

Hospice billing guide

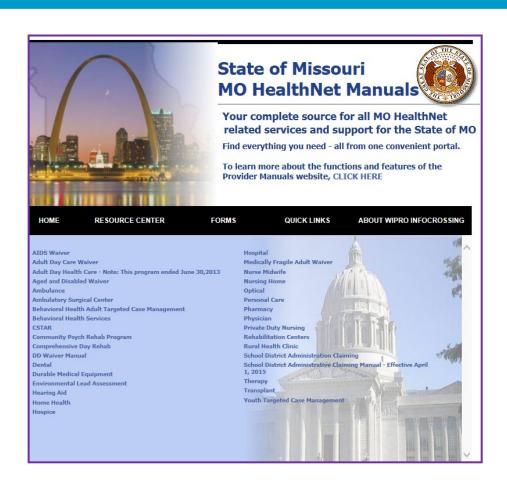
Hospice authorization information

- Hospice Services Request for Authorization form is available our website here
- 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



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.

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

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