



Healthy Blue

Durable medical equipment (DME) billing guide

MO HealthNet billing manual



**State of Missouri
MO HealthNet Manuals**

Your complete source for all MO HealthNet related services and support for the State of MO
Find everything you need - all from one convenient portal.

To learn more about the functions and features of the Provider Manuals website, [CLICK HERE](#)

HOME RESOURCE CENTER FORMS QUICK LINKS ABOUT WIPRO INFOCROSSING

- AIDS Waiver
- Adult Day Care Waiver
- Adult Day Health Care - Note: This program ended June 30,2013
- Aged and Disabled Waiver
- Ambulance
- Ambulatory Surgical Center
- Behavioral Health Adult Targeted Case Management
- Behavioral Health Services
- CSTAR
- Community Psych Rehab Program
- Comprehensive Day Rehab
- DD Waiver Manual
- Dental
- Durable Medical Equipment
- Environmental Lead Assessment
- Hearing Aid
- Home Health
- Hospice
- Hospital
- Medically Fragile Adult Waiver
- Nurse Midwife
- Nursing Home
- Optical
- Personal Care
- Pharmacy
- Physician
- Private Duty Nursing
- Rehabilitation Centers
- Rural Health Clinic
- School District Administration Claiming
- School District Administrative Claiming Manual - Effective April 1, 2015
- Therapy
- Transplant
- Youth Targeted Case Management

The MO HealthNet billing manuals are available at the following website address:
<http://manuals.momed.com/manuals>.

DME authorization information

Under Healthy Blue, there is no longer a \$500 monetary threshold for authorization requests related to durable medical equipment (DME) purchases. All prior authorization should be validated thru the Precertification Lookup Tool.

- For DME code-specific prior authorization requirements, visit <https://www.availity.com>.*
 - Select payer spaces > Applications > select precertification lookup tool.
 - Enter codes to determine authorization requirement.
- Please refer to the MO HealthNet fee schedule for allowed amount prices.

MO HealthNet fee schedule

The MO HealthNet fee schedule is available at

<https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

To view an allowed amount, please refer to the following steps:

- **Select DME purchase, DME rental or DME repair.**
- Type in the CPT[®] code (Proc code) field.
- Your results are then listed.



MO HealthNet fee schedule (cont.)

Example only:

Radiology - Technical
Component: X-Ray / Nuclear
Medicine / EEG / EKG

Rehabilitation Center

Surgery - Assistant Surgery

Surgery - Postoperative
Services

Surgery - Without
Postoperative Services

Surgery and Epiderals

Search Options
Search For
Proc Code Modifier
99214 Go

MHD Price File Key

Modifier Information

General Fee Schedule
Information

Provider Bulletins

Back to First Page

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 **Proc Code** or **Modifier** and type in the procedure code or modifier.

The search 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	

DME modifier information

At a minimum, all DME codes will require at a minimum one modifier.

The order of modifiers is very important. Claims will deny if modifiers are not in correct order.

To determine which modifiers are needed and in what order, refer to the MO HealthNet fee schedule available at the following website address:

<https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.



DME modifier information (cont.)

- For DME services, the modifiers indicating whether an item is new (NU), rental (RR), or repair (RB) should be billed in the first field.
- If other modifiers are appropriate, those modifiers should be billed in the order on the MO HealthNet physicians fee schedule.



DME modifier information (cont.)

In this example, B4150 is provided as an oral administration (BO modifier) for a child under age 21. This code would be billed as B4150 NU EP BO.

Fee Schedule Search										
DME Purchase										
ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
B4150						9	06/07/1986	0.00	\$0.00	1
B4150	EP	BA	0			3	01/01/2004	0.00	\$0.62	99
B4150	EP	BO	0			3	01/01/2004	0.00	\$0.62	99
B4150	UB		0			3	01/01/2005	0.00	\$0.62	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.

24. A. DATE(S) OF SERVICE				B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.
From		To		PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		MODIFIER		DIAGNOSIS POINTER	\$ CHARGES
MM	DD	YY	MM	DD	YY	CPT/HCPCS					
01	20	14				B4150	NU	EP	BO	A	10.00

Please note, the above HCPCS code and screen print for this code, pricing, and modifier requirements are subject to change and is for example purposes only.

Please refer to the MO HealthNet Fee Schedule for the most updated information pertaining to this and all CPT/HCPCS codes and modifiers.

DME modifier information (cont.)

First modifier – ALL DME claims require an NU, RR, or RB modifier. This modifier should be listed FIRST. **NU** – purchase; **RR** – rental; **RB** – repair

Second modifier – if an EP modifier or UB modifier is required, it will *always be listed second*. The MO HealthNet fee schedule will indicate when required.

- EP modifier – used for members under age 21 in some situations. Only use EP modifier when the MO HealthNet fee schedule indicates it is appropriate. Do not use for ALL members under 21 like with office visits.
- UB modifier – used only if the MO HealthNet fee schedule indicates it is appropriate.

Third modifier – if a BO or BA modifier is required, it will be listed behind the EP or UB as the last modifier. If no EP or UB modifiers are required, list BO or BA after the NU, RR, or RB modifiers.

The MO HealthNet fee schedule will indicate if BA or BO modifier is required.

BO modifier – oral administration; **BA** modifier – other than oral administration

Invoice requirements

Invoice requirements and payment methodology for manually priced DME codes

For all codes that are manually priced, please submit the manufacturer's cost invoice. The invoice must include all of the following:

- Manufacturer's name
- Provider's name
- Purchase date
- Product description and HCPCS code associated
- Quantity purchased
- MSRP* cost per item

Invoice requirements (cont.)

Additional billing details:

- When the order fulfilled is for more than one member, please denote on the invoice which items and quantity are delivered to the member in question on the claim.
- Shipping and handling is not reimbursable by Healthy Blue.

Unacceptable invoices include:

- Non-manufacturer invoices
- Online order confirmations
- Manipulated invoices, in other words, white-out or crossed out documentation (Note: Adding HCPCS codes to the invoice is acceptable.)

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.



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

<https://provider.healthybluemo.com>

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