



MO Medicaid Audit & Compliance In-Home/CDS Annual Meeting, April 2026 Provider Resource Overview

MO HealthNet Division Education and Training

This Presentation Covers:



Navigating Provider Resources



Eligibility



Resources & Contact Information

Navigating Provider Resources

- Fee-For-Service vs. Managed Care
- Provider Information Page
- Provider Manuals
- Forms
- Fee Schedules & Rate Lists
- Education & Training
- Contact Information



Fee-For-Service vs. Managed Care

Missouri's Medicaid program is called **MoHealthNet** 

MO HealthNet covers qualified medical expenses for individuals who meet certain eligibility requirements.

Depending on the type of coverage they qualify for, participants will get their services through the MO HealthNet Fee-For-Service (FFS) Program or the MO HealthNet Managed Care Program.

Fee-For-Service vs. Managed Care

Providers may choose to enroll with one or both of these programs:

All billing providers must be enrolled in the MO HealthNet Program to provide medical services.

Those who participate agree to accept MO HealthNet payment as reimbursement in full for any services provided to MO HealthNet participants.

Providers who offer services through the MO HealthNet Managed Care (MC) Program must enroll with Missouri Medicaid Audit & Compliance (MMAC), regardless of whether they accept FFS participants.



Fee-For-Service

- Senior (age 65 and older)
- Person with a disability
- Blind or visually impaired adult
- Woman (under age 65) with breast or cervical cancer

Managed Care

- Pregnant woman including her newborn
- Child (birth to age 18)
- Parent with children in the home
- Adult (age 19-64) without a disability



Provider Resources



eMOMED

eMOMED is the MO HealthNet Portal for claim submission, eligibility and more.

To access eMOMED, **register online**. The application process only takes a few minutes and provides you with a real-time confirmation response, your user ID and password.

For **eMOMED** assistance contact the Provider Technical Help Desk at (573) 635-3559.

The screenshot displays the eMOMED web portal interface. At the top, there is a navigation bar with the MoHealthNet logo on the left and links for 'eMOMED', 'Contact', and 'Troubleshooting'. Below the navigation bar is a large banner image featuring a diverse group of healthcare professionals and the MoHealthNet logo. The main content area is divided into several sections:

- External Links:** A list of links including 'State of Missouri Web site', 'Department of Social Services', 'MO Medicaid Audit & Compliance' (with sub-links for 'Provider Enrollment Information'), and 'MO HealthNet Division' (with sub-links for 'Provider Information', 'Provider Education & Training', 'Participant Information', 'Claims Processing Schedule', and 'Electronic Billing Documents').
- Public News:** A section with the 'eNews' logo.
- Resources:** A list of recent updates, including '01/21/2025 Requesting & Accepting NPI Access', '01/21/2025 eMOMED Registration Video', and '01/21/2025 eMOMED Training and Assistance Utilities'.
- Welcome:** A central section with the heading 'Welcome to the MO HealthNet Web Portal'. It includes a photo of a healthcare worker and text stating: 'The complete source for all MO HealthNet Participant and Provider related services. Find everything you need from one convenient portal!'.
- Provider Enrollment Application:** A section with the heading 'Provider Enrollment Application' and text: 'To begin enrollment as a MO HealthNet (Missouri Medicaid) provider, or to access your pending application, [click here](#).'.
- ERA Enrollment:** A section with the heading 'ERA Enrollment' and text: 'Provider Sign up for Electronic Remittance Advice (ERA) [Click Here!](#)'.
- Login:** A section with the heading 'Login' and a red warning: '! ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.' Below this is a form with fields for 'User ID' and 'Password', and a 'Login' button. It also includes links for 'To reset your password, [Click Here!](#)' and 'Not registered? [Register Now!](#)'.

At the bottom right of the page, there is a warning: 'WARNING! THIS SYSTEM CONTAINS GOVERNMENT INFORMATION. BY ACCESSING AND USING THIS COMPUTER SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES AS WELL AS CIVIL PENALTIES.'

eMOMED

In **eMOMED** portal, providers can do the following:

- Submit, adjust, or research Fee-For-Service claims
- Check eligibility and Prior Authorization status
- Send claim and eligibility questions to Provider Communications
- Check participant's annual review date
- Access Claim Confirmations and Remittance Advice
- Check Provider Enrollment status
- Reach the provider information page

eMOMED / Login

External Links

- State of Missouri Web site
- Department of Social Services
- MO Medicaid Audit & Compliance
 - Provider Enrollment Information
- MO HealthNet Division
 - Provider Information
 - Provider Education & Training
 - Participant Information
 - Claims Processing Schedule
 - Electronic Billing Documents

Public News

eNews

Resources

- 01/21/2025 Requesting & Accepting NPI Access
- 01/21/2025 eMOMED Registration Video
- 01/21/2025 eMOMED Training and Assistance Utilities

Welcome

Welcome to the MO HealthNet Web Portal

The complete source for all MO HealthNet Participant and Provider related services.

Find everything you need from one convenient portal!

Provider Enrollment Application

To begin enrollment as a MO HealthNet (Missouri Medicaid) provider, or to access your pending application, [click here](#).

ERA Enrollment

Provider Sign up for Electronic Remittance Advice (ERA) [Click Here!](#)

Login

! ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.

User ID

Password

To reset your password, [Click Here!](#)

Not registered? [Register Now!](#)

WARNING! THIS SYSTEM CONTAINS GOVERNMENT INFORMATION. BY ACCESSING AND USING THIS COMPUTER SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES AS WELL AS CIVIL PENALTIES.

Provider Information

The [MO HealthNet Provider Information page](#) is your hub for Medicaid information.

This page can be found on the [MHD website](#) or in [eMOMED](#).

In eMOMED, select Provider Information under the External Links header.

Don't forget to bookmark these resources for the future!

The screenshot displays the eMOMED web portal. At the top, there is a navigation bar with the MoHealthNet logo on the left and links for 'eMOMED', 'Contact', and 'Troubleshooting'. Below this is a large banner image showing a diverse group of healthcare providers. The main content area is divided into several sections:

- External Links:** A list of links including 'State of Missouri Web site', 'Department of Social Services', 'MO Medicaid Audit & Compliance' (with sub-links for 'Provider Enrollment Information' and 'Provider Information'), and 'MO HealthNet Division' (with sub-links for 'Provider Information', 'Provider Education & Training', 'Participant Information', 'Claims Processing Schedule', and 'Electronic Billing Documents'). An orange arrow points to the 'Provider Information' link.
- Welcome:** A section titled 'Welcome to the MO HealthNet Web Portal' describing it as 'The complete source for all MO HealthNet Participant and Provider related services.' and 'Find everything you need from one convenient portal!'.
- Login:** A section with a warning: '! ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.' It includes fields for 'User ID' and 'Password', a 'Login' button, and links for 'To reset your password, Click Here!' and 'Not registered? Register Now!'.
- Public News:** A section with the 'eNews' logo.
- Resources:** A list of resources with dates and titles: '01/21/2025 Requesting & Accepting NPI Access', '01/21/2025 eMOMED Registration Video', and '01/21/2025 eMOMED Training and Assistance Utilities'.
- Provider Enrollment Application:** A section with the text: 'To begin enrollment as a MO HealthNet (Missouri Medicaid) provider, or to access your pending application, click here.'
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Provider Information

The **Provider Information** page provides access to MO HealthNet News, provider manuals, claims and billing information, fee schedules, rate lists, education and training, forms, and more.

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

Provider Information

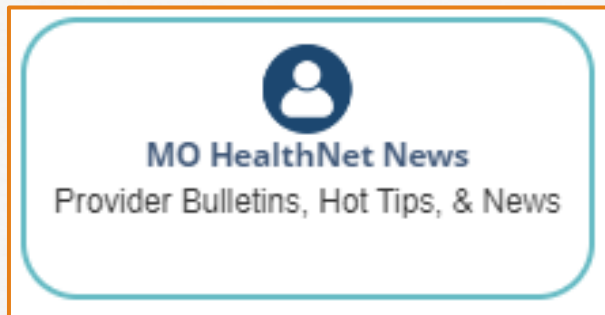
Welcome MO HealthNet Providers

- MO HealthNet News**
Provider Bulletins, Hot Tips, & News
- Provider Manuals**
Provider manuals for all programs
- Claims & Billing**
Processing & payment information
- Fee Schedules & Rates**
Current fee schedules & rate lists
- Rx Pharmacy**
PDL & clinical edit information
- Education & Training**
Education & training resources
- Forms**
Forms for MO HealthNet providers
- Enroll with MO HealthNet**
Become a MO HealthNet provider

MO HealthNet News

The **MO HealthNet News** page allows you to search 10 years of posted Provider Bulletins, Hot Tips and Newsletters by date, type, program, or keyword.

Program-specific Provider Bulletins and Hot Tips can also be found on your program page. More on that later in this presentation!



MO HealthNet News

Search the table below for Provider Bulletins, Hot Tips, and Newsletters. To get important updates via email, subscribe to MO HealthNet News [↗](#).

Date Type Program

Search Keywords

Date	Volume Number	Subject	Type	Program
04/17/2026		Self-Measured Blood Pressure (SMBP) Monitoring	Hot Tips	
04/16/2026		Diagnosis Code Requirements for Pharmacy Claims	Hot Tips	All MO HealthNet Providers
04/09/2026	Vol. 48-56	CMS Approves Ground Ambulance Transport to Behavioral Health Crisis Centers (BHCCs) State Plan Amendment (SPA)	Bulletins	Ambulance, Behavioral Health Services
04/03/2026		Upcoming Mandatory MFA Implementation for eMOMED	Hot Tips	All MO HealthNet Providers
04/03/2026		New Stranded Patient Line for Facilities Assisting Participants with Non-Emergency Medical Transportation	Hot Tips	All MO HealthNet Providers, Non-Emergency Medical Transportation
04/01/2026	Vol. 2026-2	MO HealthNet Provider Newsletter - April 2026	Newsletters	All MO HealthNet Providers
04/01/2026		Proof of Delivery Documentation Requirements for DME	Hot Tips	Durable Medical Equipment
04/01/2026		Updated User-Friendly Doula Provider Guide	Hot Tips	Doula

MO HealthNet News

By choosing the Personal Care program you can see all Personal Care Bulletins and Hot Tips.

Be specific when searching for keywords and do not search for partial words.

Keyword Tip:

For Hot Tips, the search will look for the keyword within the content of the post. For Bulletins, it will only search the title.

Date	Volume Number	Subject	Type	Program
04/17/2026		Self-Measured Blood Pressure (SMBP) Monitoring	Hot Tips	
04/16/2026		Diagnosis Code Requirements for Pharmacy Claims	Hot Tips	All MO HealthNet Providers
04/09/2026	Vol. 48-56	CMS Approves Ground Ambulance Transport to Behavioral Health Crisis Centers (BHCCs) State Plan Amendment (SPA)	Bulletins	Ambulance, Behavioral Health Services
04/03/2026		Upcoming Mandatory MFA Implementation for eMOMED	Hot Tips	All MO HealthNet Providers
04/03/2026		New Stranded Patient Line for Facilities Assisting Participants with Non-Emergency Medical Transportation	Hot Tips	All MO HealthNet Providers, Non-Emergency Medical Transportation
04/01/2026	Vol. 2026-2	MO HealthNet Provider Newsletter - April 2026	Newsletters	All MO HealthNet Providers
04/01/2026		Proof of Delivery Documentation Requirements for DME	Hot Tips	Durable Medical Equipment
04/01/2026		Updated User-Friendly Doula Provider Guide	Hot Tips	Doula

Provider Bulletins

- Notifies providers of new and updated policies
- Clarifies existing policies
- Advises of important program information, rate changes and new/updated procedure codes



Provider Bulletin

Volume 47 Number 28

<https://mydss.mo.gov/mhd>

October 16, 2024

Electronic Visit Verification (EVV) Best Practices and System Enhancements

Applies to: Providers of Personal Care and Home Health Care Services

Effective date: October 16, 2024

- EVV Requirements
- Best Practices
- Planned Improvements

EVV Requirements

As of January 1, 2023, all Personal Care Services (PCS) and Home Health Care Services (HHCS) provider agencies are required to use EVV to document MO HealthNet (Medicaid)-funded services delivered in the home of a participant. [Missouri EVV Vendors](#) who are supporting Missouri provider agencies are required to exchange visit data with the EVV Aggregator Solution (EAS) hosted by Sandata Technologies.

PCS and HHCS provider agencies are responsible for ensuring the EVV vendor they contract with is sending timely and accurate visit data to the EAS. All providers are required to log into [EAS](#) at a minimum of once per week to verify the accuracy of their visit data. Provider agencies not submitting all necessary data elements for each member to whom they deliver services are at risk of sanctions or termination of their state contract with Missouri Medicaid Audit and Compliance (MMAC).

Best Practices

The MO HealthNet Division (MHD) offers the following best practice information to reduce the likelihood of audit findings and/or adverse actions for PCS and HHCS provider agencies:

- Visit data must be sent to the EAS at a minimum of once daily for all dates that visit data is captured by a provider agency.
- For services requiring tasks, the tasks entered for each visit should reflect activities actually done during the visit as authorized by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS). Tasks may vary from visit to visit and typically should not include every task in the care plan for each day



Provider Hot Tips

Tips to assist providers with:

- Billing questions
- Clarifying existing policies and procedures
- Provider resources and training

03/23/2026

Electronic Visit Verification Claims Validation Hard Launch begins April 1, 2026

Provider Types 26 and 28: Beginning April 1, 2026, any claim for services that requires Electronic Visit Verification (EVV) and is authorized by the Department of Health and Senior Services, Division of Senior and Disability Services (DSDS) (provider types 26 and 28 that provide personal care, advanced personal care, consumer directed services, homemaker, chore, and respite), will be denied if there is no matching visit in the EVV Aggregator Solution (EAS).

All Home and Community-Based providers are expected to routinely (at least weekly) log into the EAS to confirm the accuracy and completeness of all recorded visits.

Possible claim denials may occur for several reasons, including:

- Claims are submitted before the provider's EVV vendor sends the visit data to the EAS, or the provider's EVV vendor is not sending the required visit data at all (Verified Visit not found for the procedure code and date range)
- EVV is not being used for every required service for each participant (Participant DCN does not match)
- The Provider ID on the claim does not match a Provider ID in the EAS (Provider ID does not match)
- A visit exists, but the recorded units do not match the units billed (Unmatched Units)

Provider Types 58 and 85: Upcoming phases of the hard launch will impact claims requiring EVV for Home Health Care Service providers (provider type 58) and Department of Mental Health, Division of Developmental Disabilities (DDD) (provider type 85). The timeline for these phases will be provided in the future.

For information regarding the EVV claims validation process, visit the [EVV website](#). For questions, contact Ask.EVV@dss.mo.gov.

For additional resources, refer to the [Education and Training Resources](#) page and/or sign up for a live webinar by accessing our [Provider Training Calendar](#). Email MHD.Education@dss.mo.gov for more information.

MO HealthNet News

Stay Informed

MO HealthNet News:

- Email Blasts
- Provider Bulletins
- Provider Hot Tips

Sign up and **Stay Connected**

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Subscription Type

Email

Email Address *

Submit

Cancel

Your contact information is used to deliver requested updates or to access your subscriber preferences.

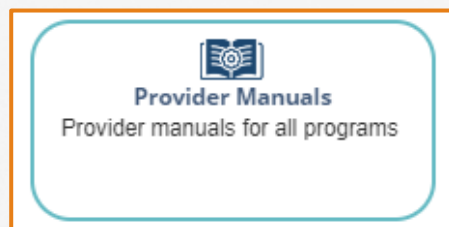
MHD Provider Manuals

Provider Manuals contain:

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

Providers should choose the **Personal Care Manual** for information specific to their program.

For general information, providers should review the **General Sections Manual**.



Provider Manuals

- AIDS Waiver
- Adult Day Care Waiver
- Aged & Disabled Waiver
- Ambulance
- Ambulatory Surgical Center
- Behavioral Health Adult Targeted Case Management
- Behavioral Health Services
- Behavioral Health Youth Targeted Case Management
- Certified Community Behavioral Health Clinics / Organizations Manual
- Community Psychiatric Rehabilitation
- Comprehensive Community Support Manual
- Comprehensive Day Rehabilitation
- Comprehensive Substance Treatment and Rehabilitation
- Comprehensive Substance Treatment and Rehabilitation / American Society of Addiction Medicine
- Dental
- Developmental Disabilities Waiver
- Durable Medical Equipment
- Environmental Lead Assessment
- Exceptions
- Healthy Children and Youth
- Hearing Aid
- Home Health
- Hospice
- Hospital
- Independent Living Waiver
- Medically Fragile Adult Waiver
- Medicare / Medicaid Claims Processing
- Non-Emergency Medical Transportation
- Nurse Midwife
- Nursing Home
- Optical
- Personal Care
- Pharmacy
- Physician
- Private Duty Nursing
- Program of All-Inclusive Care for the Elderly
- Radiology
- Rehabilitation Centers
- Rural Health Clinic
- School District Administrative Claiming Manual
- School-Based IEP Direct Services Cost Settlement Manual
- School-Based IEP Specialized Transportation Services
- Structured Family Caregiving Waiver Provider Manual
- Targeted Case Management for Individuals with Developmental Disabilities
- Therapy
- Transplant

Provider Manual Archives

Provider Manuals

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

In this example, we searched for the procedure code T1019:

 2/7 | ^ v X

Services Authorized by Division of Senior and Disability Services

The following codes are for services authorized by the Division of Senior and Disability Services (DSDS).

Procedure Code	Description	Service Unit
T1001	Authorized Nurse Visit	Per visit
T1001 U3	Authorized Nurse Visit in RCF/ALF	Per visit
T1019	Personal Care	15 minutes
T1019 TF	Advanced Personal Care	15 minutes
T1019 U2	CDS Personal Care	15 minutes
T1019 U3	Personal Care in RCF/ALF	15 minutes
T1019 U3TF	Advanced Personal Care in RCF/ALF	15 minutes
T1028 TS	Participant Reassessments	One per year*

*Reassessments are done by the provider upon notification of a list provided by DSDS.

Claims & Billing

The Claims & Billing page lists a variety of resources helpful to providers when billing, including:

- [Claims Processing & Payment Schedule](#)
- [eMOMED](#)
- [CyberAccess](#)
- [Remittance Advice Remark and Claim Adjustment Reason Codes](#)

A navigation menu titled "Claims & Billing" with a background image of a laptop keyboard. It contains six items, each with an icon and a text label: "Claims Processing & Payment Schedule" (calendar icon), "eMOMED" (person icon), "CyberAccess" (computer monitor with cross icon), "Claim Filing Resources" (document with dollar sign icon), "Fee Schedules & Rate Lists" (dollar sign icon), and "RA Remark Advice & Claim Adjustment Codes" (stethoscope icon).

Claims & Billing

- Claims Processing & Payment Schedule
- eMOMED
- CyberAccess
- Claim Filing Resources
- Fee Schedules & Rate Lists
- RA Remark Advice & Claim Adjustment Codes

Claims Processing & Payment Schedule

The Claims Processing and Payment Schedule tells a provider when to submit their claims in order to get paid on the Provider Check Date.

For example:
If a provider submits a claim by 5:00 pm on 04/24/2026, they will receive payment on 05/07/2026.

Pay close attention to the last Ending Claim Capture date for the fiscal year – it may be sooner than your average cycle.

MO HealthNet Claims Processing Schedule for State Fiscal Year 2026
July 1, 2025 - June 30, 2026

FINANCIAL CYCLE DATE	PROVIDER CHECK DATE	BEGINNING CLAIM CAPTURE CURRENT CYCLE	ENDING CLAIM CAPTURE 1
Friday 06/13/2025	Monday 06/23/2025	Saturday 05/31/2025	Sunday 06/08/2025
Friday 06/27/2025	Tuesday 07/08/2025	Monday 06/09/2025	Friday 06/27/2025
Friday 07/11/2025	Friday 07/25/2025	Saturday 06/28/2025	Friday 07/11/2025
Friday 07/25/2025	Friday 08/08/2025	Saturday 07/12/2025	Friday 07/25/2025
Friday 08/15/2025	Friday 08/22/2025	Saturday 07/26/2025	Friday 08/15/2025
Friday 08/29/2025	Friday 09/12/2025	Saturday 08/16/2025	Friday 08/29/2025
Friday 09/12/2025	Wednesday 09/24/2025	Saturday 08/30/2025	Friday 09/12/2025
Friday 09/26/2025	Friday 10/10/2025	Saturday 09/13/2025	Friday 09/26/2025
Friday 10/10/2025	Friday 10/24/2025	Saturday 09/27/2025	Friday 10/10/2025
Friday 10/24/2025	Friday 11/07/2025	Saturday 10/11/2025	Friday 10/24/2025
Friday 11/14/2025	Friday 11/21/2025	Saturday 10/25/2025	Friday 11/14/2025
Friday 11/28/2025	Friday 12/12/2025	Saturday 11/15/2025	Friday 11/28/2025
Friday 12/12/2025	Wednesday 12/24/2025	Saturday 11/29/2025	Friday 12/12/2025
Friday 12/26/2025	Friday 01/09/2026	Saturday 12/13/2025	Friday 12/26/2025
Friday 01/09/2026	Friday 01/23/2026	Saturday 12/27/2025	Friday 01/09/2026
Friday 01/23/2026	Friday 02/06/2026	Saturday 01/10/2026	Friday 01/23/2026
Friday 02/06/2026	Thursday 02/19/2026	Saturday 01/24/2026	Friday 02/06/2026
Friday 02/27/2026	Friday 03/06/2026	Saturday 02/07/2026	Friday 02/27/2026
Friday 03/13/2026	Wednesday 03/25/2026	Saturday 02/28/2026	Friday 03/13/2026
Friday 03/27/2026	Friday 04/10/2026	Saturday 03/14/2026	Friday 03/27/2026
Friday 04/10/2026	Friday 04/24/2026	Saturday 03/28/2026	Friday 04/10/2026
Friday 04/24/2026	Thursday 05/07/2026	Saturday 04/11/2026	Friday 04/24/2026
Friday 05/15/2026	Friday 05/22/2026	Saturday 04/25/2026	Friday 05/15/2026
Friday 05/29/2026	Friday 06/12/2026	Saturday 05/16/2026	Friday 05/29/2026
Friday 06/12/2026	Tuesday 06/23/2026	Saturday 05/30/2026	Monday 06/08/2026

Note 1: Ending Claim Capture date - Closeout is 5:00 p.m. on the date shown

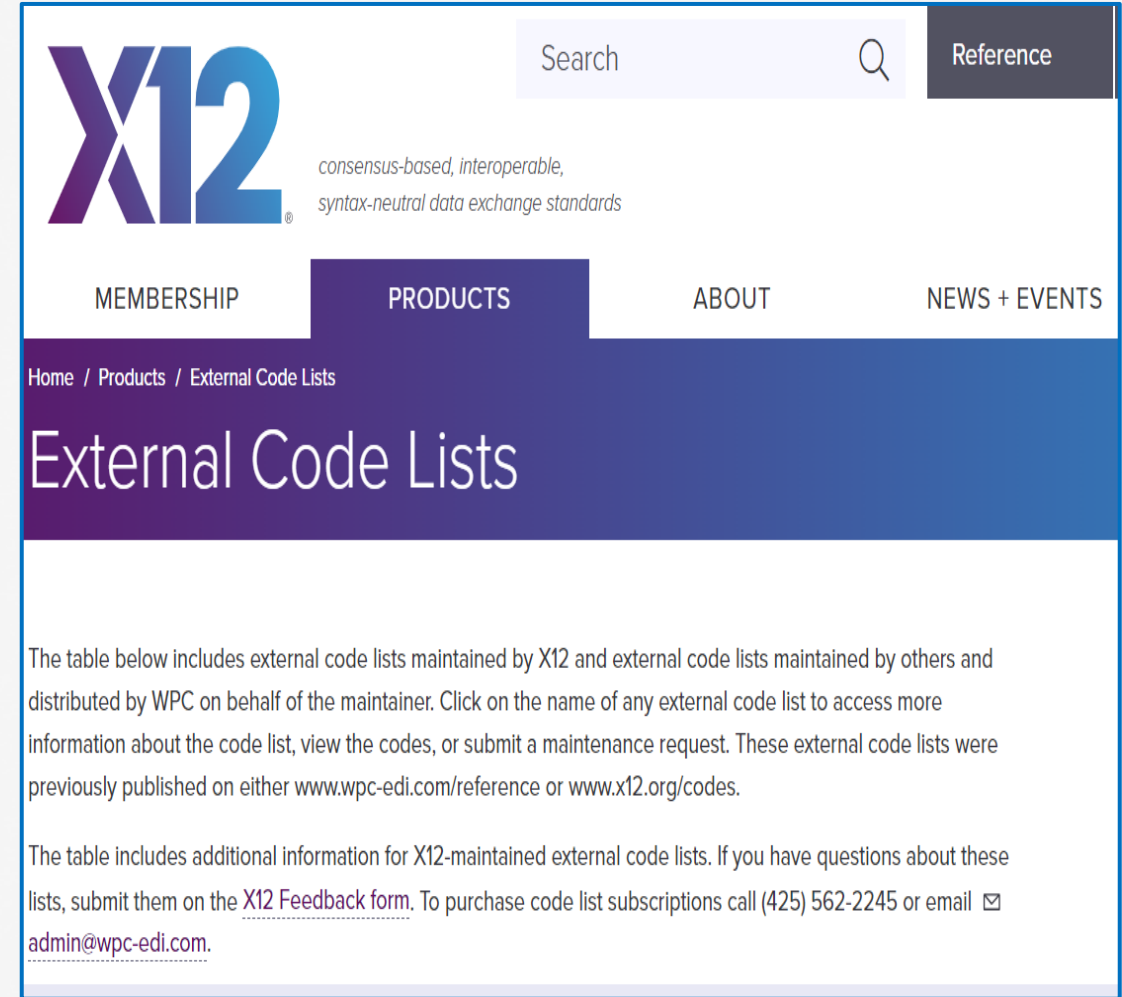
Remittance Advice & Claim Adjustment Reason Codes

Remittance Advice (RA) is a statement of paid or denied claims produced for providers twice a month.

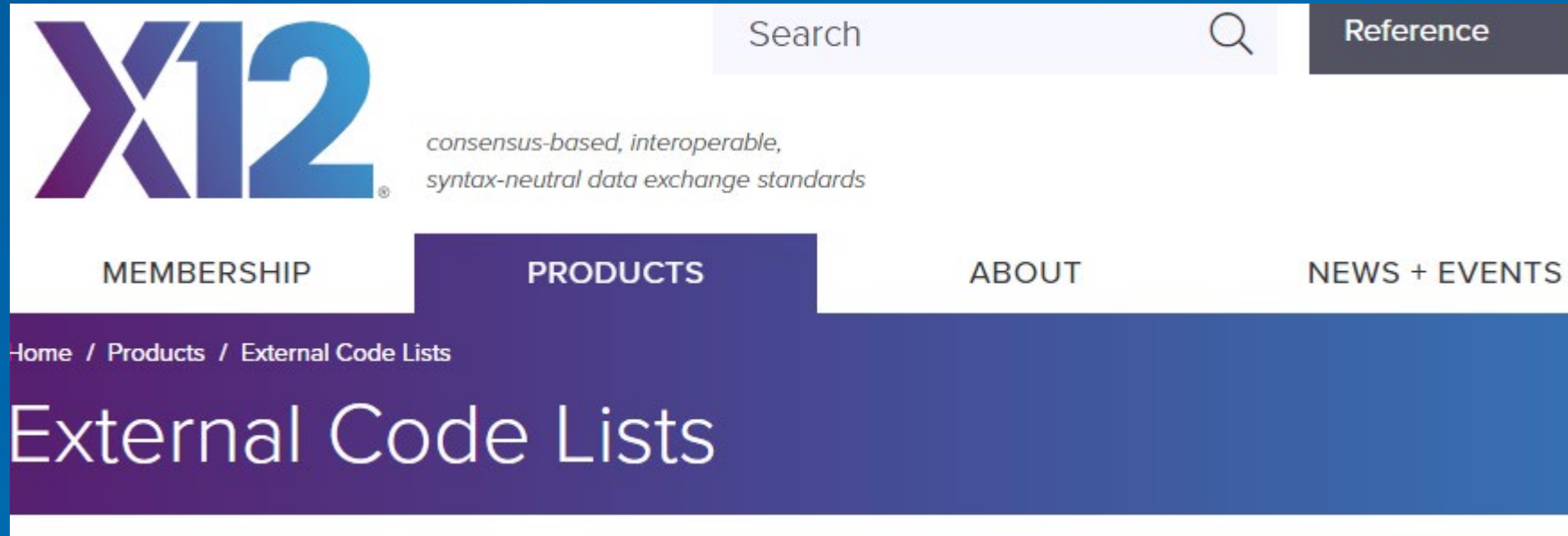
Along with listing the claim, the RA lists an **Adjustment Reason Code** to explain a payment, denial, corrected claim, voided claim, or other action.

The Adjustment Reason Code identifies the reasons for any differences, or adjustments, between the original provider charge for a claim and MHD's reimbursement.

The RA may also list a **Remittance Remark Code** that indicates either a claim-level or service-level message that cannot be expressed with a Claim Adjustment Reason Code.



The screenshot shows the X12 website interface. 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 a "Reference" button. Below the logo are navigation tabs for "MEMBERSHIP", "PRODUCTS", "ABOUT", and "NEWS + EVENTS". The "PRODUCTS" tab is active. Below the navigation is a breadcrumb trail: "Home / Products / External Code Lists". The main heading is "External Code Lists". Below this is a paragraph of text: "The table below includes external code lists maintained by X12 and external code lists maintained by others and distributed by WPC on behalf of the maintainer. Click on the name of any external code list to access more information about the code list, view the codes, or submit a maintenance request. These external code lists were previously published on either www.wpc-edi.com/reference or www.x12.org/codes." Below this is another paragraph: "The table includes additional information for X12-maintained external code lists. If you have questions about these lists, submit them on the [X12 Feedback form](#). To purchase code list subscriptions call (425) 562-2245 or email admin@wpc-edi.com." The email address is partially obscured by a small icon.



Remittance Advice Remark Codes and Claim Adjustment Reason Codes

With the implementation of HIPAA national standards, previously used MO HealthNet edits and Explanation of Benefits (EOBs) will no longer appear on the Remittance Advice (RA).

Instead, HIPAA compliant Remittance Advice Remark (RARC) and Claim Adjustment Reason Codes (CARC) are used.

Explanations of the RARC and CARC are available on this [site](#).

Fee Schedules & Rate Lists

The [Fee Schedule & Rate List](#) page provides links to:

- [MO HealthNet Fee Schedules](#)



Fee Schedules & Rate Lists

Fee Schedules

MO HealthNet fee schedules are updated monthly. If a procedure code reimbursement has been changed and the fee schedule has not yet been updated, MO HealthNet providers will be reimbursed at the correct updated amount.

MO HealthNet providers are categorized by the service(s) they perform for MO HealthNet eligible participants. The service by which providers are classified will determine the procedures for which they receive MO HealthNet reimbursement. However, some Current Procedural Terminology (CPT) codes may be billed by multiple provider types.

Pricing files are used by all MO HealthNet providers. A code may not be appropriate for a claim even though it is listed in a pricing file. This is especially true for the following categories: Early Periodic Screening, Diagnostic, and Treatment (EPSDT), Medical, and Other Medical.

For programs not paid via a fee schedule, procedure codes will show as covered with a fee listed. If providers are paid by percentage, per diem rate, etc., they will continue to be paid in that manner.

Refer to the program specific [provider manual](#) and [MO HealthNet News](#) for correct coding, limitations, and restrictions.

[MO HealthNet Fee Schedules](#)

Searching the MHD Fee Schedule

1

Click on Fee Schedules

2

Read and Accept Disclaimer

3

Choose Download or Full Search

Download: Excel spreadsheets

Full Search: Online search

4

Choose the category that applies to your Program

5

Click on Proc Code or Modifier

6

Enter the Procedure Code or Modifier

7

Click Go

8

Review Search Results

Fee Schedules & Rates

The [MHD Fee Schedule](#) gives information regarding codes in each column.

The tables also provide modifier information, including:

- Pricing
- Active/Inactive
- Routing

The next slides will detail how to search for the information available to a provider on the Fee Schedule.

Due to timely filing, max quantities on the fee schedule may be out of date. Please refer to the most recent MO HealthNet [provider bulletin](#) pertaining to your program for the most up to date quantities and rates.

Fee Schedule Search										
Medical Services										
ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
T1019	EP		1			3	07/01/2023	0.00	\$8.14	99
T1019	HB		0			3	07/01/2023	0.00	\$8.14	99
T1019	SC					9	08/01/2020	0.00	\$0.00	20
T1019	TF	EP	1			3	07/01/2023	0.00	\$8.17	99
T1019	TF		1	J		3	07/01/2023	0.00	\$8.17	99
T1019	TM					0	07/01/2023	0.00	\$8.14	99
T1019	U2	SC				9	08/01/2020	0.00	\$0.00	20
T1019	U2		1	J		3	07/01/2023	0.00	\$5.23	99
T1019	U3	SC				9	02/01/2023	0.00	\$0.00	93
T1019	U3	TF	1	J		3	07/01/2023	0.00	\$7.68	99
T1019	U3		1	J		3	07/01/2023	0.00	\$7.66	99
T1019	U4		1			3	07/01/2023	0.00	\$8.14	99
T1019	U6		1	J		3	07/01/2023	0.00	\$4.63	99
T1019			1	J		3	07/01/2023	0.00	\$8.14	99

Note: Should you have landed here as a result of a search engine or other link, be advised that these files contain material that is copyrighted by the American Medical Association. You are forbidden to download the materials unless you read, agree to and abide by the provisions of the copyright statement.

MHD Fee Schedule

On the [MHD Fee Schedule](#) search results, hover over the different data fields for descriptions.

Fee Schedule Search										
Medical Services										
▼										
ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
T1019	EP		1			3	07/01/2023	0.00	\$8.14	99
T1019	HB		0			3	07/01/2023	0.00	\$8.14	99
T1019	SC					9	08/01/2020	0.00	\$0.00	20
T1019	TF	EP	1			3	07/01/2023	0.00	\$8.17	99
T1019	TF		1	J		3	07/01/2023	0.00	\$8.17	99
T1019	TM					O	07/01/2023	0.00	\$8.14	99
T1019	U2	SC				9	08/01/2020	0.00	\$0.00	20
T1019	U2		1	J		3	07/01/2023	0.00	\$5.23	99

T1019: State Plan Personal Care

U2: Consumer Directed

3: Lower of billed or maximum allowed charge items of service

Education and Training Resources

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

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

Education & Training

Education & Training

MO HealthNet Provider Trainings

MHD Education and Training provides virtual and in-person training to MO HealthNet providers and partners. We offer training on navigating provider resources, proper billing methods, procedures for claim filing via eMOMED, and other requested topics. All of our trainings include an opportunity to ask questions in real-time.

Review the [MO HealthNet Provider Overview Guide](#) for a self-paced course on what we cover in our webinars.

For information regarding training for the Managed Care health plans, visit their site directly:

- [Healthy Blue](#)
- [Home State Health](#) / [Show Me Healthy Kids](#)
- [United HealthCare](#)

View the calendar below to find an upcoming training and register. Each attendee must register individually.

Print this quarter's [Provider Training Calendar \(2026 Q1\)](#).

If you would like to schedule training, or you are registered for MHD training and need to cancel, send an email to MHD.Education@dss.mo.gov or call 573-751-6683.

To schedule a training for your group, facility, and/or staff, a one-on-one training, or MO HealthNet representation at your event, visit the [Education & Training Request](#).

Today	<	>	April 2026					Month
SUN	MON	TUE	WED	THU	FRI	SAT		
29	30	31	Apr 1	2	3	4		

Educational Resources

For All Providers:

- [Adding an NPI as a Provider Employee](#)
- [Adding an NPI as a Provider Admin/Individual Provider](#)
- [Care Management in Managed Care](#)
- [MO HealthNet Eligibility and Spend Down](#)
- [Out-of-State Non-Bordering Services](#)
- [Show-Me Healthy Kids Resources](#)
- [Telemedicine Billing Presentation](#)
- [Tertiary Payer Claims](#)
- [Third Party Liability Contact Information](#)
- [Third Party Liability Course](#)
- [Third Party Liability Information for Providers](#)

Claim Filing

- [Inpatient Medicare Part A Crossover Claim Filing on eProvider](#)
- [Medical CMS-1500 with Other Payer](#)
- [Medicare Part B Crossover Claim Filing](#)
- [Medicare Part B of A Crossover Claim Filing](#)
- [Medicare Part C ~ QMB claim filing](#)
- [Medicare Part C NON ~ QMB claim filing](#)
- [Medicare: Medical CMS-1500 Crossover Training March 2025](#)
- [Multiple Surgical Procedures](#)
- [Online Outpatient Claim Form](#)

Program Specific Trainings

- [Visit your MO HealthNet Program page to view training specific to your program.](#)
- [Extension for Community Healthcare Outcomes \(ECHO\) Education](#)



Benefit Tables

[View the various benefits for each MO HealthNet program](#)



Medicaid Eligibility Codes

[View descriptions of Medicaid Eligibility Codes and limited and comprehensive benefits](#)

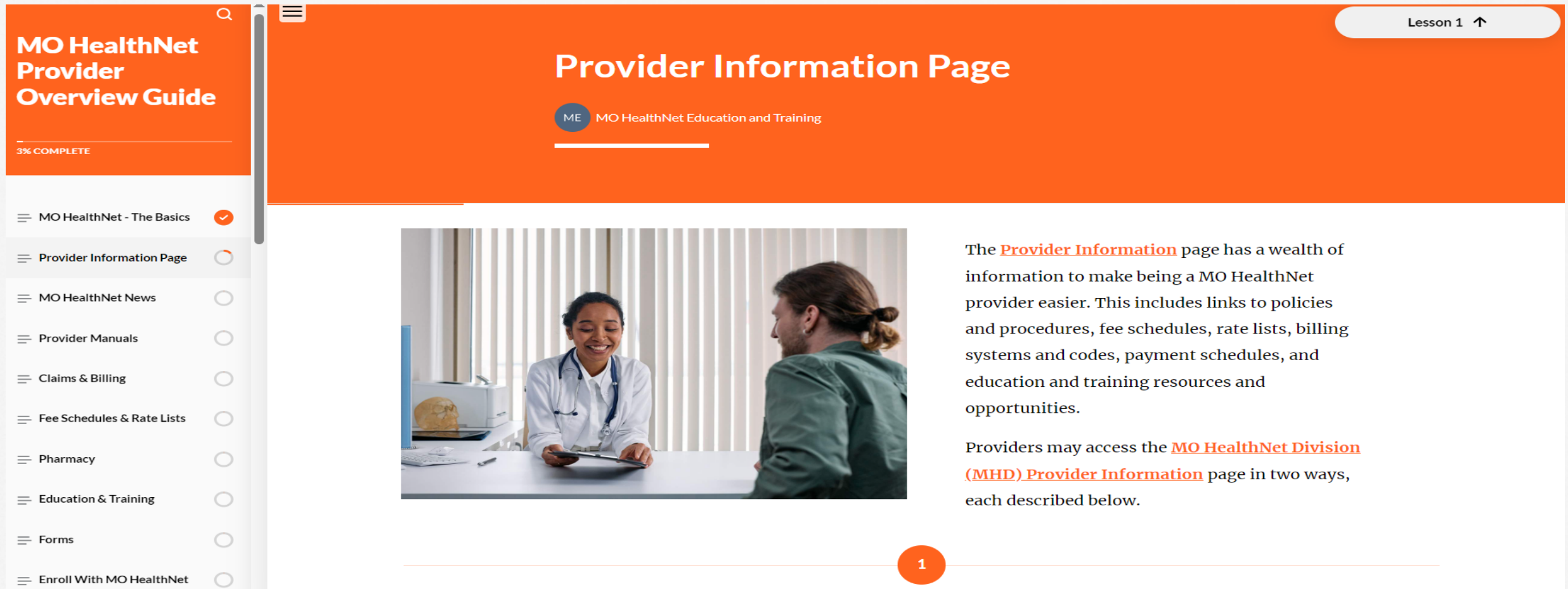


Contact Us

[View provider contacts for the MO HealthNet Division and more](#)

Education and Training Resources

View our [MO HealthNet Provider Overview Guide](#) to take a course on how to navigate MO HealthNet Resources, billing assistance, eligibility verification and much more!



The screenshot displays the MO HealthNet Provider Information Page. On the left is a navigation sidebar with the title "MO HealthNet Provider Overview Guide" and a progress indicator "3% COMPLETE". The sidebar lists various topics: "MO HealthNet - The Basics" (checked), "Provider Information Page", "MO HealthNet News", "Provider Manuals", "Claims & Billing", "Fee Schedules & Rate Lists", "Pharmacy", "Education & Training", "Forms", and "Enroll With MO HealthNet". The main content area has an orange header with the title "Provider Information Page" and a breadcrumb "ME MO HealthNet Education and Training". A "Lesson 1" button is in the top right. Below the header is a photograph of a female doctor in a white coat and stethoscope sitting at a desk, smiling and talking to a male patient in a green shirt. To the right of the photo is a text block explaining the page's content and how to access it.

MO HealthNet
Provider
Overview Guide

3% COMPLETE

MO HealthNet - The Basics ✓

Provider Information Page ○

MO HealthNet News ○

Provider Manuals ○

Claims & Billing ○

Fee Schedules & Rate Lists ○

Pharmacy ○

Education & Training ○


Forms ○

Enroll With MO HealthNet ○

Lesson 1 ↑

Provider Information Page

ME MO HealthNet Education and Training




The [Provider Information](#) page has a wealth of information to make being a MO HealthNet provider easier. This includes links to policies and procedures, fee schedules, rate lists, billing systems and codes, payment schedules, and education and training resources and opportunities.

Providers may access the [MO HealthNet Division \(MHD\) Provider Information](#) page in two ways, each described below.

1

Education & Training Resources - Eligibility Codes

The [Medicaid Eligibility Codes list](#) shows limited and comprehensive benefits and descriptions of Medical Eligibility (ME) codes.



Medicaid Eligibility Codes

View descriptions of Medicaid Eligibility Codes and limited and comprehensive benefits

MEDICAID ELIGIBILITY CODES			
<p>Adult MO HealthNet participants in Medicaid Eligibility (ME) categories for Aid to the Blind or pregnant women programs receive a full comprehensive benefit package which includes primary, acute and preventive care, hospital care, dental, prescriptions, and vision. All other adult participants receive a limited benefit package of services depending on their ME category.</p> <p>For more information on ME Codes, review your specific program manual. For more information on benefits and limitations, review the Benefit Tables.</p>			
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
18	MO HealthNet for Pregnant Women	95	Show-Me Healthy Babies Pregnant Women income above 201% and up to 305%
43	Pregnant Woman—Post Partum (MO HealthNet for Families criteria)	96	SMHB Unborn Child with income 0 to 305% FPL
44	Pregnant Woman—Post Partum—Poverty	98	SMHB Post-Partum
Limited Benefit Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
01	Old Age Assistance	58	Presumptive Eligibility (Subsidized)
02	Blind Pension (State Funded)	59	Presumptive Eligibility (Non-Subsidized) (State Funded)
04	Permanently and Totally Disabled	80	Extended Women’s Health Services (State Funded)
05	MO HealthNet for Families—Adult	81	Temporary Assignment Category Missouri Rx (Medicare Part D wrap-around benefits)
E2	Adult Expansion Group	82	Breast or Cervical Cancer Control Project—Presumptive
11	MO HealthNet—Old Age Assistance	83	Breast or Cervical Cancer Control Project—Regular
13	MO HealthNet—Permanently and Totally Disabled	84	Ticket to Work Health Assurance—Premium
14	Supplemental Nursing Care—Old Age Assistance	85	Ticket to Work Health Assurance—Non-Premium
15	Supplemental Nursing Care – Aid to the Blind	86	Uninsured Women’s Health Services (State Funded)
16	Supplemental Nursing Care—Permanently and Totally Disabled	89	
55	Qualified Medicare Beneficiary (QMB)		

Education and Training Resources - Benefit Tables

Benefit Tables show the various benefits for each MO HealthNet benefit. There are three options to view this information:

- **Master List of Covered Services** to view all services and ME codes
- Individual tables by service
- **List of each programs covered services**



Benefit Tables

Benefit Tables show benefits and limitations for each MO HealthNet Program. Refer to specific **Provider Manuals** for additional information.

A 'Yes' indicator on Benefit Tables or the Master List does not guarantee that all services are covered. Refer to the appropriate **provider manual** for detailed benefit coverage and program-specific limitations. For questions, contact Provider Communications via eMOMED or by calling (833) 222-7916.

Master List

All Benefit Tables

Ambulance (Emergency Only) Benefit Table

Ambulatory Surgical Center Benefit Table

Applied Behavior Analysis Benefit Table

Biopsychosocial Treatment of Obesity Benefit Table

Certified Nurse Practitioner Benefit Table

Chiropractor Medicine Benefit Table

Community Psychiatric Rehabilitation Benefit Table

Complementary and Alternative Therapies for Chronic Pain Management Benefit Table

Comprehensive Day Rehabilitation Benefit Table

Comprehensive Substance Treatment & Rehab (CSTAR) Benefit Table

Dental Benefit Table

Diabetes Prevention Program Benefit Table

Diabetes Self-Management Benefit Table

Doulas Benefit Table

Durable Medical Equipment Benefit Table

Environmental Lead Assessment Benefit Table

Family Planning Benefit Table

Habilitative Therapy - Occupational, Physical & Speech Benefit Table

Hearing Aid Benefit Table

Home Health Benefit Table

Hospice Benefit Table

Hospital - Inpatient Benefit Table

Hospital - Outpatient Benefit Table

Intermediate Care Facility - Intellectual Disabilities Benefit Table

Laboratory & Radiology Benefit Table

Licensed Clinical Social Worker (LCSW) Benefit Table

Licensed Marital Family Therapist (LMFT) Benefit Table

Licensed Professional Counselor (LPC) Benefit Table

Non-Emergency Medical Transportation Benefit Table

Nurse Midwife Benefit Table

Nursing Facilities Benefit Table

Optical Benefit Table

Personal Care Benefit Table

Pharmacy Benefit Table

Physicians and Clinics Benefit Table

Podiatry Benefit Table

Prescribed Pediatric Extended Care Benefit Table

Private Duty Nursing Benefit Table

Program of All-Inclusive Care for the Elderly (PACE) Benefit Table

Psychologist Benefit Table

Targeted Case Management for Individuals with Developmental Disabilities Benefit Table

Targeted Case Management for Mental Illness & Serious Emotional Disturbance Benefit Table

Therapy - Occupational, Physical, and Speech Benefit Table

Transplants Benefit Table

Treat No Transport Benefit Table

Education and Training Resources - Benefit Tables

Master List of Covered Services to view all services and ME codes

Coverage Group:	Blind Programs	Breast or Cervical Cancer Control Program (BCCCP)	Children's Programs	CHIP Kids	Missouri RX Plan (MORx)	MO HealthNet for Adults	MO HealthNet for Kids	MO HealthNet for Pregnant Women	Presumptive Eligibility for Children	Qualified Medicare Beneficiary (QMB)	Temporary Women's Assistance for Pregnant Women	Traditional Medicaid	Uninsured Women's Health Services
ME Code:	02, 03, 12	83, 84	23, 28, 33, 34, 41, 49, 67, 88	71, 72, 73, 74, 75, 97, 4M	82	05, E2	06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 69, 70, 65, 95, 0F, 5A	18, 43, 44, 45, 61, 95, 96, 98	87	55	58, 59, 94	01, 04, 11, 13, 14, 16, 81, 85, 86	80, 89
Applied Behavior Analysis (ABA)	Limited (1)	Limited (1)	Limited (1)	Limited (1)	No	Limited (1)	Limited (1)	Limited (1)	Limited (1)	Limited (16)	No	Limited (1)	No
Ambulance (Emergency only)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	No
Ambulatory Surgical Center	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	Limited (3)
Biopsychosocial Treatment for Obesity	Yes	Yes	No	No	No	Yes	No	Yes	No	Limited (16)	No	Yes	No
Certified Nurse Practitioner	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	Limited (3)
Chiropractic Medicine	Yes	Yes	No	No	No	Yes	No	Yes	No	Limited (16)	No	Yes	No
Community Psychiatric Rehabilitation	Limited (13)	Yes	Yes	Yes	No	Yes	Limited (13)	Yes	Yes	Limited (16)	Limited (13)	Yes	No
Complementary & Alternative Therapies for Chronic Pain Management	Yes	Yes	No	No	No	Yes	No	Yes	No	Limited (16)	No	Yes	No
Comprehensive Day Rehabilitation	Yes	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Yes	Yes	Limited (16)	No	Limited (4)	No
Comprehensive Substance Treatment & Rehabilitation (CSTAR)	Limited (13)	Yes	Yes	Yes	No	Yes	Limited (13)	Yes	Yes	Limited (16)	Limited (13)	Yes	No
Dental	Yes	Limited (17)	Yes	Yes	No	Limited (17)	Yes	Yes	Yes	Limited (16)	Limited (2)	Limited (17)	No
Diabetes Prevention Program	Yes	Yes	No	No	No	Yes	No	Limited (14)	No	Limited (16)	No	Yes	No
Diabetes Self-Management	Yes	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Yes	Yes	Limited (16)	Limited (2)	Limited (4)	No
Durable Medical Equipment	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	No
Environmental Lead Assessments	Limited (4)	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Limited (4)	Yes	Limited (16)	No	Limited (4)	No
Family Planning	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	Yes
Habilitative Therapy; Occupational, Physical & Speech	No	No	No	No	No	Limited (6)	No	No	No	No	No	No	No

Tables by service

Benefit Table: Personal Care

Represents the various benefits for each MO HealthNet program. Refer to specific [Provider Manuals](#) for more information.

Coverage Group	ME Code(s)	Covered
Blind Programs	02, 03, 12, 15	Yes
Breast or Cervical Cancer Control Program (BCCCP)	83, 84	Yes
Children's Programs	23, 28, 33, 34, 41, 49, 67, 88	Limited ^a
CHIP Kids	71, 72, 73, 74, 75, 97, 9S	Yes
Missouri RX Plan (MORx)	82	No
MO HealthNet for Adults	05, E2	Yes
MO HealthNet for Kids	06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 69, 70, 4M, 6S, 0F, 5A	Yes
MO HealthNet for Pregnant Women	18, 43, 44, 45, 61, 95, 96, 98	Yes
Presumptive Eligibility for Children	87	Yes
Qualified Medicare Beneficiary (QMB)	55	No
Temporary Women's Assistance for Pregnant Women	58, 59, 94	No
Traditional Medicaid	01, 04, 11, 13, 14, 16, 81, 85, 86	Yes
Uninsured Women's Health Services	80, 89	No

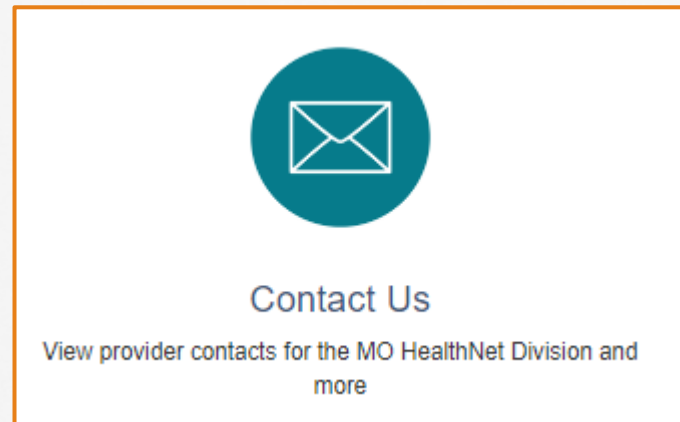
Refer to the [Fee Schedule](#), certain restrictions apply.

Refer the [General Sections Manual](#), Section 1.1 for Medicaid Eligibility (ME) Code descriptions.

For more information, refer to the [Personal Care Provider Manual](#).

Education and Training Resources – Contact Us

Review the [Contacting MHD Education & Training](#) page to view the Education Specialist assigned to each program and how to request training.



Provider Contacts for MO HealthNet

Review the [Provider Information](#) page and [Frequently Asked Questions](#) for information on the MO HealthNet Division (MHD).

To receive important updates and our quarterly newsletter, [subscribe](#) to [MO HealthNet News](#).

Behavioral Health Services	Assists with questions related to MO HealthNet Behavioral Health services.	MHD.BehavioralHealth@dss.mo.gov
Clinical Services	Responsible for clinical policy development for MHD. Review MO HealthNet Provider Manuals .	MHD.ClinicalServices@dss.mo.gov
Cost Recovery/ Third Party Liability	Contact to report injuries sustained by MO HealthNet participants, for questions about the estate of a deceased participant, for problems obtaining a response from an insurance carrier, unusual situations concerning third party insurance coverage for MO HealthNet participants, and questions regarding the Health Insurance Premium Payment Program (HIPPP).	TPL.Database@dss.mo.gov (573) 751-2005
Education & Training	Instructs providers on navigating MHD provider resources, proper billing methods and procedures for claim filing via eMOMED .	MHD.Education@dss.mo.gov (573) 751-6683

Provider Forms

Provider Forms are on the [Provider Forms](#) page. This page offers the forms a provider would need, including:

- [Certificate of Medical Necessity](#)
- [Diabetic Supplies PA](#)
- [Insurance Resource Report \(TPL-4\)](#)
- [PA Request](#)
- [Provider Spend Down](#)



Provider Forms

MO HealthNet Provider Forms

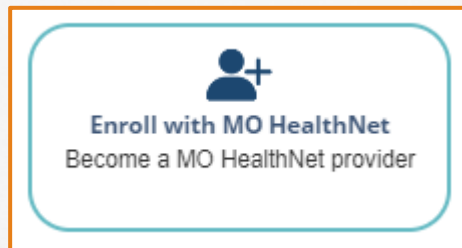
Forms

- Accident Report
- Acknowledgement of Receipt of Hysterectomy Information
- AIDS Waiver Program Addendum to MMAC Provider Agreement for Personal Care or Private Duty Nursing Services
- Applied Behavior Analysis Request for Precertification
- Authorization by Clinic/Group Members for Direct Deposit, Address or Payment Change
- Breast and Cervical Cancer Treatment MO HealthNet Application
- Behavioral Health Services Request for Precertification
- Bone Marrow/Stem Cell Transplant Request
- Certificate of Medical Necessity
- Certificate of Medical Necessity for Abortion
- Certification of Need for Private Psychiatric Residential Treatment Facility Services
- Claim Form: Dental ☑
- Claim Form: Health Insurance (CMS-1500 ☑)
- Claim Form: Hospital (UB-04) ☑
- Dental Medical Necessity Referral 2575-083
- Durable Medical Equipment Non-Bordering State Provider Enrollment Request
- Estate Notice
- Handicapping Labio-Lingual Deviation Index Score Sheet
- Health Insurance Premium Payment Program Application (HIPP-1)
- Health Insurance Premium Payment Program Application (HIPP-A)
- Healthy Children & Youth Lead Risk Assessment Guide
- Home & Community Based Services Care Plan & Participant Choice Statement
- Home & Community Based Services Ownership & Structure Change Request
- Home & Community Based Services Referral
- Medical Attestation on the Appropriateness of the Qualified Clinical Trial form ☑
- Medical Referral of Restricted Participant PI-118
- Medically Fragile Adult Waiver Addendum to MMAC Provider Agreement for Home Health, Personal Care or Private Duty Nursing Services
- Medically Fragile Adult Waiver Private Duty Nursing Acceptance
- Missouri Medicaid Audit & Compliance Electronic Funds Transfer Authorization Agreement
- Money Follows the Person Participation Agreement
- Notification of Termination of Hospice Benefits
- Notification of Pregnancy (NOP)
 - NOP Portal
 - NOP PDF Form
- Out of State Nursing Facility Enrollment Request
- Personal Care Plan for Children
- Personal Care Program Addendum to MMAC Provider Agreement for Personal Care Services
- Personal Funds Account Balance Report
- Physician Certification of Need for Personal Care Services
- Physician Certification of Terminal Illness
- Prior Authorization Request
- Prior Authorization Request: Invasive Ventilation
- Prior Authorization Request for Out of State Nursing Facility Placement
- Prior Authorization Supporting Documents Cover Sheet for Durable Medical Equipment
- Private Duty Nursing Acceptance
- Program of All-Inclusive Care for the Elderly (PACE)
 - Level of Care Assessment – fillable form
 - Level of Care Assessment – printable form

Enroll with MO HealthNet

Choose Enroll with MO HealthNet to contact the Missouri Medicaid Audit and Compliance (MMAC) Provider Enrollment Unit.

The MMAC site will assist you in applying to be a Missouri MO HealthNet (Medicaid) provider, as well as answer questions regarding your enrollment.



Provider Enrollment

✕ Post

The Provider Enrollment Unit is responsible for enrolling new providers, maintaining provider enrollment records, and answering provider inquiries regarding enrollment for all MO HealthNet Provider types. The Provider Enrollment staff determines when new provider numbers are issued or when a current provider number will be updated.

After a MO HealthNet provider number has been issued it must be used with all transactions pertaining to MO HealthNet. If a separate provider number has been issued for different location/practices, the provider is responsible to ensure the appropriate provider number is used when billing.

Each provider application is reviewed and must go through the same audit process even though a provider may have an existing provider number at another practice location.

Applications are processed in date order as received by the Provider Enrollment Unit. Applications that have been returned to the provider for additional information are not processed with priority. Internet applications that have been denied due to improper submission or additional information not furnished must be resubmitted and are not processed with priority.

- **Apply to be a Missouri Medicaid Provider**
- **MO HealthNet (Missouri Medicaid) Provider Enrollment Guide**
- **MMAC Forms such as Civil rights compliance information, Self-Assessment forms etc...** (Compliance Information)
- **Home and Community Based Services** (Forms and Applications)
- **Provider Enrollment Applications and Forms**

Enroll with MO HealthNet

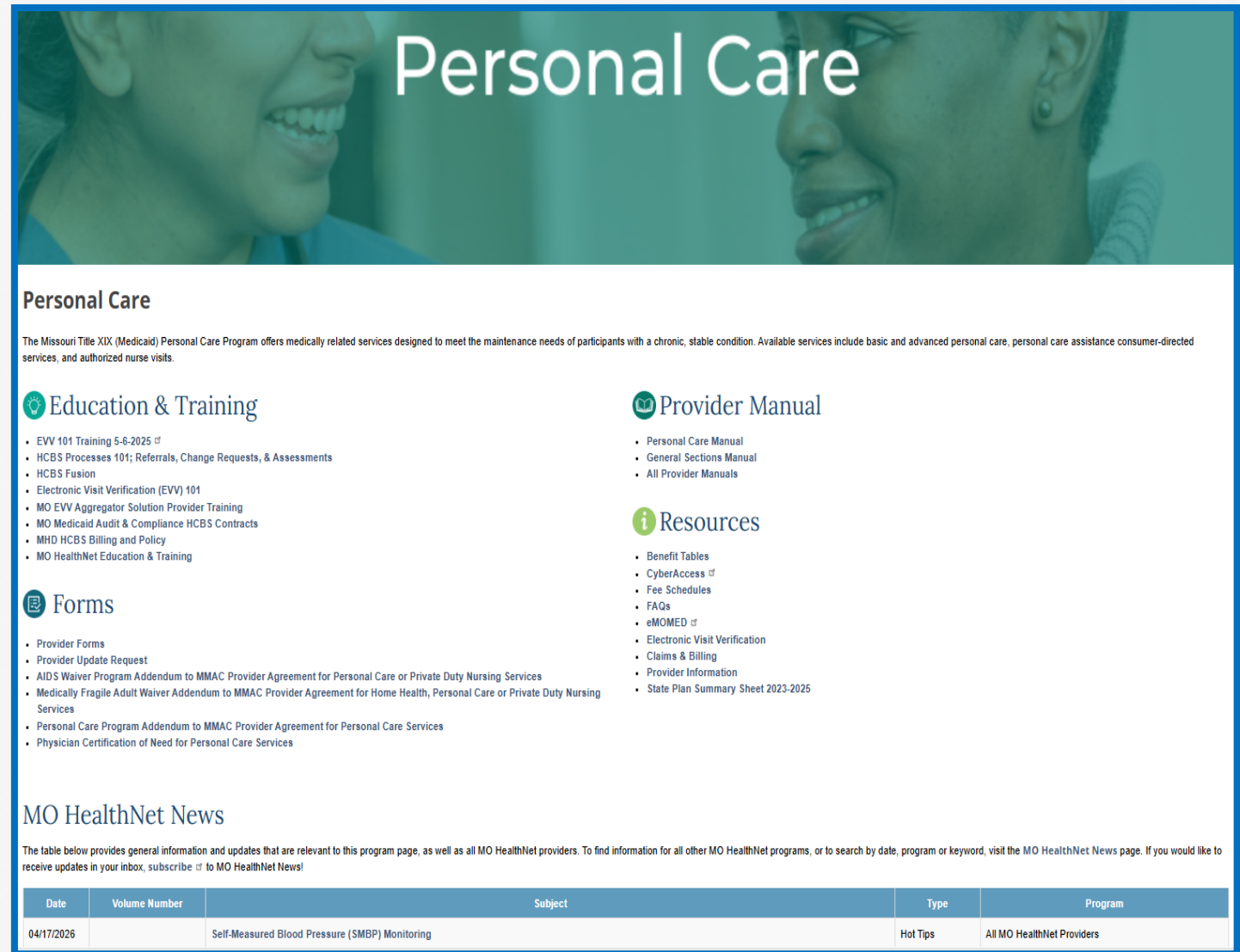
Check out the [MO HealthNet \(Missouri Medicaid\) Provider Enrollment Guide](#) for a step-by-step guide to help you with your enrollment needs.



Personal Care Program page

The Personal Care Program page gives providers quick access to resources MHD feels are pertinent to your program.

Please stay tuned for upcoming changes in Phase 2 of our website overhaul!



The screenshot shows the 'Personal Care' page on the MO HealthNet website. The page features a header with the title 'Personal Care' and a background image of two smiling women. Below the header, there is a brief description of the program and several categorized resource lists. The 'Education & Training' section includes links to various training materials. The 'Forms' section lists provider forms and addendums. The 'Provider Manual' section contains links to the manual and general sections. The 'Resources' section includes benefit tables, fee schedules, and other helpful documents. At the bottom, there is a 'MO HealthNet News' section with a table of recent updates.

Personal Care

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. Available services include basic and advanced personal care, personal care assistance consumer-directed services, and authorized nurse visits.

Education & Training

- EVV 101 Training 5-6-2025 [↗](#)
- HCBS Processes 101; Referrals, Change Requests, & Assessments
- HCBS Fusion
- Electronic Visit Verification (EVV) 101
- MO EVV Aggregator Solution Provider Training
- MO Medicaid Audit & Compliance HCBS Contracts
- MHD HCBS Billing and Policy
- MO HealthNet Education & Training

Forms

- Provider Forms
- Provider Update Request
- AIDS Waiver Program Addendum to MMAC Provider Agreement for Personal Care or Private Duty Nursing Services
- Medically Fragile Adult Waiver Addendum to MMAC Provider Agreement for Home Health, Personal Care or Private Duty Nursing Services
- Personal Care Program Addendum to MMAC Provider Agreement for Personal Care Services
- Physician Certification of Need for Personal Care Services

Provider Manual

- Personal Care Manual
- General Sections Manual
- All Provider Manuals

Resources

- Benefit Tables
- CyberAccess [↗](#)
- Fee Schedules
- FAQs
- eMOMED [↗](#)
- Electronic Visit Verification
- Claims & Billing
- Provider Information
- State Plan Summary Sheet 2023-2025

MO HealthNet News

The table below provides general information and updates that are relevant to this program page, as well as all MO HealthNet providers. To find information for all other MO HealthNet programs, or to search by date, program or keyword, visit the MO HealthNet News page. If you would like to receive updates in your inbox, [subscribe](#) [↗](#) to MO HealthNet News!

Date	Volume Number	Subject	Type	Program
04/17/2026		Self-Measured Blood Pressure (SMBP) Monitoring	Hot Tips	All MO HealthNet Providers

Eligibility and Spend Down



Checking Eligibility

Once the provider determines the participant has or may have MO HealthNet, it is the provider's responsibility to check the participant's eligibility. Eligibility is updated daily so this must be done before **every** visit. The participant must be eligible on the date of service.

Information to Review:

- Name on file
- Eligibility on date of service
- Medical eligibility/plan code
- Commercial insurance
- MO HealthNet Managed Care enrollment
- Administrative Lock-In



Checking Eligibility

Providers can check eligibility in two ways:

1. Online through [eMOMED](#)

Quick and Easy!

The following slides detail this process



2. Contact Provider Communications at 573-751-2896, Option 1.

This an Interactive Voice Response (IVR) system that can address participant eligibility, last two check amounts, claim status inquiries, provider enrollment status, annual review date and more.

Checking Eligibility

In eMOMED, choose Participant Eligibility



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.

Checking Eligibility – General

Eligibility is Date of Service (DOS) specific. Providers should request eligibility for current or past dates, rather than a date span. This is helpful when trying to determine when/if a participant met their Spend Down during the month.

Verify the DCN, name and date of birth match the participant.

The screenshot shows the 'Eligibility Request' form in the eProvider interface. The NPI field is populated with 'M012136305 - BPST'. The Search section contains several input fields, some of which are highlighted with blue boxes: 'First Date of Service *', 'Participant DCN', 'Participant Date of Birth', 'Participant Last Name', 'Participant First Name', and 'Child's Date of Birth'. The 'Search' and 'Finish' buttons are located at the bottom left of the form.

Eligibility Request		
NPI M012136305 - BPST		
Search		
First Date Of Service *	Last Date of Service	
Participant DCN	Participant SSN	Participant Date of Birth
Participant Last Name	Participant First Name	Participant Middle Initial
Casehead DCN	Child's Date of Birth	Service Type Code
Search	Finish	

Checking Eligibility – Coverage

Eligibility/ Benefit Code	Plan Code	Insurance Type	From/Thru Date
1 – Active 6 - Inactive	ME Code See Provider Resource Guide for ME Codes	Managed Care MO HealthNet HM	Eligibility on specified date

Eligibility / Benefit Information 1 of 3								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
B - Co-Payment	30 - Health Benefit Plan Coverage	13	7 - Day	≈0.00	MC - MO HealthNet	291		02/02/2020 02/02/2020

Eligibility / Benefit Information 2 of 3								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	7 - Day		MC - MO HealthNet	291		02/02/2020 02/02/2020

Checking Eligibility –Benefits

Service Type:

Lists general benefit information

Refer to the [Personal Care Manual](#) for specific coverage information

IMPORTANT:

Record the confirmation # for your records.

Eligibility / Benefit Code		Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage		1 - Medical Care 33 - Chiropractic 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 50 - Hospital - Outpatient 86 - Emergency Services 88 - Pharmacy 98 - Professional (Physician) Visit - Office AL - Vision (Optometry) MH - Mental Health UC - Urgent Care	13	7 - Day		MC - MO HealthNet	291		09/01/2020 09/01/2020

Eligibility / Benefit Code		Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
D - Benefit Description		AL - Vision (Optometry)						472 - Service	09/01/2020

Optical Information

Reference MO HEALTHNET CALL CENTER	Contact 800-392-8030
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Reference Information

Confirmation Number
20320410552

Spend Down

Spend Down is a MO HealthNet program in which the participant has an amount that must pay or reach each month before they can have MO HealthNet coverage. It is similar to an insurance premium or a deductible as described below.

The Family Support Division (FSD) determines Spend Down amounts based on a participant's income and if it exceeds the allowable amount to qualify for MO HealthNet coverage.

MO HealthNet only reimburses providers for covered medical expenses that exceed a participant's Spend Down amount. The MHD system tracks the bills received for the first day of coverage until the bills equal the participant's remaining Spend Down liability.

The Spend Down Unit reviews incurred medical expenses to verify if the expense meets the Spend Down criteria, determines MHD coverage dates, and authorizes coverage.

- Email any questions or issues to:
[**SpendDown.Unit@dss.mo.gov**](mailto:SpendDown.Unit@dss.mo.gov)
- Spend Down Unit phone number:
(855) 600-4412
- Fax number for Spend Down ONLY:
(855) 600-3754


Spend Down – Provider Responsibilities

Providers can assist participants with meeting their Spend Down by completing a Provider Spend Down [PDF Form](#) or [Online Form](#) after services are rendered.

Completed Spend Down PDF forms should be forwarded to the Provider Spend Down Unit. Scan and email Provider Spend Down PDF forms to: sesd@ip.sp.mo.gov, including receipts and bills.

Participants are responsible for their incurred medical expenses up to the Spend Down amount.

Coverage starts the day Spend Down is met and ends the last day of the month.

 MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
MO HEALTHNET SPEND DOWN PROVIDER

Provider Instructions: Please fill out this form when you have a patient who has qualified for spend down, and an actual bill is not yet available. By completing this form, you (or an authorized employee) are verifying that your patient has incurred, and personally owes payment for, medical expenses you provided. If you have questions about filling in this form, see the other side.

You must fill out **all** fields below. If you leave any fields empty, attach separate papers that give information for those fields. (Please print)

PATIENT NAME _____ MO HEALTHNET NUMBER _____

PROVIDER NAME _____

CHECK ONE Doctor Pharmacy Other: _____ HOSPITAL In-patient Out-patient

Date of Service (use a separate row for each date)	Description of Service	Procedure Code	Name of liable third party/parties	Total amount of charge	Third party payment	Write off or other discount (such as Indigent Waiver)	Total amount patient is responsible to pay for each date of service	Total amount billable to DMH and DHSS contracts
<i>Example: 08/01/2015</i>	<i>CT Scan Abdomen</i>	<i>72192</i>	<i>Medicare</i>	<i>\$2000.00</i>	<i>\$300.00</i>	<i>\$1360.00</i>	<i>\$340.00</i>	<i>\$0.00</i>

Verify: By completing and signing this document, you verify that you have provided accurate information and that you will bill the patient for the amount due. Also, if you filled in the "Total amount patient is responsible to pay" column above with a good faith estimate, INITIAL HERE: _____

AUTHORIZED EMPLOYEE COMPLETING FORM (PLEASE PRINT)

NAME _____

TITLE _____ DATE _____

ADDRESS _____ TELEPHONE _____

SIGNATURE OF PERSON COMPLETING FORM _____

Checking Eligibility – Spend Down Not Met

Verify the DCN, name and date of birth match the participant.

IMPORTANT:
Record the confirmation # for your records.

Eligibility/ Benefit Code	Eligibility/ Benefit Code	Plan Code	Monetary Amount
6 - Inactive	Y - Spend Down	Code will only appear if Spenddown is Met*	Spend Down Amount

Eligibility / Benefit Information 1 of 7								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
6 - Inactive	30 - Health Benefit Plan Coverage				MC - MO HealthNet		291	02/01/2020 02/01/2020

Eligibility / Benefit Information 2 of 7								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
Y - Spend Down	30 - Health Benefit Plan Coverage			≈440.00	MC - MO HealthNet		291	02/01/2020 02/29/2020

*Exception ME 55 and ME 82 may appear. This is related to Medicare coverage. If these codes appear and Spend Down is indicated this means Spend Down has not been met. Once Spend Down is met ME 55 and ME 82 will change to a valid MO HealthNet ME code.

Checking Eligibility – Spend Down Met

Verify the DCN, name and date of birth match the participant.

Eligibility/Benefit Code	Plan Code	Eligibility/Benefit Code
1 - Active	Code will only appear if Spenddown is Met*	Covered Benefits Listed

Eligibility / Benefit Information 1 of 8									
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date	
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	34 - Month		MC - MO HealthNet	291		02/02/2020 02/02/2020	

Eligibility / Benefit Information 2 of 8									
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date	
1 - Active Coverage	1 - Medical Care 33 - Chiropractic 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 50 - Hospital - Outpatient 86 - Emergency Services 88 - Pharmacy 98 - Professional (Physician) Visit - Office AL - Vision (Optometry) MH - Mental Health UC - Urgent Care	13	34 - Month		MC - MO HealthNet	291		02/02/2020 02/02/2020	

*Exception ME 55 and ME 82 may appear. This is related to Medicare coverage. If these codes appear and Spend Down is indicated this means Spend Down has not been met. Once Spend Down is met ME 55 and ME 82 will change to a valid MO HealthNet ME code

Spend Down – Participant Responsibilities

ONLINE: Visit mymohealthportal.com and create an account to manage their coverage and pay their spend down using either a credit card or electronic check

MAIL: Send the bottom of the invoice that lists the month they are paying for along with their payment. They should only include the invoice for the month they are paying for.

AUTOMATIC WITHDRAWAL: They can have their payment taken directly out of their bank account on the 10th of each month and it will give them coverage for the **next** month.

SUBMIT MEDICAL BILLS: Participants may use their medical bills to meet their spend down amount. When the cost of the services they are personally responsible for reaches their spend down amount, they may give copies of the medical bills along with their case number to their local [Family Support Division](#) (FSD) office.

Send copies by email to sesd@ip.sp.mo.gov, fax to (855) 600-3754, or mail to:

Spend Down Unit
16798 Oak Hill Drive, Suite 600
Houston, MO 65483

Resources & Contact Information



Resources & Contact Information

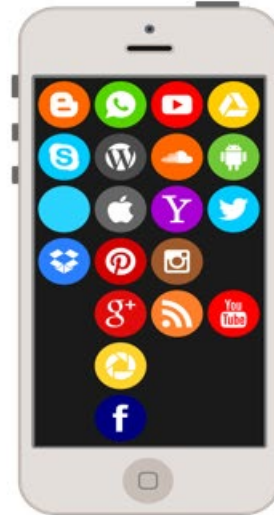
Clinical Services	Policy development, benefit design, coverage decisions, provider and program policy inquiries	(573) 751-6963 MHD.clinical.services@dss.mo.gov
CyberAccess	Account setup or technical questions	(888) 581-9797 (573) 632-9797 cyberaccesshelpdesk@xerox.com
Education & Training	Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED .	(573) 751-6683 MHD.Education@dss.mo.gov
Managed Care Communications	If providers are unable to resolve a Managed Care issue directly with a health plan , complete a Managed Care Provider Request for Information .	MHD.MCCommunications@dss.mo.gov
MHD Services & Programs	Inquiries regarding programs and policy that cannot be answered by any other contact - Provide NPI, name and contact information and complete details regarding inquiry	Ask.MHD@dss.mo.gov
Participant Services	Questions from participants 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

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
Provider Communications	Provider's initial contact for questions - Contact with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.	Via eMOMED using Provider Communications Management (833) 222-7916 or (573) 751-2896 Provider Communications Unit PO Box 5500 Jefferson City, MO 65102-2500
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)	(833) 818-1183 or (573) 751-3399 mmac.providerenrollment@dss.mo.gov Missouri Medicaid Audit & Compliance P. O. Box 6500 Jefferson City, Missouri 65102
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

Follow Us on Social Media

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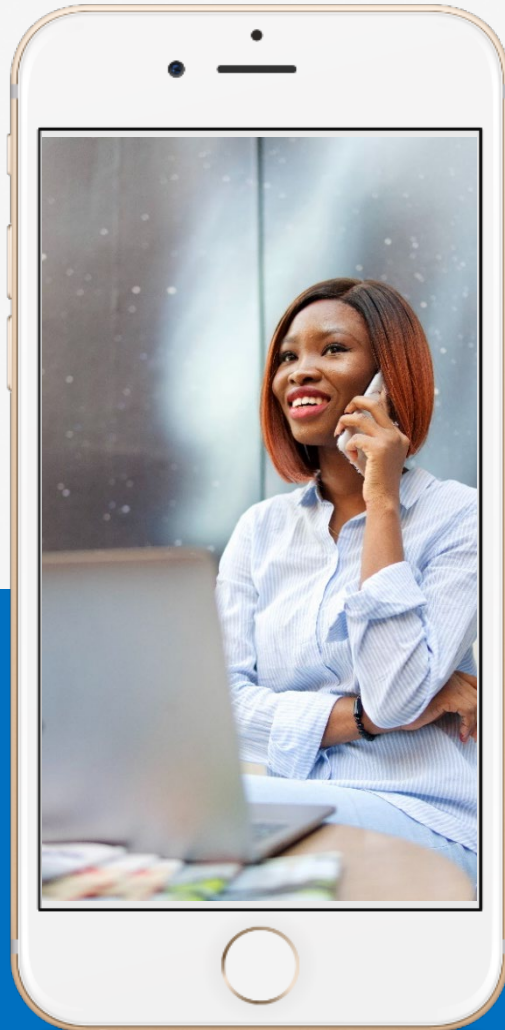
YouTube





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

Please complete an evaluation so we can keep improving our training and resources.

Thank you for attending today!

