MO HealthNet Managed Care
(Medicaid)

Healthy Blue

Dental outpatient hospital and ambulatory surgical center billing guide

Outpatient hospital

Outpatient hospital overview

- Hospitals should bill for facility and supply charges for services performed in the outpatient hospital setting on an *Outpatient UB-04* form using the appropriate Rev codes and D codes located in the *Outpatient Simplified Fee Schedule.*
- Providers are required to enter a revenue code and the corresponding procedure code for the service provided.
- Procedure code 41899 should only be billed when there is no specific Current Dental Terminology (CDT) code available for the dental procedure performed in the hospital.
- Anesthesia services should not be billed to code 41899, but instead should be billed utilizing the appropriate CDT code.

D7999

- With the implementation of the outpatient simplified fee schedule (OSFS), **D7999** is no longer a payable code.
- Hospitals should discontinue the use of **D7999** and bill with the applicable D code listed in the OSFS.
- On the following slides, the example listed shows **D7999** as no longer payable per the fee schedule with instructions on how to view allowable codes for billing.

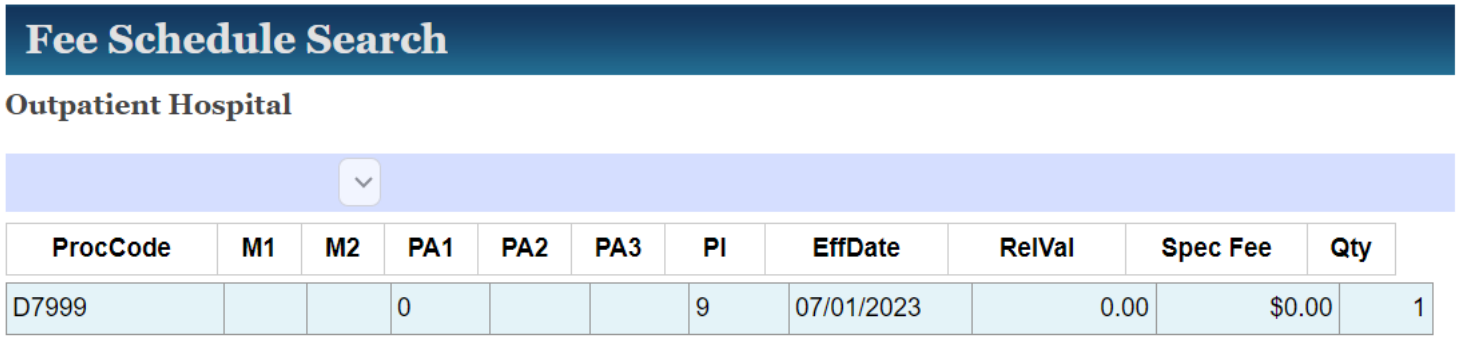
Outpatient simplified fee schedule

The outpatient fee schedule is now listed within the MO HealthNet fee schedule at **https://apps.dss.mo.gov/fmsFeeSchedules/default.aspx**.

Outpatient simplified fee schedule (cont.)

Example only:

- 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. Listed below **D7999** is not payable.



ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
D7999			0			9	07/01/2023	0.00	$0.00	1

Ambulatory surgical center

Ambulatory surgical center overview

- Ambulatory surgical centers (ASC) should bill for facility and supply charges for services performed in the ASC on a *Medical CMS-1500* form using the appropriate dental codes listed on the other medical fee schedule with the required SG modifier to identify the ASC service.
- All ASC services must use place of service 24 (Ambulatory Surgical Center).
- Anesthesia services should not be billed to code 41899, but instead should be billed utilizing the appropriate CDT code.

Billing tips

- Professional charges should be billed on a *CMS-1500* with the appropriate dental codes and submitted directly to DentaQuest.
- ASC and hospital facility charges are submitted directly to Healthy Blue for processing.

* Please note, all dental surgeries require prior authorization.

Dispute appeal state fair hearing process

Definitions:

- **Provider Services:** Did you know that most questions and issues can be resolved by contacting Provider Services? Questions such as claims, payment details, prior authorizations, member benefits, and eligibility status can also be answered by calling Provider Services at **833-405-9086**.
- **Availity Essentials:** Please use the Availity platform for inquiries like payment disputes, provider data updates, claims status, and member eligibility. You can also live chat with a Healthy Blue associate within Availity Essentials at **Availity.com**.
- **State complaint:** Many providers seek assistance from the Missouri Department of Insurance when claims are delayed, denied, or unsatisfactorily settled by the health plan. **Before filing a state complaint**, ensure you have completed the submission of a dispute and appeal by checking the **Claims dispute and appeals process bulletin (PDF)** and contacting your provider relationship account manager about your issue.
- **State fair hearing via MO HealthNet:** You have the right to submit a state fair hearing, when our appeal process is complete, and the denial of services has been upheld and was not resolved wholly in your favor.
- **Provider relationship management representative:** Each provider has an assigned representative who is here to work collaboratively with you, as needed, to ensure you receive the necessary assistance and maintain satisfaction with Healthy Blue.
- *State complaints should **only** be submitted after unsuccessful attempts to work with the health plan.*

Dispute appeal state fair hearing process quick chart

Issue type	Outreach process
Claim payment, denial, or rejection questions/concerns/assistance	Provider Services, provider representative, and Availity Essentials platform
Member benefit/eligibility concerns	Provider Services
Claim rejection assistance	Electronic data interchange (EDI) Help Desk
Unsatisfactory appeal final decision determination received	State fair hearing process
Unsuccessful attempts to work with the health plan	State complaint
General health plan questions	Provider Services, provider representative, and Availity chat

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.

https://provider.healthybluemo.com

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

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