

Missouri Health Care
Association
August 29, 2023

Personal Care Policy and Billing Resources

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MO HealthNet Division, Education and Training

2

Bulletins

Volume 45, Number 03 dated July 1, 2022: Department of Health and Senior Services (DHSS) - Authorized Home and Community Based services (HCBS): [Updated FY23 DHSS rates](#)

Effective for dates of services on or after July 1, 2022, the MO HealthNet Fee-For-Service maximum allowable rates are increased as indicated below. These changes reflect increases that were appropriated for the Fiscal Year 2023 budget, and will affect the following services for Assisted Living and Residential Care Facilities:

T1001 U3 - Authorized Nurse Visits

T1019 U3 - Personal Care

T1019 U3 TF -Advanced Personal Care

Hot Tips

[Provider Hot Tip August 31, 2022](#)


New Resources and Training Materials for Providers

August 31, 2022

The MHD Education and Training Unit has added several new resources to its webpage to assist providers. These new resources are located on the **Education and Training Resources page**. For resources on eligibility, provider website navigation, eMOMED and more, refer to the General Resources bullet below and on the **Education and Training Resources page**.

Educational PowerPoints and Resources

- **Behavioral Health Resources**
- **Dental Resources**
- **Durable Medical Equipment Resources**
- **General Resources**
- **Pharmacy Resources**
- **Physician and Clinic Resources**
- **Private Duty Nursing Resources**
- **Telemedicine Resources**

The **Education and Training Unit**  offers a variety of training opportunities and resources for providers. Email mhd.provtrain@dss.mo.gov or call 573-751-6683 for more information.



Hot Tips

Participant Annual Review- February 16, 2023

Effective April 1, 2023, the Family Support Division (FSD) will be required to check the eligibility of all MO HealthNet participants, which include Managed Care health plan members.

We are asking providers to help spread the word so Missourians can stay informed. You can help by reminding participants about their upcoming annual review dates.

Providers can find a participant's annual review date in one of two ways:

- Utilize the Participant Annual Review Date option in [eMOMED](#)
- Contact Provider Communications' Interactive Voice Response (IVR) system at (573) 751-2896.

For questions regarding the annual review date, providers can contact Provider Communications at 573-751-2896. Participants can find additional information on the [Renewing Your Medicaid Eligibility](#) website.

[Provider Hot Tips](#)

Objectives

Personal Care
Provider Manual
Overview



[Provider Manual](#)

eMOMED Electronic
Claim Filing



[eMOMED](#)

Resources



[Provider Resources](#)

Personal Care Provider Manual

**State of Missouri
MO HealthNet Manuals**

Your complete source for all MO HealthNet related services and support for the State of Missouri. Find everything you need - all from one convenient portal.

To learn more about the functions and features of the Provider Manuals website, [CLICK HERE](#)

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-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
- Youth Targeted Case Management

General Sections
Includes Sections 1-10, 16, 17 and 20-23
Published in each manual; written broadly to encompass all provider types

Program Specific Sections

Includes Sections 12-15, 18 and 19
addresses the individual program

Re-design in the works!

Provider Manual Resource

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

On the [Fee-For-Service Providers page](#), under Policies and Procedures, review the Provider Manual by Section as a quick way to determine what section you may need to visit to find the information you are looking for.

Re-design in the works!

Provider Manual

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Table of Contents

The Table of Contents in the Policy Manual is very detailed.

Searching the Manual

Use Control + F to search

Start with the section “Section 13”

Search by key words “Participant Case Record”

Re-design in the works!

Provider Manual Section Overview

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

*Program Specific Section

Section 1 – Client Conditions of Participation

Eligibility Categories
General Eligibility Information

Qualified Medicare Beneficiaries

Medical Eligibility Codes
Descriptions of Medical Eligibility (ME) Codes

General Spenddown Information

Managed Care
General Guidelines

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 service

Fraud and Abuse
General information about Missouri Medicaid Audit and Compliance (MMAC)

Section 2 – Provider Conditions of Participation

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

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 6 - Adjustments

VOID

Used when the claim **paid** and should never have been billed.

Example: Wrong billing NPI or wrong DCN

Choose "Void" tab to bring up paid claim, scroll to the bottom of the claim and click on "submit claim."

The claim has now been submitted to be voided or credited in the system.

REPLACEMENT

Used to modify a **paid** claim.

Choose "Replacement" tab to bring up paid claim, select "Edit" to make changes. Save the changes. Scroll to the bottom of the claim and click "Submit."

The replacement claim has now been submitted.

Section 6 - Adjustments

COPY CLAIM - ORIGINAL

Used when a claim or any line of a claim **denied** and needs to be corrected. This will copy a claim just as it was entered.

Choose "Copy Claim" tab to bring up claim. Choose "Original" and select "Edit" to make changes. Save the changes. Scroll to the bottom of the claim and click "Submit."

The corrected claim has now been submitted.

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" and select "edit" to edit NPI. Save the changes. Scroll to the bottom of the claim and click "Submit."

If a claim was filed on the wrong form, only DCN and Name will transfer to the correct form. Key in claim, click "Submit."

Section 8 – Prior Authorizations (PA)

Section 8.8 DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS):

All services authorized by the DHSS, Division of Senior and Disability Services (DSDS) or it's designee, are authorized utilizing the Home and Community Based Services (HCBS) Web Tool, a component of the Department of Social Services, MO HealthNet Division's Cyber Access system.

Section 12 – Reimbursement Methodology

- Basis for Establishing a Rate of Pay
- Online Fee Schedule – General Information
- Participant Copay and Coinsurance
- MO HealthNet Managed Care Delivery System Method of Reimbursement
- MO HealthNet Managed Health Care

Section 13 – Benefits and Limitations

Section 13.1 General Information

The Missouri Title XIX (Medicaid) Personal Care Program offers medically related services designed to meet the maintenance needs of participants with a chronic, stable condition.

This enables the participant to remain in their home and be treated on an outpatient basis rather than in a hospital or nursing facility.

For purposes of the Personal Care Program, the term “home” includes participants residing in Residential Care Facilities (RCFs) or Assisted Living Facilities (ALFs).

[Personal Care Manual](#)

Section 13 – Benefits and Limitations

13.1.A Service Definition

The requirement of physician’s approval versus physician’s certification is dependent upon which participant group (e.g., elderly, children, etc.) the personal care services are being authorized for. Reference the authorization section applicable to each participant group.

For purposes of the Personal Care Program, the term “home” includes participants residing in Residential Care Facilities (RCFs) or Assisted Living Facilities (ALFs).

Section 13 – Benefits and Limitations

13.1.A Service Definition

These services must be reasonable and necessary for the treatment of a medical condition and must maintain or increase the functional capacity of the participant. Personal care services are intended to meet personal, physical requirements, as opposed to general housekeeping requirements, and to meet needs that cannot be met by other resources. Personal care services covered by the Missouri Title XIX (Medicaid) Program must be provided by a qualified individual who is not a member of the participant's family.

Section 13 – Benefits and Limitations

13.1.C SERVICE LIMITATIONS

Personal care services are covered only in the participant's home; by definition, this includes RCFs and ALFs. These services are not covered in a hospital or nursing facility. The only acceptable place of service code to use when filing claims is 12 (Home).

Resources:

[RFC/ALF Quick Guide](#)

[Home and Community Based Services Manual](#)

Section 13 – Benefits and Limitations

13.1.C SERVICE LIMITATIONS

Personal care providers are not reimbursed for the following activities:

- Providing transportation;
- Accompanying the participant outside of the home;
- Cleaning the floor and furniture in areas not occupied by the participant.
- Laundry, other than that incidental to the care of the participant.

Section 13 – Benefits and Limitations

13.1.D PROVIDER PARTICIPATION

The provider of personal care services must have a valid MO HealthNet Personal Care Provider Agreement in effect with the DSS, MMAC.

A RCF or ALF must be licensed by the DHSS, Division of Regulation and Licensure. RCF/ALF personal care providers may only furnish personal care services to participants in their RCF/ALF. MO HealthNet RCF/ALF personal care providers must maintain their RCF/ALF license.

Section 13 – Benefits and Limitations

13.2.E Discharge Policies and Procedures

Services for a participant shall be discontinued by a provider under the following circumstances:

- When the participant's case is closed by the state agency or its designee
- When the provider learns of circumstances that require the closure of a case for reasons including, but not limited to: death; entry into a nursing facility; or the participant no longer needs services.
- When the participant is noncompliant with the agreed upon care plan

Section 13 – Benefits and Limitations

13.2.E Discharge Policies and Procedures cont.

Services for a participant shall be discontinued by a provider under the following circumstances:

- When the participant or participant's family threatens or abuses the personal care aide or other provider staff to the point where the staff's welfare is in jeopardy and corrective action has failed.
- When a provider is unable to continue to meet the maintenance needs of a participant or when a participant is noncompliant with the agreed upon care plan

*Discontinuing services for a participant still in need of assistance shall occur only after appropriate conferences with the state agency or its designee, participant and participant's family.

Section 13 – Benefits and Limitations

13.6 TRAINING

All personal care aides, whether basic or advanced personal care aides, who provide services reimbursed by MO HealthNet must meet or have met the basic training and in-service training standards set forth in this section. Advanced personal care aides have additional training requirements, discussed under Advanced Personal Care in Section 13.9. The cost of all training is part of the provider's administrative cost and is not separately billable.

Section 13 – Benefits and Limitations

13.6 TRAINING

Aide Documentation requirements:

- The provider shall have written plans for basic and in-service training of the personal care aide.
- The provider must maintain a report of each individual personal care aide's training in that aide's personnel record.
- Other required documentation includes a topical outline of each session's content, the mode of training (classroom or on-the-job), and the signature of the attendee(s).
- The documentation referenced above may be maintained in a master training log or may be filed in each personal care aide's personnel file. The documentation must be readily available for monitoring or inspection by the Departments of Social Services and Health and Senior Services.

Section 13 – Benefits and Limitations

13.7.A PARTICIPANT CASE RECORD

The provider shall maintain a participant case record including records of service provision for each participant. The participant record is confidential and shall be protected from damage, theft, and unauthorized inspection. The record shall be maintained in a central location, and shall contain specific information.

Section 13 – Benefits and Limitations

13.7.A PARTICIPANT CASE RECORD

Participant documentation shall be maintained in a central location, and shall contain at least the following:

- RCFs and ALFs must maintain documentation which must contain the personal care aide's name, the participant's name, dates of service delivery, and activities performed on each date, and the participant's signature for each date of service. All paid units of service must be documented.
- The RN's written notes concerning any on-site visits made to the participant.

Section 13 – Benefits and Limitations

13.7.A PARTICIPANT CASE RECORD

Participant documentation shall be maintained in a central location, and shall contain at least the following:

- Documentation of all correspondence and contacts with the participant's physician or other care providers;
- Any other pertinent documentation regarding the participant.
- Documentation that prior to initiation of service the participant was informed of their rights under the Advanced Health Care Directive.

Section 13 – Benefits and Limitations

13.7.C RETENTION OF RECORDS

MO HealthNet providers must retain for 6 years, from the date of service, fiscal and medical records that coincide with and fully document services billed to MHD.

Failure to furnish, reveal and retain adequate documentation for services billed to the MO HealthNet Program upon request or for services not adequately documented may result in recovery of the payments or in sanctions to the provider's participation in the MO HealthNet Program.

Section 13 – Benefits and Limitations

13.7.C RETENTION OF RECORDS

This policy continues to apply in the event of the provider's discontinuance as an actively participating MO HealthNet provider through change of ownership or any other circumstance. The provider must make records available for unannounced inspections and audits, with access during normal business hours by DSS and DHSS or the U.S. Department of Health and Human Services.

Section 14 – Special Documentation Requirements

14.1 Requirements

All services covered by the Medicaid Personal Care Program must be prior authorized by a Missouri State Agency, or its designee. The specific state agency responsible for authorizing any given personal care service is dependent upon the Medicaid Program under which the participant is potentially eligible to receive services under.

If personal care is to be provided to an individual that is elderly or 18 years of age or older that has a disability, the authorizing state agency is the DHSS, Division of Senior and Disability Services (DSDS).

Section 14 – Special Documentation Requirements

Each state agency utilizes assessment and authorization processes unique to their program.

All services authorized by DSDS or its designee are authorized utilizing the Home and Community Based Services (HCBS) Web Tool, a component of the Department of Social Services, MO HealthNet Division's [CyberAccess](#) system.

CyberAccess

Protect your patients by following a few simple rules.

Log In

User Name:

Password:

[Forgot Your Password?](#)

- Always choose passwords that are difficult for others to guess. You can change your password on the "My Account" screen after you log in.
- Never give your user name and password to others because it could be used without your knowledge.
- Never leave patient information unprotected on the computer screen while you step away.
- Place all printed documents containing patient information in secure storage or shred them daily to prevent accidental disclosure.
- Obey the golden rule: always handle information about your patients with the same care that you expect from your own physician.

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FREQUENTLY ASKED QUESTIONS SYSTEM REQUIREMENTS

Version: 10.7 For technical support with CyberAccess please call 1-888-581-9797 CYBERACCESS FLYER

Section 14 – Special Documentation Requirements

- The provider must access a participant's care plan from the Participant Case Summary screen in the HCBS Web Tool.
- This screen provides specific information pertaining to the participant's case.
- The Case Items section of this screen gives a listing of case stages and a view of the HCBS prior authorizations.
- The case line will display the 'Prior Authorization (PA) – Care Plan'.

Note: A 'Posted' status indicates that a prior authorization number (PA#) has been submitted to MMIS. A PA# in 'Pending' status does not ensure payment for any services delivered

Section 14 – Special Documentation Requirements

Resources:

Web Tool Communications

DHSS Home » Senior & Disability Services » Home/Community Based Services Provider Information » webtool » webtoolmemo9115

HCBS Web Tool Resource Updates

September 1, 2015

The HCBS Provider Web Tool Instruction and Reassessment Guide have been updated to reflect the changes to the display of authorizations for participants living in a Residential Care Facility (RCF) or an Assisted Living Facility (ALF). Per PM/VM 16-05, changes are effective for authorizations posted on or after August 25, 2015:

- [HCBS Provider Web Tool Instruction](#)

The instructions have been updated to include the new display for posted RCF/ALF prior authorizations.

- [HCBS Provider Reassessment Guide](#)

The guide has been updated to include details regarding the entry of requested services information for participants in an RCF/ALF.

Questions should be directed to the HCBS Systems and Data Reporting Unit at DSDSWebTool@health.mo.gov.

Archived Posts

[HCBS Web Tool System Enhancements \(10.27.17\)](#)

[HCBS Web Tool System Enhancements \(6.2.17\)](#)

[HCBS Provider Web Tool Instruction Updates \(3.15.17\)](#)

[HCBS Web Tool System Enhancements \(3.2.17\)](#)

[HCBS Web Tool Resource Updates \(9.1.15\)](#)

[HCBS Web Tool System Enhancements \(2.9.15\)](#)

[HCBS Web Tool System Enhancements \(3.18.14\)](#)

[Announcement of the HCBS Web Tool Internet Page \(10.31.13\)](#)

[Web tool Communications – Web tool Resource Updates](#)

Section 14 – Special Documentation Requirements

CyberAccess Resource PowerPoint:

Home and Community Based Services (HCBS) Web Tool – A Module of CyberAccesssm

For Home and Community Based Services Providers

The HCBS Web Tool:

- Gives HCBS providers 'real time' access to the participant's electronic record including:
 - Participant Case Summary;
 - ✓ Prior Authorizations for HCBS (read only)
 - PreScreen (read only);
 - Assessments; and
 - Case Activity.
 - ✓ Case Notes/Attachments (limited access)



- The HCBS Web Tool is not a messaging system and does not replace communication between DSDS and providers.

[Home and Community Based Services \(HCBS\) Web Tool – A Module of CyberAccess](#)

Section 14 – Special Documentation Requirements

Home and Community based Services
[Referral information](#)

Questions regarding- care plans and
 authorization problems.
HCBSIntakeAndPCCP@health.mo.gov

Program and Policy Questions-
LTSS@health.mo.gov

The screenshot shows the Missouri Department of Health & Senior Services website. The main navigation bar includes links for Healthy Living, Senior & Disability Services, Licensing & Regulations, Disaster & Emergency Planning, and Data & Statistics. The current page is titled "Referrals" and is part of the "Senior & Disability Services" section. The content includes a breadcrumb trail: "DHSS Home » Senior & Disability Services » Home/Community Based Services Provider Information » referrals". The text explains that the Division of Senior and Disability Services (DSDS) is responsible for administering Home and Community Based Services (HCBS), including intake of referrals, assessments, and authorization. It provides instructions on how to submit referrals, either online using the "Home & Community Based Services Referral Form" or by phone at 866-835-3505. A "Policy and Procedure" section states that DSDS will contact each person referred to ensure eligibility and that operations are guided by the "Home and Community Based Services manual". A sidebar on the right lists various services under "Senior & Disability Services", including Abuse, Neglect & Exploitation, Area Agencies on Aging, Adult Day Care, Missouri Alzheimer's State Plan Task Force, Caregivers in Missouri, Celebrate Senior Centers, Century Club Members, Dementia Caregiving, Financial Planning, Home and Community Based Services, Home and Community Based Services Provider Information, and Master Plan on Aging.

Section 15 – Billing Instructions

Paper vs Electronic Submission:

Personal Care claims are submitted on a Medical CMS-1500 claim form. Claims should be submitted electronically in eMOMED

Paper claims may also be submitted to:

Wipro Infocrossing
 PO Box 5600
 Jefferson City MO 65102-5300

Section 17 – Claims Disposition

- 17.1 Access to Remittance Advices
- 17.2 Internet Authorization
- 17.3 Online Help
- 17.4 Remittance Advice
- 17.5 Claim Status Message Codes
- 17.5.A Frequently Reported Reductions or Cutbacks



Section 19 – Procedure Codes

19.1.A SERVICES AUTHORIZED BY THE DIVISION OF SENIOR AND DISABILITY SERVICES

This section lists the appropriate procedure codes for the billing of personal care services. The only acceptable place of service (POS) is 12, for home. The licensed Residential Care Facility (RCF)/Assisted Living Facility (ALF) is considered the participant's home for the purpose of providing MO HealthNet personal care; therefore, the POS code for services delivered in an RCF/ALF is also 12.

T1019U3	Personal Care in RCF/ALF	15-min. unit
T1019U3TF	Advanced Personal Care in RCF/ALF	15-min. unit
T1001U3	Authorized Nurse Visit in RCF/ALF	per visit

Personal Care Services

T1019 U3 - Personal Care in RCF/ALF

Examples of personal care services that may be performed:

- Planning, Preparation, and clean-up of meals;
- Making beds and changing sheets with the participant in or out of the bed, as required;
- Brushing, combing and shampooing hair;
- Giving bed baths and assisting with other baths;
- Brushing teeth and cleaning dentures when the participant is unable;

Personal Care Services

T1019 U3 - Personal Care in RCF/ALF cont.

Examples of personal care services that may be performed:

- Giving assistance to and from the bed to a wheelchair, walker or a chair when participant is weight bearing;
- Assisting the participant with ordinarily self-administered medications (open bottles, get water etc);
- Shopping for groceries of household items specifically required for the health and maintenance of the participant.

Personal Care Services

T1019 U3 TF -Advanced Personal Care in RCF/ALF

Examples of advanced personal care services that may be performed are:

- Routine personal care for persons with ostomies and external, indwelling, and suprapubic catheters. This care includes changing bags, and soap and water hygiene around ostomy or catheter site;
- Remove external catheters; inspect skin and reapplication of same;
- Apply medicated (prescription) lotions or ointments, and dry, non-sterile dressing to unbroken skin;
- Use lift, or other device, for transfers;

Personal Care Services

T1019 U3 TF -Advanced Personal Care in RCF/ALF cont.

Examples of advanced personal care services that may be performed are:

- Manually assist with oral medications which are set up by a registered or licensed practical nurse;
- Provide passive range of motion (non-resistive flexion of joint) delivered in accordance with the plan of care,
- Apply non-sterile dressings to superficial skin breaks or abrasions as directed by a RN or LPN.

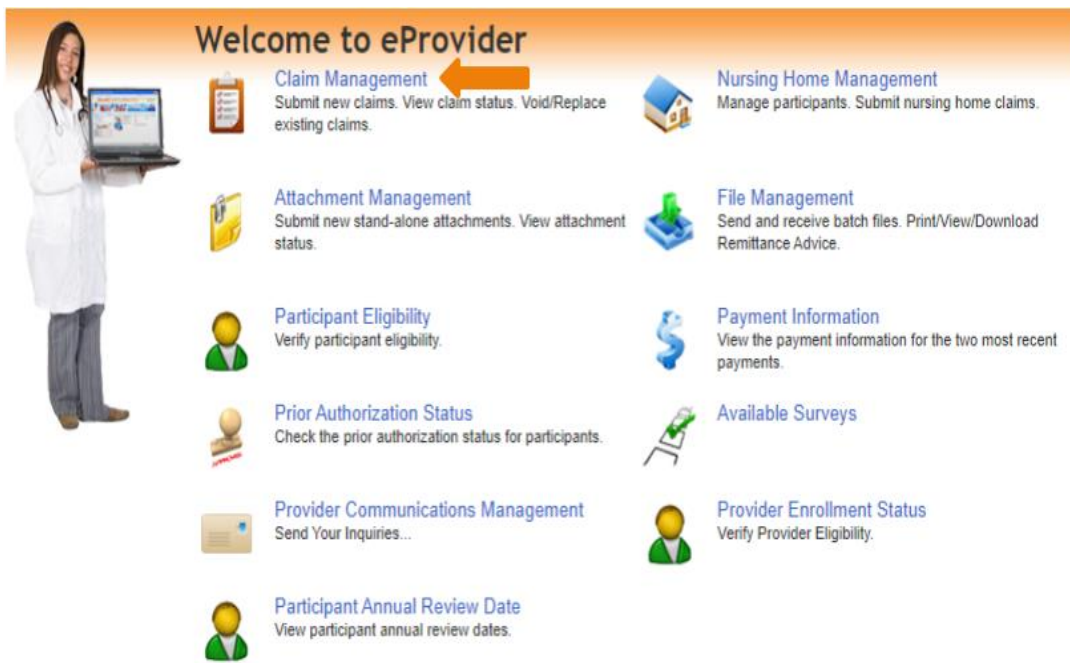
Personal Care Services

T1001 U3 - Authorized Nurse Visits in RCF/ALF












Examples of Authorized Nurse Visits:

- Monitoring a participant's skin condition when a participant is at risk of skin breakdown
- Providing nail care for a participant with diabetes or other medically-contraindicating conditions who is unable to perform this task,
- Making a monthly on-site visit to each participant for whom advanced personal care services are authorized to evaluate the condition of the participant.

Electronic Claim Submission



Welcome to eProvider

 <p>Claim Management Submit new claims. View claim status. Void/Replace existing claims.</p>	 <p>Nursing Home Management Manage participants. Submit nursing home claims.</p>
 <p>Attachment Management Submit new stand-alone attachments. View attachment status.</p>	 <p>File Management Send and receive batch files. Print/View/Download Remittance Advice.</p>
 <p>Participant Eligibility Verify participant eligibility.</p>	 <p>Payment Information View the payment information for the two most recent payments.</p>
 <p>Prior Authorization Status Check the prior authorization status for participants.</p>	 <p>Available Surveys</p>
 <p>Provider Communications Management Send Your Inquiries...</p>	 <p>Provider Enrollment Status Verify Provider Eligibility.</p>
 <p>Participant Annual Review Date View participant annual review dates.</p>	

eMOMED

Claim Samples:

- MO HealthNet Only
- MO HealthNet and Commercial Insurance (Medicare Part C)

Claim Management

Claim Management

NPI

New Claim ▾ New Xover Claim ▾

Claim Search

ICN
 Advanced
 Daily Claim Summary

Participant DCN Submitted Charges

Dates of Service To

Claim Type

Claim Status

Submission Date

Show My Claims Only

New Claim –
 Always use CMS1500

Search Claim –

- ICN Search
- Advance Search



MO HealthNet Only

Claim Management

NPI

New Claim ▾ New Xover Claim ▾

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

Submitted Charges

To

Claim Type

Claim Status

Submission Date

Show My Claims Only

Select Medical (CMS1500)



MO HealthNet Only

Claim Header

Medical(CMS1500) Claim

Billing NPI: M874444409
CHILDRENS THERAPEUTIC DAY TREATMENT

Claim Header Information Enter MHD card information

Participant Information

Participant DCN * Participant Last Name * Participant First Name *

Patient Account Number Optional

Service Information

Referring Provider NPI Hospitalization Dates To

Service Facility Location Service Facility Name PRTF Certification Number

Cause and Diagnosis Details

Related Cause Codes Last Menstrual Cycle Date ICD10 DX Code

Save Claim Header Reset Save Claim Header

MO HealthNet Only

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 *	<input type="text"/>	To	<input type="text"/>	Place of Service *	<input type="text"/>		
	03/20/2023		03/20/2023	12 - Home			
Procedure Code *	<input type="text"/>		Modifiers				
	T1001		U3 <input type="text"/> <input type="text"/> <input type="text"/>				
National Drug Code	<input type="text"/>		Decimal Quantity (9999999.999)	<input type="text"/>		Prescription Number	<input type="text"/>
Diagnosis Code *	<input type="text"/>		Billed Charges *	Usual customary amount	Days/Units Billed *	Total units billed	
	F259		60.00		1		
Conditions	<input type="checkbox"/> Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/> Family Planning		Performing Provider NPI	<input type="text"/>		Ordering Provider NPI	<input type="text"/>
Save Detail Line to Claim Reset Fill all fields with an *							

MO HealthNet Only

Submit Claim

Add Detail Line

Detail Line Summary							Total Charges : 60.00
Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
1	03/20/2023 - 03/20/2023	12 - Home	T1001	U3		60.00	

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

Save Detail Line to Claim Reset

Other Payers (click to manage)

Invoice of Cost (click to manage)

Certificate of Medical Necessity (click to manage)

Submit Claim

Submit Claim Printer Friendly Reset Cancel

MO HealthNet Only

Claim Status Functions

Claim Status

Void Replacement Copy Claim Printer Friendly

Timely Filing

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

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

See Section 6 of the [Personal Care Provider Manual](#) for more information

Why Did The Claim Deny?

Refer to the [Washington Publishing Company](#)

Claim Status

Claim received

Claim Details

Participant Details

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

Provider Details

Claim Status Details

Claim Status	Category Code F0
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

New Claim Finish

Status Details

Category Code

Claim Status Detail and Category Codes

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

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

glass

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.

Printer Friendly

MO HealthNet

Medical(CMS1500) Claim Details - ICN: 4923087020296

Billing NPI: M874444409

Claim Header Information

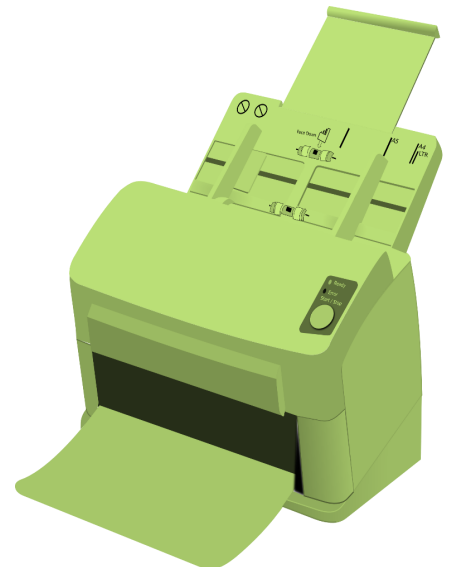
Participant Information		
Participant DCN 01010101	Participant Last Name RUSH	Participant First Name DANIEL
Patient Account Number		

Service Information		
Referring Provider NPI	Hospitalization Dates	
Service Facility Location N	Service Facility Name	PRTF Certification Number

Cause and Diagnosis Details		
Related Cause Codes 0	Last Menstrual Cycle Date	Diagnosis Codes F259

Claim Service Lines

Service Line 1		
Dates of Service 03/20/2023 To 03/20/2023	Place of Service 12 - Home	
Procedure Code T1001	Modifiers U3	
National Drug Code	Decimal Quantity 0.000	Prescription Number
Diagnosis Code F259	Billed Charges 60.00	Days/Units Billed 1
Conditions N - Emergency N - EPSDT N - Family Planning	Performing Provider NPI	Ordering Provider NPI



Search Options

Claim Management

NPI
M874444409 - CHILDRENS THERAPEUTIC DAY TREATMENT

New Claim ▾ New Xover Claim ▾

Claim Search

ICN
 Advanced **ICN Specific**
 Daily Claim Summary

Participant DCN Submitted Charges

Dates of Service
 To

Claim Type
 All ▾ **Advanced Search: DCN, DOS, Claim type or status**

Claim Status
 All ▾

Submission Date

Show My Claims Only

Search Clear

Finish

Adjusting Claims

- Void: Paid Claim, never intended to bill the claim
- Replacement: Change a paid claims info to resubmit
- Timely filing: Resubmitting after the initial 12 mos
- Copy Claim Original: Editing a denied claim
- Copy Claim Advanced: Editing claim form or billing NPI

Claim Status

Void Replacement Copy Claim **Timely Filing** Details Printer Friendly

Participant Details
 Participant Name: BSA PATIENT
 Participant DCN: 01010101

Claim Data
 NPI: 21159033464
 First Date Of Service: 03/01/2021
 Claim Type: DENTAL
 Total Charges: 100.00

Claim Status Details
 Claim Status: 21
 Status Effective Date: 06/08/2021

Payment Details
 Total Paid: 0.00
 RA Date:
 Check Number:

Provider Details
 NPI: M012136305
 Taxonomy Code:

Category Code: F0
 Entity Identifier Code:
 Adjudication Date: 06/08/2021

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

See Section 6 of the Provider Manual for more information

See Section 6 of the [Personal Care Provider Manual](#) for more information

Adjusting Claims

Select Appropriate Option

Edit Claim Header **Edit claim header** **Pencil – edit detail line summary**

Add Detail Line

Line #	Date of Service	Place of Service	Procedure Code	Modifiers	National Drug Code	Billed Charges	Action
1	03/20/2023 - 03/20/2023	12 - Home	T1001	U3		60.00	

Add Detail Line #2

Dates of Service *
 ##### To ##### **Place of Service *** [dropdown] **Trash can – delete line detail**

Procedure Code * [input] **Modifiers** [input] [input] [input] [input]

National Drug Code [input] **Decimal Quantity (9999999.999)** [input] **Prescription Number** [input]

Diagnosis Code * [dropdown] **Billed Charges *** [input] **Days/Units Billed *** [input]

Conditions
 Emergency
 EPSDT
 Family Planning

Performing Provider NPI [input] **Ordering Provider NPI** [input]

Save Detail Line to Claim **Reset**

Other Payers (click to manage) [dropdown]

Invoice of Cost (click to manage) [dropdown]

Certificate of Medical Necessity (click to manage) [dropdown]

Submit Claim **Printer Friendly** **Reset** **Cancel**

See Section 6 of the [Personal Care Provider Manual](#) for more information

New Claim Status

Claim Status

Claim received.

Claim Details

Participant Details		Claim Data		Payment Details	
Participant Name DANIEL RUSH	ICN 4923087020903	Claim Submission Date 03/28/2023	Total Paid 0.00	Participant DCN 01010101	RA Date
	First Date Of Service 03/20/2023	Last Date of Service 03/20/2023	Check Number		
	Claim Type MEDICAL	Bill Type			
	Total Charges 10.00				

Provider Details		Claim Status Details	
NPI M874444409	Claim Status 33	Category Code F0	Entity Identifier Code
Taxonomy Code	Status Effective Date 03/28/2023	Adjudication Date 03/28/2023	

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	03/20/2023 - 03/20/2023		T1019	U3	1	10.00	0.00	1	F0		03/28/2023

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

New Claim **Finish**

Resources and Contact Information

<p>Technical support and assistance for issues with eMOMED</p> <p>Establish required electronic claims and RA formats, network communication, HIPAA trading partner agreements</p> <p>(573) 635-3559 internethelpdesk@momed.com</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) 751-2896 PO Box 5500 Jefferson City MO 65102</p>	<p>Questions regarding MHD eligibility benefits and application process</p> <p>(855) 373-9994 www.mydss.mo.gov</p> <p>Family Support Division Information Center (855) FSD-INFO (855) 600-4412</p>
<p>Technical Help Desk</p>	<p>Provider Communications</p>	<p>Participant Resources</p>

Resources and Contact Information

<p>Instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED.</p> <p><u>Register for training</u></p> <p>(573) 751-6683 MHD.Education@dss.mo.gov</p>	<p>Policy development, benefit design, coverage decisions, provider and program policy inquiries</p> <p>(573) 751-6963</p> <p>MHD.ClinicalServices@dss.mo.gov</p>	<p>Pharmacy clinical authorizations, edit overrides, medical pre-cert (outpatient, non-emergency MRI, MRA, CT, CTA, PET scans and cardiac imaging)</p> <p><u>Pre-Cert for certain Radiological Procedures</u></p> <p>(800) 392-8030</p>
<p>Education & Training</p>	<p>Clinical Services</p>	<p>Pharmacy & Medical Pre-Cert Help Desk</p>

Resources and Contact Information

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

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

Ask.MHD@dss.mo.gov

MHD Services & Programs

[Link to all Provider Manuals](#)

[Personal Care Manual](#)

Provider Manuals

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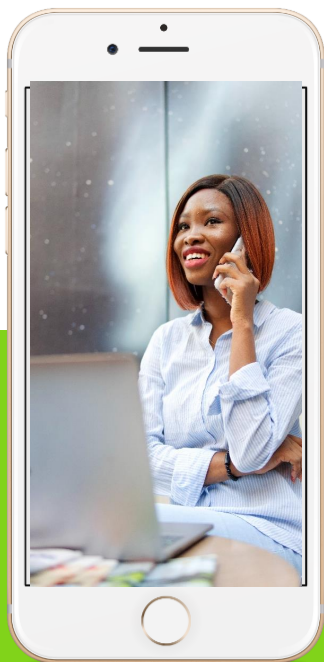
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Provider Bulletins & Hot Tips

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(573) 751-6683