



# MO Medicaid Audit & Compliance In-Home/CDS Annual Meeting, October 2025 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 MO HealthNet Portal. At the top, there is a navigation bar with links for 'eMOMED', 'Contact', and 'Troubleshooting'. Below this is a 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 section titled 'Welcome to the MO HealthNet Web Portal' featuring 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 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 text: 'Provider Sign up for Electronic Remittance Advice (ERA) [Click Here!](#)'.
- Login:** A section with a red warning: '! ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.' Below this are input fields for 'User ID' and 'Password', a 'Login' button, and links for 'To reset your password, [Click Here!](#)' and 'Not registered? [Register Now!](#)'.

At the bottom right, 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

The screenshot displays the eMOMED portal interface. At the top, there is a navigation bar with the MoHealthNet logo, the text 'eMOMED', and links for 'Contact' and 'Troubleshooting'. Below this 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' with a list of resources like 'State of Missouri Web site' and 'MO Medicaid Audit & Compliance'; 'Public News' featuring an 'eNews' logo; 'Resources' with a list of recent updates including '01/21/2025 Requesting & Accepting NPI Access'; 'Welcome' with a message 'Welcome to the MO HealthNet Web Portal' and a description of the portal as a source for all MO HealthNet services; 'Provider Enrollment Application' with instructions on how to begin enrollment; 'ERA Enrollment' with a link to sign up for Electronic Remittance Advice; and a 'Login' section with a warning about individual user accounts, input fields for 'User ID' and 'Password', and a 'Login' button. A disclaimer at the bottom right states: '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!

MoHealthNet eMOMED Contact Troubleshooting

MoHealthNet

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

**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!

**Login**

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

User ID Password

Login

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.

**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

**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!](#)

# 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.



# 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!

The screenshot shows the MO HealthNet News search page. At the top, there's a header with the title "MO HealthNet News" over a background image of hands typing on a laptop. Below the header, a search bar contains a date picker (mm/dd/yyyy), a type dropdown menu (set to "- Any -"), a program dropdown menu (set to "Please select -"), and a search keywords input field with an "Apply" button. Below the search bar is a table with the following data:

| Date       | Volume Number | Subject                                                                                             | Type      | Program                                                                      |
|------------|---------------|-----------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|
| 09/30/2025 | Vol. 48-16    | Sealant and Sealant Repair Coverage in the Dental Program                                           | Bulletins | Dental                                                                       |
| 09/30/2025 |               | NTI Launches Adoption Competency Training in Missouri                                               | Hot Tips  | Behavioral Health Services, Behavioral Health Youth Targeted Case Management |
| 09/30/2025 |               | Additional - 2025 Optimizing Benefits for Maternal and Infant Health Meetings                       | Hot Tips  | All MO HealthNet Providers                                                   |
| 09/29/2025 |               | MHD Offers Office Hours for Notification of Pregnancy Billing                                       | Hot Tips  | All MO HealthNet Providers                                                   |
| 09/23/2025 | Vol. 48-15    | Adult Coverage for Hearing Aid Program Services                                                     | Bulletins | Hearing Aid                                                                  |
| 09/22/2025 |               | Updated Precertification Request Forms for Behavioral Health Services and Applied Behavior Analysis | Hot Tips  | Behavioral Health Services                                                   |
| 09/18/2025 | Vol. 48-14    | Healthcare Visits for Children Entering Foster Care                                                 | Bulletins | Physician                                                                    |
| 09/18/2025 | Vol. 48-13    | Upcoming Changes to Biopsychosocial Treatment of Obesity Services                                   | Bulletins | Behavioral Health Services, Physician                                        |
| 09/16/2025 | Vol. 48-12    | Transcranial Magnetic Stimulation (TMS) Treatment for Participants Ages 15 and Older                | Bulletins | Behavioral Health Services                                                   |
| 09/12/2025 | Vol. 48-11    | Intravenous (IV) Therapy in Nursing Facilities                                                      | Bulletins | Nursing Home                                                                 |

# 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.

## 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](#) <sup>PDF</sup>.

Date  Type

Program  Search Keywords

| Date       | Volume Number | Subject                                                                                     | Type      | Program                                                                                                                                                                                                                                         |
|------------|---------------|---------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02/29/2024 |               | New Electronic Visit Verification Resource for Personal Care and Home Health Care Providers | Hot Tips  | Aged & Disabled Waiver, AIDS Waiver, Brain Injury Waiver, Community Support Waiver, Comprehensive Waiver, Electronic Visit Verification (EVV), Healthy Children & Youth, Home Health, Independent Living Waiver, Medically Fragile Adult Waiver |
| 08/30/2023 | Vol. 46-14    | Personal Care School-Based Services                                                         | Bulletins | Personal Care, School-Based IEP Direct Services Cost Settlement                                                                                                                                                                                 |
| 08/24/2023 | Vol. 46-12    | Personal Care Updates                                                                       | Bulletins | Personal Care                                                                                                                                                                                                                                   |
| 07/17/2023 | Vol. 46-05    | Rate Update for DHSS-Authorized Home and Community-Based Services                           | Bulletins | Adult Day Care Waiver, Aged & Disabled Waiver, AIDS Waiver, Brain Injury Waiver, Independent Living Waiver, Medically Fragile Adult Waiver, Personal Care, Private Duty Nursing, Structured Family Caregiving Waiver                            |

# 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

06/06/2025

## New Electronic Case Management System for Home and Community-Based Services (HCBS)

To meet the demands of an ever-growing HCBS population, the Division of Senior and Disability Services (DSDS) transitioned from CyberAccess to **HCBS Fusion** on May 5, 2025. This new system will support the entire lifecycle of HCBS, from intake and eligibility to assessment, person-centered care planning, service authorization, and other ancillary case management activities. The dynamic workflow support, scalability, and open architecture allow Fusion to grow alongside a growing aging population and ensure DSDS staff can efficiently navigate complex processes in one, consolidated digital workspace.

To educate HCBS providers, their staff, and other interested stakeholders on HCBS Fusion, reference materials have been posted to the HCBS Fusion site. Several training sessions covering HCBS Fusion features, navigation, module tours, how to submit referrals and requests, reviewing and accepting care plans, provider reassessments, and more are also posted on the site. The site also includes the **HCBS Fusion Provider User Guide**, access information, **FAQs**, memorandums, and more.

If you haven't already, [subscribe to DSDS E-News](#) to stay up to date with the Fusion transition. If you have any questions regarding HCBS Fusion, contact [HCBS.Systems@health.mo.gov](mailto:HCBS.Systems@health.mo.gov).

# 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.

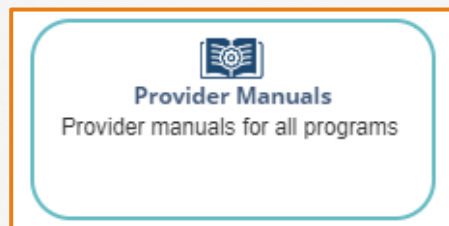
# MHD Provider Manuals

**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**.



## General Manual Sections

The information in the general sections apply to all MO HealthNet Fee-For-Service programs.

- General Sections Manual

## Program Manuals

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

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](#)



# 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 04/12/2024, they will receive payment on 04/25/2024.

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<br>CYCLE DATE | PROVIDER CHECK<br>DATE | BEGINNING CLAIM<br>CAPTURE CURRENT CYCLE | ENDING<br>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

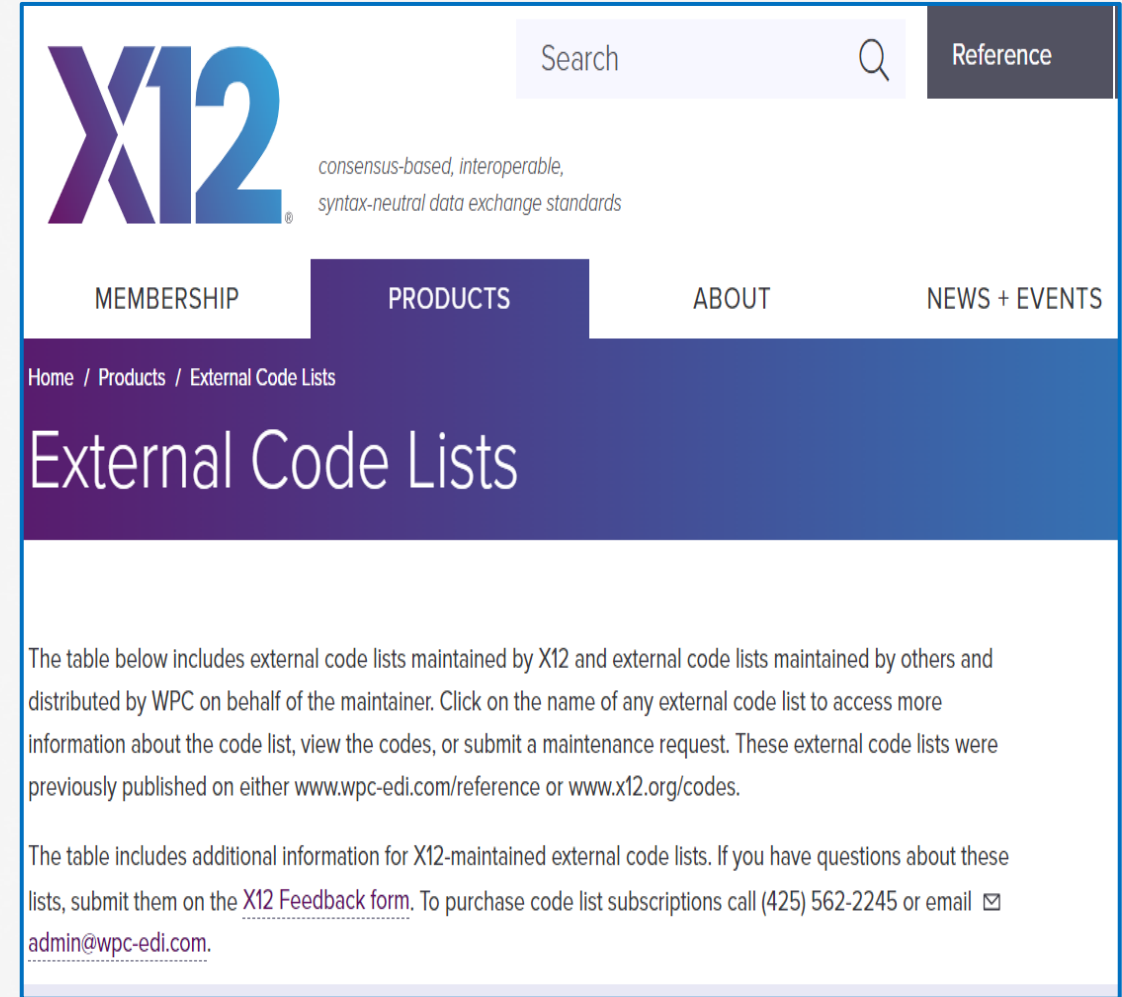
# Remittance Advice & Claim Adjustment Reason Codes

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

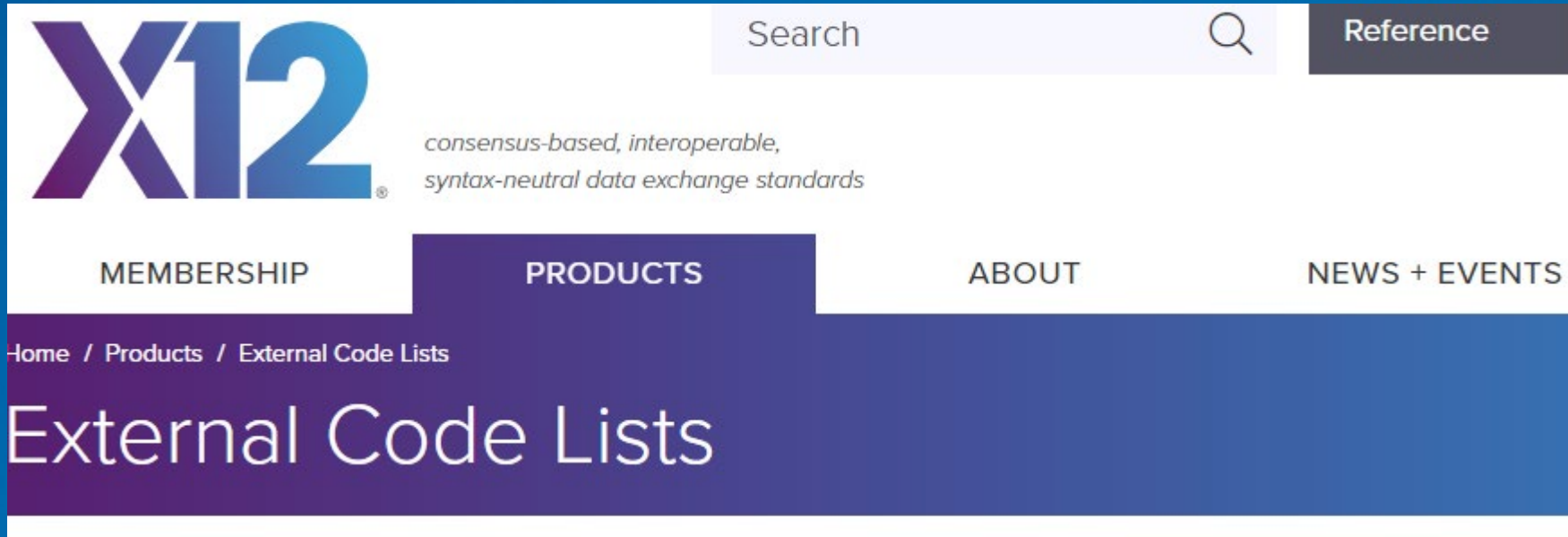
Along with listing the claim, the RA lists an **Adjustment Reason Code** to explain a payment, denial, corrected claim, voided claim, or other action.

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's 'External Code Lists' page. At the top, there is a search bar and a 'Reference' button. The X12 logo is prominently displayed, with the tagline 'consensus-based, interoperable, syntax-neutral data exchange standards'. Below the logo, there are navigation links for 'MEMBERSHIP', 'PRODUCTS' (which is highlighted), 'ABOUT', and 'NEWS + EVENTS'. The breadcrumb trail reads 'Home / Products / External Code Lists'. The main heading is 'External Code Lists'. The text explains that the table below includes external code lists maintained by X12 and others distributed by WPC. It provides instructions on how to access more information, view codes, or submit a maintenance request. It also mentions that these lists were previously published on either [www.wpc-edl.com/reference](http://www.wpc-edl.com/reference) or [www.x12.org/codes](http://www.x12.org/codes). A note at the bottom states that the table includes additional information for X12-maintained external code lists and provides contact information for questions: submit on the [X12 Feedback form](#), call (425) 562-2245, or email [admin@wpc-edl.com](mailto:admin@wpc-edl.com).



## 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

The fee schedules are updated each quarter. Pricing files are used by all MO HealthNet Providers. A code may not be appropriate for your claim even though it is listed in the pricing file. This is especially true for the categories entitled EPSDT, Medical, and Other Medical. Please refer to your program specific manual and bulletins for correct coding.

MO HealthNet providers are categorized by the service(s) they perform for the 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 codes may be billed by multiple provider types.

For programs not paid via a fee schedule, procedure codes will show as covered with a fee listed. If you are paid by percentage, per diem rate, etc., you will continue to be paid in that manner. Again, please refer to the program specific manual and bulletins for limitations and restrictions.

[Mo HealthNet Fee Schedules](#)

### Rate Lists

#### Independent Rural Health Clinic Medicare/Medicaid Interim Rate List

The Independent Rural Health Clinic (IRHC) Medicaid Interim Rate List contains the interim rate per visit that the MO HealthNet Division (MHD) will reimburse IRHCs for services provided to MO HealthNet participants. IRHCs are reimbursed on an interim basis at the rate noted on this report and a final cost settlement is determined on the facility's annual cost report. MHD reimburses IRHCs on an interim basis at the Medicare Maximum Interim IRHC Rate, unless a provider requests a lower rate. The IRHC Rate List is updated at the beginning of each calendar year to reflect the new Medicare Maximum Rate effective January 1st and is updated if needed to reflect new or terminating facilities and rate changes.

This report is for informational purposes only and MHD is not responsible for how outside parties utilize the information. The general program policies governing the MO HealthNet IRHC program are set forth in 13 CSR 70-94.010 Independent Rural Health Clinic Program. If you have any questions regarding this report or the MO HealthNet IRHC program, please contact the Clinic Policy & Reimbursement Manager of the Institutional Reimbursement Unit at 573-751-5663.

# 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 |    |     |     |     | 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    | 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

### 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 \(2025 Q4\).](#)

### Optimizing Benefits for Maternal and Infant Health

All MO HealthNet providers & community partners are invited to join the MO HealthNet Division, our Managed Care health plans, Show-Me ECHO, and the Office of Oral Health for a unique in-person networking opportunity. Attendees will learn about valuable benefits, incentives and resources available to pregnant women and their families, including individualized case management, Doula coverage, Non-Emergency Medical Transportation, and more. Visit [Optimizing Benefits for Maternal and Infant Health](#) for specific locations and to register. Seats are limited.

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](mailto:MHD.Education@dss.mo.gov) or call 573-751-6683.

| Today < > October 2025 Month |           |                                                        |              |                                                          |          |          |
|------------------------------|-----------|--------------------------------------------------------|--------------|----------------------------------------------------------|----------|----------|
| SUN<br>28                    | MON<br>29 | TUE<br>30                                              | WED<br>Oct 1 | THU<br>2                                                 | FRI<br>3 | SAT<br>4 |
|                              |           | • 9am Personal Care In-                                |              | • 2pm Healthy Blue Skill                                 |          |          |
| 5                            | 6         | 7<br>• 9am Dental Billing anc<br>• 1pm Therapy Webinar | 8            | 9<br>• 9am Nursing Home Bill<br>• 10am Healthy Blue Bill | 10       | 11       |

## 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](#)
- [Eligibility and Spend Down Resource](#)
- [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!

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

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.

For more information on ME Codes, review your specific [program manual](#). For more information on benefits and limitations, review the [Benefit Tables](#).

### 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                           |
| E2      | Adult Expansion Group                                      | 82      | Missouri Rx (Medicare Part D wrap-around benefits)      |
| 11      | MO HealthNet—Old Age Assistance                            | 83      | Breast or Cervical Cancer Control Project—Presumptive   |
| 13      | MO HealthNet—Permanently and Totally Disabled              | 84      | Breast or Cervical Cancer Control Project—Regular       |
| 14      | Supplemental Nursing Care—Old Age Assistance               | 85      | Ticket to Work Health Assurance—Premium                 |
| 15      | Supplemental Nursing Care – Aid to the Blind               | 86      | Ticket to Work Health Assurance—Non-Premium             |
| 16      | Supplemental Nursing Care—Permanently and Totally Disabled | 89      | Uninsured Women's Health Services (State Funded)        |
| 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

View the various benefits for each MO HealthNet program

## Benefit Tables

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

Master List

All Benefit Tables

Ambulance (Emergency Only)  
Ambulance - Treat No Transport  
Ambulatory Surgical Center  
Applied Behavior Analysis  
Biopsychosocial Treatment of Obesity  
Certified Nurse Practitioner  
Certified Nurse Practitioner  
Chiropractor Medicine  
Community Psychiatric Rehabilitation  
Complementary and Alternative Therapies for Chronic Pain Management  
Comprehensive Day Rehabilitation  
Comprehensive Substance Treatment & Rehab (CSTAR)  
Dental  
Diabetes Prevention Program  
Diabetes Self-Management  
Durable Medical Equipment  
Family Planning  
Habilitative Therapy - Occupational, Physical & Speech  
Hearing Aid  
Home Health  
Hospice  
Hospital - Inpatient

Hospital - Outpatient  
Intermediate Care Facility - Intellectual Disabilities  
Laboratory & Radiology  
Licensed Clinical Social Worker (LCSW)  
Licensed Marital Family Therapist (LMFT)  
Licensed Professional Counselor (LPC)  
Non-Emergency Medical Transportation  
Nurse Midwife  
Nursing Facilities  
Optical  
Personal Care  
Pharmacy  
Physicians and Clinics  
Podiatry  
Private Duty Nursing  
Program of All-Inclusive Care for the Elderly (PACE)  
Psychologist  
Targeted Case Management for Individuals with Developmental Disabilities  
Targeted Case Management for Mental Illness & Serious Emotional Disturbance  
Therapy - Occupational, Physical, and Speech  
Transplants

# Education and Training Resources - Benefit Tables

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

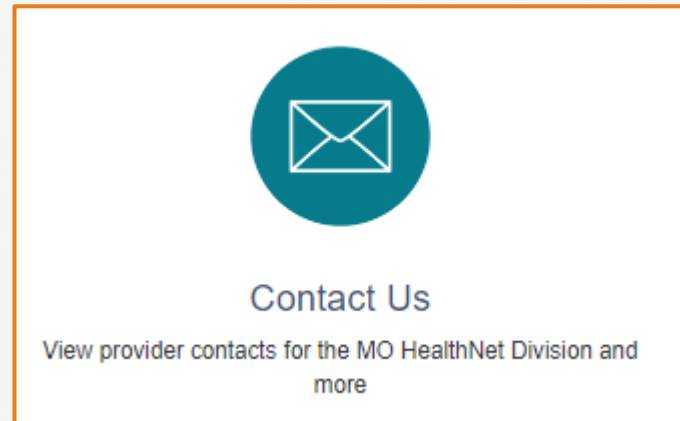
| Coverage Group:                                                   | Blind Programs | Breast or Cervical Cancer Control Program (BCCCP) | Children's Programs            | CHIP Kids                  | Missouri RX Plan (MORx) | MO HealthNet for Adults | MO HealthNet for Kids                                                                              | 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

| Personal Care                                                                                                                                                                         |                                                                                                    |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------|
| Coverage Group                                                                                                                                                                        | ME Code(s)                                                                                         | Covered  |
| Blind Programs                                                                                                                                                                        | 02, 03, 12                                                                                         | Yes      |
| Breast or Cervical Cancer Control Program (BCCCP)                                                                                                                                     | 83, 84                                                                                             | Yes      |
| Children's Programs                                                                                                                                                                   | 23, 28, 33, 34, 41, 49, 67, 88                                                                     | Limited* |
| CHIP Kids                                                                                                                                                                             | 71, 72, 73, 74, 75, 97, 4M                                                                         | 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, 6S, 9S, 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       |
| * ME codes 23, 41 not covered                                                                                                                                                         |                                                                                                    |          |
| Refer to the <a href="#">Fee Schedule</a> , certain restrictions apply                                                                                                                |                                                                                                    |          |
| Refer to <a href="#">Section 1.1</a> of the <a href="#">General Sections Manual</a> or the <a href="#">Provider Resource Guide</a> for descriptions of Medical Eligibility (ME) Codes |                                                                                                    |          |
| <a href="#">Personal Care Provider Manual</a>                                                                                                                                         |                                                                                                    |          |

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

|                                            |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <a href="#">Behavioral Health Services</a> | Assists with questions related to MO HealthNet Behavioral Health services.                                                                                                                                                                                                                                                                                         | <a href="mailto:MHD.BehavioralHealth@dss.mo.gov">MHD.BehavioralHealth@dss.mo.gov</a>  |
| Clinical Services                          | Responsible for clinical policy development for MHD.                                                                                                                                                                                                                                                                                                               | <a href="mailto:MHD.ClinicalServices@dss.mo.gov">MHD.ClinicalServices@dss.mo.gov</a>  |
| Cost Recovery/<br>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 (HIPP). | <a href="mailto:TPL.Database@dss.mo.gov">TPL.Database@dss.mo.gov</a> (573) 751-2005   |
| <a href="#">Education &amp; Training</a>   | Instructs providers on navigating MHD provider resources, proper billing methods and procedures for claim filing via <a href="#">eMOMED</a> .                                                                                                                                                                                                                      | <a href="mailto:MHD.Education@dss.mo.gov">MHD.Education@dss.mo.gov</a> (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

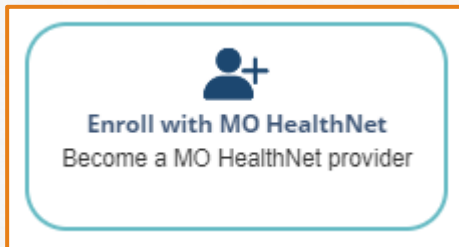
## Forms

- 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 Behavioral 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
- Claim Form: ☐ Dental ☐
- Claim Form: Health Insurance (CMS-1500 ☐ )
- Claim Form: Hospital (UB-04) ☐
- 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 ☐
- Home Health Addendum to the Plan of Treatment/Medical Update
- Home Health Certification and Plan of Care ☐
- Home Health Medical Update and Patient Information
- Hospice Election Statement
- Hospice-Nursing Facility Contract Update
- Initial Assessment - Social and Medical
- Inpatient Utilization Review Certification Request Form
- Insurance Resource Report TPL-4
- Level One Nursing Facility Pre-Admission Screening for Mental Illness/Mental Retardation or Related Condition
- Long Term Care Pharmacy Dispensing Fee Provider Specialty Application ☐
- Medical Attestation on the Appropriateness of the Qualified Clinical Trial form
- Managed Care Provider Request for Information
- 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 Provider Monitoring Log
- Medically Fragile Adult Waiver Private Duty Nursing Acceptance
- Missouri Medicaid Audit & Compliance Electronic Funds Transfer Authorization Agreement
- Notification of Termination of Hospice Benefits
- 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 Supporting Documents Cover Sheet for Durable Medical Equipment
- Private Duty Nursing Acceptance
- Program of All-Inclusive Care for the elderly (PACE) Primary Assessment
- Program of All-Inclusive Care for the elderly (PACE) Secondary Assessment
- Provider Initiated Self Disclosure Report Form
- Provider Spend Down Form
- Provider Update Request
- Report of Hearing Aid Evaluation
- Risk Appraisal for Pregnant Women
- Solid Organ Transplant Request
- Sterilization Consent Form
- Sterilization Consent Form (Spanish)
- Third Party Resource

# 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

X Post

Like 0

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.

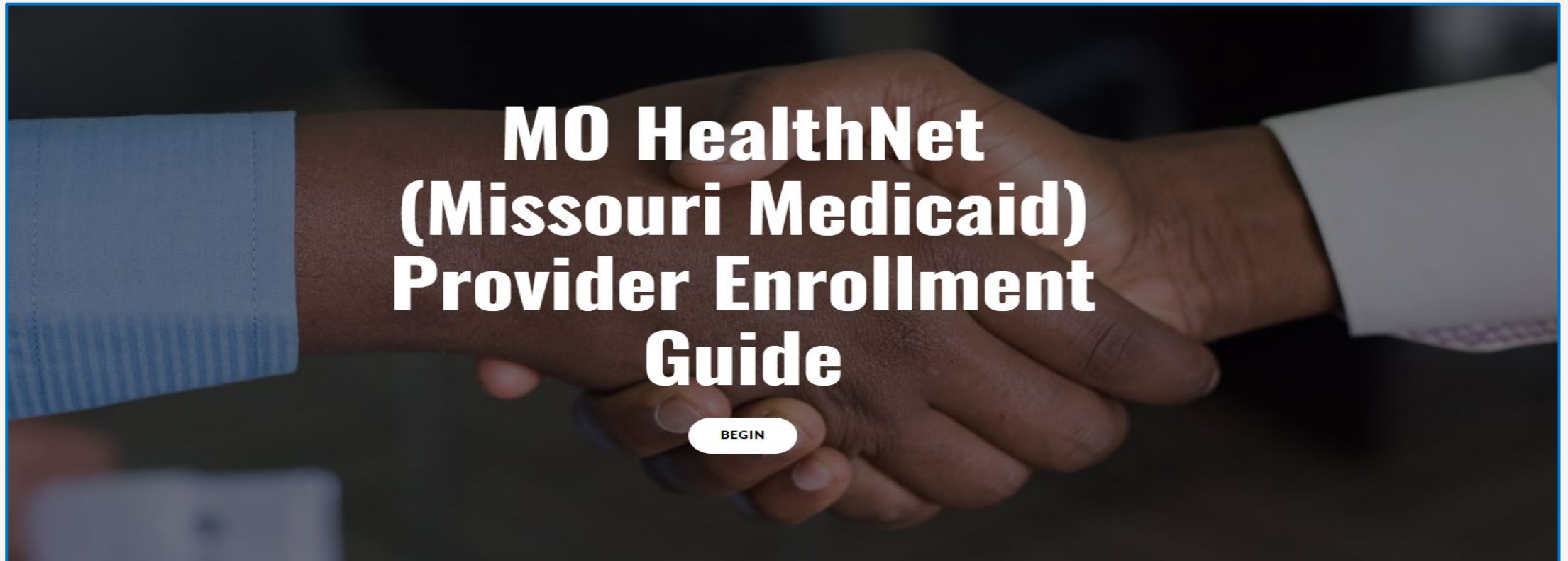
Each provider application is reviewed and must go through the same audit process even though a provider may have an existing provider number at another practice location.

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!

## 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                    |
|------------|---------------|---------------------------------------------|-----------|----------------------------|
| 10/10/2025 |               | Tobacco Prevention to Promote Health Equity | Hot Tips  | All MO HealthNet Providers |
| 10/02/2025 | 48-18         | Sunset of Direct Care Pro Provider Bulletin | Bulletins | 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 is 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

|                                                                                     |                                                                                                |                                                                                       |                                                                                                |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
|    | <b>Claim Management</b><br>Submit new claims. View claim status. Void/Replace existing claims. |    | <b>Nursing Home Management</b><br>Manage participants. Submit nursing home claims.             |
|    | <b>Attachment Management</b><br>Submit new stand-alone attachments. View attachment status.    |    | <b>File Management</b><br>Send and receive batch files. Print/View/Download Remittance Advice. |
|    | <b>Participant Eligibility</b><br>Verify participant eligibility.                              |    | <b>Payment Information</b><br>View the payment information for the two most recent payments.   |
|   | <b>Prior Authorization Status</b><br>Check the prior authorization status for participants.    |   | <b>Available Surveys</b>                                                                       |
|  | <b>Provider Communications Management</b><br>Send Your Inquiries...                            |  | <b>Provider Enrollment Status</b><br>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 'eProvider' 'ePassport' 'Eligibility Request' form. The breadcrumb trail is 'Home / eProvider / Eligibility'. The form title is 'Eligibility Request'. The 'NPI' field is set to 'M012136305 - BPST'. The 'Search' section contains several input fields, some of which are highlighted with red boxes: 'First Date Of Service \*', 'Participant DCN', 'Participant Last Name', 'Participant First Name', 'Participant Date of Birth', and 'Child's Date of Birth'. The 'Search' and 'Finish' buttons are at the bottom.

| Search                  |                        |                            |
|-------------------------|------------------------|----------------------------|
| First Date Of Service * | Last Date of Service   |                            |
| <input type="text"/>    | <input type="text"/>   |                            |
| Participant DCN         | Participant SSN        | Participant Date of Birth  |
| <input type="text"/>    | <input type="text"/>   | <input type="text"/>       |
| Participant Last Name   | Participant First Name | Participant Middle Initial |
| <input type="text"/>    | <input type="text"/>   | <input type="text"/>       |
| Casehead DCN            | Child's Date of Birth  | Service Type Code          |
| <input type="text"/>    | <input type="text"/>   | <input type="text"/>       |

# Checking Eligibility – Coverage

| Eligibility/<br>Benefit Code | Plan Code                                                                  | Insurance Type                     | From/Thru Date                   |
|------------------------------|----------------------------------------------------------------------------|------------------------------------|----------------------------------|
| 1 – Active<br>6 - Inactive   | ME Code<br>See <a href="#">Provider<br/>Resource Guide</a><br>for ME Codes | Managed Care<br>MO HealthNet<br>HM | Eligibility on<br>specified date |

| Eligibility / Benefit Information1 of 3 |                                   |           |                          |                 |                   |              |                |                          |
|-----------------------------------------|-----------------------------------|-----------|--------------------------|-----------------|-------------------|--------------|----------------|--------------------------|
| Eligibility / Benefit Code              | Service Type                      | Plan Code | Time Period<br>Qualifier | Monetary<br>Amt | Insurance Type    | Medicare Nbr | Date Qualifier | From Date<br>Thru Date   |
| B - Co-Payment                          | 30 - Health Benefit Plan Coverage | 13        | 7 - Day                  | 0.00            | MC - MO HealthNet | 291          |                | 02/02/2020<br>02/02/2020 |

| Eligibility / Benefit Information2 of 3 |                                   |           |                          |                 |                   |              |                |                          |
|-----------------------------------------|-----------------------------------|-----------|--------------------------|-----------------|-------------------|--------------|----------------|--------------------------|
| Eligibility / Benefit Code              | Service Type                      | Plan Code | Time Period<br>Qualifier | Monetary<br>Amt | Insurance Type    | Medicare Nbr | Date Qualifier | From Date<br>Thru Date   |
| 1 - Active Coverage                     | 30 - Health Benefit Plan Coverage | 13        | 7 - Day                  |                 | MC - MO HealthNet | 291          |                | 02/02/2020<br>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 Information3 of 4

| Eligibility / Benefit Code | Service Type                                                                                                                                                                                                                                                                                           |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 - Active Coverage        | 1 - Medical Care<br>33 - Chiropractic<br>35 - Dental Care<br>47 - Hospital<br>48 - Hospital - Inpatient<br>50 - Hospital - Outpatient<br>86 - Emergency Services<br>88 - Pharmacy<br>98 - Professional (Physician) Visit - Office<br>AL - Vision (Optometry)<br>MH - Mental Health<br>UC - Urgent Care |

| Plan Code | Time Period Qualifier | Monetary Amt | Insurance Type    | Medicare Nbr | Date Qualifier | From Date Thru Date      |
|-----------|-----------------------|--------------|-------------------|--------------|----------------|--------------------------|
| 13        | 7 - Day               |              | MC - MO HealthNet | 291          |                | 09/01/2020<br>09/01/2020 |

Eligibility / Benefit Information4 of 4

| 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                | Contact      |
| MO HEALTHNET CALL CENTER | 800-392-8030 |

Reference Information

Confirmation Number

20320410552

Print

Finish

# 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](mailto: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/<br>Benefit Code | Eligibility/<br>Benefit Code | Plan Code                                     | Monetary<br>Amount   |
|------------------------------|------------------------------|-----------------------------------------------|----------------------|
| 6 - Inactive                 | Y – Spend<br>Down            | Code will only appear<br>if Spenddown is Met* | Spend Down<br>Amount |

|                                         |                                   |           |                          |                 |                   |              |                |                          |
|-----------------------------------------|-----------------------------------|-----------|--------------------------|-----------------|-------------------|--------------|----------------|--------------------------|
| Eligibility / Benefit Information1 of 7 |                                   |           |                          |                 |                   |              |                |                          |
| Eligibility / Benefit Code              | Service Type                      | Plan Code | Time Period<br>Qualifier | Monetary<br>Amt | Insurance Type    | Medicare Nbr | Date Qualifier | From Date<br>Thru Date   |
| 6 - Inactive                            | 30 - Health Benefit Plan Coverage |           |                          |                 | MC - MO HealthNet | 291          |                | 02/01/2020<br>02/01/2020 |
| Eligibility / Benefit Information2 of 7 |                                   |           |                          |                 |                   |              |                |                          |
| Eligibility / Benefit Code              | Service Type                      | Plan Code | Time Period<br>Qualifier | Monetary<br>Amt | Insurance Type    | Medicare Nbr | Date Qualifier | From Date<br>Thru Date   |
| Y - Spend Down                          | 30 - Health Benefit Plan Coverage |           |                          | \$440.00        | MC - MO HealthNet | 291          |                | 02/01/2020<br>02/29/2020 |
| Eligibility / Benefit Information3 of 7 |                                   |           |                          |                 |                   |              |                |                          |

\*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 Information1 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 Information2 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<br>33 - Chiropractic<br>35 - Dental Care<br>47 - Hospital<br>48 - Hospital - Inpatient<br>50 - Hospital - Outpatient<br>86 - Emergency Services<br>88 - Pharmacy<br>98 - Professional (Physician) Visit - Office<br>AL - Vision (Optometry)<br>MH - Mental Health<br>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](http://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](mailto: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

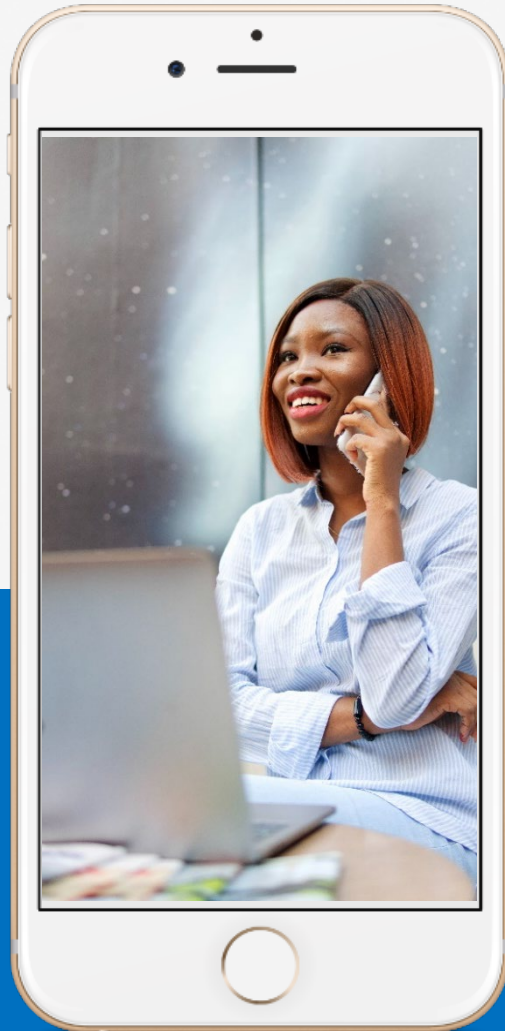
|                             |                                                                                                                                                                                  |                                                                                                                                                            |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clinical Services           | Policy development, benefit design, coverage decisions, provider and program policy inquiries                                                                                    | (573) 751-6963<br><a href="mailto:MHD.clinical.services@dss.mo.gov">MHD.clinical.services@dss.mo.gov</a>                                                   |
| CyberAccess                 | Account setup or technical questions                                                                                                                                             | (888) 581-9797<br>(573) 632-9797<br><a href="mailto:cyberaccesshelpdesk@xerox.com">cyberaccesshelpdesk@xerox.com</a>                                       |
| Education & Training        | Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via <a href="#">eMOMED</a> .                 | (573) 751-6683<br><a href="mailto:MHD.Education@dss.mo.gov">MHD.Education@dss.mo.gov</a>                                                                   |
| Managed Care Communications | If providers are unable to resolve a Managed Care issue directly with a <a href="#">health plan</a> , complete a <a href="#">Managed Care Provider Request for Information</a> . | <a href="mailto:MHD.MCCommunications@dss.mo.gov">MHD.MCCommunications@dss.mo.gov</a>                                                                       |
| 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          | <a href="mailto:Ask.MHD@dss.mo.gov">Ask.MHD@dss.mo.gov</a>                                                                                                 |
| Participant Services        | Questions from participants regarding MHD eligibility benefits and application process.                                                                                          | (855) 373-9994<br><a href="http://www.mydss.mo.gov">www.mydss.mo.gov</a><br>Family Support Division Information Center<br>(855) FSD-INFO<br>(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 <b>eMOMED</b> using Provider Communications Management (833) 222-7916 or (573) 751-2896<br>Provider Communications Unit<br>PO Box 5500<br>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<br><a href="mailto:mmac.providerenrollment@dss.mo.gov">mmac.providerenrollment@dss.mo.gov</a><br>Missouri Medicaid Audit & Compliance<br>P. O. Box 6500<br>Jefferson City, Missouri 65102 |
| Technical Help Desk                            | Technical support and assistance for issues with <b>eMOMED</b> . Establishes required electronic claims and RA formats, network communication and HIPAA trading partner agreements.                                                                                        | (573) 635-3559<br><a href="mailto:internethelpdesk@momed.com">internethelpdesk@momed.com</a>                                                                                                                               |

# Follow Us on Social Media





## 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!

