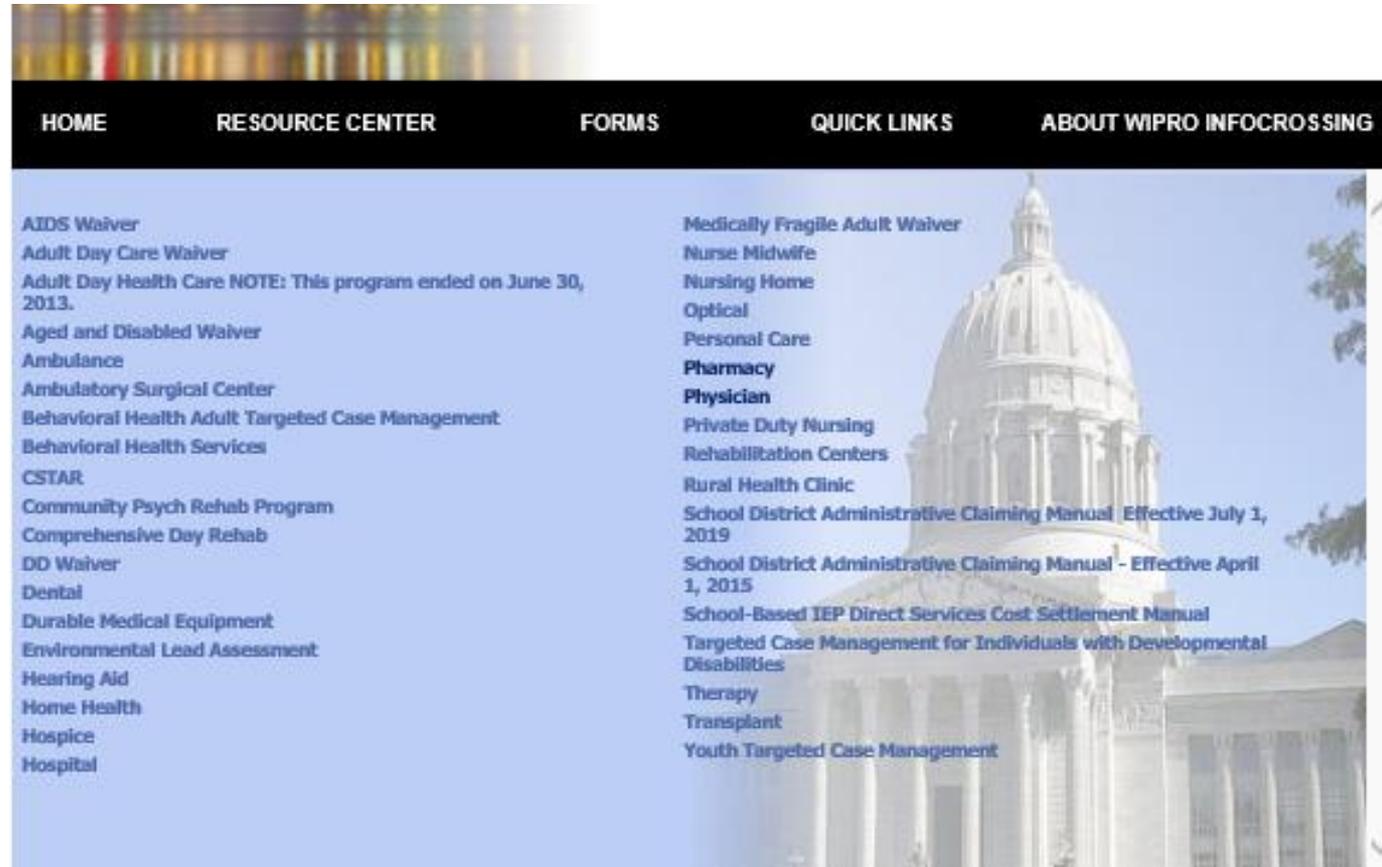
Amanda Fahrendorf

PowerPoint Overview

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

Dental Provider Manual

Dental Provider Manual



The screenshot shows a website interface with a black navigation bar at the top containing the following links: HOME, RESOURCE CENTER, FORMS, QUICK LINKS, and ABOUT WIPRO INFOCROSSING. Below the navigation bar is a light blue content area with a background image of the Illinois State Capitol building. The content area is divided into two columns of text. The left column lists various services and programs, and the right column lists additional services and manuals. The text is as follows:

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.

SECTION 1-PARTICIPANT CONDITIONS OF PARTICIPATION	16
1.1 INDIVIDUALS ELIGIBLE FOR MO HEALTHNET, MANAGED CARE OR STATE FUNDED BENEFITS	16
1.1.A DESCRIPTION OF ELIGIBILITY CATEGORIES	16
1.1.A(1) MO HealthNet	16
1.1.A(2) MO HealthNet for Kids	17
1.1.A(3) Temporary MO HealthNet During Pregnancy (TEMP)	19
1.1.A(4) Voluntary Placement Agreement for Children	19
1.1.A(5) State Funded MO HealthNet	19
1.1.A(6) MO Rx	20
1.1.A(7) Women’s Health Services	20
1.1.A(8) ME Codes Not in Use	21
1.2 MO HEALTHNET AND MO HEALTHNET MANAGED CARE ID CARD	21
1.2.A FORMAT OF MO HEALTHNET ID CARD	22
1.2.B ACCESS TO ELIGIBILITY INFORMATION	23
1.2.C IDENTIFICATION OF PARTICIPANTS BY ELIGIBILITY CODES	23
1.2.C(1) MO HealthNet Participants	23
1.2.C(2) MO HealthNet Managed Care Participants	23
1.2.C(3) TEMP	23
1.2.C(4) Temporary Medical Eligibility for Reinstated TANF Individuals	24
1.2.C(5) Presumptive Eligibility for Children	24
1.2.C(6) Breast or Cervical Cancer Treatment Presumptive Eligibility	24
1.2.C(7) Voluntary Placement	24

General vs. Program Specific Sections

General Sections:

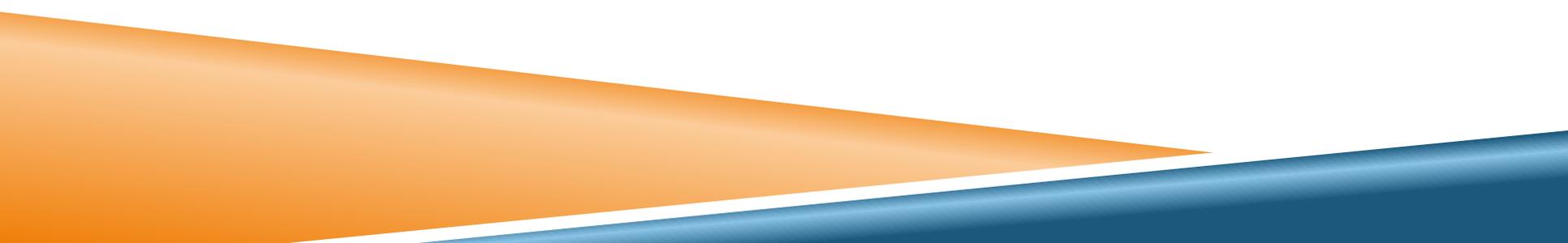
General sections published in each manual are written broadly to encompass all provider types.

(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 **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: “Crown, Dentures, D0120...”

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 – Health 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

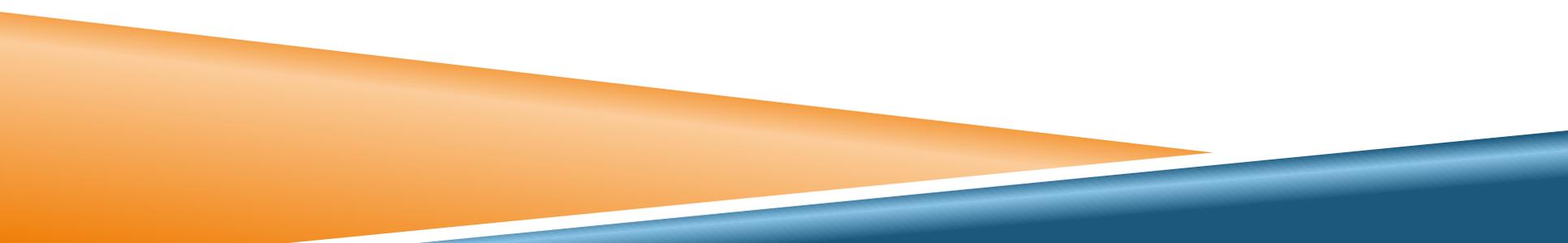
** Program Specific Section

Provider Manual Overview

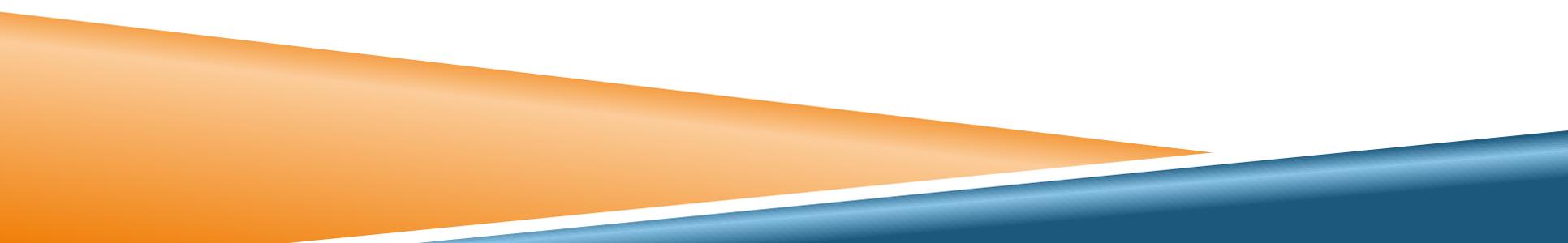
- Section 17 – Claims Disposition
- Section 18 – Diagnosis Codes **
- Section 19 – Procedure Codes (CDT Codes) **
- Section 20 – Exception Process
- Section 21 – Advance Health Care Directives
- Section 22 – Non-Emergency Transportation (NEMT)
- Section 23 – Claim Attachment and Processing

** Program Specific Section

Section 1- Client conditions of Participation

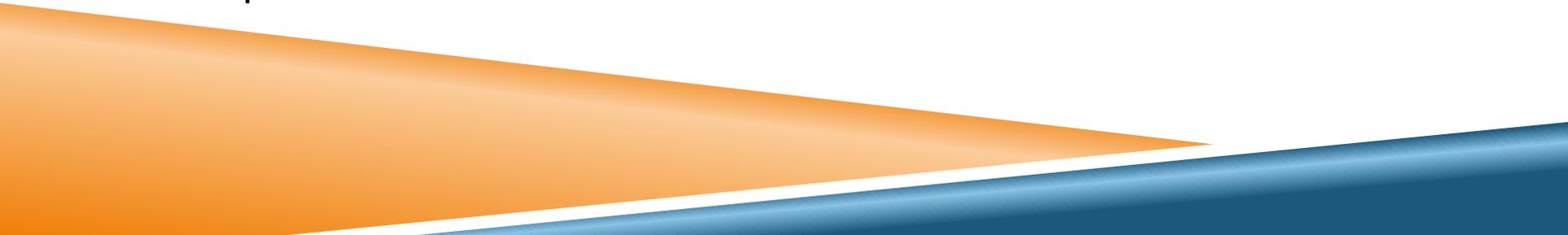
- Eligibility Categories-General eligibility information
 - Medical Eligibility (ME) Codes- Descriptions
 - Managed Care – General guidelines
 - Qualified Medicare Beneficiaries (QMB)
 - General Spend down information
- 

Section 2- Provider Conditions of Participation

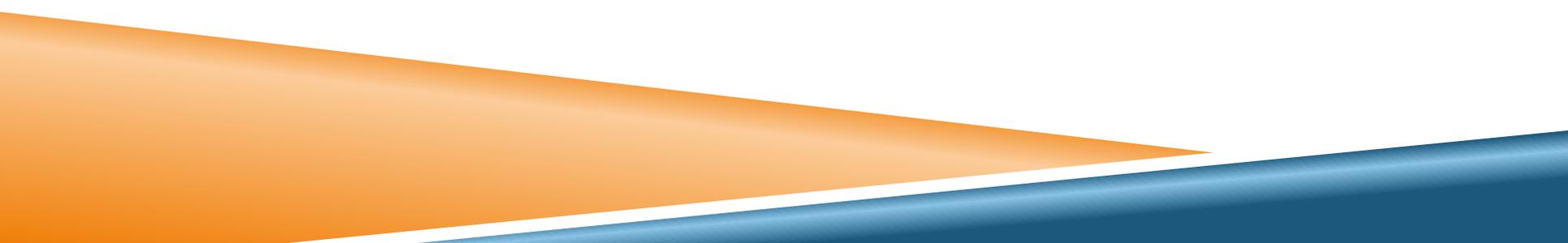
- Provider Eligibility- General Enrollment information
 - eMOMED- enrollment information
 - Notification of changes
 - Retention of Records- must retain records for 5 years from the date of services
 - Fraud and Abuse (Missouri Medicaid Audit and Compliance) General information about MMAC
- 

Section 2.3.A - Adequate Documentation

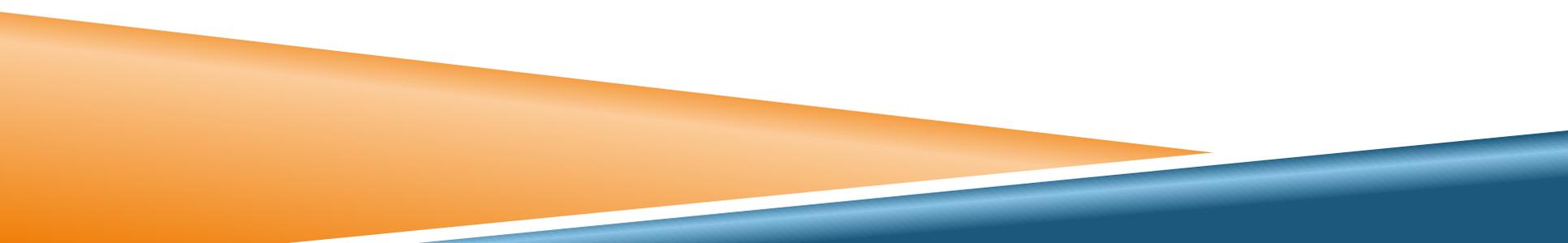
13 CSR 70-3.030, Section (2)(A) defines “adequate documentation” and “adequate medical records” as follows:

- 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.
- 

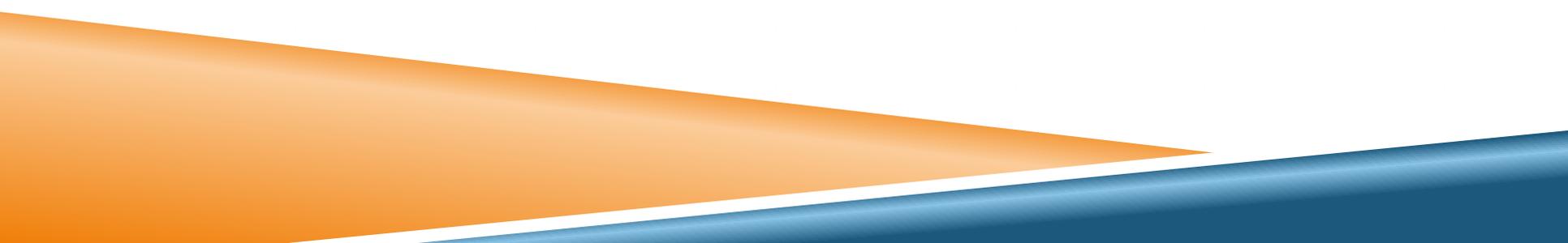
Section 3- Stakeholder Services

- 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

- 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

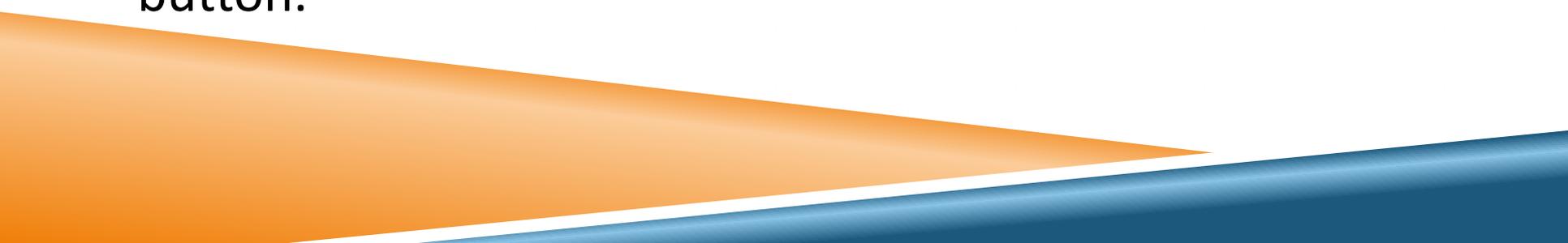
Section 6- Adjustments

- 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 (CMN)

Not Applicable to Dental providers.

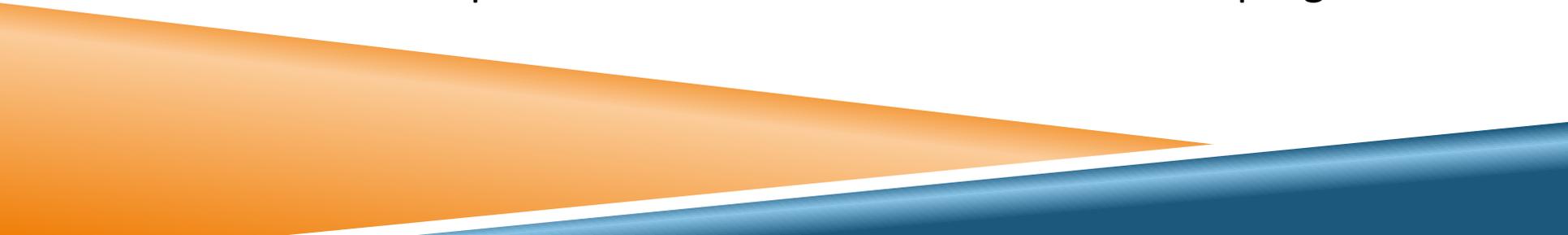
- Instructions for completing the CMN

NOTE: All required attachments for the dental program must be mailed attached to the PA or the claim.

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 Dental program.



PA Helpful Hints

- Providers are cautioned that an approved PA approves only the medical necessity of the service and **does not guarantee payment.**
- Completed PA requests along with all required documentation must be mailed to:

MHD

P.O. Box 5700

Jefferson City, MO 65102-5700

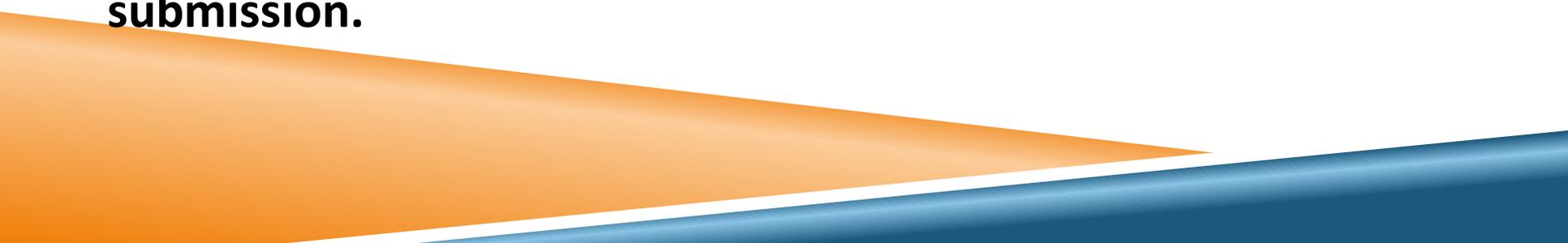
Dental Provider Manual Section 14.2 Prior Authorization Request
http://manuals.momed.com/collections/collection_den/print.pdf

PA Helpful Hints Continued...

PA Determinations

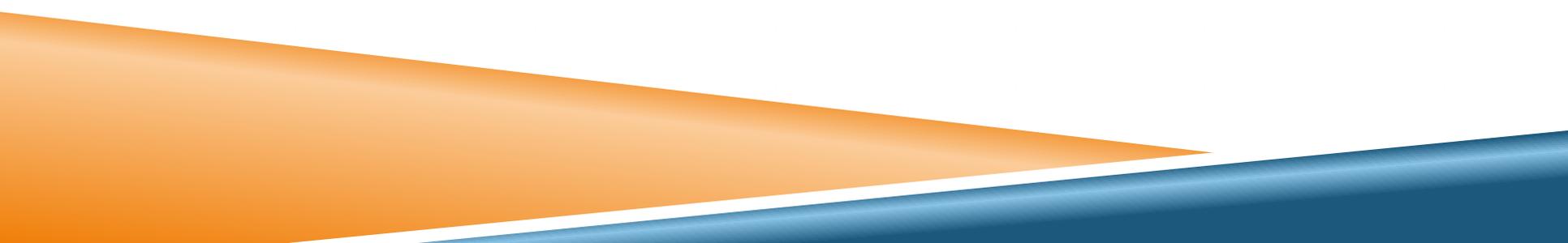
- Responses are broken down by line number.
- Refer to your copy of the original PA submission for line detail information.
- “I” Incomplete – often means the documentation was not sufficient to approve the requested procedure. Review your documentation and be sure x-rays and case notes are clear.
- 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 with this submission.



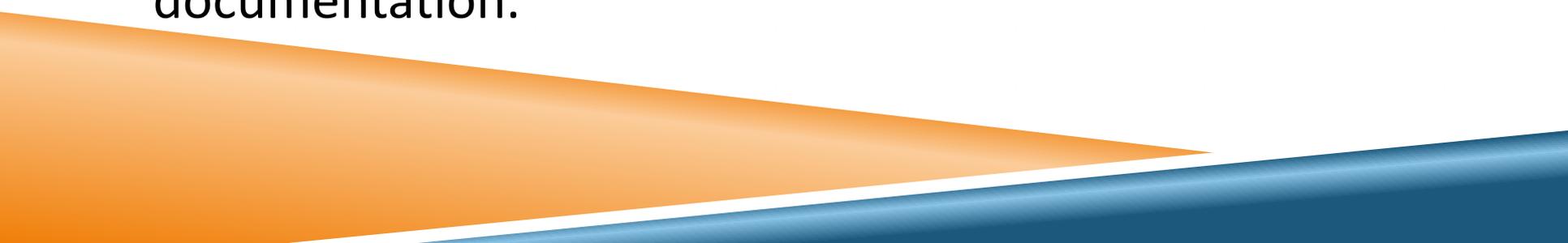
PA Helpful Hints continued...

Provider Information:

- Submit the PA request under the Clinic/Billing NPI.
 - If you submit the PA under a performing provider's NPI it will limit who can provide the service.
 - If submitted under the Clinic/Billing NPI any enrolled provider can perform the service within that clinic.
- 

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

Status of Prior Authorizations

PA Status Search

NPI
MD12136305 - BPST

Search *Results*

Participant DCN

Procedure Code

Modifiers

PA Status *

- Approved
- Closed
- Denied
- Hold
- Incomplete
- Pending
- All

Home | [Contact](#) | [Search Center](#) | [Troubleshooting](#)

Check Status of PA's on eMOMED

Section 9- Healthy Children and Youth Program

Section 9.6.E Dental Screen

9.6.E DENTAL|SCREEN

PROCEDURE CODE	DESCRIPTION	MO HEALTHNET MAXIMUM ALLOWABLE AMOUNT
99429	HCY Dental Screen	\$20.00
99429UC	HCY Dental Screen with Referral	\$20.00

A dental screen is available to the HCY/EPSTDT population on a periodicity schedule that is different from that of the full HCY/EPSTDT screen.

Children may receive age-appropriate dental screens and treatment services until they become 21 years old. *A child's first visit to the dentist should occur no later than 12 months of age so that the dentist can evaluate the infant's oral health, intercept potential problems such as nursing caries, and educate parents in the prevention of dental disease in their child.*

Section 10 -Family Planning

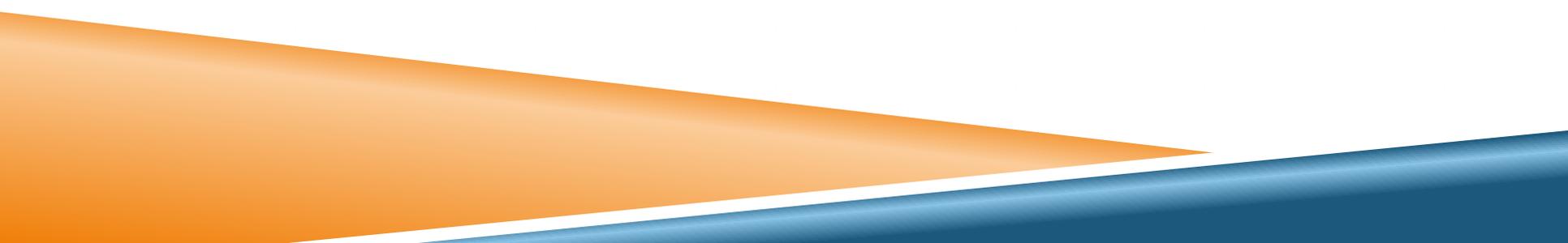
REMEMBER:

Participants with Family Planning only are not eligible for dental services:

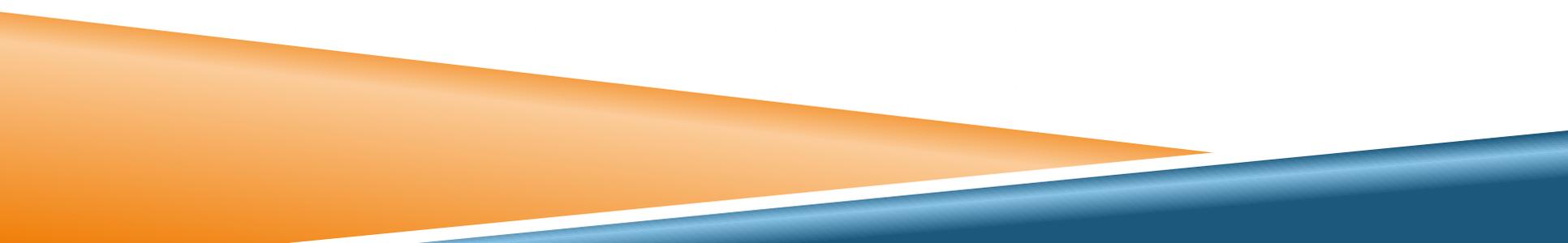
ME Code 80 and 89

(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

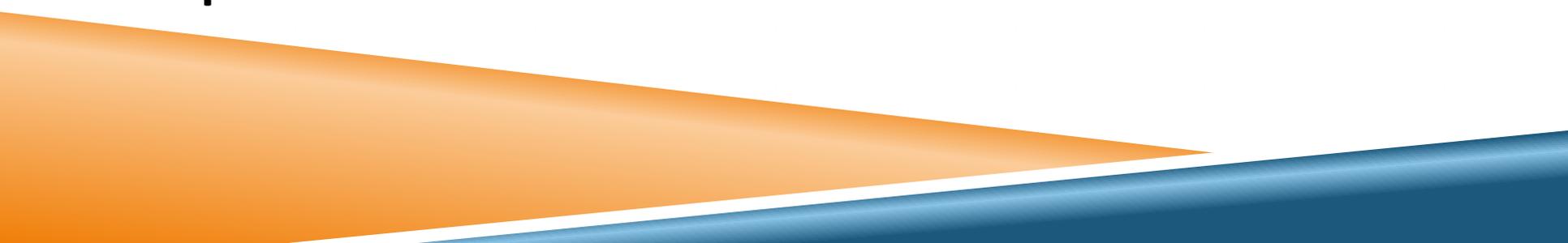
- Basis for Establishing a Rate of Payment
 - On-line Fee Schedule- general information
 - Medicare/Medicaid Reimbursement (crossover claims)
 - Participant Copay and Coinsurance
 - MO HealthNet Managed Health Care Delivery System
Method of Reimbursement
 - MO HealthNet Managed Health Care
- 

Section 13 – Benefits and Limitations

Benefits and limitations are administered differently based on how the individual qualified for services.

- Limited Adult Dental Coverage: Adults who are not pregnant, blind, or residing in a nursing home. (Outlined in section 13)
- Comprehensive Dental Benefit: Children, pregnant, blind, and participants residing in a nursing home. (Outlined in Section 19)

NOTE: ME codes 80 and 89 Family Planning codes and temp codes don't receive dental services



Section 13.1

Limited Adult Dental Coverage

Procedure Code	Description	Requirements/Limitations
D0140	Limited oral evaluation – problem focused	None
D0220	Intraoral – periapical – first film	None
D0230	Intraoral – periapical – each additional film	4 per day
D0330	Panoramic film	Ages 6 and over, 1 per 24 months
D7140	Extraction, erupted tooth or exposed root (evaluation and/or forceps removal)	None
D7210	Removal of erupted tooth requiring removal of bone and/or sectioning of tooth	None
D9110	Palliative (emergency) treatment of dental pain – minor procedure	None
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	Operative report required
D7220	Removal of impacted tooth – soft tissue	X-ray required if not teeth #s 1, 16, 17 or 32
D7230	Removal of impacted tooth – partially bony	X-ray required if not teeth #s 1, 16, 17 or 32
D7510	Incision and drainage of abscess – intraoral soft tissue	None
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	None
D7520	Incision and drainage of abscess – extraoral soft tissue	None
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	None

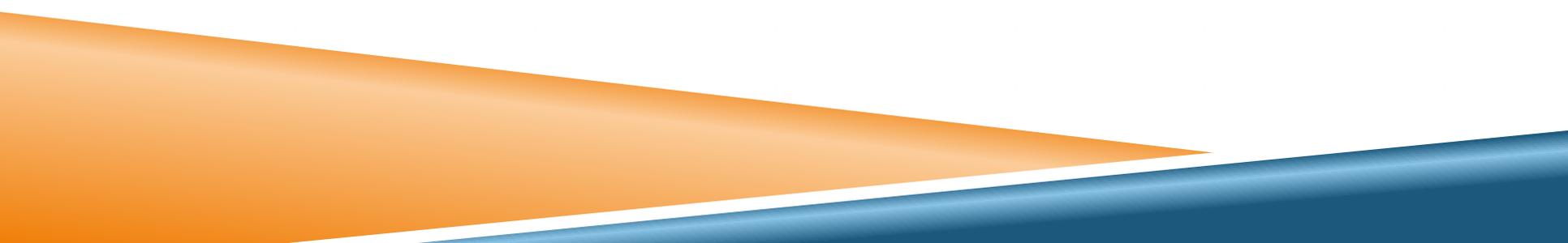
Additional Adult Dental Services

Additional dental services may be provided for adults in a limited dental benefit package if dental care is related to a traumatic injury to the jaw, mouth, teeth or other contiguous (adjoining) sites (above the neck), including but not limited to:

- Motor vehicle accident
- Fracture of the jaw or any facial bone
- **And...**

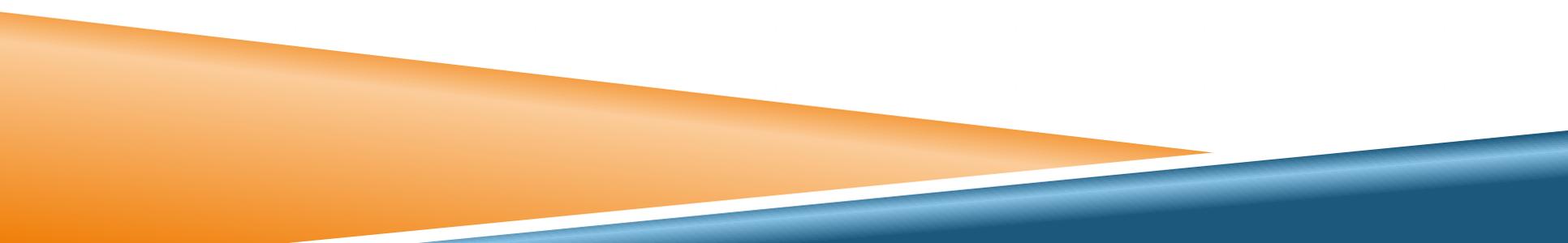
Dental Provider Manual Section 13.1

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



Additional Adult Dental Services

Pre-existing medical conditions may include, but are not limited to:

- Transplants
 - AIDS
 - Chemo/radiation therapy
 - Heart valves
 - Diabetes
 - Seizure disorder treated with Dilantin
 - Any other medical condition where if the dental condition is left untreated, it would adversely affect the health of the participant resulting in a higher level of care.
- 

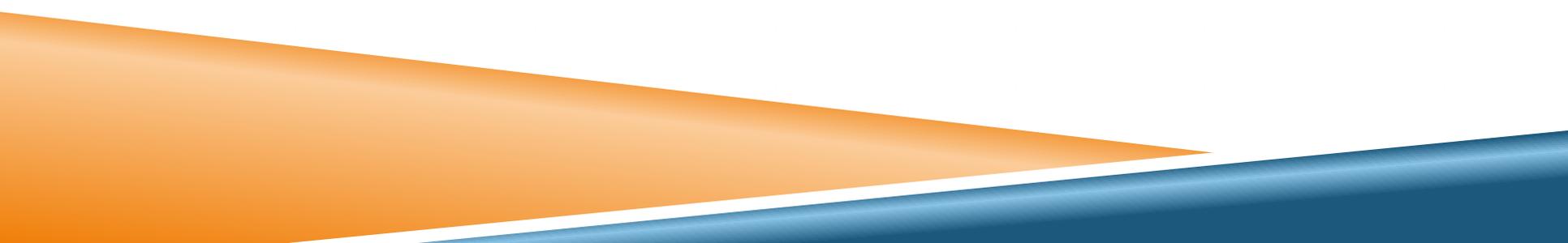
Additional Adult Dental Services

MHD may cover additional dental services for adult participants, age 21 and over, with medical documentation and justification:

- Written referral from participant's physician stating that the absence of dental treatment would adversely affect the stated pre-existing medical condition.

Dental Provider Manual Section 13.1

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



Physician Referral

The physician referral **must** be maintained in the participant's record and made available to the MHD upon request.

It must include the following:

- *referring physician name and NPI*
- *type of dental service needed*
- *the medical condition that would be adversely affected without dental care*

Dental Provider Manual Section 13.1

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



Medical Necessity Referral Form

Medical Necessity Referral Form – Dental (EXAMPLE)

**To be filled out by referring physician and kept on file in the dental office*

<u>Patient Name and Address</u>	<u>Date of Birth</u>	<u>MO HealthNet ID #</u>

		<u>Patient Phone #</u>

<u>ICD-10 Diagnosis Code(s)</u>		<u>Dental Diagnosis Code(s)</u>
_____		_____
_____		_____
_____		_____
<u>Requested Dental Procedures Description</u>		

<u>Prognosis with Treatment</u>		

<u>Dentist Provider Name and Address</u>		<u>Dentist Provider NPI</u>
_____		_____
_____		_____

		<u>Dentist Provider Phone #</u>

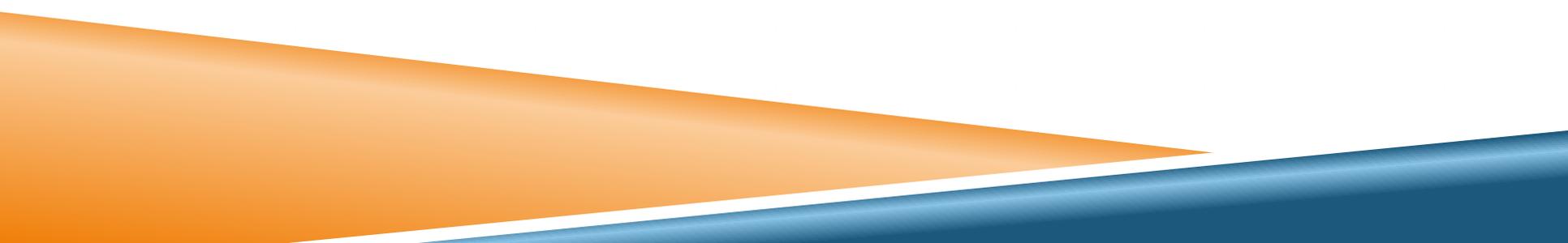
<u>Referring Provider Name and Address</u>		<u>Referring Provider NPI</u>
_____		_____
_____		_____

		<u>Referring Provider Phone #</u>

<u>Referring Provider Signature</u>		<u>Date</u>
_____		_____

13.7 Custom-Made Items

MO HealthNet provider payment may be made for custom-made items, such as dentures:

- 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 13.7 for the full process)



13.32.B Fluoride Varnish

- Fluoride varnish is covered for participants age 20 and under when applied in a **dental office**.
- Fluoride varnish can be applied for participants age five (5) and under by a physician, nurse practitioner or other medical professionals (RN, LPN, Physician Assistant) working in a physician's office or clinic.
-

Section 14 – Special Documentation Requirements

14.1 Operative Report (OR)

An operative or special descriptive report (as indicated by the procedure) may be requested by the State Dental/Orthodontic Consultant to assist in determining the exact procedure(s) performed and subsequent reimbursement. Certain procedure codes always require a report with each claim submission.

14.2 Prior Authorization (PA)

Special rules that are specific to the Dental PA process.

Dental Provider Manual Section 14.1 Operative Report

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



Section 15 – Billing Instructions

Paper vs Electronic submission:

- Dental claims can be submitted electronically on the eMOMED website: www.emomed.com.
- Claims requiring documentation, such as an operative report or x-rays, **must** be filed on paper. (claim instructions 15.7)

NOTE: 2019 ADA Claim Form required as of 5/1/2021

Paper claims are to be submitted to:

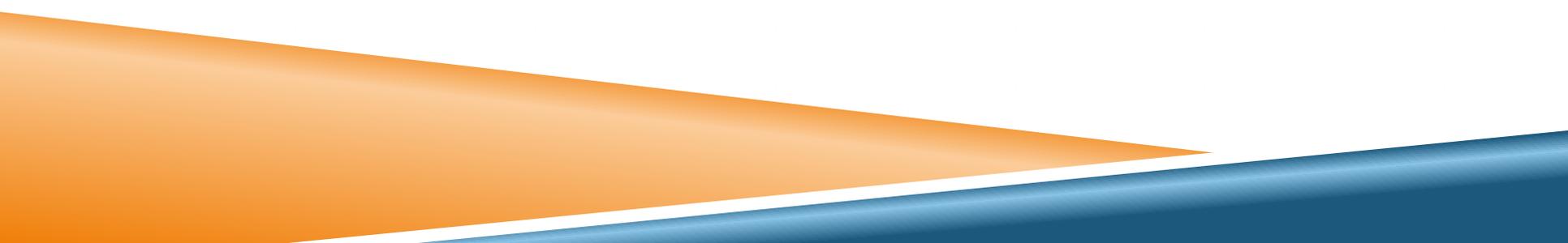
MO HealthNet Division

P.O. Box 5600

Jefferson City, MO 65102-5300

Section 16 – Medicare/Medicaid Crossover Claims

What you need to know:

- MO HealthNet knows that Medicare Part B doesn't cover most Dental services. If you know it's not covered you don't have to bill Medicare Part B.
 - Always bill Medicare Part C. Some Part C plans have extra benefits and change frequently.
- 

Section 17 – Claims Disposition

17.1 Access to Remittance Advices

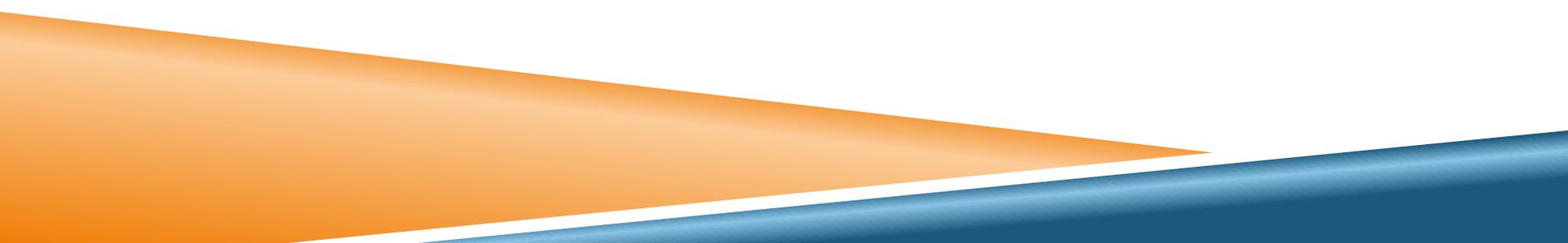
17.2 Internet Authorization

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

18.2 TOOTH NUMBER/LETTER CODES

“Tooth Number” column of Field #27 on the Dental Claim Form.

- A-T Primary teeth as shown on chart on claim form
- 1-32 Permanent teeth as shown on chart on claim form
- 51-82 Permanent supernumerary tooth
- AS-TS Primary supernumerary tooth

18.3 TOOTH SURFACE CODES

“Surface Code” column of Field #28 on the Dental Claim Form.



Section 19 – Procedure Codes

Dental services covered for participants under 21, pregnant women, blind, or nursing facility residents.

NOTE: Some codes on this list are covered in the “Limited Adult Dental Package”. Refer to section 13 for more details.

* Coverable for children under 21 or for persons under a category of assistance for pregnant women, the blind or nursing facility residents.

** Dental services procedure codes considered for trauma or medical condition.

PA=Prior Authorization Request; MP=Manually Priced; IOC=Invoice of Cost

§ Dental services procedure codes considered support (billable only in conjunction with a trauma or medical code).

+ Covered under the Dental Hygienist Program.

¥ Assistant surgeon is also covered. CPT modifier 80 must be added to the code when billing as an assistant surgeon.

Dental Manual Section 19

19.1.D(2) Resin Restorations			
§D2330	Resin-based composite - one surface, anterior	*None	\$51.49
§D2331	Resin-based composite - two surfaces, anterior	*None	\$63.86
§D2332	Resin-based composite - three surfaces, anterior	*None	\$75.84
§D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	*None	\$95.00
§D2390	Resin-based composite crown, anterior	*None	\$139.70
§D2391	Resin-based composite - one surface, posterior	*None	\$55.08
§D2392	Resin-based composite - two surfaces, posterior	*None	\$71.84
§D2393	Resin-based composite - three surfaces, posterior	*None	\$92.60
§D2394	Resin-based composite - four or more surfaces, posterior	*None	\$111.24
19.1.D(3) Crowns-Single Restorations Only			
Includes all prior preparation			
D2710	Crown - resin-based composite (indirect)	0-20	\$279.39/PA
D2720	Crown - resin with high noble metal	0-20	\$343.25/PA
D2721	Crown - resin with predominantly base metal	0-20	\$317.70/PA
D2722	Crown - resin with noble metal	0-20	\$329.28/PA
D2740	Crown - porcelain/ceramic substrate	0-20	\$327.28/PA
D2750	Crown - porcelain fused to high noble metal	0-20	\$355.35/PA
D2751	Crown - porcelain fused to predominantly base metal	0-20	\$327.28/PA
D2752	Crown - porcelain fused to noble metal	0-20	\$341.25/PA
D2780	Crown - 3/4 cast high noble	0-20	\$358.44/PA
D2781	Crown - 3/4 cast predominately base metal	0-20	\$328.48/PA

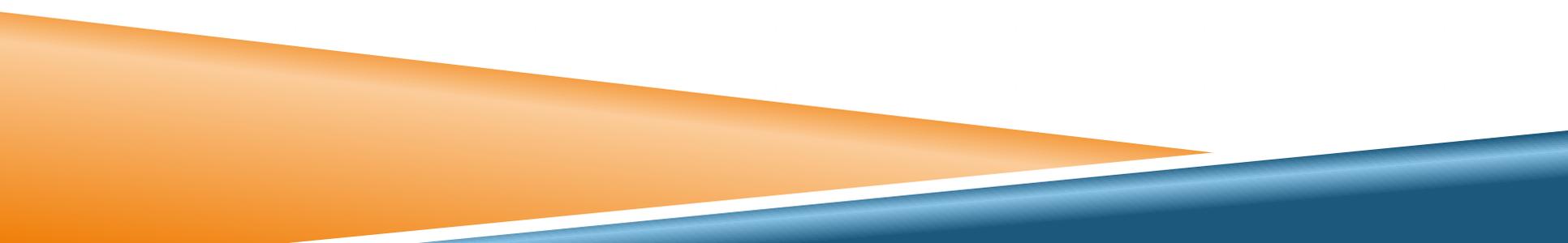
Dental Provider Manual Section 19 Procedure Codes

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

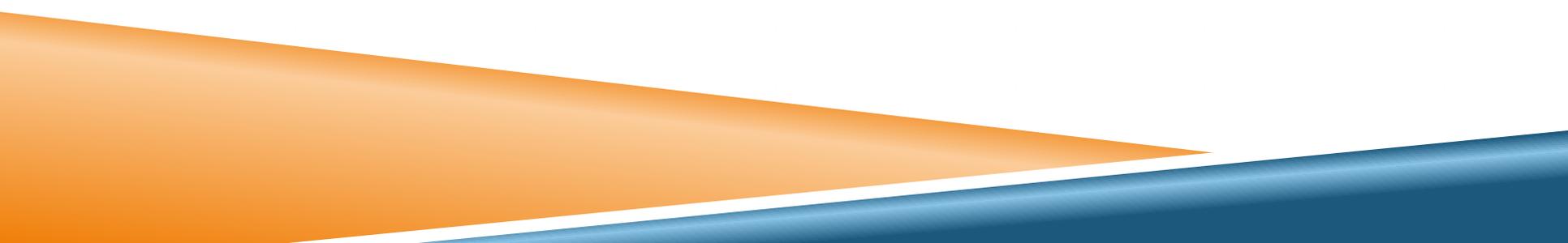
Section 20 and 21

- SECTION 20-EXCEPTION PROCESS-NA

Note: Dental services are not reviewed through the exceptions process.

- 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 Not Applicable

SECTION 23 - CLAIM ATTACHMENT SUBMISSION AND PROCESSING- NA

- All required attachments for the dental program must be mailed attached to the PA or the claim.

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 and MO HealthNet Division resources, and "eProvider News" with a list of recent news items including ICD-10 resources, posting dates, HIPAA compliance advice, and user access management. The central "eProvider Welcome" section contains a grid of service tiles: Claim Management, Attachment Management, Participant Eligibility, Prior Authorization Status, Provider Communications Management, and Participant Annual Review Date. To the right of these tiles are additional service tiles: 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

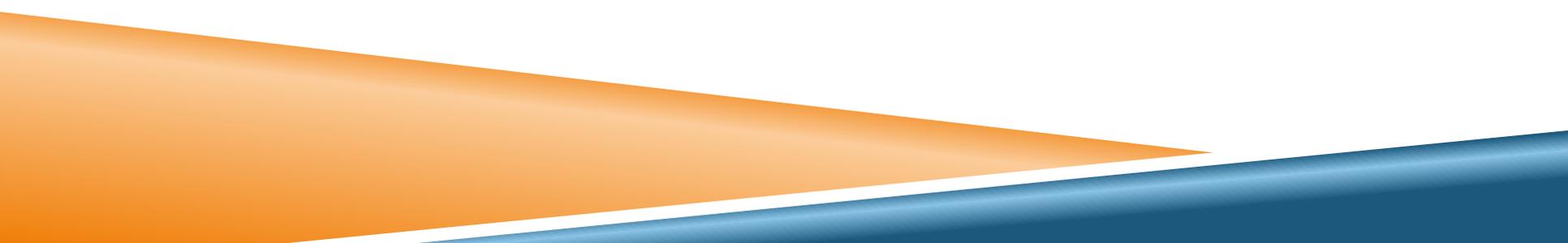
- 09/30/2015 ICD-10 MO HealthNet Provider Resources
- 08/31/2015 835 Posting Dates based on 370 EFT & ERA REASSOCIATION (CCD+/835) RULE
- 07/02/2015 HIPAA Compliant Remittance Advice Remark Codes (RARC) and Claim Adjustment Reason Code (CARC)
- 03/25/2015 Removing a User's Access to an NPI
- 03/24/2015 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 or Medicare Part C
- 

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.

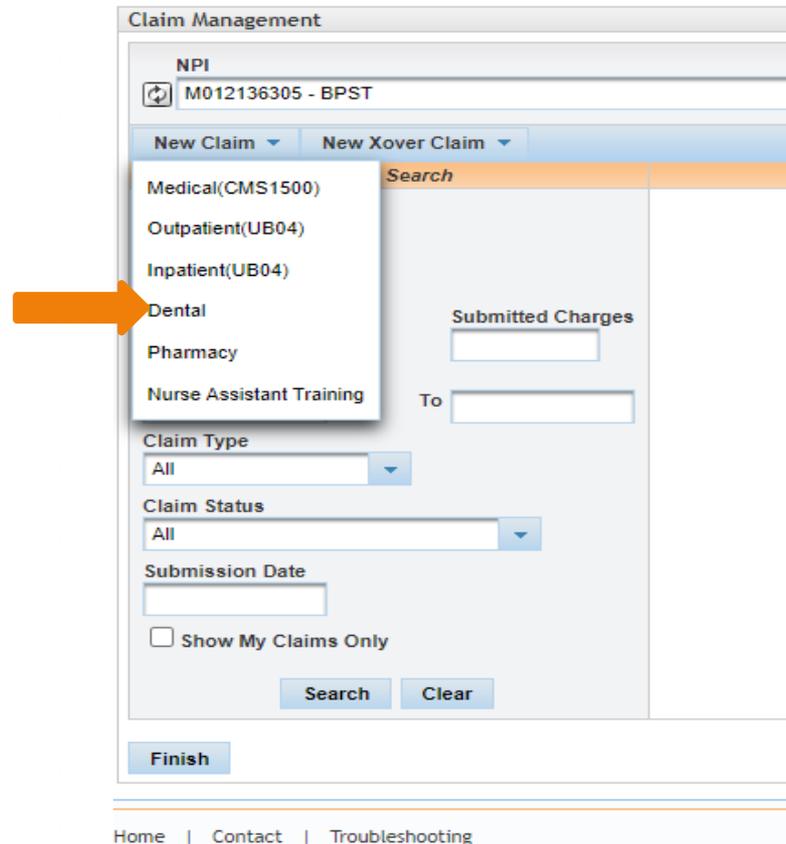
Claim Management

- New Claim-Always Use Dental Claim
- New Crossover Claim **(not applicable for dental)**
- Search Claim
 - ICN Search
 - Or Advanced

The screenshot displays the 'Claim Management' interface. At the top, there is a header 'Claim Management'. Below it, a dropdown menu for 'NPI' is set to 'M012136305 - BPST'. There are two buttons: 'New Claim' and 'New Xover Claim'. A section titled 'Claim Search' contains several filters: radio buttons for 'ICN', 'Advanced' (selected), and 'Daily Claim Summary'; input fields for 'Participant DCN' and 'Submitted Charges'; 'Dates of Service' with 'To' and 'From' fields; dropdown menus for 'Claim Type' (set to 'All') and 'Claim Status' (set to 'All'); a 'Submission Date' input field; 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.

MO HealthNet Only

Select Dental Claim Form



The screenshot displays the 'Claim Management' interface. At the top, the NPI is listed as 'M012136305 - BPST'. Below this, there are two tabs: 'New Claim' and 'New Xover Claim'. A dropdown menu is open, showing the following options: 'Medical(CMS1500)', 'Outpatient(UB04)', 'Inpatient(UB04)', 'Dental', 'Pharmacy', and 'Nurse Assistant Training'. An orange arrow points to the 'Dental' option. Below the dropdown, there are search filters for 'Submitted Charges' and 'To', both with input fields. Further down, there are dropdown menus for 'Claim Type' (set to 'All') and 'Claim Status' (set to 'All'), and a date input field for 'Submission Date'. A checkbox labeled 'Show My Claims Only' is present. At the bottom of the search section, there are 'Search' and 'Clear' buttons. Below the search section, there is a 'Finish' button. At the very bottom of the page, there is a navigation bar with links for 'Home', 'Contact', and 'Troubleshooting'.

Claim Header

Dental Claim ? - □

Billing NPI: M012136305
BPST

Claim Header Information Enter information as it appears on MHD card

Participant Information

Participant DCN * 01010101	Participant Last Name * patient	Participant First Name * ima
Patient Account Number 1234	Optional	

Service Information

Performing Provider NPI M012136305	Prosthesis, Crown or Inlay Code [Dropdown]	Place Of Service * 11 - Office
Referring Provider NPI [Text]	Enter Place of Service	

Cause and Diagnosis Details

Related Cause Codes [Dropdown]	Diagnosis Codes Z123 [Text]	ICD10 Code Optional
-----------------------------------	--------------------------------	---------------------

Save Claim Header Reset Save claim header

Detail Line Summary

Add Detail Line -

Detail Line Summary Total Charges : 0.00

Line #	Date of Service	Oral Cavity	Tooth Number	Procedure Code	Billed Charges	Action
Add Detail Line #1						
Date of Service * 03/01/2021 Enter date of service		Performing Provider NPI M012136305 Enter performing provider NPI		Oral Cavity ▼		
Tooth Number □		Surface 1. ▼ 2. ▼ 3. ▼ 4. ▼				
Procedure Code * D0120 Enter procedure code		Billed Charges * 100.00		Units Billed * 1 Enter days/units		
Diagnosis Code Z123 ICD10 Code Optional		Place Of Service 11 - Office Enter Place of Service				
Save Detail Line to Claim		Reset				

Click save detail line to claim

Submit Claim

Add Detail Line

Detail Line Summary

Total Charges : 100.00

Line #	Date of Service	Oral Cavity	Tooth Number	Procedure Code	Billed Charges	Action
1	03/01/2021			D0120	100.00	 

Add Detail Line #2

Date of Service *	Performing Provider NPI	Oral Cavity
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tooth Number	Surface	
<input type="text"/>	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>	
Procedure Code *	Billed Charges *	Units Billed *
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>
Diagnosis Code	Place Of Service	
<input type="text" value="- Select One -"/>	<input type="text" value="11 - Office"/>	

Save Detail Line to Claim

Reset

Other Payers (click to manage)

Invoice of Cost (click to manage)

Submit Claim

Printer Friendly

Reset

Cancel

Submit Claim

Claim Status Functions

The screenshot shows a software interface for managing claim statuses. At the top, there are several orange buttons: 'Void', 'Replacement', 'Copy claim', and 'Printer friendly'. Below these is a toolbar with icons for 'Void', 'Replacement', 'Timely Filing', 'Copy Claim', 'View Claim Details', and 'Printer Friendly'. The main area is divided into several sections:

- Participant Details:** Includes fields for Participant Name (IMA PATIENT), Participant DCN (01010101), and a 'Timely filing' button.
- Claim Data:** Includes Claim Submission Date (06/08/2021), First Date Of Service (03/01/2021), Last Date of Service (03/01/2021), Claim Type (DENTAL), Bill Type, and Total Charges (100.00).
- Payment Details:** Includes Total Paid (0.00), RA Date, and Check Number.
- Provider Details:** Includes NPI (M012136305) and Taxonomy Code.
- Claim Status Details:** Includes Claim Status (21), Category Code (F0), Entity Identifier Code, Status Effective Date (06/08/2021), and Adjudication Date (06/08/2021).
- Service Line Details Summary:** A table with columns for Line Number, From/To Dates, Revenue Code, Procedure Code, Modifiers, Units Of Service, Submitted Charge, Paid Amount, Status, Category Code, Entity Identifier Code, and Status Effective Date.

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

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	03/01/2021 - 03/01/2021		D0120		1	100.00	0.00	20	A2		06/08/2021

NOTE: See Section 6 for additional information

Why Did Claim Deny

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 4921159033464	Claim Submission Date 06/08/2021
Participant DCN 01010101	First Date Of Service 03/01/2021	Last Date of Service 03/01/2021
	Claim Type DENTAL	Bill Type
	Total Charges 100.00	
		Total Paid 0.00
		RA Date
		Check Number

Provider Details	Claim Status Details
Claim status details	Claim Status 21
	Category Code F0
	Status Effective Date 06/08/2021
	Adjudication Date 06/08/2021
	Claim category code

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	03/01/2021 - 03/01/2021		D0120		1	100.00	0.00	20	A2		06/08/2021

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

Claim status detail and claim category code



Note: Refer to the Washington Publishing Company

Refer to the Washington Publishing Company

The screenshot shows the X12 website's Reference page. At the top left is the X12 logo with the tagline "consensus-based, interoperable, syntax-neutral data exchange standards". To the right is a search bar and navigation buttons for "Reference" and "For Members". Below the navigation is a menu with "MEMBERSHIP", "PRODUCTS", "ABOUT", "NEWS + EVENTS", and "RESOURCES". The main content area has a blue header with "Home / Reference" and "Reference". The page is divided into three columns: "External Code Lists" (with links to Claim Adjustment Group Codes, Claim Adjustment Reason Codes, Error Reason Codes, and Claim Status Category Codes), "Useful Forms" (with links to Maintenance Requests, Code Maintenance Request, Request for Interpretation, and Request to Change an Interpretation), and a "glass" section for online access to X12 work with a "LEARN MORE" button. A "Become an X12 Member" section is at the bottom right.

X12
consensus-based, interoperable,
syntax-neutral data exchange standards

Search

Reference For Members

Follow @x12standards

MEMBERSHIP PRODUCTS ABOUT NEWS + EVENTS RESOURCES

Home / Reference

Reference

External Code Lists

Referenced in X12 work, maintained by X12 and related organizations, published by WPC.

- [Claim Adjustment Group Codes](#)
- [Claim Adjustment Reason Codes](#)
- [Error Reason Codes](#)
- [Claim Status Category Codes](#)

Useful Forms

Various forms submitted by the general public and X12 member representatives.

- [Maintenance Requests](#)
- [Code Maintenance Request](#)
- [Request for Interpretation](#)
- [Request to Change an Interpretation](#)

Online access to view all available versions of X12 work.

[LEARN MORE](#)

Become an X12 Member

Join other member organizations in continuously adapting an expansive vocabulary and language.

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

Printer Friendly



Dental Claim Details - ICN: 4921159033464

Billing NPI: M012136305

Claim Header Information

Participant Information		
Participant DCN 01010101	Participant Last Name PATIENT	Participant First Name IMA
Patient Account Number 1234		
Service Information		
Performing Provider NPI M012136305	Related Cause Codes 0	Prosthesis, Crown or Inlay Code
Referring Provider NPI		

Claim Service Lines

Service Line 1		
Date of Service 03/01/2021	Performing Provider NPI M012136305	Oral Cavity
Tooth Number	Surface	
Procedure Code D0120	Billed Charges 100.00	

Search Options

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

Search Clear

Finish

Adjusting Claims

Claim Status

Void Replacement Copy claim Printer friendly

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Participant Details	Claim Data	Payment Details
Participant Name IMA PATIENT	Participant DCN 921159033464	Claim Submission Date 06/08/2021
Participant DCN 01010101	First Date Of Service 03/01/2021	Last Date of Service 03/01/2021
	Claim Type DENTAL	Bill Type
	Total Charges 100.00	
		Total Paid 0.00
		RA Date
		Check Number

Provider Details	Claim Status Details
NPI M012136305	Claim Status 21
Taxonomy Code	Category Code F0
	Entity Identifier Code
	Status Effective Date 06/08/2021
	Adjudication Date 06/08/2021

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	03/01/2021 - 03/01/2021		D0120		1	100.00	0.00	20	A2		06/08/2021

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

Adjusting Claims

Edit claim header

Add Detail Line

Detail Line Summary es : 100.00

Line #	Date of Service	Oral Cavity	Tooth Number	Procedure	Amount	Actions
1	01/01/2019			D0120	100.00	<input type="button" value="Pencil – edit detail line summary"/> <input type="button" value="Trash can – delete line detail"/>

Add Detail Line #2

Date of Service * x

Performing Provider NPI

Oral Cavity

Tooth Number

Surface
1. 2. 3. 4.

Procedure Code *

Billed Charges *

Save detail line to claim

Other Payers (click to manage)

Invoice of Cost (click to manage)

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

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

New 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 4919084029147	Claim Submission Date 03/25/2019	Total Paid 0.00
Participant DCN 01010101	First Date Of Service 01/01/2019	Last Date of Service 01/01/2019	RA Date
	Claim Type DENTAL	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 03/25/2019	Adjudication Date 03/25/2019	

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	01/01/2019 - 01/01/2019		D0120		1	100.00	0.00	20	A2		03/25/2019

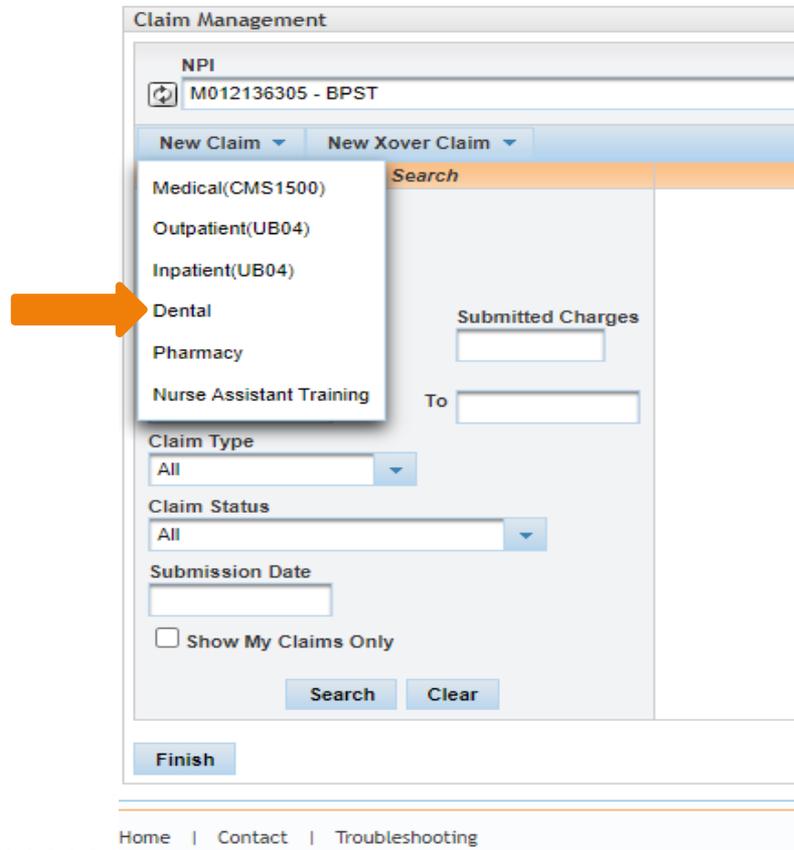
 Click on the button below to start a new claim of the last submitted claim type.

New Claim

Finish

MO HealthNet + Commercial Insurance or Medicare Part C

Select Dental Claim Form



The screenshot displays the 'Claim Management' interface. At the top, the NPI is listed as 'M012136305 - BPST'. Below this, there are two buttons: 'New Claim' and 'New Xover Claim'. A dropdown menu is open, showing the following options: 'Medical(CMS1500)', 'Outpatient(UB04)', 'Inpatient(UB04)', 'Dental', 'Pharmacy', and 'Nurse Assistant Training'. An orange arrow points to the 'Dental' option. Below the dropdown menu, there are several search filters: 'Claim Type' (set to 'All'), 'Claim Status' (set to 'All'), and 'Submission Date'. There is also a checkbox for 'Show My Claims Only'. At the bottom of the search filters, there are 'Search' and 'Clear' buttons. Below the search filters, there is a 'Submitted Charges' field and a 'To' field. At the bottom of the interface, there is a 'Finish' button and a footer with links for 'Home', 'Contact', and 'Troubleshooting'.

Claim Header

Dental Claim ? - □

Billing NPI: M012136305
BPST

Claim Header Information Enter information as it appears on MHD card

Participant Information

Participant DCN * 01010101	Participant Last Name * patient	Participant First Name * ima
Patient Account Number 1234	Optional	

Service Information

Performing Provider NPI M012136305	Prosthesis, Crown or Inlay Code [Dropdown]	Place Of Service * 11 - Office
Referring Provider NPI [Empty]	Enter Place of Service	

Cause and Diagnosis Details

Related Cause Codes [Dropdown]	Diagnosis Codes Z123 [Empty]	ICD10 Code Optional
-----------------------------------	---------------------------------	---------------------

Save Claim Header Reset Save claim header

Detail Line Summary

Add Detail Line -

Detail Line Summary Total Charges : 0.00

Line #	Date of Service	Oral Cavity	Tooth Number	Procedure Code	Billed Charges	Action
Add Detail Line #1						
Date of Service * 03/01/2021 Enter date of service		Performing Provider NPI M012136305 Enter performing provider NPI		Oral Cavity ▼		
Tooth Number □		Surface 1. ▼ 2. ▼ 3. ▼ 4. ▼				
Procedure Code * D0120 Enter procedure code		Billed Charges * 100.00		Units Billed * 1 Enter days/units		
Diagnosis Code Z123 ICD10 Code Optional		Place Of Service 11 - Office Enter Place of Service				
Save Detail Line to Claim		Reset				

Click save detail line to claim

Add EOB Information

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

Edit Claim Header

Add Detail Line

Detail Line Summary

Total Charges : 100.00

Line #	Date of Service	Oral Cavity	Tooth Number	Procedure Code	Billed Charges	Action
1	01/01/2019			D0120	100.00	 

Add Detail Line #2

Date of Service *	Performing Provider NPI	Oral Cavity
<input type="text" value="#####"/> x	<input type="text"/>	<input type="text"/>
Tooth Number	Surface	
<input type="text"/>	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>	
Procedure Code *	Billed Charges *	
<input type="text"/>	<input type="text"/>	

Save Detail Line to Claim

Reset

Other Payers (click to manage)

Click Other Payer

Invoice of Cost (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 (Use 16 indicator if Part C)**

Payer **Payer responsibility**
P - Primary

Other Payer ID * **Other payer ID**
1

Other Payer Name * **Other payer name**
DeltaDental

Paid Date * **Paid date**
01/25/2019

Paid Amount * **Paid amount**
50.00

Total Denied Amount * **Leave blank**
0.00 ×

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)

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 & Adjust Amount

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

Select each associated line item

Line Item (*)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount
Add / Edit Other Payer Detail Information			
Associated Line Items *			
<input checked="" type="checkbox"/> 1		Enter claim adjustment reason Code	
Claim Group Code *	Claim Adjustment Reason Code *	Adjustment Amount *	
PR - Patient Responsibility	1	30.00	
Select each claim group code	45	20.00	x
- Select One -		Enter adjustment amounts	
- Select One -			
Save Codes to Other Payer	Reset	Click save codes to other payer	
Save Other Payer To Claim	Reset		

Save Other Payer to Claim

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

Other Payer Detail Summary

Line Item(s)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount	Action
1	PR - Patient Responsibility	1	30.00	 
1	CO - Contractual Obligations	45	20.00	 

Add / Edit Other Payer Detail Information

Associated Line Items *

1

Claim Group Code *

- Select One -

Claim Adjustment Reason Code *

Adjustment Amount *

- Select One -

- Select One -

- Select One -

Save Codes to Other Payer

Reset

Save Other Payer To Claim

Reset

Click: save other payer To claim

Invoice of Cost (click to manage)

 Save the Other Payer to Claim to continue.

Submit Claim

Printer Friendly

Reset

Cancel

Submit Claim

Save Detail Line to Claim

Reset

Other Payers

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
1	DeltaDental	01/25/2019	CI - Commercial Insurance Co.	50.00	 

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

Save Other Payer To Claim

Reset

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

Click: Submit Claim

Submit Claim

Printer Friendly

Reset

Cancel

Claim Status/Printer Friendly

Claim Status ? -

✔ Claim received.

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 4919084029455	Claim Submission Date 03/25/2019	Total Paid 0.00
Participant DCN 01010101	First Date Of Service 01/01/2019	Last Date of Service 01/01/2019	RA Date
	Claim Type DENTAL	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 03/25/2019	Adjudication Date 03/25/2019	

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	01/01/2019 - 01/01/2019		D0120		1	100.00	0.00	20	A2		03/25/2019

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

New Claim
Finish

Click: Printer Friendly

Printer Friendly EOB Info

MO HealthNet

Shows specific info

Dental Claim Details - ICN: 4919084029455

Billing NPI: M012136305

Claim Header Information

Participant Information		
Participant DCN 01010101	Participant Last Name PATIENT	Participant First Name IMA
Patient Account Number 1234		
Service Information		
Performing Provider NPI M012136305	Related Cause Codes 0	Prosthesis, Crown or Inlay Code
Referring Provider NPI		

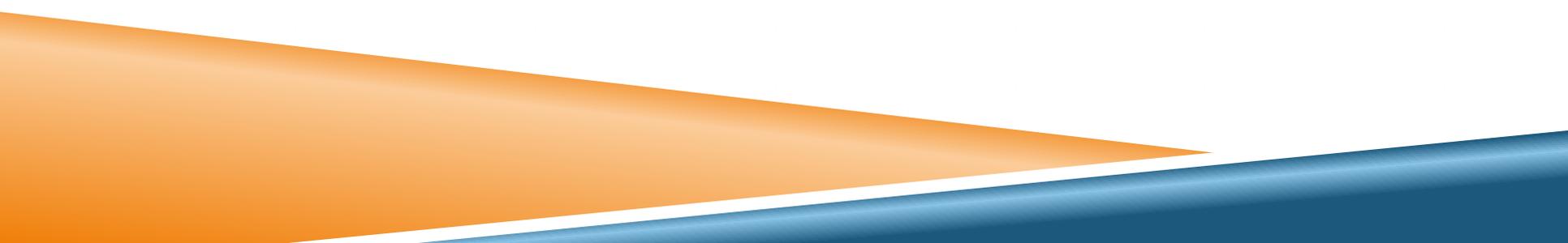
Claim Service Lines

Service Line 1		
Date of Service 01/01/2019	Performing Provider NPI M012136305	Oral Cavity
Tooth Number	Surface	
Procedure Code D0120	Billed Charges 100.00	

Service Line Other Payers

Service Line1 Payer 1 Details		
Filing Indicator Commercial Insurance Co.	Payer Responsibility Sequence Number Primary	
Other Payer ID 1	Other Payer Name DELTADENTAL	Paid Date 01/25/2019
Paid Amount 50.00	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 20.00
Other Payer Codes 2		
Claim Group Code PR - Patient Responsibility	Claim Adjustment Reason Code 1	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

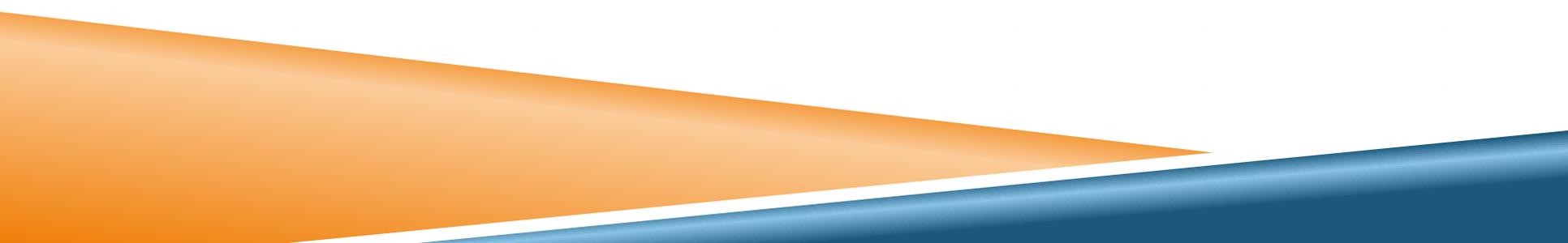
Email: internethelpdesk@momed.com

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



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)

Constituent Education

Constituent Education

(573) 751-6683 or

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

Inquiries regarding education and training.

Register for Training Today

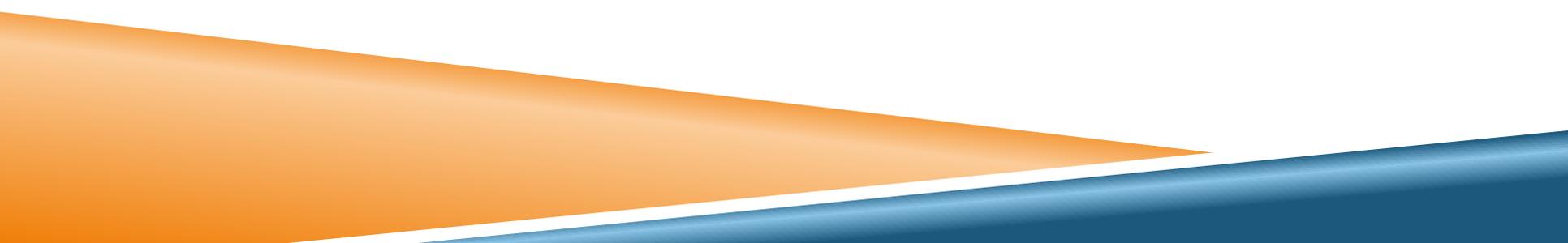
<http://dss.mo.gov/mhd/providers/education>

Clinical Services

(573) 751-6963 or

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

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

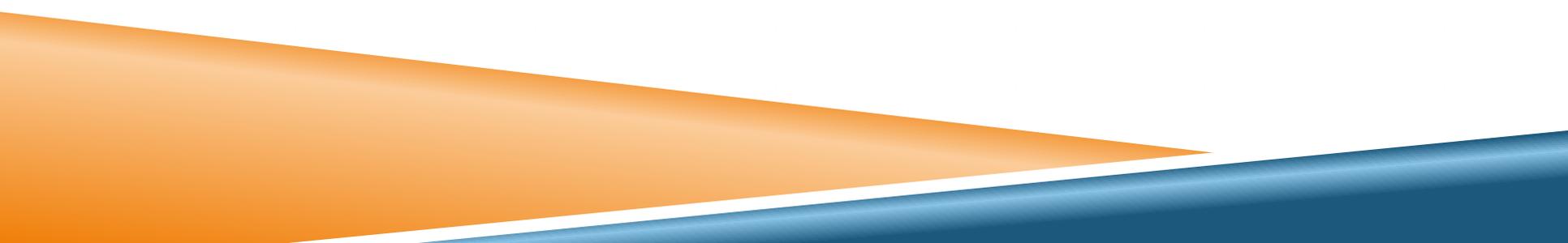


Pharmacy & Medical Pre-Certification Help Desk

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>

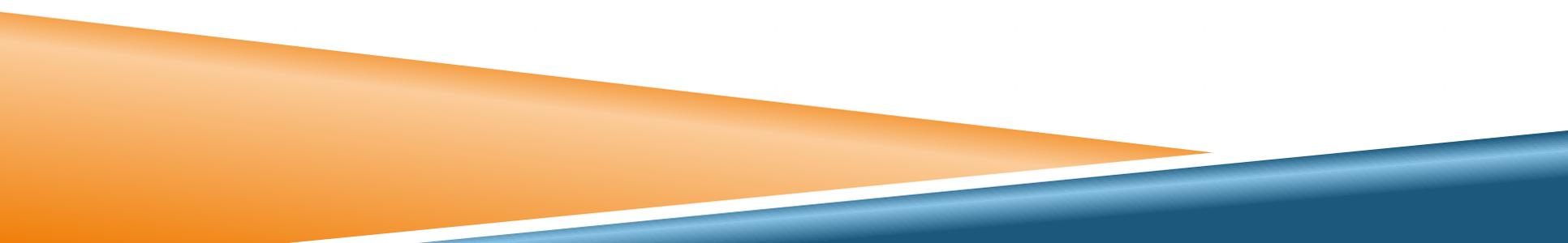


MHD Services & Programs

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:

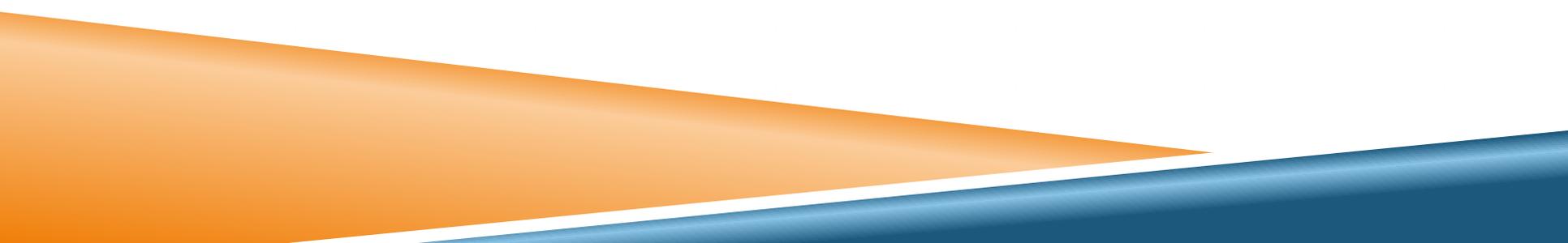
<http://manuals.momed.com/manuals>

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>

