MO HealthNet Managed Care
(Medicaid)

Healthy Blue

Durable medical equipment billing guide

State of Missouri MO HealthNet billing manual

- The State of Missouri MO HealthNet billing manuals are available at: **https://manuals.momed.com/manuals**

Durable medical equipment authorization information

There is no longer a $500 monetary threshold for Healthy Blue members for authorization requests for durable medical equipment (DME) purchases. All prior authorization should be validated through the **Precertification Lookup Tool.**

- For DME code-specific prior authorization requirements, visit **Availity.com**:
  - Select **payer spaces** > **Applications** > select **Precertification Lookup Tool**.
  - Enter codes to determine authorization requirement.

- 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, refer to the following steps:

- **Select DME purchase, DME rental,** or **DME repair**.
- Type in the CPT® code in the **Proc Code** field.

Radiology - Technical Component: X-Ray / Nuclear Medicine / EEG / EKG
Rehabilitation Center
Surgery - Assistant Surgery
Surgery - Postoperative Services
Surgery - Without Postoperative Services
Surgery and Epidurals

Search Options
Search For
Proc Code ● Modifier ○
99214 Go

MHD Price File Key
Modifier Information
General Fee Schedule Information
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MO HealthNet fee schedule (continued)

- Select the category you want to view for the allowed amount or modifier information.
- Next, select the button next to **Proc Code** or **Modifier** and type in the procedure code or modifier. The search will show you if the CPT code and 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

All DME codes will require one modifier minimum.

The order of modifiers is important. If modifiers are not in the correct order, claims will be denied.

To determine which modifiers are needed and in what order, refer to:
https://dss.mo.gov/mhd/providers/pages/cptagree.htm.

DME modifier information (continued)

- 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 listed on the MO HealthNet physicians fee schedule.

DME modifier information (continued)

- In below example, *B4150* is provided as an oral administration (BO modifier) for a child under 21. This code would be billed as *B4150 NU EP BO*.
- **Note: the below information is an example only. Refer to the MO HealthNet Fee Schedule for current information.**

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 From MM	From DD	From YY	To MM	To DD	To YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER				E. DIAGNOSIS POINTER	F. $ CHARGES
1	01	20	14				11		B4150	NU	EP	BO		A	10 00

DME modifier information (continued)

- **First modifier** — All DME claims require an NU, RR, or RB modifier. This modifier should be listed FIRST.
- **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 in some situations for members under age 21. Use EP modifier as the MO HealthNet fee schedule indicates. Do not use for *all* members under 21 like with office visits.
  - **UB modifier** — Only used 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. For example, **BO** modifier – Oral administration; **BA** modifier – other than oral administration.

Anatomic and laterality modifiers

Modifier indication guidelines for the new policy for prothesis and orthosis:

- Prosthetics and orthotics that can be ***billed bilaterally*** are to be billed with the appropriate anatomic modifiers. Prosthetic claims billed without an appropriate anatomic modifier will be denied, and a corrected claim must be submitted for payment consideration.

Invoice requirements

For manually priced codes, submit the manufacturer’s cost invoice. The invoice must include the following:

- Manufacturer’s name
- Care provider’s name
- Purchase date
- Product description and associated HCPCS code
- Quantity purchased
- Manufacturer’s suggested retail price (MSRP) cost per item

Invoice requirements (continued)

Additional billing details:

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

Unacceptable invoices include:

- Non-manufacturer invoices
- Online order confirmations
- Manipulated invoices, such as invoices with 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 to confirm the member will no longer be charged for the service.

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

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 Blue Shield Association.

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