

Pharmacies Billing Medical Claims

Medications Administered by Pharmacist
5/7/2020

Medications Administered by Pharmacist

MO HealthNet will begin to reimburse enrolled pharmacists and pharmacies for the administration of certain healthcare provider administered drugs. Administration is limited to products that are required to be administered by a healthcare professional as indicated in the manufacturers package insert. Pharmacies will be reimbursed for the ingredient and dispensing fee through the point of sale pharmacy system. The administration should be billed as a medical claim through the provider's medical billing system or eMOMED using CPT code 96372 with a TT modifier.

This billing process is not for vaccinations.

eMOMED Electronic Claim Filing

- Log into www.emomed.com

- Click on Claim Management

- New Claim Medical CMS 1500

eMOMED Electronic Claim Filing



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

Medical CMS 1500 Claim Filing

Select CMS 1500 (Medical)
Claim Form

The screenshot shows a software interface for medical claim filing. At the top, there is a text field for 'NPI' containing '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'. To the right of the dropdown is a 'Claim Search' section with a 'Submitted Charges' field and a 'To' field. Below the dropdown are fields for 'Dates of Service', 'Claim Type' (set to 'All'), and 'Claim Status'.

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

Claim Header

- Steps 1, 2 and 3 enter information as it appears on the MO HealthNet Card
- Step 4: Enter ICD10 diagnosis (no decimals) this will come from the prescriber
- Step 5: Save Claim Header

The screenshot shows a web-based form titled "Medical(CMS1500) Claim". At the top, it displays "Billing NPI: M262174501" and "CORRECTIVE ACTION PAYMENT". The form is divided into several sections:

- Claim Header Information:** This section contains "Participant Information" with fields for "Participant DCN *" (containing "p1010101"), "Participant Last Name *" (containing "Patient"), and "Participant First Name *" (containing "ima").
- Service Information:** This section includes "Referring Provider NPI", "Hospitalization Dates" (with "To" and "From" fields), "Service Facility Location", and "Service Facility Name".
- Cause and Diagnosis Details:** This section includes "Related Codes", "Last Menstrual Cycle Date", and "Diagnosis Codes *" (containing "z30013").

Five orange arrows with numbers 1 through 5 point to specific fields: Arrow 1 points to the Participant DCN field; Arrow 2 points to the Participant Last Name field; Arrow 3 points to the Participant First Name field; Arrow 4 points to the Diagnosis Codes field; and Arrow 5 points to the Related Codes field. At the bottom of the form, there are buttons for "Save Claim Header", "Cancel", "Submit Claim", "Printer Friendly", "Reset", and "Cancel". A message at the bottom says "Save claim header to continue."

Detail Line Summary

Add Detail Line

Detail Line Summary Total Charges : 0.00

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
Add Detail Line #1							
Dates of Service *		Place of Service *					
04/27/2020 To 04/27/2020		01 - Pharmacy					
Procedure Code *		Modifiers					
96372		TT					
National Drug Code		Decimal Quantity (9999999.999)		Prescription Number			
Diagnosis Code *		Billed Charges *		Days/Units Billed *			
z30013		20.00		1			
Conditions		Performing Provider NPI		Ordering Provider NPI			
<input type="checkbox"/> Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/> Family Planning		m262174501 x					
Save Detail Line to Claim		Reset					



Save Detail Line
Submit Claim Printer Fr

- Step 1:** Enter Date of Service
- Step 2:** Enter Place of Service
- Step 3:** Enter Procedure Code (always 96372)
- Step 4:** Enter Modifier (always TT)
- Step 5:** Enter DX Code (from prescriber)
- Step 6:** Enter Billed Charges (U&C)
- Step 7:** Enter Days/Units
- Step 8:** Enter Performing (pharmacists NPI)
- Step 9:** Save Detail Line To Claim

Submit Claim

Add Detail Line

Detail Line Summary Total Charges : 20.00

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
1	04/27/2020 - 04/27/2020	01 - Pharmacy	96372	TT		20.00	 

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 * Billed Charges * Days/Units Billed *


Conditions
 Emergency
 EPSDT
 Family Planning

Performing Provider NPI Ordering Provider NPI

Other Payers (click to manage)

Invoice of Cost (click to manage)

Certificate of Medical Necessity (click to manage)



Click: Submit Claim