

Section 15 - Billing Instructions



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Section 15 - Billing Instructions**SECTION 15-BILLING INSTRUCTIONS****15.1 ELECTRONIC DATA INTERCHANGE**

Billing providers who want to exchange electronic transactions with MO HealthNet should access the ASC X12N Implementation Guides, adopted under HIPAA, at www.wpc-edi.com. For Missouri specific information, including connection methods, the biller's responsibilities, forms to be completed prior to submitting electronic information, as well as supplemental information, reference the X12N Version 4010A1 and NCPDP Telecommunication V.5.1 & Batch Transaction Standard V.1.1 Companion Guides found through this web site. To access the Companion Guides, select:

- MO HealthNet Electronic Billing Layout Manuals
- System Manuals
- Electronic Claims Layout Manuals
- X12N Version 4010A1 or NCPDP Telecommunication V.5.1 & Batch Transaction Standard V.1.1 Companion Guide.

15.2 INTERNET ELECTRONIC CLAIM SUBMISSION

Providers may submit claims via the Internet. The web site address is www.emomed.com. Providers are required to complete the on-line Application for MO HealthNet Internet Access Account. Please reference <http://dss.missouri.gov/mhd/> and click on the Apply for Internet Access link. Providers are unable to access www.emomed.com without proper authorization. An authorization is required for each individual user.

For full functionality of the Internet application, either the Internet Explorer 5.0 or higher web browser or the Netscape 4.7 or higher web browser is recommended. The features of the Internet application include claim submissions, claim credits and eligibility verification.

The following claim types can be used in Internet applications: Medical (NSF), Inpatient and Outpatient (UB-04), Dental (ADA 2002, 2004), Nursing Home and Pharmacy. For convenience, some of the input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

NOTE: Claims requiring a trip ticket may *not* be billed electronically. All air ambulance providers *must* attach the Air Flight Record (trip ticket) to the claim form.

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15.3 CMS-1500 CLAIM FORM

The CMS-1500 claim form is used to bill MO HealthNet for ambulance services in the following circumstances: Healthy Children and Youth (EPSDT/HCY) services, providers on review, two trips on the same day, deceased patient, transporting more than one patient, and emergency air ambulance services. Instructions on how to complete the CMS-1500 claim form are on the following pages.

15.4 PROVIDER RELATIONS COMMUNICATION UNIT

It is the responsibility of the Provider Relations Communication Unit to assist providers in filing claims. For questions, providers may call (573) 751-2896. Section 3 of this manual has a detailed explanation of this unit. If assistance is needed regarding establishing required electronic claim formats for claims submissions, accessibility to electronic claim submission via the Internet, network communications, or ongoing operations, the provider should contact the Infocrossing Healthcare Services Help Desk at (573) 635-3559.

15.5 RESUBMISSION OF CLAIMS

Any line item on a claim that resulted in a zero payment can be resubmitted if it denied due to a correctable error. The error that caused the claim to deny *must* be corrected before resubmitting the claim. The provider may resubmit electronically or on a CMS-1500 claim form. An example of a correctable error is the use of an invalid procedure code or an incorrect type of service code.

If a line item on a claim paid but the payment was incorrect do *not* resubmit that line item. For instance, if a provider showed 15 miles and was paid for that line, but the correct mileage was 25, that claim *cannot* be resubmitted. It will deny as a duplicate. In order to correct that payment, the provider *must* submit an Individual Adjustment Request. Section 6 of this manual explains the adjustment request process.

15.6 BILLING PROCEDURES FOR MEDICARE/MO HEALTHNET

When a patient has both Medicare Part B and MO HealthNet coverage, a claim *must* be filed with Medicare first as primary payor. If the patient has Medicare Part B but the service is *not* covered or the limits of coverage have been reached previously, a paper claim *must* be submitted to MO HealthNet with the Medicare Remittance Advice attached indicating the denial. Reference Section 16.5 of this manual for instructions for submission of claims to MO HealthNet.

If a claim was submitted to Medicare indicating that the patient also had MO HealthNet and disposition of the claim is *not* received from MO HealthNet within 60 days of the Medicare

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remittance advice date (a reasonable period for transmission for Medicare and MO HealthNet processing), a paper crossover claim *must* be submitted to MO HealthNet. Reference Section 16 for billing instructions.

15.7 CMS-1500 CLAIM FILING INSTRUCTIONS

The CMS-1500 claim form should be typed or legibly printed. It may be duplicated if the copy is legible. MO HealthNet claims should be mailed to:

Infocrossing Healthcare Services
P.O. Box 5600
Jefferson City, MO 65102

Information about ordering claim forms and provider labels is in Section 3.

NOTE: An asterisk (*) beside field numbers indicates required fields. These fields *must* be completed or the claim is denied. All other fields should be completed as applicable. Two asterisks (**) beside the field number indicate a field is required in specific situations.

FIELD NUMBER & NAME	INSTRUCTIONS FOR COMPLETION
1. Type of Health Insurance Coverage	Show the type of health insurance coverage applicable to this claim by checking the appropriate box. For example, if a Medicare claim is being filed, check the Medicare box, if a MO HealthNet claim is being filed, check the Medicaid box and if the patient has both Medicare and MO HealthNet, check both boxes.
*1a. Insured's I.D.	Enter the patient's eight-digit MO HealthNet or MC+ ID number (DCN) as shown on the patient's ID card.
*2. Patient's Name	Enter last name, first name, middle initial <i>in that order</i> as it appears on the ID card.
3. Patient's Birth Date	Enter month, day, and year of birth.
Sex	Mark appropriate box.
**4. Insured's Name	If there is other insurance besides MO HealthNet, enter the name of the primary policyholder. If this field is completed, also complete Fields #6, #7, #11, and #13.

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| 5. Patient's Address | Enter address and telephone number if available. |
| **6. Patient's Relationship to Insured | Mark appropriate box if there is other insurance. |
| **7. Insured's Address | Enter the primary policyholder's address; enter policyholder's telephone number, if available. |
| 8. Patient Status | Not Required. |
| **9. Other Insured's Name | If there is other insurance coverage in addition to the primary policy, enter the secondary policyholder's name. (See Note)(1) |
| **9a. Other Insured's Policy or Group Number | Enter the secondary policyholder's insurance policy number or group number, if the insurance is through a group such as an employer, union, etc. (See Note)(1) |
| **9b. Other Insured's Date of Birth | Enter the secondary policyholder's date of birth and mark the appropriate box for sex. (See Note)(1) |
| **9c. Employer's Name | Enter the secondary policyholder's employer name. (See Note)(1) |
| **9d. Insurance Plan | Enter the secondary policyholder's insurance plan name.

<i>If the insurance plan denied payment for the service provided, attach valid denial from the insurance plan. (See Note)(1)</i> |
| **10a- Is Condition Related to:
10c. | If services on the claim are related to patient's employment, auto accident or other accident, mark the appropriate box. If the services are <i>not</i> related to an accident, leave blank. (See Note)(1) |
| 10d. Reserved for Local Use | May be used for comments/descriptions. (See Note)(1) |
| **11. Insured's Policy or Group Number | Enter the primary policyholder's insurance policy number or group number, if the |

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	insurance is through a group, such as an employer, union, etc. (See Note)(1)
**11a. Insured's Date of Birth	Enter primary policyholder's date of birth and mark the appropriate box reflecting the sex of the primary policyholder. (See Note)(1)
**11b. Employer's Name	Enter the primary policyholder's employer name. (See Note)(1)
**11c. Insurance Plan Name	Enter the primary policyholder's insurance plan name. <i>If the insurance plan denied payment for the service provided, attach valid denial from the insurance plan. (See Note)(1)</i>
**11d. Other Health Plan	Indicate whether the patient has another health insurance plan; if so, complete Fields #9-#9d with the secondary insurance information. (See Note)(1)
12. Patient's Signature	Leave blank.
13. Insured's Signature	This field should be completed only when the patient has another health insurance policy. Obtain the policyholder's or authorized person's signature for assignment of benefits. The signature is necessary to ensure the insurance plan pays any benefits directly to the provider or MO HealthNet. Otherwise payment may be issued to the policyholder requiring the provider to collect insurance benefits from the policyholder.
14. Date of Current Illness, Injury or Pregnancy	Leave blank.
15. Date Same/Similar Illness	Leave blank.
16. Dates Patient Unable to Work	Leave blank.
17-17a. Referring Physician Name and Number	Leave blank.



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17b. NPI	Leave blank
18. Hospitalization Dates	Leave blank.
19. Reserved for Local Use	Leave blank.
20. Lab Work Performed Outside Office	Leave blank.
*21. Diagnosis	Enter the complete ICD-9-CM diagnosis code(s). Enter the primary diagnosis under No. 1, and if appropriate, a secondary diagnosis under No. 2, etc.
22. Medicaid Resubmission	For timely filing purposes, if this is a resubmitted claim, enter the Internal Control Number (ICN) of the previous related claim.
23. Prior Authorization Number	Leave blank.
*24a. Date of Service	Enter the date of service under “from” in month/day/year format, using six-digit format. All line items <i>must</i> have a from date. Ditto marks may be used where appropriate.
*24b. Place of Service	<p>Enter the appropriate place of service code. Place of service is the destination of the ambulance trip. (Definitions of place of service descriptions follow these instructions.)</p> <p>Do <i>not</i> use POS 41 (land) or POS 42 (air/water) these codes are <i>not</i> valid MO HealthNet place of service codes.</p> <p>AMBULANCE CLAIMS FOR OTHER THAN HEALTHY CHILDREN AND YOUTH (EPSDT/HCY) SERVICES <i>MUST</i> USE POS 21, 23, 26, 51, 55, 56 OR 61. Note: POS 55, 56, and 61 are <i>not</i> valid for air transport.</p> <p>For a valid listing of place of service codes for EPSDT/HCY claims, reference Section 15.8. EPSDT/HCY claims are billed with an EP modifier.</p>



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*24c. EMG - Emergency	Enter a Y in the unshaded area of the field is this is an emergency. If this is not an emergency, leave this field blank.
*24d. Procedure Code	Enter the appropriate CPT or HCPCS code and applicable modifiers, if any, corresponding to the service rendered. Reference Section 19.2 for the appropriate air and group ambulance procedure codes.
*24e. Diagnosis Code	Enter 1, 2, 3, 4 or the actual diagnosis code(s) from Field #21.
*24f. Charges	Enter the provider's usual and customary charge for each line item in the unshaded area of the field. This should be the total charge if multiple units are shown.
*24g. Days or Units	Enter the number of units of service provided for each detail line in the unshaded area of the field. The system automatically plugs a "1" if the field is left blank. Units shown <i>must</i> reflect the total "loaded" mileage one way from point of pickup to destination.
**24h. EPSDT/Family Planning	If the service is an EPSDT/HCY transport, enter "E."
24i. ID Qualifier	Leave blank.
24j. Rendering Provider ID	Leave blank.
24k.	Leave blank.
25. SS#/Fed. Tax ID	Leave blank.
26. Patient Account Number	For the provider's own information, a maximum of 12 alpha and/or numeric characters may be entered here.
27. Assignment	Not required on MO HealthNet claims.
*28. Total Charge	Enter the sum of the line item charges.
29. Amount Paid	Enter the total amount received by all other insurance resources. Previous MO HealthNet

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	payments, Medicare payments, cost sharing and copay amounts are <i>not</i> to be entered in this field.
30. Balance Due	Enter the difference between the total charge (Field #28) and the insurance amount paid (Field #29).
31. Provider Signature	Not Required.
**32. Name and Address of Facility	If services were rendered in a facility other than the home or office, enter the name and location of the facility. <i>This field is required when the place of service is inpatient hospital 21, 23, 26, 51, 55, 56 or 61.</i>
*32a. NPI#	Enter the NPI number of the billing provider in 33.
*32b. Other ID#	Enter the MO HealthNet legacy provider number.
*33. Provider Name/ Number/Address	Affix the provider label or write or type the information <i>exactly</i> as it appears on the label.
*33a. NPI #	Enter the NPI number of the the billing provider in 33.
*33b. Other ID #	Enter the MO HealthNet legacy provider number.

* These fields are mandatory on *all* CMS-1500 claim forms.

** These fields are mandatory only in specific situations, as described.

(1) NOTE: This field is for private insurance information **only**. If no private insurance is involved LEAVE BLANK. If Medicare, MO HealthNet, employers name or other information appears in this field, the claim will deny. See Section 5 for further TPL information.

15.8 PLACE OF SERVICE CODES

CODE	DEFINITION
03 School	A facility whose primary purpose is education.

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- 04 Homeless Shelter A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters)
- 11 Office Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic or nursing facility, where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis.
- 12 Home Location, other than a hospital or other facility, where the patient receives care in a private residence.
- 13 Assisted Living Center Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
- 14 Group Home Congregate residential foster care setting for children and adolescents in state custody that provides some social, health care, and educational support services and that promotes rehabilitation and reintegration of residents into the community.
- 20 Urgent Care Facility Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
- 21 Inpatient Hospital A facility, other than psychiatric, that primarily provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services by or under the supervision of physicians to patients admitted for a variety of medical conditions.
- 22 Outpatient Hospital The portion of a hospital that provides diagnostic,

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- therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do *not* require hospitalization or institutionalization.
- 23 Emergency Room Hospital The portion of a hospital in which emergency diagnosis and treatment of illness or injury are provided.
- 24 Ambulatory Surgical Center A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
- 25 Birthing Center A facility, other than a hospital's maternity facilities or a physician's office, that provides a setting for labor, delivery and immediate post-partum care as well as immediate care of newborn infants.
- 26 Military Treatment Facility A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Services Treatment Facilities (USTF).
- 31 Skilled Nursing Facility A facility that primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services that does *not* provide the level of care or treatment available in a hospital.
- 32 Nursing Facility A facility that primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis health-related care services above the level of custodial care to other than mentally retarded individuals.
- 33 Custodial Care Facility A facility that provides room, board and other personal assistance services, generally on a long-term basis, and that does *not* include a medical component.

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- 34 Hospice
A facility other than a patient's home, in which palliative and supportive care for terminally ill patients and their families is provided.
NOTE: This place of service should only be used when the actual service is performed in a hospice facility. If a hospice patient receives services in a setting other than a hospice facility, then the specific location for that service should be used.
- 49 Independent Clinic
A location, *not* part of a hospital and *not* described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
- 50 Federally Qualified Health Clinic (FQHC)
A facility approved by the federal government to provide health care services in generally low income areas.
- 51 Inpatient Psychiatric Facility
A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
- 52 Psychiatric Facility Partial Hospitalization
A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do *not* require full-time hospitalization, but who need broader programs than are possible from outpatient visits in a hospital-based or hospital-affiliated facility.
- 53 Community Mental Health Center
A facility that provides comprehensive mental health services on an ambulatory basis primarily to individuals residing or employed in a defined area.
- 54 Intermediate Care Facility/
Mentally Retarded
A facility that primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does *not* provide the level of care or treatment available in a hospital or SNF.



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| 55 Residential Substance Abuse Treatment Facility | <p>A facility that provides treatment for substance (alcohol and drug) abuse to live-in residents who do <i>not</i> require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.</p> <p>Note: POS 55, 56, and 61 are <i>not</i> valid for air transport.</p> |
| 56 Psychiatric Residential Treatment Center | <p>A facility or distinct part of a facility for psychiatric care that provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.</p> <p>Note: POS 55, 56, and 61 are <i>not</i> valid for air transport.</p> |
| 57 Non-Residential Substance Abuse Treatment | <p>A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.</p> |
| 61 Comprehensive Inpatient Rehabilitation Facility | <p>A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include rehabilitation nursing, physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.</p> <p>Note: POS 55, 56, and 61 are <i>not</i> valid for air transport.</p> |
| 62 Comprehensive Outpatient Rehabilitation Facility | <p>A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.</p> |
| 65 End Stage Renal Disease Treatment Facility | <p>A facility other than a hospital, that provides dialysis treatment, maintenance, and/or training to</p> |

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	patients or caregivers on an ambulatory or home-care basis.
71 State or Local Public Health Clinic	A facility maintained by either state or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72 Rural Health Clinic	A certified facility that is located in a rural, medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
81 Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
99 Other Unlisted Facility	Other place of service <i>not</i> identified above.
	NOTE: Ambulance providers <i>must</i> use the MO HealthNet place service (POS) codes when filing their MO HealthNet claims. "Place of Service codes 41 (land) and 42 (air or water) are Medicare codes and are <i>not</i> valid MO HealthNet place of service codes.

15.9 INSURANCE COVERAGE CODES

Type of insurance coverage codes identified on the interactive voice response (IVR) system, a point of service (POS) terminal, or eligibility files accessed via the Internet are listed in Section 5, Third Party Liability.

While providers are verifying the patient's eligibility, they can obtain the TPL information contained on the MO HealthNet Division's participant file. Eligibility may be verified by calling the Interactive Voice Response (IVR) system at (573) 635-8908, which allows the provider to inquire on third party resources. The provider may also use a point of service (POS) terminal or the Internet at www.emomed.com to verify eligibility and inquire on third party resources. Reference Sections 1 and 3 for more information.

Patients *must* always be asked if they have third party insurance regardless of the TPL information given by the IVR, POS terminal or Internet. **IT IS THE PROVIDER'S RESPONSIBILITY TO OBTAIN FROM THE PATIENT THE NAME AND ADDRESS OF THE INSURANCE**



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COMPANY, THE POLICY NUMBER, AND THE TYPE OF COVERAGE. Reference Section 5 of this manual, Third Party Liability.

END OF SECTION

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