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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.

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15.3 CMS-1500 CLAIM FORM

The CMS-1500 claim form is always used to bill MO HealthNet for ambulatory surgical center services unless a provider bills those services electronically. Instructions on how to complete the CMS-1500 claim form are in the following sections.

15.4 PROVIDER COMMUNICATION UNIT

It is the responsibility of the Provider 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.

If a line item on a claim paid but the payment was incorrect do *not* resubmit that line item. For instance, if a provider bills a valid procedure code but it was the wrong code, as long as everything else on the claim is correct, the claim will pay. 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 participant 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 may be submitted to MO HealthNet with the Medicare Remittance Advice attached indicating the denial. The claim may also be submitted through the Internet at www.emomed.com or through the 837 electronic claims transmission. Reference Section 16.5 of this manual for instructions for submission of claims to MO HealthNet.

Medicare/MO HealthNet (crossover) claims that do *not* automatically cross from Medicare to MO HealthNet, *must* now be filed through the Internet at www.emomed.com or through an 837



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electronic claims transmission. This requirement became effective July 1, 2005. Before filing an electronic crossover claim, wait 60 days from the date of the Medicare payment to avoid possible duplication of MO HealthNet payments. Reference Section 16 for billing instructions.

MO HealthNet applies editing to Medicare/MO HealthNet crossover claims very similar to that used to process MO HealthNet only claims. The claims processing system can only process 25 edits or less on one claim. A crossover claim will deny if processing of the claim results in more than 25 edits, Remittance Advice Remark Code MA130. The following edits will post to every line of a claim: timely filing, duplicate claim submission, third party liability, and spenddown. The provider may bill a smaller claim to Medicare to avoid the 25 edit limit when claims crossover from Medicare.

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 indicates 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 participant has both Medicare and MO HealthNet, check both boxes.
*1a. Insured's I.D. Number	Enter the patient's eight-digit MO HealthNet or MO HealthNet Managed Care ID number (DCN) as shown on the patient's ID card.
*2. Patient's Name	Enter last name, first name, middle initial in that order as it appears on the ID card.



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3. Patient's Birth Date, Sex	Enter month, day and year of birth. Mark appropriate box.
**4. Insured's Name	If there is individual or group insurance besides MO HealthNet, enter the name of the primary policyholder. If this field is completed, also complete Fields #6, #7, #11, and #13. If no private insurance is involved, leave blank.
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. If no private insurance is involved, leave blank.
8. Patient Status	Leave blank.
**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 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 Name or Program Name	Enter the other insured's insurance plan or program name. <i>If the insurance plan denied payment for the service provided, attach a valid denial from the insurance plan. (See Note)⁽¹⁾</i>
**10a-10c. Is Condition Related to:	If services on the claim are related to patient's employment, auto accident or other accident,

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- mark the appropriate box. If the services are *not* related to an accident, leave blank.
- 10d. Reserved for local use
May be used for comments/descriptions.
- **11. Insured's Policy or Group Number
Enter the primary policyholder's insurance policy number or group number, if the insurance is through a group such as an employer, union, etc. (See Note)⁽¹⁾
- **11a. Insured's Date of Birth, Sex
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.
If the insurance plan denied payment for the service provided, attach a valid denial from the insurance plan. (See Note)⁽¹⁾
- **11d. Other Health Plan
Indicate whether the participant has a secondary 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 participant 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. Payment may otherwise be issued to the policyholder requiring the provider to collect insurance benefits from the policyholder.
- **14. Date of Current Illness, Injury or Pregnancy
This field is required when billing global prenatal and delivery services. The date should reflect the last menstrual period (LMP).
15. Date Same/Similar Illness
Leave blank.



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| 16. Dates Patient Unable to Work | Leave blank. |
| **17. Name of Referring Provider or Other Source | Enter the name of the referring provider or other source. If multiple providers are involved, enter one provider using the following priority order: <ol style="list-style-type: none"> 1. Referring provider 2. Ordering Provider 3. Supervising Provider |
| **17a. Other ID # | Enter the Provider Taxonomy qualifier ZZ in the first shaded area if the provider reported in Field 17b is required to report a Provider Taxonomy Code to MO HealthNet. Enter the corresponding 10-digit Provider Taxonomy Code in the second shaded area for the provider reported in Field 17b. |
| **17b. NPI | Enter the NPI number of referring, ordering, or supervising provider. |
| **18. Hospitalization Dates | If the services on the claim were provided in an inpatient hospital setting, enter the admit date. This field is required when the service is performed on an inpatient basis. |
| 19. Reserved for Local Use | Providers may use this field for remarks/descriptions. |
| **20. Lab Work Performed Outside Office | If billing for laboratory charges, mark appropriate box. The referring physician may not bill for lab work that was referred out. |
| *21. Diagnosis | Enter the complete ICD-9-CM diagnosis code(s). Enter the primary diagnosis under No. 1, the 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 or attach a copy of the original Remittance Advice indicating the claim was initially submitted timely. |
| 23. Prior Authorization Number | Leave blank. |

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- *24a. Date of Service
- Enter the date of service under “from” in month/day/year format, using six-digit format. All line items *must* have a from date.
- A "to" date of service is required when billing on a single line for subsequent physician hospital visits on consecutive days. The six service lines have be divided to accommodate submission of both the NPI and another/proprietary identifier during the NPI transition and to accommodate the submission of supplemental information to support the billed service. The top area of the service lines are shaded and is the location for reporting supplemental information. It is not intended to allow the billing of 12 lines of service.
- *24b. Place of Service
- Enter the appropriate place of service code in the unshaded area of the field:
- 24—Ambulatory Surgical Center
- *24c. EMG-Emergency
- Enter a Y in the unshaded area of the field if 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 modifier(s), if any, corresponding to the service rendered in the unshaded area of the field. (Field #19 may be used for remarks or descriptions). Reference Section 19 for applicable procedure codes.
- *24e. Diagnosis Pointer
- Enter 1, 2, 3, 4 or the actual diagnosis code(s) from Field #21 in the unshaded area of the field.
- *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 days or units are shown.
- *24g. Days or Units
- Enter the number of days or units of service provided for each detail line in the unshaded area of the field. The system automatically

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- plugs a “1” if the field is left blank.
- **24h. EPSDT/Family Planning
If the service is an EPSDT/ HCY screening service or referral, enter “E.” If the service is family planning related, enter “F.” If the service is both an EPSDT HCY and Family Planning Service, enter “B.”
- **24i. ID Qualifier
Enter the Provider Taxonomy qualifier ZZ in the shaded area if the rendering provider is required to report a Provider Taxonomy Code to MO HealthNet.
A Provider Taxonomy code must be reported if providers have on NPI for multiple legacy MO HealthNet provider numbers.
- **24j. Rendering Provider ID
If the Provider Taxonomy qualifier was reported in 24i; enter the 10-digit Provider Taxonomy Code in the shaded area.
Enter the 10-digit NPI number of the individual rendering the service in the unshaded area.
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 payments, Medicare payments, cost sharing and copay amounts are *not* to be entered in this field.
30. Balance Due
Enter the difference between the total charge (Field #28) and the amount paid (Field #29).
31. Provider Signature
Leave blank.
- **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.

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- This field is required when the place of service is other than home or office.
- **32a. NPI#** Enter the 10-digit NPI number of the service facility location in Field 32.
- **32b. Other ID#** Enter the Provider Taxonomy qualifier ZZ and corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field 32a if the provider is required to report a Provider Taxonomy Code to MO HealthNet. Do not enter a space, hyphen or other separator between the qualifier and code.
- A Provider Taxonomy code must be reported if providers have one NPI for multiple legacy MO HealthNet Provider numbers.
- *33. Provider Name/Phone/Number/Address** Affix the provider label or write or type the information *exactly* as it appears on the label.
- **33a. NPI#** Enter the NPI number of the billing provider in Field 33.
- **33b. Other ID#** Enter the Provider Taxonomy qualifier ZZ and corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field 33a if the provider is required to report a Provider Taxonomy Code to MO HealthNet. Do not enter a space, hyphen or other separator between the qualifier and code.

* 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
24 Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are

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provided on an ambulatory basis.

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.

Participants *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 PARTICIPANT THE NAME AND ADDRESS OF THE INSURANCE 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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