

# Coding Claims with Confidence

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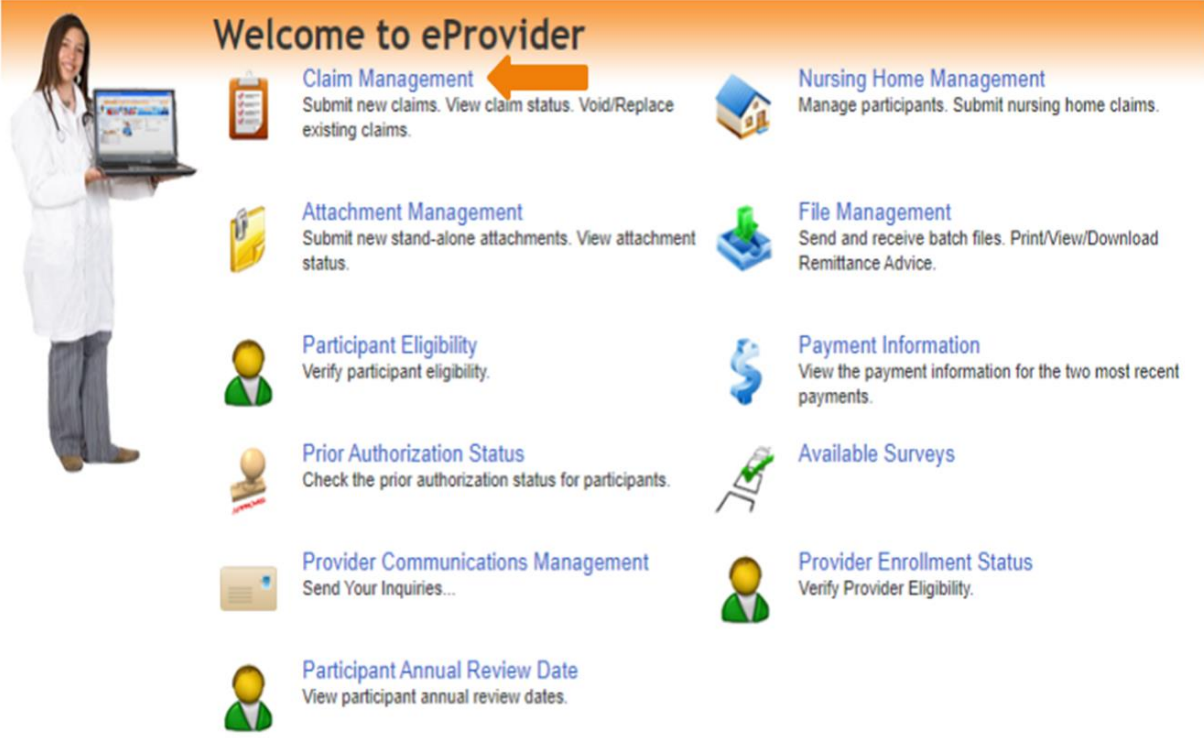
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# eMOMED

## eMOMED can be used for:

- Submit, adjust, or research Fee-For-Service Claims
- Check Eligibility
- Prior Authorization Status
- Messaging tool for claim or eligibility questions
- Access to Claim Confirmation and Remittance Advice
- Provider Enrollment Status



Welcome to eProvider

- Claim Management** (indicated by an orange arrow)  
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 Filing on eMOMED Webinar

Claim Management

NPI  
M012136305 - BPST

New Claim ▾ New Xover Claim ▾

Medical(CMS1500)  
Outpatient(UB04)  
Inpatient(UB04)  
**Dental**  
Pharmacy  
Nurse Assistant Training

Submitted Charges  
To

Claim Type  
All ▾

Claim Status  
All ▾

Submission Date

Show My Claims Only

Search Clear

Finish

Home | Contact | Troubleshooting

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
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**Patient Account Number** 1234 Optional

**Service Information**

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

**Cause and Diagnosis Details**



Related Cause Codes ▾	Diagnosis Codes Z123 ICD10 Code Optional
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Save Claim Header Reset Save claim header

# Claim Filing on eMOMED Webinar

**Add Detail Line**

*Detail Line Summary* Total Charges : 0.00

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

**Add Detail Line #1**

Date of Service \*  **Enter date of service**

Performing Provider NPI  **Enter performing provider NPI**

Oral Cavity

Tooth Number

Surface 1.  2.  3.  4.

Procedure Code \*  **Enter procedure code**

Billed Charges \*



Units Billed \*  **Enter days/units**

Diagnosis Code  **ICD10 Code Optional**

Place Of Service  **Enter Place of Service**

**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

Tooth Number

Surface 1.  2.  3.  4.

Procedure Code \*

Billed Charges \*

Units Billed \*

Diagnosis Code

Place Of Service

*Other Payers* (click to manage)


*Invoice of Cost* (click to manage)

Click save detail line to claim



Submit Claim






## Policies & Procedures

- [Provider Bulletins](#)
- [Provider Hot Tips](#)
- [Provider Manuals](#)
- [Provider Manual by Section](#)  Provides a resource list of General and Program Sections of the Provider Manual

## Billing

- [Apply for EMOMED](#)
- [EMOMED](#)
- [CYBERACCESS](#) 
- [GEMT Uncompensated Cost Reimbursement Program](#), updated 10/21/19
- [Claims processing and payment schedule](#)
- [Diagnosis Codes Exempt from Inpatient Certification](#) , updated 11/22/22
- [HIPAA - EDI companion guide](#)
- [Radiology benefit management information](#)
- [Remittance Advice Remark Codes and Claim Adjustment Reason Codes](#)
- [School District Administrative Claiming \(SDAC\)](#)
- [Telemedicine](#)

## Provider Forms



- [MO HealthNet forms](#)
- [EBPT Invoice Form](#) 
- [Provider Update Request](#) 
- [HCBS Ownership & Structure Change Request](#) 

## General Information

## Fee Schedules & Rate Lists

- [Fee Schedules](#)
- [IRHC Medicare/Medicaid Interim Rate list](#)
- [Nursing Facility Rate list](#)
- [Outpatient Hospital Radiology Fee Schedules:](#)
  - [2021](#) 
  - [2020](#) 
  - [2019](#) 
  - [2018](#) 
- [Outpatient Hospital Surgical Procedural Fee Schedules:](#)
  - [Effective 01/01/19](#)  (updated 11/30/18)
- [Outpatient Hospital Lab Fee Schedules:](#)
  - [Effective 01/01/21](#)  (updated 04/08/21)
- [Outpatient Hospital Simplified Fee Schedules:](#)
  - [Effective 7/20/2021](#) 
  - [Effective 7/01/2022](#) 

## Education and Training

- [Education and Training Resources](#) Offers provider webinar schedules and general and program specific educational resources.
- [Contact Education and Training](#)  Provides the Education Specialist assigned to each program and how to request training.
- [Provider Resource Guide](#)  Provides descriptions of medical eligibility (ME) codes, shows limited and comprehensive benefits and provides MO HealthNet contact information.
- [Benefit Tables](#) (formerly Benefit Matrix) This shows the various benefits for each MO HealthNet

# MO HealthNet Resources:

- Provider Manuals
- Fee Schedule
- Claim processing & Payment schedule
- Education and Training Webinars



# Resources and Contact Information

Provider Education	eMOMED Help Desk	Provider Communications
<p>Instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED.</p> <p><a href="#">Register for training</a></p>	<p>Technical support and assistance for issues with eMOMED</p>	<p>Provider's Initial Contact Contact with inquiries, concerns or questions re: proper claim filing, claims resolution and disposition and participant eligibility questions and verification</p>
<p>(573) 751-6683</p>	<p>(573) 635-3559</p>	<p>(573) 751-2896</p>
<p>MHD.Education@dss.mo.gov</p>	<p>internethelpdesk@momed.com</p>	<p>Email through eMOMED</p>



# Managed Care Contact Information

Healthy Blue/ DentaQuest	Home State Health/ Envolve	United Healthcare
<a href="http://www.dentaquest.com">www.dentaquest.com</a>	<a href="http://www.envolvedental.com">www.envolvedental.com</a>	<a href="http://www.uhcdental.com">www.uhcdental.com</a>
800-233-1468	855-434-9240	800-822-5353
Tanisha.Bryant@dentaquest.com	ProviderRelations@envolvehealth.com	Missouri_PR_Team@uhc.com

[Dental Provider Credentialing, Policy & Claims Webinar Series](#)



# Contact Information

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