Archived

SECTION 15 - BILLING INSTRUCTIONS

15.1 ELECTRONIC DATA INTERCHANGE 2

15.2 INTERNET ELECTRONIC CLAIM SUBMISSION 2

15.3 PROVIDER RELATIONS COMMUNICATION UNIT 3

15.4 RESUBMISSION OF CLAIMS 3

15.5 BILLING PROCEDURES FOR MEDICARE/MO HEALTHNET 3

15.6 UB-04 PROVIDER BASED RURAL HEALTH CLINIC CLAIM FILING INSTRUCTIONS 4

15.7 INSURANCE COVERAGE CODES 11

Archived - 06##2009

Archived

SECTION 15-BILLING INSTRUCTIONS

15.1 ELECTRONIC DATA INTERCHANGE

Billing providers who want to exchange electronic transactions with MO HealthNet should access the ASC X12N Implementation Guides, adopted under HIPAA, at www.wpc-edi.com. For Missouri specific information, including connection methods, the biller's responsibilities, forms to be completed prior to submitting electronic information, as well as supplemental information, reference the X12N Version 4010A1 and NCPDP Telecommunication V.5.1 & Batch Transaction Standard V.1.1 Companion Guides found through this web site. To access the Companion Guides, select:

- MO HealthNet Electronic Billing Layout Manuals
- System Manuals
- Electronic Claims Layout Manuals
- X12N Version 4010A1 or NCPDP Telecommunication V.5.1 & Batch Transaction Standard V.1.1 Companion Guide.

15.2 INTERNET ELECTRONIC CLAIM SUBMISSION

Providers may submit claims via the Internet. The web site address is www.emomed.com. Providers are required to complete the on-line Application for MO HealthNet Internet Access Account. Please reference http://dss.missouri.gov/mhd/ and click on the Apply for Internet Access link. Providers are unable to access www.emomed.com without proper authorization. An authorization is required for each individual user.

For full functionality of the Internet application, either the Internet Explorer 5.0 or higher web browser or the Netscape 4.7 or higher web browser is recommended. The features of the Internet application include claim submissions, claim credits and eligibility verification.

The following claim types can be used in Internet applications: Medical (NSF), Inpatient and Outpatient (UB-04), Dental (ADA 1999, Version 2000), Nursing Home and Pharmacy. For convenience, some of the input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

Archived - 06##2009

Archived

15.3 PROVIDER RELATIONS COMMUNICATION UNIT

It is the responsibility of the Provider Relations Communication Unit to assist providers in filing claims. For questions, providers may call (573) 751-2896. Section 3 has a detailed explanation of this unit. If assistance is needed regarding establishing required electronic claim formats for claims submissions, accessibility to electronic claim submission via the Internet, network communications, or ongoing operations, the provider should contact the Infocrossing Healthcare Services Help Desk at (573) 635-3559.

15.4 RESUBMISSION OF CLAIMS

Any claim or line item on a claim that resulted in a zero or incorrect payment can be resubmitted if it denied due to a correctable error. The error that caused the claim to deny *must* be corrected before resubmitting the claim. An example of a correctable error is the use of an invalid procedure code. A provider may also void a previously billed and paid claim at this site.

If a line item on a claim paid but the payment was incorrect do *not* resubmit that line item. For instance, the units field (Field #46) on the UB-04 claim form is blank and the system automatically plugs a 1, but the number of units provided should have been 5, the claim *cannot* be resubmitted. It will deny as a duplicate. In order to correct the payment, the provider *may* submit an Individual Adjustment Request or do an online adjustment at www.emomed.com. Section 6 explains the adjustment request process.

15.5 BILLING PROCEDURES FOR MEDICARE/MO HEALTHNET

When a patient has both Medicare Part B and MO HealthNet coverage, a claim *must* be filed with Medicare first as primary payor. If the patient has Medicare Part B but the service is *not* covered or the limits of coverage have been reached previously, a paper claim *must* be submitted to MO HealthNet with the Medicare Remittance Advice attached indicating the denial. Reference Section 16.5 for instructions for submission of claims to MO HealthNet.

If a claim was submitted to Medicare indicating that the patient also had MO HealthNet and disposition of the claim is *not* received from MO HealthNet within 60 days of the Medicare remittance advice date (a reasonable period for transmission for Medicare and MO HealthNet processing), a paper crossover claim *must* be submitted to MO HealthNet. Reference Section 16 for billing instructions.

MO HealthNet applies editing to Medicare/MO HealthNet crossover claims very similar to that used to process MO HealthNet only claims. The claims processing system can only process 25 edits or

Archived - 06##2009

Archived

less on one claim. A crossover claim will deny with Remittance Advice Remark Code MA130 if processing of the claim results in more than 25 edits. The following edits will post to every line of a claim: timely filing, duplicate claim submission, third party liability, and spendown. The provider may bill a smaller claim to Medicare to avoid the 25 edit limit when claims crossover from Medicare.

15.6 UB-04 PROVIDER BASED RURAL HEALTH CLINIC CLAIM FILING INSTRUCTIONS

The UB-04 claim form should be legibly printed or typed. It may be duplicated if the copy is legible. MO HealthNet claims should be mailed to:

Infocrossing Healthcare Services
P.O. Box 5600
Jefferson City, MO 65102

Information about ordering claim forms and provider labels is in Section 3.

NOTE: An asterisk (*) beside field numbers indicates required fields. These fields *must* be completed or the claim is denied. All other fields should be completed as applicable. Two asterisks (**) beside the field number indicates a field is required in specific situations.

FIELD NUMBER & NAME	INSTRUCTIONS FOR COMPLETION
*1. Provider Name, Address, Telephone Number	Enter the provider name and address exactly as it appears on the provider label. For convenience, affix the provider label issued by the fiscal agent. This preprinted label contains all required information. When affixing the label, do *not* cover other fields. Claim forms may be ordered from the fiscal agent with this required information preprinted on the form.
2. Unlabeled Field	Leave blank.
3a. Patient Control Number	For the provider's own information, a maximum of 20 alpha/numeric characters may be entered here.
3b. Med Rec #	Leave blank.
*4. Type of Bill	The valid three-digit code for provider-based rural health clinic claims is "711."

5. Federal Tax Number	Enter the provider's federal tax number or leave blank.
6. Statement Covers Period (from and through dates)	Indicate the beginning and ending dates being billed on this claim form. Enter in MMDDYY numeric format or leave blank.
7. Unlabeled Field	Leave blank.
8a. Patient's Name - ID	Enter the patient's 8-digit MO HealthNet DCN or MO HealthNet Managed Care Plan identification number. (Optional) NOTE: The MO HealthNet DCN or MO HealthNet Managed Care Plan identification number is *required* in Field #60.
*8b. Patient Name	Enter the patient's name in the following format: last name, first name, middle initial.
9. Patient Address	Enter the patient's full mailing address, including street number and name, post office box number or RFD, city, state and zip code.
10. Patient Birth Date	Enter the patient's date of birth in MMDDYY format.
11. Patient Sex	Enter the patient's sex, "M" (male) or "F" (female).
12. Admission Date	Leave blank.
13. Admission Hour	Leave blank.
14. Admission Type	Leave blank.
15. Source of Admission (SRC)	Leave blank.
16. Discharge Hour	Leave blank.
17. Patient Status	Leave blank.
18-24. Condition Codes	Enter the applicable two-character condition code. The values are: A1—HCY/EPSDT If this service is the result of an HCY referral or is an HCY related visit, enter this

		condition code.
		A4—Family Planning
		If the family planning service occurred during the visit, enter this condition code. Do *not* bill family planning services on the same claim with non-family planning services.
25-28.	Condition Codes	Leave blank.
29.	Accident State	Leave blank.
30.	Unlabeled field	Leave blank.
**31-34.	Occurrence Code and Date	If one or more of the following occurrence codes apply, enter the appropriate code(s) on the claim: 01—Auto accident 02—No fault insurance 03—Accident/Tort Liability 04—Accident/Employment Related 05—Other Accident 06—Crime Victim
35-36.	Occurrence Span Codes and Dates	Leave blank.
37.	Unlabeled field	Leave blank.
38.	Responsible Party Name and Address	Leave blank.
39-41.	Value Codes and Amounts	Leave blank.
**42.	Revenue Code	Enter the appropriate 4-digit revenue code for services rendered. (Optional)
**43.	Revenue Description	Enter the description of the service. (Optional)
*44.	HCPCS/Rates/HIPPS Code	Enter the CPT or HCPCS (Health Care Procedure Coding System) procedure code. If the service is a full or partial EPSDT/HCY screening, diagnosis code **V20.2** *must* be shown as the primary diagnosis in Field #67.

		NOTE: Surgical procedures performed *in the rural health clinic must* be entered in Field #74.
*45.	Service Date	Enter the date of service on each line billed in MMDDYY format.
*46.	Service Units	Enter the number of units for each procedure code billed. (If no entry is made, the system autoplugs a unit of "1").
*47.	Total Charges	Enter the total charge for each line. After all charges are shown, skip a line and enter the total of all charges for this claim to correspond to revenue code 0001.
48.	Non-covered Charges	Leave blank.
49.	Unlabeled Field	Leave blank.
*50.	Payer Name	The primary payer is always listed first. If the patient has insurance, the insurance plan is the primary payer and "MO HealthNet" is listed last.
51.	Health Plan ID	Leave blank.
52.	Release of Information Certification Indicator	Leave blank.
53.	Assignment of Benefits Certification of Indicator	Leave blank.
**54.	Prior Payments	Enter the amount the rural health clinic received toward payment of this bill from all other health insurance companies. Payments *must* correspond with the payer information entered in Field #50. (See Note)(1) Do *not* enter a previous MO HealthNet payment, Medicare payment or copay amount received from the patient in this field.
55.	Estimated Amount Due	Leave blank.
56.	National Provider Identifier	Enter the provider's 10-digit NPI number.

	(NPI)	
*57.	Other Provider ID	Enter the provider's 9-digit MO HealthNet legacy provider number.
58.	Insured's Name	Complete if the insured’s name is different from the patient's name. (See Note)(1)
59.	Patient’s Relationship to Insured	Leave blank.
*60.	Insured's Unique ID	Enter the patient's 8-digit MO HealthNet or MC+ identification number as shown on the patient's ID card. If insurance was indicated in Field #50, enter the insurance number to correspond to the order shown in Field #50.
**61.	Insurance Group Name	If insurance is shown in Field #50, state the name of the group or plan through which the insurance is provided to the insured. (See Note)(1)
**62.	Insurance Group Number	If insurance is shown in Field #50, state the number assigned by the insurance company to identify the group under which the individual is covered. (See Note)(1)
63.	Treatment Authorization Codes	Leave blank.
64.	Document Control Number	If the current claim exceeds the timely filing limit of one year from the "through" date, but was originally submitted timely and denied, the provider may enter the 13-digit Internal Control Number (ICN) from the remittance advice that documents that the claim was previously filed and denied within the one-year limit.
65.	Employer Name	If the patient is employed, the employer's name may be entered here.
66.	Diagnosis & Procedure Code Qualifier	Leave blank.
*67.	Principal Diagnosis Code	Enter the complete ICD-9-CM diagnosis

Archived

Field	Name	Instructions
		code. If the services are family planning, they *must* be entered on a separate claim form using the appropriate family planning diagnosis code in range V25 through V25.9. If the service is an EPSDT/HCY screening, V20.2 *must* be shown as the principal diagnosis.
**67. A-D	Other Diagnosis Codes	Enter any additional ICD-9-CM diagnosis codes for which treatment was given. (Submit a separate claim form for family planning diagnoses.)
67. E-Q	Other Diagnosis Codes	Leave blank.
68.	Unlabeled Field	Leave blank.
69.	Admitting Diagnosis	Leave blank.
70.	Patient's Reason for Visit	Leave blank.
71.	Prospective Payment system (PPS) Code	Leave blank.
72.	External Cause of Injury Code (E Code)	Leave blank.
73.	Unlabeled Field	Leave blank.
74.	Principal Procedure Code and Date	Enter the full CPT surgical procedure code. The date on which the procedure was performed *must* be stated. Only month and day are required. The surgical procedures reflected in this field *must* have been performed at the rural health clinic.
74. A-E	Other Procedure Codes and Dates	Leave blank.
75.	Unlabeled field	Leave blank.
76.	Attending Provider Name and Identifiers	Physician's NPI is optional. Enter the attending physician's name, last name first. Use the appropriate qualifier when entering the Missouri (or state) license

Archived - 06##2009

	number, MO HealthNet legacy provider number or UPIN number. The appropriate qualifiers are: OB-State License Number 1G-Provider UPIN G2-MO HealthNet Legacy Provider Number
77. Operating Provider Name and Identifiers	Physician's NPI is optional. Enter the operating physician's name, last name first. Use the appropriate qualifier when entering the Missouri (or state) license number, MO HealthNet legacy provider number or UPIN number. The appropriate qualifiers are: OB-State License Number 1G-Provider UPIN G2-MO HealthNet Legacy Provider Number
78-79. Other Provider Name and Identifiers	Physician's NPI is optional. Enter the physician's name, last name first. Use the appropriate qualifier when entering the Missouri (or state) license number, MO HealthNet legacy provider number or UPIN number. The appropriate qualifiers are: OB-State License Number 1G-Provider UPIN G2-MO HealthNet Legacy Provider Number If the patient's services are restricted due to administrative lock-in, enter the lock-in physician's number in this field and attach the Medical Referral Form of Restricted Participant (PI-118).
**80. Remarks	Use this field to draw attention to attachments such as operative notes, TPL denial, Medicare Part B only, etc.
81CC. Code-Code Field	Enter the taxonomy qualifier and

corresponding 10-digit Provider Taxonomy code for the NPI number reported in Field # 56.

The appropriate qualifier is:

B3—Healthcare Provider Taxonomy code.

* These fields are mandatory on *all* Inpatient UB-04 claim forms.
** These fields are mandatory only in specific situations, as described.
(1) NOTE: This field is for private insurance information **only**. If no private insurance is involved LEAVE BLANK. If Medicare, MO HealthNet, employer's name or other information appears in this field, the claim will deny. See Section 5 for further TPL information.

15.7 INSURANCE COVERAGE CODES

Type of insurance coverage codes identified on the interactive voice response (IVR) system, a point of service (POS) terminal, or eligibility files accessed via the Internet are listed in Section 5, Third Party Liability.

While providers are verifying the patient's eligibility, they can obtain the TPL information contained on the MO HealthNet Division's participant file. Eligibility may be verified by calling the Interactive Voice Response (IVR) system at (573) 635-8908, which allows the provider to inquire on third party resources. The provider may also use a point of service (POS) terminal or the Internet at www.emomed.com to verify eligibility and inquire on third party resources. Reference Sections 1 and 3 for more information.

Patients *must* always be asked if they have third party insurance regardless of the TPL information given by the IVR, POS terminal or Internet. IT IS THE PROVIDER'S RESPONSIBILITY TO OBTAIN FROM THE PATIENT THE NAME AND ADDRESS OF THE INSURANCE COMPANY, THE POLICY NUMBER, AND THE TYPE OF COVERAGE. Reference Section 5 of this manual, Third Party Liability.

END OF SECTION

TOP OF PAGE