MO HealthNet Managed Care
(Medicaid)

Healthy Blue

Ambulance billing guide

Ambulance services for Healthy Blue members

The following is an overview of program specific resources for emergent and non-emergent ambulance services:

- MTM* is Healthy Blue's transportation vendor that manages prior authorization (PA) and claim processing for all non-emergent ambulance services.
- Healthy Blue is responsible for claim processing for emergent ambulance services.

Emergent ambulance claims

- Emergent ambulance services do not require PA and should be submitted to Healthy Blue.
- Follow the billing requirements outlined in the *MO HealthNet Ambulance Manual*.

Emergent ambulance — claim filing

Paper claims
Healthy Blue Claims Submission
P.O. Box 61010
Virginia Beach, VA 23466-1010

- Healthy Blue only accepts the original red claim form for claim submissions.
- We do not accept handwritten, faxed, or replicated claim forms.

Electronic claims
Availity* payer ID for Healthy Blue: 00661

Common denial reasons for ambulance claims

- Place of Service code billed follows MO HealthNet guidelines found in section *19.2* of the *MO HealthNet Ambulance Manual*.
- Use Place of Service codes 21 for inpatient hospital and 23 for emergency room.
- Claim is for non-emergent ambulance transport and should be directed to MTM for processing.
- Modifiers billed follow MO HealthNet guidelines found in section *19.1* of the *MO HealthNet Ambulance Manual*. The only modifiers that should be used are:
  - EP (Healthy Children and Youth (HCY) service for participants under age 21).
  - GM (additional participants).
  - HH (hospital to hospital transfer).
  - HD (specialized testing and treatment).
  - SC (medically necessary service or supply).

Non-emergent ambulance transport — PA process

PA process:

1. Three days' advance notice is provided.
2. The facility or member contacts MTM Customer Service.
3. Eligibility and covered services are verified.
4. The request is escalated to a specialist to locate available MTM in-network ambulance services.
5. The member's condition, special needs, and level of service are verified.
6. Once an in-network provider is located, MTM provides them with PA for the service(s).
7. MTM contacts the facility/member to inform them of ambulance provider and expected pick-up time.

Non-emergent ambulance transport — claims process

Claims process:

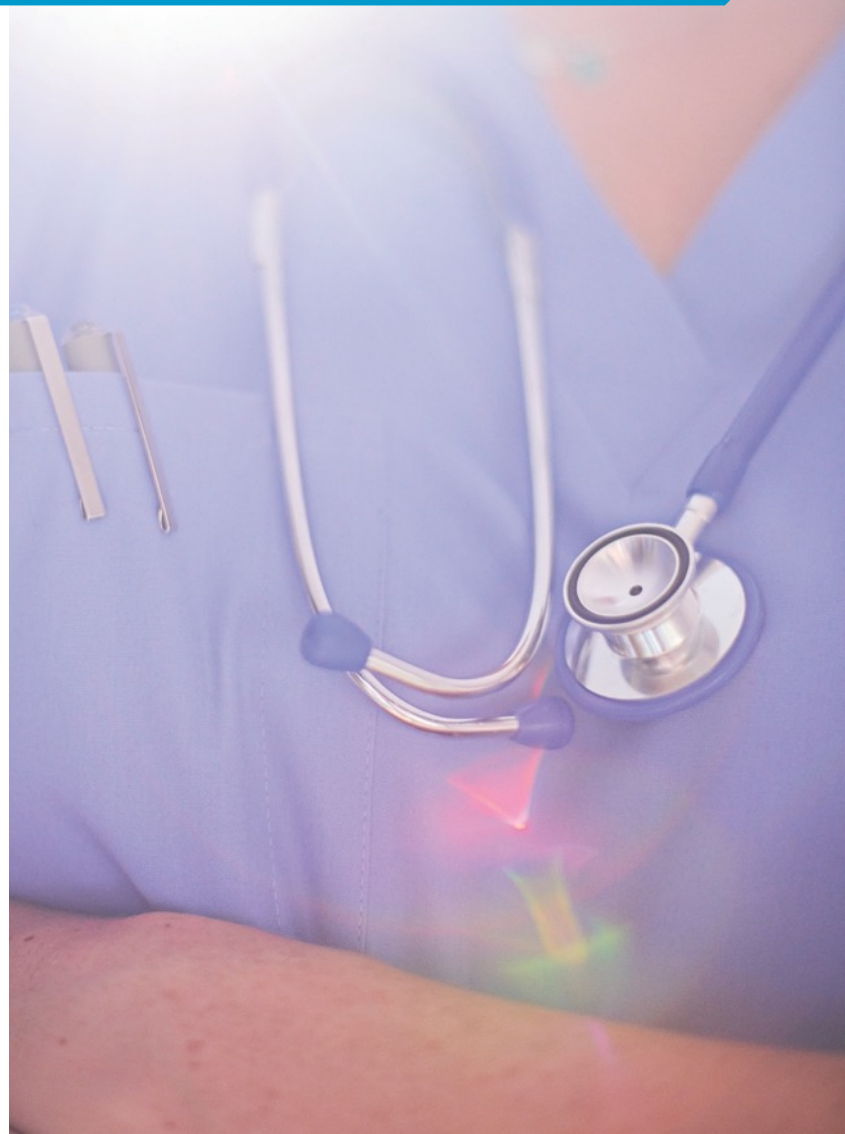
1. Ambulance providers are required to submit the *1500* form, patient care report, and the medical necessity form to MTM.
2. The claim documents should be sent via fax, email, or mail to the attention of MTM Ambulance Claims via:
   - **Fax**: **800-722-0129** or **866-463-0247**
   - **Email**: ambulanceclaims@mtm-inc.net
   - **Mail**: 16 Hawk Ridge Drive, Lake Saint Louis, MO 63367
3. The MTM ambulance claims team validates against the PA.

Non-emergent ambulance claims should follow the *MO HealthNet Billing Manual* guidelines.

Joining the MTM network

To join the MTM network:

- Fill out an application.
- Follow-up can be conducted with the MTM Transportation Provider HelpDesk at tphelpdesk@mtm-inc.net or **888-828-1183**.



Rejected versus denied claims

There are two types of notices you may get in response to your claim submission: rejected or denied.

Rejected claims do not enter the adjudication system because they have missing or incorrect information.

Denied claims go through the adjudication process but are denied for payment.

- You can find claims status information on our provider website or by calling Provider Services at **833-405-9086**.
- If you need to appeal a claim decision, submit a copy of the *Explanation of Payment (EOP)*, letter of explanation, and supporting documentation.
- If your claim is administratively denied, you may file an appeal. As part of the appeal, you must demonstrate that you notified or attempted to notify us within the established time frame and that the services are medically necessary.

MO HealthNet Billing Manual

http://manuals.momed.com/manuals

MO HealthNet Fee Schedule

- *MO HealthNet Fee Schedule*:
  - Select the link for the appropriate category for the CPT® code or modifier you want to view the allowed amount or modifier information for.
  - Next, select the radio button next to the *proc code* or *modifier*, and type in a procedure code or modifier.
  - The search option will show you if the CPT code and/or modifier combination are payable.

Fee Schedule Search

Medical Services

ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
99214						3	07/01/2016	0.00	$58.52	1
99214	EP					3	07/01/2016	0.00	$58.52	1
99214	GT					3	07/01/2016	0.00	$58.52	1
99214	GT	EP				3	07/01/2016	0.00	$58.52	1
99214	YG					9	10/16/2003	0.00	$0.00	1

Billing members

Healthy Blue members should not be billed or reported to a collection agency for any *covered services* your office provides.

Missouri code of state regulations title [*13 CSR 70-4.030* states in part, "When an enrolled Medicaid provider provides an item or service to a Medicaid recipient eligible for the item or service on the date provided, there shall be a presumption that the provider accepts the recipient's Medicaid benefits and seeks reimbursement from the Medicaid agency in accordance with all the applicable Medicaid rules."

If a member receives a bill and contacts our office, a Healthy Blue staff member may contact your office as well to confirm the member will no longer be charged for the service.

The provider's office can file a claims dispute or an appeal if the service was paid incorrectly or denied. The provider must submit the claims dispute or appeal within the appropriate time frames.

* MTM is an independent company providing transportation services on behalf of Healthy Blue. Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

https://provider.healthybluemo.com

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

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