

MO HealthNet Managed Care
(Medicaid)



Healthy Blue

Hospice billing guide

Hospice authorization information

- *Hospice Services Request for Authorization* form is available our website here:
https://provider.healthybluemo.com/docs/gpp/MO_CAID_HomeHealthHospiceHomeCommForm.pdf?v=202012182234
- Obtain hospice services approval by submitting the form directly to Healthy Blue at **844-886-2750** to ensure proper processing of requests.

Hospice billing information

- Hospice services billed/requested with revenue codes 0651-0658 should have the corresponding T code (T2042-T2046) on the authorization request.
- The revenue code description correlates to the HCPCS code description.
- The claim form that should be used for claim submission is determined by your contract.

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/>

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 the Availity Essentials* site <https://apps.availity.com/availity/web/public.elegant.login> or by calling Healthy Blue Provider Services at **833-405-9086**.
- If you need to appeal a claim decision, submit a copy of the *Explanation of Payment (EOP)*, letter with 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 Fee Schedule

The MO HealthNet Fee Schedule is available at the following link
<https://apps.dss.mo.gov/fmsFeeSchedules/default.aspx>

1. Select the link for the appropriate category for the CPT® code or modifier you are wanting to view the allowed amount or modifier information for.
2. Next, select the radio button next to the *Proc Code* or *Modifier* and type in what procedure code or modifier.
3. The search will show you if the CPT code and/or modifier combination are payable.

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 timeframes.



* Availity is an independent company providing administrative services on behalf of the health plan.

<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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