MO HealthNet Managed Care
(Medicaid)

Healthy Blue

Certified Community Behavioral Health Organization (CCBHO) billing guide

Claims with dates of service October 1, 2024, and after.

CCBHO billing requirements

Beginning with dates of service (DOS) October 1, 2024, and after, CCBHO billing requirements have changed:

- Claims will now be billed on one claim submitting the rendering provider information in Box 24J and include the CCBHO NPI in box 33A.
- CCBHOs will no longer submit trigger claims for T1040 Q2. Submitting claims with T1040 Q2 will result in a claim denial, as this is no longer an accepted code.
- Claims will be billed with the actual services rendered using the procedure codes found on the Visit and Service code specific to MCOs listing in the state CCBHO billing manual.
- The claim must have the POS where the service was rendered (for example, 11-office, 12-home); do not use POS 50, as this is for Federally Qualified Health Clinic (FQHC) claims.
- Continue to submit the Q2 modifier with the service procedure code and any other required modifiers, following modifier order in the qualifying service list for MCOs located at: **https://dmh.mo.gov/media/pdf/ccbhc-service-list-mco**

CCBHO billing requirements (cont.)

- Claims will be paid based on the state fee schedule allowed rates for allowable procedure codes.
- Claims with DOS September 30, 2024, and prior should be billed following previous requirements found in the CCBHO billing guide-dates of service September 30, 2024, and prior. Claims with DOS October 1, 2024, and after should be billed following the new billing requirements.
- Claims with DOS prior to September 30, 2024, and after October 1, 2024, **cannot** be billed on the same claim. Please submit separate claims for dates of service prior to September 30, 2024, and dates of service October 1, 2024, and after.
- Procedure code limits will follow monthly and annual limits as listed in the *State Behavioral Health Manual*.

Timely filing and coordination of benefits information

Healthy Blue as the primary payer:

- First submission timely filing is 180 days defined by state requirements.

Healthy Blue as the secondary payer:

- Within 365 days from date of service for first submission or resubmission
- Within 90 days from the date of the primary *EOB* if that is longer than 365 days from date of service

Corrected claims:

- Within 365 days from the date of service

Coordination of benefits:

- Healthy Blue is always the final payer. If our member has primary insurance, please file the claim with the primary insurance carrier first, then submit a claim with the primary carrier's remittance advice to Healthy Blue for processing. We will coordinate benefits from the primary insurance carrier's *EOB*.
- Healthy Blue will reimburse the difference between what the primary insurance pays and the allowable if there is a remaining balance.
- The member cannot be balance billed for the difference or the contractual write-off amounts.

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; they will be on the electronic response reports.

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

Managed Care Providers

The MO HealthNet Managed Care health plans have additional flexibilities in operating their programs, such as determining which services require prior authorization, and details for claims submission. Please be aware that certain services, such as pharmacy, are "carved out" of Managed Care and will be paid through the Fee-For-Service program. Please visit the individual health plan website to view their manuals.

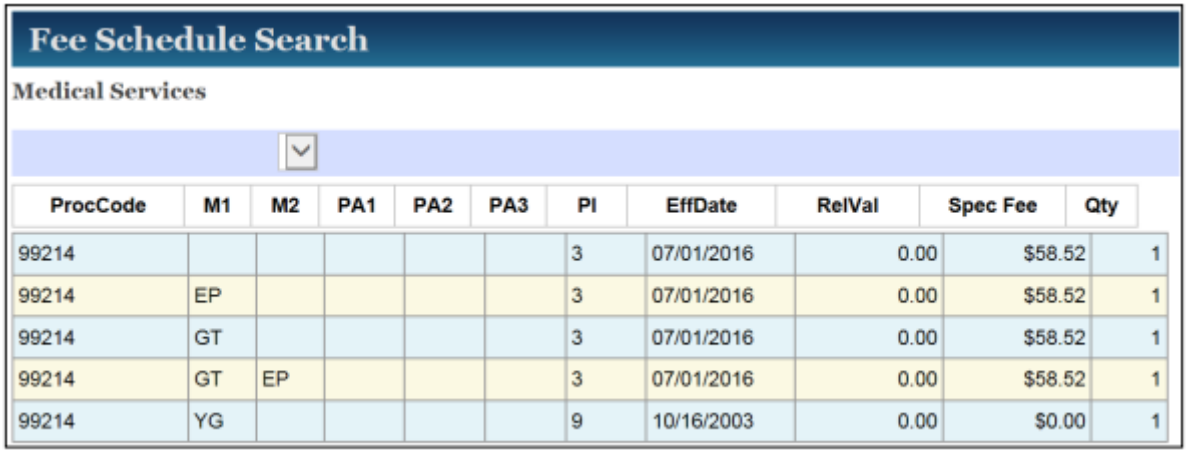
- **Home State Health** | **Show Me Healthy Kids** | **Healthy Blue** | **United Healthcare**

https://mydss.mo.gov/mhd/provider-manuals

MO HealthNet fee schedule search

MO HealthNet fee schedule:

- Select the link for the appropriate category for the CPT® code or modifier for which you want to view the allowed amount or modifier information.
- Next, select the radio button next to the ProcCode or modifier, and type in a procedure code or modifier.
- The search option will show you if the CPT code and/or modifier combination is 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 *§ 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 appeal if the service was paid incorrectly or denied. The provider must submit the claims dispute or appeal within the appropriate time frames.

https://provider.healthybluemo.com

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