

MO HealthNet 101

Missouri Coalition for Oral
Health

March 2, 2023

Presented by
Amanda Fahrendorf



Objectives

Your Presenter:

Amanda Fahrendorf is the Lead Education & Training Specialist located in the Department of Social Services (DSS), MO HealthNet Division (MHD), Education and Training Unit.

During her 21 years of tenure with DSS, Amanda has built strong relationships with providers to streamline processes to serve our providers and participants. She provides training and interpretation of MHD policy, program limitations and benefits and proper billing procedures.

Amanda has a Bachelors of Science degree in Business Management from William Woods University.

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What is MO HealthNet?

MO HealthNet is Missouri's Medicaid Program. Individuals who do not have health insurance or need help paying for health care may be eligible for coverage through MO HealthNet.



Who is Eligible for MO HealthNet?

Eligibility for MO HealthNet depends on an individual's income, age, and health.

An individual may be eligible if they fit into any of the categories below:

- Senior- Age 65 and older
- Parent or Caretaker with a Child - under the age of 19
- Child- Age birth to 18
- Women with No Health Insurance - Age 18 to 55
- Adult without Disabilities Age- 19 to 64
- Pregnant Women- Age 19 to 64
- Women with Breast or Cervical Cancer- Under age 65
- Person with Disabilities- No age limitation
- Blind or Visually Impaired Adult- Age 18 and older

Type of MO HealthNet Coverage

Once an individual is approved for MO HealthNet coverage, they will either receive coverage through Fee-For-Service (FFS) or Managed Care (MC).

FFS



FFS participants include:

- People with Disabilities
- Seniors
- Blind or Visually Impaired
- Women with Breast or Cervical Cancer

MC



MC participants include:

- Children
- Pregnant Women
- Newborns
- Families

Managed Care Plans

Healthy Blue
833-388-1407

[Website](#)



Show Me Healthy
Kids

877-236-1020

[Website](#)



Home State Health

877-236-1020

[Website](#)



United Health Care

866-292-0359

[Website](#)





BENEFITS

- Benefits differ based on how the participant qualifies for MO HealthNet.
- All participants are assigned a Medical Eligibility (ME) Code.
- ME Codes specify what benefits a participant qualifies for.
- Specific ME code descriptions can be found in the [Provider Resource Guide](#).

Medical Eligibility (ME) Codes

Full Comprehensive Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
03	Aid to the Blind	45	Pregnant Woman—Poverty
12	MO HealthNet Aid to the Blind	61	MO HealthNet for Pregnant Women—Health Initiative Fund
15	Supplemental Nursing Care—Aid to the Blind	95	Show-Me Healthy Babies Pregnant Women income above 196% and up to 300%
18	MO HealthNet for Pregnant Women	96	SMHB Unborn Child income 0 to 300%
43	Pregnant Woman—60 Day Assistance (MO HealthNet for Families criteria)	98	SMHB Post-Partum
44	Pregnant Woman—60 Day Assistance—Poverty		

CHIP Packages with Premium			
ME Code	Description	ME Code	Description
73	Children ages 1-18; family income 150+ to 185%	75	Children ages 0-18; family income 225+ to 300%
74	Children ages 0-18; family income 185+ to 225%	4M	MO HealthNet for Kids (CHIPS Fund)

Medical Eligibility (ME) Codes

Limited Benefit Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
01	Old Age Assistance	26	Ethiopian Refugee
02	Blind Pension	55	Qualified Medicare Beneficiary (QMB)
04	Permanently and Totally Disabled	58	Presumptive Eligibility (Subsidized)
05	MO HealthNet for Families—Adult	59	Presumptive Eligibility (Non-Subsidized)
E2	Adult Expansion Group	80	Extended Women's Health Services
10	Refugees other than Cuban, Haitian, Russian Jew, or Ethiopian	81	Temporary Assignment Category
11	MO HealthNet—Old Age Assistance	82	Missouri Rx (Medicare Part D wrap-around benefits)
13	MO HealthNet—Permanently and Totally Disabled	83	Breast or Cervical Cancer Control Project—Presumptive
14	Supplemental Nursing Care—Old Age Assistance	84	Breast or Cervical Cancer Control Project—Regular
16	Supplemental Nursing Care—Permanently and Totally Disabled	85	Ticket to Work Health Assurance—Premium
19	Cuban Refugee	86	Ticket to Work Health Assurance—Non-Premium
21	Haitian Refugee	89	Uninsured Women's Health Services
24	Russian Jew Refugee	94	Show-Me Healthy Babies—Presumptive Eligibility income to 300%

Medical Eligibility (ME) Codes

Full Comprehensive Package for MO HealthNet Kids			
ME Code	Description	ME Code	Description
06	MO HealthNet for Families—Child	57	Child Welfare Services—Foster Care—Adoption Subsidy
07	Foster Care—Title IV-E	60	Newborn
08	Child Welfare Services—Foster Care	62	MO HealthNet—Health Initiative Fund
23	MO HealthNet for Kids in Vendor Institution	64	Group Home—Health Initiative Fund (State Placement)
28	Department of Mental Health—Foster Care	65	Group Home—Health Initiative Fund (Parent/Guardian Placement)
29	Division of Youth Services—Foster Care	66	Foster Care—Homeless, Dependent, Neglected (HDN)—Health Initiative Fund
30	Juvenile Courts—Foster Care	67	Department of Mental Health—Foster Care—Health Initiative Fund
33	MO Children with Developmental Disabilities (DMH Match)	68	Division of Youth Foster Care—Health Initiative Fund
34	MO Children with Developmental Disabilities (DSS Match)	69	Juvenile Courts—Health Initiative Fund
36	Adoption Subsidy—Federal Financial Participation	70	Juvenile Courts—Poverty
37	Title XIX—Homeless, Dependent, Neglected	71	MO HealthNet for Kids—148+ to 150% Poverty, Age 1-5
38	Independent Foster Care Children ages 18-26	72	MO HealthNet for Kids—148+ to 150% Poverty, Age 6-18
40	MO HealthNet—Poverty	87	Presumptive Eligibility Children
41	MO HealthNet for Kids in Vendor Institution—Poverty	88	Voluntary Placement Agreement (Fee-For-Service only)
49	Department of Mental Health—Poverty	97	Show-Me Healthy Babies—Newborns age 0-1; family income 196+ to 300%
50	Division of Youth Services—Poverty	0F	Foster Care – IMD Placement
52	Division of Youth Services—General Revenue	5A	Adoption Sub-Guardianship IMD Placement
56	Adoption Subsidy—Title IV-E	9S	SMHB Newborns >= 186% FPL

Dental Benefits

There are two dental benefit packages:

Comprehensive Dental

- Periodic exams
- Imaging
- Preventative
- Sealants
- Orthodontics
- Fillings
- Prophylaxis
- Crowns
- Root Canals
- Extractions
- Dentures



Limited Adult Dental

- Limited Oral Evaluations
- Imaging
- Extractions
- Prophylaxis
- Fillings
- Restoration

**Refer to Section 5 of the Dental Provider Manual for complete coverage information.



Comprehensive vs. Limited

Children under 21 or persons under a category of assistance for pregnant women, the blind or participants residing in a nursing facility.

Participants over 21 who are **not** under a category of assistance for pregnant women, the blind or participants residing in a nursing facility.

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

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 5 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 CDT PROCEDURE CODES			
The following CDT procedure codes are covered for eligible children under the age of 21 or persons receiving MO HealthNet under a category of assistance for pregnant women, the blind, or participants residing in a skilled nursing facility. For eligibility determination, refer to Section 1 of the Dental Provider Manual.			
PROC CODE	DESCRIPTION	AGE LIMIT	MAXIMUM ALLOWED AMOUNT
19.1.A DIAGNOSTIC			
19.1.A(1) Clinical Oral Exams			
D0120	Periodic oral evaluation	*None	\$48.80
**D0140	Limited oral evaluation - problem focused	*None	\$71.20
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	0-2	\$63.20
**D0150	Comprehensive oral evaluation - new or established patient	*None	\$83.20
**D0160	Detailed and extensive oral evaluation - problem focused, by report	*None	\$136.00
**D0170	Re-evaluation—limited, problem focused (Established patient; not post-operative visit)	*None	\$65.60
**D0171	Re-evaluation - post-operative office visit	*None	\$66.40
19.1.A(2) Diagnostic Imaging			
**D0210	Intraoral - complete series of radiographic images (one in 24 months, may not bill D0330 during same 24 month period.)	*None	\$123.20
**D0220	Intraoral - periapical first radiographic image (one on a date of service)	*None	\$27.20
**D0230	Intraoral - periapical each additional radiographic image (maximum of 4 same date of service as D0220)	*None	\$23.20
**D0240	Intraoral - occlusal radiographic image (one on a date of service)	*None	\$36.80
**D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector (one on a date of service)	*None	\$56.00

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

Reasons to Accept Medicaid

Helps the most vulnerable in your community.

.....

With the fee increase, you are still able to provide care without a financial loss.

.....

You are able to “give back” to your community.

.....

You are able to provide preventive care to children and give them a “dental home.”

.....

You do not have to provide care to everyone, you can limit the number of patients you decide to care for.

.....

You can help your local hospital by keeping non-traumatic dental pain patients out of the Emergency Department.

.....

You can set an example in your dental community that you are willing to care for the underserved.

.....

Many patients have to travel long distances and have long waits for care, you can help to alleviate this tragic situation.

.....

Dental Rate Increase

PROVIDER BULLETIN

Volume 45 Number 15 <http://dss.mo.gov/mhd/> July 29, 2022

RATE UPDATE FOR DENTAL SERVICES

Applies to: MO HEALTHNET FEE-FOR-SERVICE DENTAL PROVIDERS

Effective date: July 1, 2022

- MAXIMUM ALLOWABLE RATE INCREASE
- APPLICABILITY

Maximum Allowable Rate Increase

Pending Centers for Medicare & Medicaid Services (CMS) approval, effective for dates of service on and after July 1, 2022, the MO HealthNet Division (MHD) will increase the fee-for-service maximum allowable rates for the dental services listed in Attachment A. Upon approval of the State Plan amendment by CMS, MHD will update the claims processing system with the indicated maximum allowable reimbursement rates and reprocess claims paid for dates of service on or after July 1, 2022.

Attachment A lists the affected dental procedure codes and the new rates.

Attachment A

CDT	Description	Rate as of 7/1/22
D0120	Periodic Oral Examination	\$48.80
D0140	Limited Oral Evaluation - Problem Focused	\$71.20
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With	\$63.20
D0150	Comprehensive Oral Evaluation	\$83.20
D0160	Detailed And Extensive Oral Evaluation - Problem Based, By Report	\$136.00
D0170	Re-Evaluation, Problem Focused, (Established Patient; Not Post-Operative Visit)	\$65.60
D0171	Re-Eval Post-Op Visit	\$66.40
D0210	Intraoral Complete Film Series	\$123.20
D0220	Intraoral Periapical First	\$27.20
D0230	Intraoral Periapical Ea Add	\$23.20
D0240	Intraoral Occlusal Film	\$36.80
D0250	Extraoral 2d Project Image	\$56.00
D0251	Extraoral Posterior Image	\$64.00
D0270	Dental Bitewing Single Image	\$27.20
D0272	Dental Bitewings Two Images	\$41.60
D0273	Bitewings - Three Images	\$50.40
D0274	Bitewings Four Images	\$60.00

**This is not an all inclusive list. See [Dental Bulletin](#) for additional information.

Medicaid Dental Rate Comparison

Top Dental Code Fees				
			Other	
<u>Procedure</u>	<u>Dental Code</u>	<u>Office Fee</u>	<u>Insurance</u>	<u>Medicaid</u>
Periodic Exam	D0120	\$ 71.00	\$ 66.00	\$ 48.80
Limited Exam	D0140	\$ 85.00	\$ 78.00	\$ 71.20
Under 3 Exam	D0145	\$ 81.00	\$ 66.00	\$ 63.20
Comp Exam	D0150	\$ 91.00	\$ 84.00	\$ 83.20
PA	D0220	\$ 37.00	\$ 19.00	\$ 27.20
PA Add	D0230	\$ 37.00	\$ 16.00	\$ 23.20
Occlusal	D0240	\$ 43.00	\$ 26.00	\$ 36.80
PANO	D0330	\$ 125.00	\$ 72.00	\$ 104.80
Child PROPH	D1120	\$ 80.00	\$ 45.00	\$ 62.40
Fluoride	D1206	\$ 48.00	\$ 31.00	\$ 36.80
Resin 1 Post	D2391	\$ 164.00	\$ 103.00	\$ 169.60
Resin 2 Post	D2392	\$ 180.00	\$ 137.00	\$ 214.40
Resin 3 Post	D2393	\$ 206.00	\$ 152.00	\$ 264.00
PRIORCCRM	D2929	\$ 259.00	\$ 283.00	\$ 344.80
SSC	D2930	\$ 265.00	\$ 188.00	\$ 244.80
PULP	D3220	\$ 164.00	\$ 142.00	\$ 188.80

Medicaid in Missouri



Approximately 12.7% of all Missourians (785,000 people) live in families with incomes below the federal poverty level.



For example, a family of 4 (2 adults and 2 children) would earn less than \$27,479 a year. In that family there is no extra money after providing for the bare necessities.



Approximately 1 out of 8 Missourians receive medical and dental care through the Medicaid program.

Who are our Medicaid patients?

- Single Moms, possibly your own assistant's children
- Foster kids
- Low income adults (working poor)
- Blind
- Disabled



Enrolling with MO HealthNet



- All dentists who want to provide care to MO HealthNet participants must enroll with Missouri Medicaid Audit and Compliance (MMAC) first.
- Providers can choose to enroll as both FFS and MC providers or they can enroll as MC only. “Managed Care only” providers can only provide care to participants enrolled in MC health plans.
- Providers will be assigned a Provider ID once they complete the MMAC enrollment process. After receiving their Provider ID, providers can enroll with the MC health plans; each plan has its own credentialing process.

Enrolling with MO HealthNet

- MMAC Provider Enrollment has created an [Enrollment Guide](#) to assist with the enrollment process.
- The guide outlines what documentation is required for each provider type and how to complete the [Provider Enrollment Application](#).
- Additional information can be found at <https://mmac.mo.gov> or by emailing MMAC directly at: MMAC.ProviderEnrollment@dss.mo.gov



Managed Care

- MO HealthNet is working with each Managed Care plan to expedite the enrollment process. MO HealthNet has asked each plan begin reviewing enrollment applications prior to having the final approval from MMAC.
- Email Amanda.Fahrendorf@dss.mo.gov after your MMAC Enrollment Application has been submitted. She will email the plan to request they review your application.



Resources & Contact Information



MO HealthNet Resources

MO HealthNet offers many resources and trainings to assist providers. Visit the [MO HealthNet Provider Page](#) for the resources below and more.

[MO HealthNet Provider Bulletins](#)

[Dental Provider Manual](#)

**MHD
Resources**

[MO HealthNet Provider Hot Tips](#)

[MO HealthNet Education Resources](#)

Fee-For-Service Provider Page

This page provides access to policy manuals, forms, billing information, fee schedules, rate lists, education and training and more.

The next few slides will cover the information that can be found on this webpage.

The [Fee-For-Service Provider page](#) is located on the [MHD website](#).

Fee-For-Service Providers

home » mo healthnet division » providers » fee for service providers

If you provide services to people with disabilities, seniors, blind & visually impaired, or women with breast or cervical cancer who get their health care services through MO HealthNet, you can provide services through the Fee-For-Service Program. Providers must be enrolled in the MO HealthNet program to provide medical services through the Fee-For-Service Program.

If you participate in the MO HealthNet program, you agree to accept MO HealthNet payment as reimbursement in full for any services provided to MO HealthNet participants. A participant cannot be billed for the difference between the MO HealthNet payment and the provider's billed charges, sometimes called "budget or balance billing."

Policies & Procedures

- Provider Bulletins
- Provider Hot Tips
- Provider Manuals
- Out-of-state non-bordering services

Billing

- Apply for ENOMED
- ENOMED
- 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)

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)
 - Effective 01/01/21 (updated 04/08/21)
- Outpatient Hospital Lab Fee Schedules:
 - Effective 7/20/2021
 - Effective 7/01/2022
- Outpatient Hospital Simplified Fee Schedules:
 - Effective 7/20/2021
 - Effective 7/01/2022

MO HealthNet Division

- Apply for Healthcare
- General Information
- Join the MO HealthNet Member Forum
- My Healthcare Benefit
- Managed Care Health Plans
- MO HealthNet FFS Provider Search
- MO HealthNet Division Home
- Pharmacy and Clinical Services
- Provider Information
- Waiver Programs

MO HealthNet Opioid Prescription Intervention (OPI) Program

Email Updates

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MO HealthNet News

- Provider Bulletins
- Email Blasts
- Provider Hot Tips
- Alerts
- Notifications

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Email Updates

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Subscription Type

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Provider Bulletins

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

You can also find [Provider Bulletins](#) on the [MHD website](#).

Policies & Procedures

- **Provider Bulletins**
- Provider Hot Tips
- Provider Manuals
- Out-of-state non-bordering services

MO HealthNet Division Provider Bulletins

home » mo healthnet division » providers » pages » bulletins

The MO HealthNet Program publishes provider bulletins as necessary to clarify existing program and policy or explain new policy. Bulletins are posted at this location and will remain here until they are incorporated into the provider manuals as appropriate. At that time, the bulletins will be moved to the Archives.

Bulletin Indices

- [Bulletin Index By Topic/Subject](#)
- [Archived Bulletins](#)

Issue Date	Provider Bulletin Description
Jan 05, 2023	DENTAL PROGRAM , Vol 45, No. 36
Jan 05, 2023	NON-EMERGENCY MEDICAL TRANSPORTATION , Vol 45, No. 35
Dec 29, 2022	Prior Authorization Process – Residential Treatment and Treatment Foster Care , Vol 45, No. 34
Dec 28, 2022	Residential Billing Update - Above Level 4 , Vol 45, No. 33
Dec 22, 2022	Womens Health Services Program , Vol 45, No. 32
Nov 30, 2022	HIPAA X12 835 Remittance Advice Transactions , Vol 45, No. 31
Nov 29, 2022	2023 Hospice Rate Update , Vol 45, No. 30
Nov 30, 2022	Unattended Sleep Studies , Vol 45, No. 29
Nov 10, 2022	REVISED Private Psychiatric Residential Treatment Facilities: Billing Instructions , Vol 45, No. 28
Oct 24, 2022	Private Duty Nursing for Children , Vol 45, No. 26

Provider Hot Tips

Tips to assist providers with:

- Billing questions
- Clarifying existing policies and processes
- Provider resources and trainings

You can also find [Provider Hot Tips](#) on the [MHD website](#).

Policies & Procedures

- [Provider Bulletins](#)
- [Provider Hot Tips](#)
- [Provider Manuals](#)
- [Out-of-state non-bordering services](#)

2022 MO HealthNet Provider Hot Tips

[home](#) » [mo healthnet division](#) » [providers](#) » [pages](#) » [provtips](#)

The MO HealthNet Division publishes Hot Tips to supply information to clarify and assist in receiving timely reimbursement for services provided and claims disposition.

MO HealthNet has developed an index for historical and ongoing Hot Tips and a COVID-19 index for associated Hot Tips. The non-COVID-19 index location has not moved; it is also located below for quick reference. Please share these Hot Tips with your billing staff.

Hot Tip Indices

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

2022 Provider Tips Index

- [Provider Training Presented by Relias](#)
- [2023 Lidoderm 5% Patch](#)
- [Provider Communications Interactive Voice Response \(IVR\) Update](#)
- [Care Management in Managed Care](#)
- [PERSONAL CARE PROGRAM](#)
- [MHD Provider Training Schedule, January – March 2023](#)
- [Third Party Liability Information for Providers](#)
- [Vaping, Tobacco and Nicotine Treatment](#)
- [Vaccines for Children Program – Pharmacy Providers](#)

Provider Training Presented by Relias

January 17, 2023

MO HealthNet is offering live webinars presented by Relias. Relias helps healthcare leaders, human service providers, and their staff take better care of people, lower costs, reduce risk, and achieve better results.

Relias is offering **Best Practices for Prescribing Antipsychotics** on January 31, 2023, at 12:00 p.m. with speakers: Chris Reist, MD, MBA; Jack Gorman, MD; and Johnny Bethea, RPH. To register for this webinar, as well as additional upcoming webinars, please see the [Provider Training Presented by Relias](#).

Provider Manuals



The screenshot shows the homepage of the State of Missouri MO HealthNet Manuals website. At the top left is a night view of the Gateway Arch. To the right is the text: "State of Missouri MO HealthNet Manuals" with the state seal. Below that is the text: "Your complete source for all MO HealthNet related services and support for the State of MO. Find everything you need - all from one convenient portal. To learn more about the functions and features of the Provider Manuals website, CLICK HERE". A navigation bar includes: HOME, RESOURCE CENTER, FORMS, QUICK LINKS, ABOUT WIPRO INFOCROSSING. A list of services is displayed, including: AIDS Waiver, Adult Day Care Waiver, Adult Day Health Care, 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, School-Based IEP Direct Services Cost Settlement Manual, School-Based Individualized Education Plan Specialized Transportation Services, Targeted Case Management for Individuals with Developmental Disabilities, Therapy, Transplant, and Youth Targeted Case Management.

- Policy
- Benefits and Limitations
- Procedure Codes
- Revenue Codes
- Billing Instructions

Providers should choose the [Provider Manual](#) for their program.

Policies & Procedures

- Provider Bulletins
- Provider Hot Tips
- **Provider Manuals**
- Out-of-state non-bordering services

Provider Manuals

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The Table of Contents in each [Provider Manual](#) is very detailed in order to assist individuals in finding what they are looking for.

Use Control + F and search by keyword to assist in finding the information needed.



Provider Manuals

General Sections are published in each [Provider Manual](#) and are written broadly to encompass all providers.

Program Specific Sections are specific to each MO HealthNet Program.

Review the [Provider Manual by Section](#) for this quick breakdown.

Section	Description
General Section 1	Participant Conditions of Participation
General Section 2	Provider Conditions of Participation
General Section 3	Stakeholder Services
General Section 4	Timely Filing
General Section 5	Third Party Liability
General Section 6	Adjustments
General Section 7	Medical Necessity
General Section 8	Prior Authorization
General Section 9	Healthy Children and Youth Program
General Section 10	Family Planning
General Section 11	MO HealthNet Managed Care Program Delivery System
Program Specific Section 12	Reimbursement Methodology
Program Specific Section 13	Benefits and Limitations
Program Specific Section 14	Special Documentation Requirements
Program Specific Section 15	Billing Instructions
General Section 16	Medicare/Medicaid Crossover Claims
General Section 17	Claims Disposition
Program Specific Section 18	Diagnosis Codes
Program Specific Section 19	Procedure Codes (Includes: HCPC, CDT, and Revenue Codes)
General Section 20	Exception Process
General Section 21	Advance Health Care Directives
General Section 22	Non-Emergency Medical Transportation
General Section 23	Claim Attachment Submission and Processing

Education and Training Resources

Visit our [Education and Training Resources](#) page

View our [Training Calendar](#) and register for a Provider Training

Education and Training Resources

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Provider Trainings

The MO HealthNet Division (MHD) Education and Training Unit provides interactive web based trainings to providers. The trainings are limited to two hours in length. Providers should enroll in training sessions applicable to their provider type, when applicable. **When registering for a group, each attendee must register individually.**

Training Topics:

- Navigating MHD provider resources on the MHD webpage and eMOMED.com
- Electronic Claim Filing on eMOMED.com
 - Claim form(s) applicable to the program
 - Third Party Liability
 - Crossover Claims, if applicable to the program
- Program Benefits and Limitations and Documentation

Once Registered: When logging in for a registered webinar, providers should enter their full name. If using a speakerphone, mute the phone to ensure there is minimal background noise. If you have specific questions that you would like to have addressed during your training, email them to MHD.PROVTRAIN@dss.mo.gov and include the name and date of the webinar you are attending.

Provider Training Calendar

- [4th Quarter Provider Trainings by Program](#)
- [1st Quarter 2023 Provider Trainings by Program](#)

To cancel: If you have scheduled a training session and are unable to participate, contact Education and Training by emailing MHD.ProvTrain@dss.mo.gov or by calling 573-751-6683.

Educational PowerPoints and Resources

- Behavioral Health Resources
- Dental Resources
- Durable Medical Equipment Resources
- Home Health/Home and Community Based Services
- General Resources
- Pharmacy Resources
- Physician and Clinic Resources
- Private Duty Nursing Resources
- Telemedicine Resources

MO HealthNet Provider Trainings

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MO HealthNet Provider Training

Today ◀ ▶ February 2023 ▼ Print Week Month Agenda

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31 12pm Best Practice	Feb 1	2	3	4
5	6	7 8am Ambulance Bill 8am Inpatient/Out 1pm Applied Behav	8 10am Medical Clinic	9	10	11
12	13 8am Optical Billing	14	15	16	17	18
19	20 8am Hospice Billing	21	22	23	24	25
26	27	28 12pm Effective Ben 1pm IEP School Ba	Mar 1	2	3	4

Education and Training Resources

Visit our Provider Specific Resource Materials

And our General Resources for all Providers

Educational PowerPoints and Resources

- Behavioral Health Resources
- Dental Resources
- Durable Medical Equipment Resources
- Home Health/Home and Community Based Services
- General Resources
- Pharmacy Resources
- Physician and Clinic Resources
- Private Duty Nursing Resources
- Telemedicine Resources

Home State Health & Show Me Healthy Kids (SMHK)

- Provider Resources [↗](#)
- SMHK Member Resources [↗](#)
- Show Me Healthy Kids

Show-Me Healthy Kids (SMHK) Trainings

- Care Management Overview [↗](#)
- Division of Youth Services Provider Resources [↗](#)
- Family First Prevention Services Act (FFPSA) [↗](#)
- Fee-for-Service (FFS) Billing and Technical Assistance [↗](#)
- Member Eligibility and Enrollment [↗](#)
- Provider Enrollment Guide [↗](#)
- Provider Resource Guide for Residential and Treatment Foster Home [↗](#)
- SMHK FAQ Guide [↗](#)
- SMHK Overview and Services [↗](#)
- Trauma Informed Resources [↗](#)

General Resources for All Providers

- General Provider Resource Overview [↗](#)
 - Navigating Provider Resources [↗](#)
 - Eligibility and Spend Down Overview [↗](#)
 - eMOMED Overview [↗](#)
- Provider Manual by section [↗](#)
- Adult Expansion Group Billing PowerPoint [↗](#) 11/2021
- Care Management in Managed Care [↗](#)

Claim Filing Samples

- Inpatient Medicare Part A Crossover Claim Filing on eProvider [↗](#) updated: 03/13/12, file size: 3.36MB*
- Medicare Part B Crossover Claim Filing [↗](#) updated: 06/05/12, file size: 5.13MB*
- Medicare Part B of A Crossover Claim Filing [↗](#) updated: 03/13/12, file size: 5.31MB*
- Medicare Part C ~ QMB claim filing [↗](#)
- Medicare Part C NON ~ QMB claim filing [↗](#)

Third Party Liability

- Third Party Liability Information for Providers [↗](#)
- Third Party Liability Course [↗](#)

Program Specific Resources

- Behavioral Health
- Dental
- Durable Medical Equipment
- Home Health/Home and Community Based Services
- Pharmacy
- Physician and Clinic
- Private Duty Nursing
- Telemedicine

Resources & Contact Information

The next few slides cover a variety of helpful resources and contact information for providers.

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



Resources & Contact Information

Technical Help Desk

Technical support and assistance for issues with [eMOMED](#)

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

(573) 635-3559

internethelpdesk@momed.com

Provider Communications

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

(573) 751-2896

Provider Communications Unit
PO Box 5500
Jefferson City, MO 65102-2500

Participant Resources

Questions regarding MHD eligibility benefits and application process.

(855) 373-9994

www.mydss.mo.gov

Family Support Division
Information Center

(855) FSD-INFO

(855) 600-4412

Resources & Contact Information

CyberAccess

Account setup or technical questions

(888) 581-9797

(573) 632-9797

[CyberAccess](#)

[CyberAccess Helpful Tips](#)

cyberaccesshelpdesk@xerox.com

Clinical Services

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

(573) 751-6963

MHD.clinical.services@dss.mo.gov

MHD Services & Programs

Inquiries regarding programs and policy that cannot be answered by any other contact

Ask.MHD@dss.mo.gov

Provide NPI, name and contact information and complete details regarding inquiry

Resources & Contact Information

Pharmacy & Medical Pre-Certification Help Desk

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

(800) 392-8030

Pre-Certification for certain radiological procedures listed at:

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

Provider Enrollment

Located within the MO Medicaid Audit and Compliance (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)

(573) 751-3399

mmac.providerenrollment@dss.mo.gov

Send written inquiries to:
Missouri Medicaid Audit and Compliance
P. O. Box 6500
Jefferson City, Missouri 65102

Any Questions





MHD Education and Training

MHD Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED.



MHD.Education@dss.mo.gov



(573) 751-6683