



# MO HealthNet Resources and eMOMED Overview

# HFMA Greater Heartland Spring Conference

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MO HealthNet Division Education & Training  
April 2026

# Presentation Overview

Managed Care vs. Fee-For-Service

Provider Information Page

eMOMED Overview

Spend Down Program

MO HealthNet Eligibility & Spend Down Resource

Resources and Contact Information

# MO HealthNet Coverage

MO HealthNet assigns individuals to either the Fee-For-Service (FFS) program or a Managed Care health plan depending on eligibility criteria.

## Fee-For-Service

- Senior (age 65 and older)
- Person with a disability
- Blind or visually impaired adult
- Woman (under age 65) with breast or cervical cancer



## Managed Care

- Pregnant woman including her newborn
- Child (birth to age 18)
- Parent with children in the home
- Adult (age 19-64) without a disability



# Managed Care

Participants enrolled in a MO HealthNet Managed Care health plan receive their services through the health plan's provider network. The health plan network may include providers not enrolled in the FFS Program.

Below are the MO HealthNet Managed Care health plans. Each health plan provides services in every county in Missouri.

All MO HealthNet Managed Care health plans provide the same services, however they have additional flexibilities in operating their programs.



home state health

855-694-4663

Show Me Healthy Kids 

877-236-1020



UnitedHealthcare<sup>®</sup>

866-292-0359



Healthy Blue

833-405-9086

# eMOMED Path to MO HealthNet Resources

The [MO HealthNet Provider Information](#) page is your hub for MO HealthNet information and resources.

This page can be found on the [MHD website](#) or in [eMOMED](#).

In eMOMED, select Provider Information under the External Links header.



The screenshot displays the eMOMED web portal. At the top, there is a navigation bar with 'eMOMED', 'Contact', and 'Troubleshooting' options. Below this is a banner image featuring a group of healthcare professionals and the MoHealthNet logo. The main content area is divided into several sections:

- External Links:** A list of links including 'State of Missouri Web site', 'Department of Social Services', 'MO Medicaid Audit & Compliance', 'MO HealthNet Division', and 'Provider Information' (highlighted by an orange arrow).
- Welcome:** A central message stating 'Welcome to the MO HealthNet Web Portal' and providing information about the portal's purpose.
- Login:** A section for user authentication, including a warning: 'ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.' It contains fields for 'User ID' and 'Password', a 'Login' button, and links for password reset and registration.
- Public News:** A section for news updates, featuring the 'eNews' logo.
- Resources:** A list of resources, including 'eMOMED Registration Video' and 'eMOMED Training and Assistance Utilities'.
- Provider Enrollment Application:** A section for providers to begin enrollment or access pending applications.
- ERA Enrollment:** A section for providers to sign up for Electronic Remittance Advice (ERA).

# Provider Information

The [Provider Information](#) page offers a wealth of resources; we will cover each of these today.

## Welcome MO HealthNet Providers



### MO HealthNet News

Provider Bulletins, Hot Tips, & News



### Provider Manuals

Provider manuals for all programs



### Claims & Billing

Processing & payment information



### Fee Schedules & Rates

Current fee schedules & rate lists



### Pharmacy

PDL & clinical edit information



### Education & Training

Education & training resources



### Forms

Forms for MO HealthNet providers



### Enroll with MO HealthNet

Become a MO HealthNet provider

# Stay Informed

The [MO HealthNet News](#) page allows you to search Bulletins, Hot Tips and Newsletters by date, type, program, or keyword.

[Sign Up](#) and Stay Connected!

### Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Subscription Type

Email Address \*

## MO HealthNet News

Search the table below for Provider Bulletins, Hot Tips, and Newsletters. To get important updates via email, subscribe to MO HealthNet News <sup>1</sup>.

Date  Type

Program

Search Keywords

Date	Volume Number	Subject	Type	Program
05/06/2024	Vol. 46-57	Private Duty Nursing Multiple Agency Selection	Bulletins	AIDS Waiver, Medically Fragile Adult Waiver, Private Duty Nursing
05/02/2024	Vol. 46-56	OPR Requirements for School-Based IEP Direct Service	Bulletins	School-Based IEP Direct Services Cost Settlement
04/30/2024		Physicians & Clinics Billing and Policy Workshop for MHD Providers	Hot Tips	Physician, Rural Health Clinic
04/30/2024		MO Medicaid Audit & Compliance New Toll-Free Number	Hot Tips	All MO HealthNet Providers
04/29/2024		Outpatient Observation Billing	Hot Tips	Hospital
04/25/2024	Vol. 45-55	Private Duty Nursing Prior Authorization Flexibility	Bulletins	AIDS Waiver, Medically Fragile Adult Waiver, Private Duty Nursing
04/25/2024		Claims Processing Schedule for Fiscal Year 2025	Hot Tips	All MO HealthNet Providers

# Provider Bulletins & Hot Tips

**Provider Bulletins** are published by MHD to:

- Notify providers of new or updated policies
- Clarifies existing policies
- Advises of important program information, rate changes, and new/changed procedure codes

**Hot Tips** are published by MHD to assist providers with:

- Billing questions
- Clarify existing policies and processes
- Provider Resources



01/28/2026

## 5 Easy Tips to Keep MO HealthNet (Medicaid) Claims from Denying

✔ **Step 1: Check Eligibility First**

Before rendering any services, verify the MO HealthNet participant's eligibility. This help prevent denials due to inactive coverage.

To verify eligibility, visit eMOMED [↗](#) and click 'Participant Eligibility,' or call Provider Communications at (833) 222-7916.

Provider Bulletin

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Volume 48 Number 48
<https://mydss.mo.gov/mhd>
February 25, 2026

### Implementation of Maximum Daily Limits for Drugs on Crossover Claims

Applies to: Providers Billing for Drugs on Crossover Claims

Effective date: March 18, 2026

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- Maximum Daily Limits for Drugs on Crossover Claims
- Professional And Institutional Electronic Claim Guidelines

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**Maximum Daily Limits for Drugs on Crossover Claims**  
Effective March 18, 2026, the MO HealthNet Division (MHD) will implement maximum daily limits for drugs billed on crossover claims. This change is part of MHD's ongoing efforts to ensure proper drug billing practices and to accurately invoice drug manufacturers for rebates.

In June 2024, MHD began requiring the National Drug Code (NDC) and quantity for all drugs on crossover claims. MHD has observed that providers often do not report accurate NDC quantities on these claims. Correctly reporting both NDCs and quantities is essential to enable MHD to invoice drug manufacturers correctly for rebates. Collecting rebates from drug manufacturers supports the financial sustainability of MHD and helps reduce medication costs.

The table below identifies the appropriate fields to update in the providers' billing system for reporting NDC and the number of NDC units.

**Professional And Institutional Electronic Claim Guidelines (ANSI 837P and ANSI 837I)**

Field Name	Field Description	Loop ID	Segment
Product ID Qualifier	Enter N4 in this field	2410	LIN02
National Drug Code	Enter the 11-digit NDC billing format assigned to the drug administered	2410	LIN03
National Drug Unit Count	Enter the quantity (number of NDC units)	2410	CPT04

**Keyword Tip:** For Hot Tips, the search will look for the keyword within the content of the post. For Bulletins, it will only search the title.

# Provider Manuals

The [General Sections Provider Manual](#) applies to all MO HealthNet FFS programs.

The specific program [Provider Manuals](#) cover:

- Reimbursement Methodology
- Benefits and Limitations
- Special Documentation Requirements
- Billing Instructions
- Diagnosis Codes
- Procedure Codes

There is also a link to our Managed Care Provider Manuals on the [Provider Manuals](#) page.

### Managed Care Providers

The MO HealthNet Managed Care health plans have additional flexibilities in operating their programs, such as determining which services require prior authorization, and details for claims submission. Please be aware that certain services, such as pharmacy, are "carved out" of Managed Care and will be paid through the Fee-For-Service program. Please visit the individual health plan website to view their manuals.

- Home State Health | Show Me Healthy Kids | Healthy Blue | United Healthcare ←

### General Sections Manual

The information in the general sections apply to all MO HealthNet Fee-For-Service programs.


- General Sections Manual ←

### Provider Manuals

<ul style="list-style-type: none"> <li>• AIDS Waiver</li> <li>• Adult Day Care Waiver</li> <li>• Aged &amp; Disabled Waiver</li> <li>• Ambulance</li> <li>• Ambulatory Surgical Center</li> <li>• Behavioral Health Adult Targeted Case Management</li> <li>• Behavioral Health Services</li> <li>• Behavioral Health Youth Targeted Case Management</li> <li>• Certified Community Behavioral Health Clinics / Organizations Manual</li> <li>• Community Psychiatric Rehabilitation</li> <li>• Comprehensive Day Rehabilitation</li> <li>• Comprehensive Substance Treatment and Rehabilitation</li> <li>• Comprehensive Substance Treatment and Rehabilitation / American Society of Addiction Medicine</li> <li>• Developmental Disabilities Waiver</li> <li>• Dental</li> <li>• Durable Medical Equipment</li> <li>• Environmental Lead Assessment</li> <li>• Exceptions</li> <li>• Healthy Children and Youth</li> <li>• Hearing Aid</li> <li>• Home Health</li> <li>• Hospice</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital ←</li> <li>• Independent Living Waiver</li> <li>• Medicare / Medicaid Claims Processing ←</li> <li>• Medically Fragile Adult Waiver</li> <li>• Non-Emergency Medical Transportation</li> <li>• Nurse Midwife</li> <li>• Nursing Home</li> <li>• Optical</li> <li>• Personal Care</li> <li>• Pharmacy</li> <li>• Physician</li> <li>• Private Duty Nursing</li> <li>• Program of All-Inclusive Care for the Elderly</li> <li>• Radiology</li> <li>• Rehabilitation Centers</li> <li>• Rural Health Clinic</li> <li>• School District Administrative Claiming Manual</li> <li>• School-Based IEP Direct Services Cost Settlement Manual</li> <li>• School-Based IEP Specialized Transportation Services</li> <li>• Structured Family Caregiving Waiver Provider Manual</li> <li>• Targeted Case Management for Individuals with Developmental Disabilities</li> <li>• Therapy</li> <li>• Transplant</li> </ul>
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# General Sections Manual Section

Section #	Section Description
Section 1	Participant Conditions of Participation
Section 2	Provider Conditions of Participation
Section 3	Provider Resources
Section 4	Timely Filing
Section 5	Third Party Liability
Section 6	Adjustments
Section 7	Certificate of Medical Necessity
Section 8	Prior Authorization
Section 9	MO HealthNet Managed Care Program
Section 10	Claims Disposition
Section 11	Claims Attachment Submissions and Processing
Section 12	Place of Service
Section 13	Acronyms

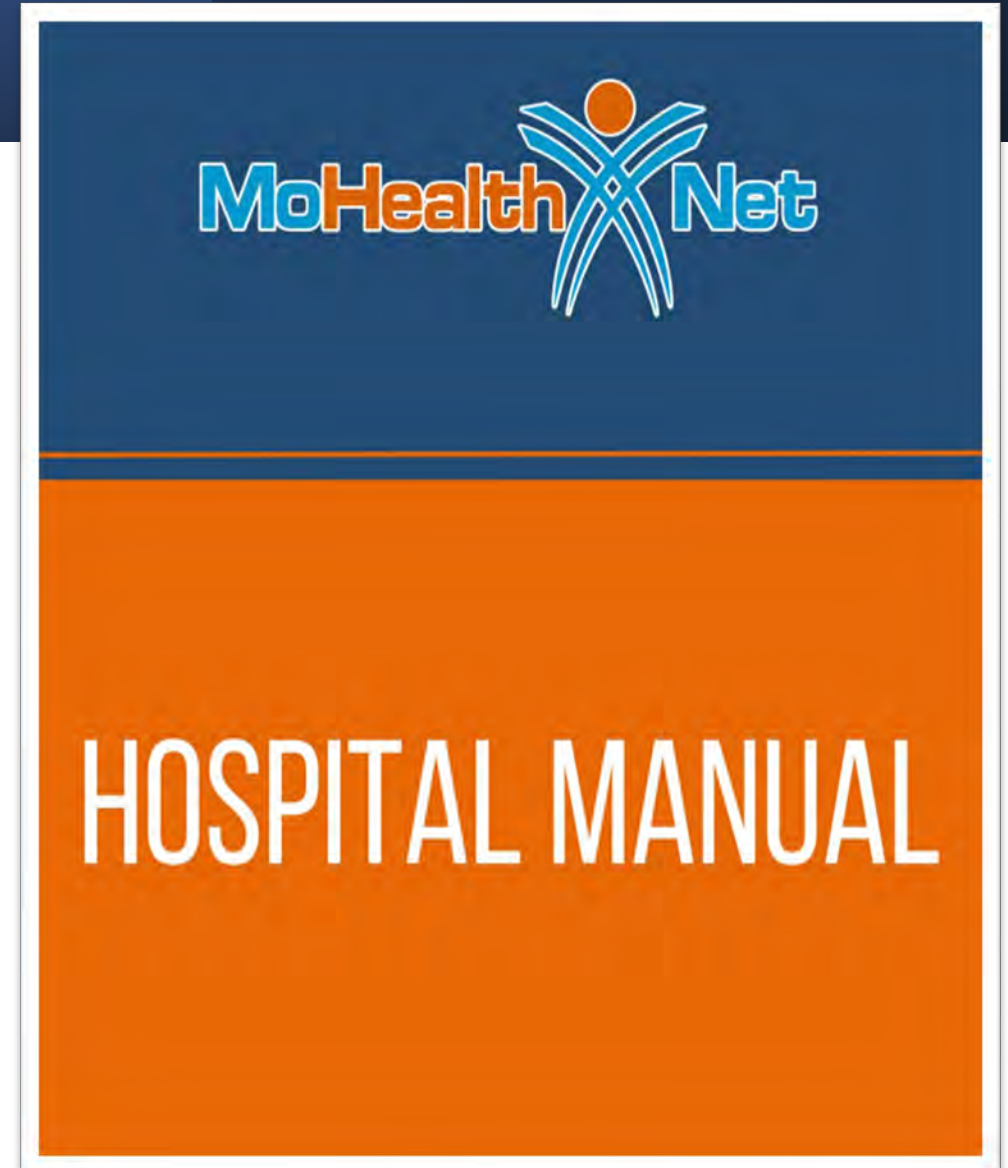


**GENERAL SECTIONS  
MANUAL**

# Hospital Provider Manual

We will cover specific information on the following slides, refer to the [Hospital Manual](#) for additional information on each:

Section #	Section Description
Section 1	Reimbursement Methodology
Section 2	Benefits and Limitations
Section 3	Special Documentation Requirements
Section 4	Billing Instructions
Section 5	Procedure Codes



# Medicare/Medicaid Claims Processing Manual

We will cover specific information on the following slides, refer to the [Medicare/Medicaid Claims Processing Manual](#) for additional information on each:

Section #	Section Description
Section 1.1	Billing Procedures for Medicare/MO HealthNet Claims (Crossovers)
Section 1.2	Billing of Services Not Covered by Medicare
Section 1.3	Medicare Part C Crossover Claims for Qualified Medicare Beneficiary (QMB) Participants
Section 1.4	Timely Filing
Section 1.5	Reimbursement



## MEDICARE/MEDICAID CLAIMS PROCESSING MANUAL

# Claims & Billing

The [Claims & Billing](#) page lists a variety of resources helpful to providers when billing, including:

[Claims Processing and Payment Schedule](#) which tells a provider when to submit their claims to get paid on the Provider Check Date. Claims must be submitted by 5:00pm on the ending claim capture date or the claim will not be processed until the next ending claim capture cycle.



**MO HealthNet Claims Processing Schedule for State Fiscal Year 2026**  
July 1, 2025 - June 30, 2026

FINANCIAL CYCLE DATE	PROVIDER CHECK DATE	BEGINNING CLAIM CAPTURE CURRENT CYCLE	ENDING CLAIM CAPTURE 1
Friday 06/13/2025	Monday 06/23/2025	Saturday 05/31/2025	Sunday 06/08/2025
Friday 06/27/2025	Tuesday 07/08/2025	Monday 06/09/2025	Friday 06/27/2025
Friday 07/11/2025	Friday 07/25/2025	Saturday 06/28/2025	Friday 07/11/2025
Friday 07/25/2025	Friday 08/08/2025	Saturday 07/12/2025	Friday 07/25/2025
Friday 08/15/2025	Friday 08/22/2025	Saturday 07/26/2025	Friday 08/15/2025
Friday 08/29/2025	Friday 09/12/2025	Saturday 08/16/2025	Friday 08/29/2025
Friday 09/12/2025	Wednesday 09/24/2025	Saturday 08/30/2025	Friday 09/12/2025
Friday 09/26/2025	Friday 10/10/2025	Saturday 09/13/2025	Friday 09/26/2025
Friday 10/10/2025	Friday 10/24/2025	Saturday 09/27/2025	Friday 10/10/2025
Friday 10/24/2025	Friday 11/07/2025	Saturday 10/11/2025	Friday 10/24/2025
Friday 11/14/2025	Friday 11/21/2025	Saturday 10/25/2025	Friday 11/14/2025
Friday 11/28/2025	Friday 12/12/2025	Saturday 11/15/2025	Friday 11/28/2025
Friday 12/12/2025	Wednesday 12/24/2025	Saturday 11/29/2025	Friday 12/12/2025
Friday 12/26/2025	Friday 01/09/2026	Saturday 12/13/2025	Friday 12/26/2025
Friday 01/09/2026	Friday 01/23/2026	Saturday 12/27/2025	Friday 01/09/2026
Friday 01/23/2026	Friday 02/06/2026	Saturday 01/10/2026	Friday 01/23/2026
Friday 02/06/2026	Thursday 02/19/2026	Saturday 01/24/2026	Friday 02/06/2026
Friday 02/27/2026	Friday 03/06/2026	Saturday 02/07/2026	Friday 02/27/2026
Friday 03/13/2026	Wednesday 03/25/2026	Saturday 02/28/2026	Friday 03/13/2026
Friday 03/27/2026	Friday 04/10/2026	Saturday 03/14/2026	Friday 03/27/2026
Friday 04/10/2026	Friday 04/24/2026	Saturday 03/28/2026	Friday 04/10/2026
Friday 04/24/2026	Thursday 05/07/2026	Saturday 04/11/2026	Friday 04/24/2026
Friday 05/15/2026	Friday 05/22/2026	Saturday 04/25/2026	Friday 05/15/2026
Friday 05/29/2026	Friday 06/12/2026	Saturday 05/16/2026	Friday 05/29/2026
Friday 06/12/2026	Tuesday 06/23/2026	Saturday 05/30/2026	Monday 06/08/2026

Note 1: Ending Claim Capture date - Closeout is 5:00 p.m. on the date shown

Revised: 05/01/2025

# Claims & Billing

- Quick link to [eMOMED](#) – MHD’s billing portal

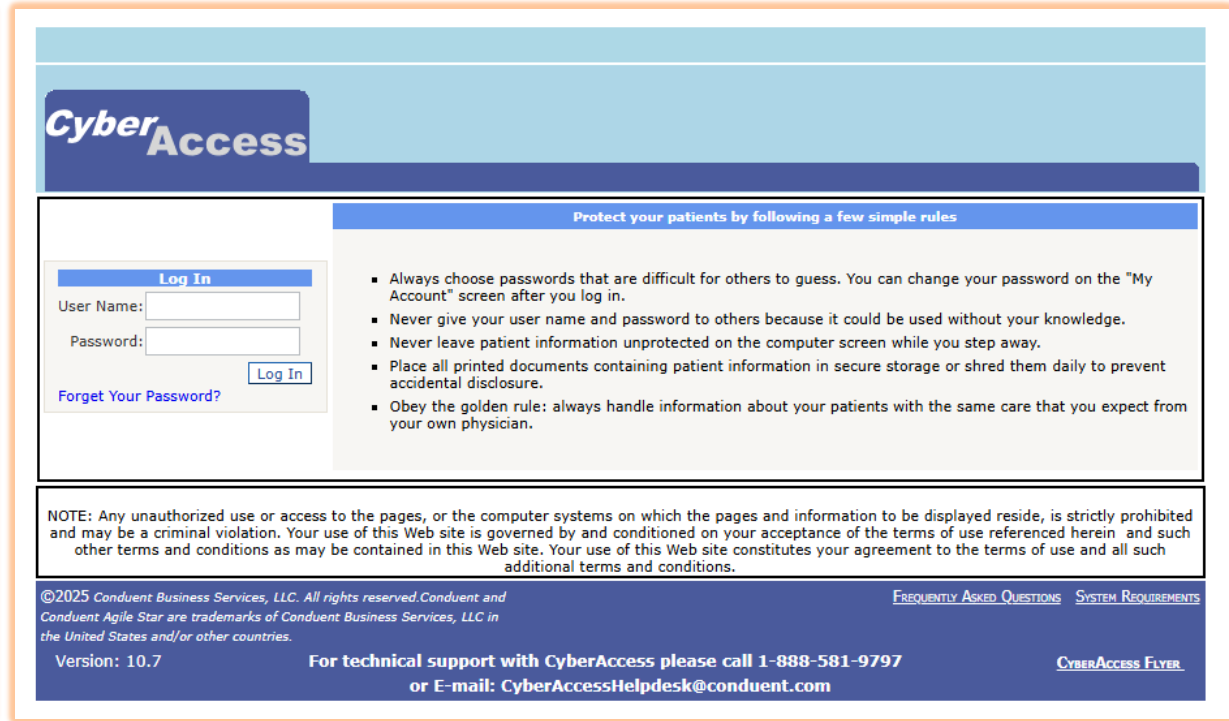
- [CyberAccess](#)



The screenshot shows the eMOMED web portal interface. At the top, there is a banner with a group of healthcare professionals and the MoHealthNet logo. Below the banner, the page is divided into several sections:

- External Links:** A list of links including "State of Missouri Web site", "Department of Social Services", "MO Medicaid Audit & Compliance", "MO HealthNet Division", "Provider Enrollment Information", "Provider Information", "Provider Education & Training", "Participant Information", "Claims Processing Schedule", and "Electronic Billing Documents".
- Welcome:** A section titled "Welcome to the MO HealthNet Web Portal" featuring a photo of a healthcare worker and the text: "The complete source for all MO HealthNet Participant and Provider related services. Find everything you need from one convenient portal!"
- Login:** A section with a warning: "ATTENTION: Each individual eMOMED user should have their own account identified by their SSN." It includes fields for "User ID" and "Password", a "Login" button, and links for "To reset your password, Click Here!" and "Not registered? Register Now!".
- Public News:** A section titled "eNews" with a small image of a healthcare worker.
- Resources:** A section with a date "01/21/2025" and a link "Requesting & Accepting NPI Access".
- Provider Enrollment Application:** A section with the text: "To begin enrollment as a MO HealthNet (Missouri Medicaid) provider, or to access your pending application, click here."

At the bottom of the login section, there is a warning: "WARNING! THIS SYSTEM CONTAINS GOVERNMENT INFORMATION. BY ACCESSING AND USING THIS COMPUTER SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES AS WELL AS CIVIL PENALTIES."



The screenshot shows the CyberAccess login page. At the top, there is a banner with the "CyberAccess" logo. Below the banner, the page is divided into several sections:

- Protect your patients by following a few simple rules:** A section with a list of security rules:
  - Always choose passwords that are difficult for others to guess. You can change your password on the "My Account" screen after you log in.
  - Never give your user name and password to others because it could be used without your knowledge.
  - Never leave patient information unprotected on the computer screen while you step away.
  - Place all printed documents containing patient information in secure storage or shred them daily to prevent accidental disclosure.
  - Obey the golden rule: always handle information about your patients with the same care that you expect from your own physician.
- Log In:** A section with a "Log In" button, fields for "User Name:" and "Password:", and a "Log In" button.
- Forget Your Password?:** A link to "Forget Your Password?".
- NOTE:** A section with the text: "Any unauthorized use or access to the pages, or the computer systems on which the pages and information to be displayed reside, is strictly prohibited and may be a criminal violation. Your use of this Web site is governed by and conditioned on your acceptance of the terms of use referenced herein and such other terms and conditions as may be contained in this Web site. Your use of this Web site constitutes your agreement to the terms of use and all such additional terms and conditions."
- Footer:** A section with the text: "©2025 Conduent Business Services, LLC. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent Business Services, LLC in the United States and/or other countries." and "Version: 10.7". It also includes links for "FREQUENTLY ASKED QUESTIONS" and "SYSTEM REQUIREMENTS", and contact information: "For technical support with CyberAccess please call 1-888-581-9797 or E-mail: CyberAccessHelpdesk@conduent.com".

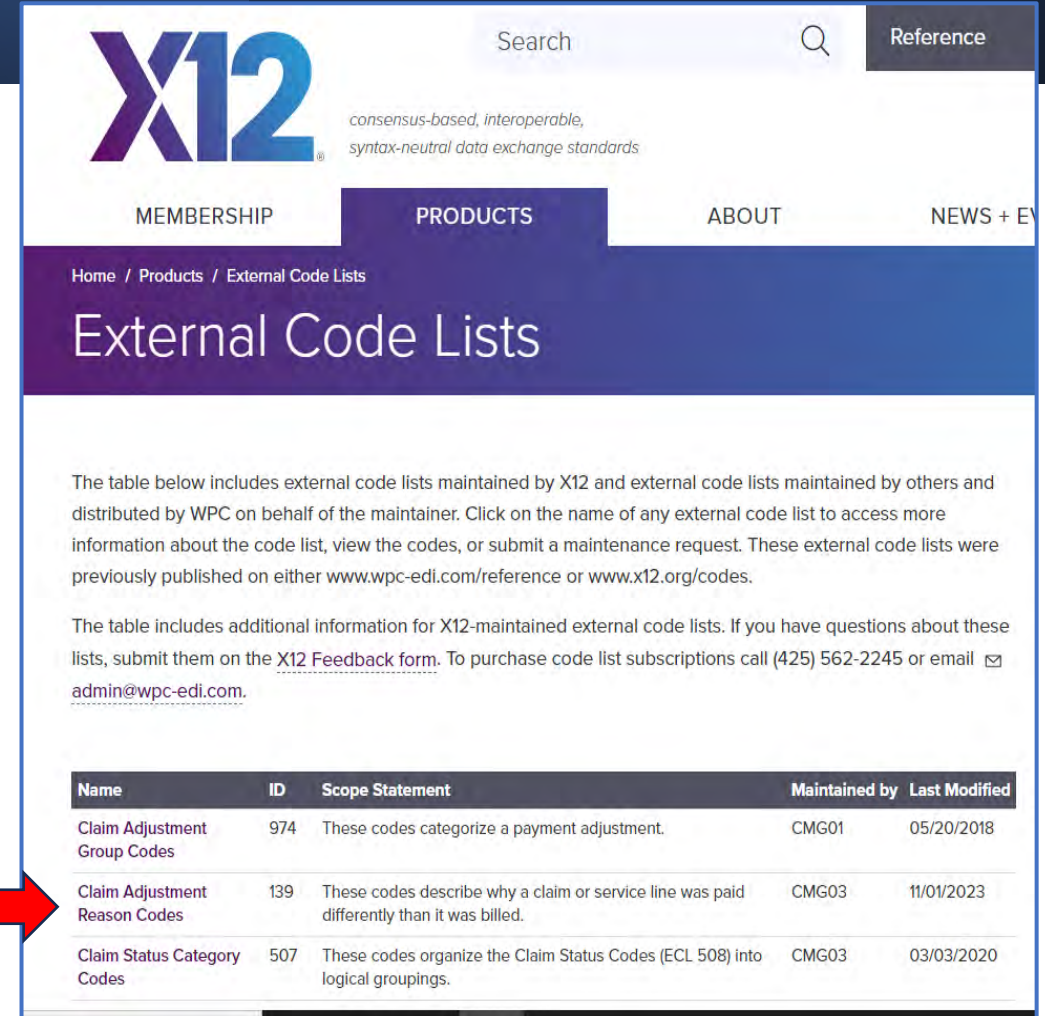
# Claims & Billing

[Remittance Advice and Claim Adjustment Reason Codes](#) are printed on the Remittance Advice (RA). Due to the changes with HIPAA, MHD uses standard coding.

Providers should be able to find all the codes listed on their RA on the Washington Publishing Companies website. If providers are unable to determine the reason for denial, call Provider Communications (PC) at (573) 751-2896 or toll-free (833) 222-7916.

Providers may also contact PC via the Provider Communications Management Function on [eMOMED](#).

Provider Communications will respond within 48 hours.



**X12** consensus-based, interoperable, syntax-neutral data exchange standards

MEMBERSHIP PRODUCTS ABOUT NEWS + EVENTS

Home / Products / External Code Lists

## External Code Lists

The table below includes external code lists maintained by X12 and external code lists maintained by others and distributed by WPC on behalf of the maintainer. Click on the name of any external code list to access more information about the code list, view the codes, or submit a maintenance request. These external code lists were previously published on either [www.wpc-edi.com/reference](http://www.wpc-edi.com/reference) or [www.x12.org/codes](http://www.x12.org/codes).

The table includes additional information for X12-maintained external code lists. If you have questions about these lists, submit them on the [X12 Feedback form](#). To purchase code list subscriptions call (425) 562-2245 or email [admin@wpc-edi.com](mailto:admin@wpc-edi.com).

Name	ID	Scope Statement	Maintained by	Last Modified
Claim Adjustment Group Codes	974	These codes categorize a payment adjustment.	CMG01	05/20/2018
Claim Adjustment Reason Codes	139	These codes describe why a claim or service line was paid differently than it was billed.	CMG03	11/01/2023
Claim Status Category Codes	507	These codes organize the Claim Status Codes (ECL 508) into logical groupings.	CMG03	03/03/2020

# Claims & Billing

## Remittance Advice and Claim Adjustment Reason Codes

### Claim Adjustment Reason Codes

X12 External Code Source 139

These codes describe why a claim or service line was paid differently than it was billed.

Did you receive a code from a health plan, such as: PR32 or CO286? If so read About Claim Adjustment Group Codes below.

- About Claim Adjustment Group Codes
- Maintenance Request Status
- Maintenance Request Form

Last updated: 3/1/2025

Filter by code:   Filter codes by status:

- 45** Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)  
*Start: 01/01/1995 | Last Modified: 07/01/2017*
- 145** Premium payment withholding  
*Start: 06/30/2002 | Last Modified: 09/30/2007 | Stop: 04/01/2008*  
*Notes: Use Group Code CO and code 45.*
- 245** Provider performance program withhold.  
*Start: 09/30/2012*



Last updated: 3/1/2025

Filter by code:   Filter codes by status:

- 119** Benefit maximum for this time period or occurrence has been reached.  
*Start: 01/01/1995 | Last Modified: 02/29/2004*



Last updated: 3/1/2025

Filter by code:   Filter codes by status:

- 96** Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  
*Start: 01/01/1995 | Last Modified: 07/01/2017*
- 196** Claim/service denied based on prior payer's coverage determination.  
*Start: 06/30/2006 | Stop: 02/01/2007*  
*Notes: Use code 136.*
- 296** Precertification/authorization/notification/pre-treatment number may be valid but does not apply to the provider.  
*Start: 07/01/2018*



Last updated: 3/1/2025

Filter by code:   Filter codes by status:

- 242** Services not provided by network/primary care providers.  
*Start: 06/03/2012 | Last Modified: 06/02/2013*  
*Notes: This code replaces deactivated code 38*


# Fee Schedules & Rate Lists

The [Fee Schedules & Rate Lists](#) page provides a link to the [MO HealthNet Fee Schedule](#). The Fee Schedule provides information regarding codes in each column.

The table also provides modifier information including:

- Pricing
- Active/inactive
- Routing

Refer to Benefits & Limitations section of the program specific [Provider Manual](#) for more information.



**Fee Schedules**

The fee schedules are updated each quarter. Pricing files are used by all MO HealthNet Providers. A code may not be appropriate for your claim even though it is listed in the pricing file. This is especially true for the categories entitled EPSDT, Medical, and Other Medical. Please refer to your program specific manual and bulletins for correct coding.

MO HealthNet providers are categorized by the service(s) they perform for the MO HealthNet eligible participants. The service by which providers are classified will determine the procedures for which they receive MO HealthNet reimbursement. However, some Current Procedural Terminology codes may be billed by multiple provider types.

For programs not paid via a fee schedule, procedure codes will show as covered with a fee listed. If you are paid by percentage, per diem rate, etc., you will continue to be paid in that manner. Again, please refer to the program specific manual and bulletins for limitations and restrictions.

[MO HealthNet Fee Schedules](#)

# Fee Schedule

On the [MO HealthNet Fee Schedule](#) search results, hover over the data fields for descriptions.


Fee Schedule Search										
Medical Services										
ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
99203	EP					3	07/01/2022	0.00	\$92.91	1
99203	GE	EP				3	07/01/2022	0.00	\$92.91	1
99203	GE					3	07/01/2022	0.00	\$92.91	1
99203	GT	EP				3	07/01/2022	0.00	\$92.91	1
99203	GT					3	07/01/2022	0.00	\$92.91	1
99203	X4		J			3	07/01/2022	0.00	\$92.91	1
99203	YG					9	10/16/2003	0.00	\$0.00	1
99203						3	07/01/2022	0.00	\$92.91	1

OFFICE O/P NEW LOW 30 MIN

NO RESTRICTIONS

# Fee Schedule

When searching the [MO HealthNet Fee Schedule](#), instead of Full Search, providers may also choose Download. This will allow providers to download a spreadsheet of all the procedure codes.



Governor Michael L. Parson  
Robert J. Knodell, Director

The files below are in xdoc format and xlsx format and are only compatible with MS Word 2007 or newer and Excel 2007 or newer respectively. Libre Office and Open Office equivalence may also be used.

Provider Type	Excel	Provider Type	Excel
Ambulance	<a href="#">xlsx</a>	Optical Services	<a href="#">xlsx</a>
Anesthesia - Certified Registered Nurse Anesthetist / Anesthesiologist Assistant	<a href="#">xlsx</a>	Other Medical	<a href="#">xlsx</a>
Anesthesia - General	<a href="#">xlsx</a>	Other Services	<a href="#">xlsx</a>
Anesthesia - Supervision of Anesthetists	<a href="#">xlsx</a>	Outpatient Hospital	<a href="#">xlsx</a>
C-STAR	<a href="#">xlsx</a>	Podiatry	<a href="#">xlsx</a>
Community Psychiatric Rehabilitation	<a href="#">xlsx</a>	Radiology - Professional and Technical Component X-Ray / Nuclear Medicine / FFG / FKG	<a href="#">xlsx</a>

Wednesday, March 18, 2026

ProcCode	M1	M2	PA1	PA2	PA3	PIX	EffDate	RelVal	SpecFee	Qty	Desc
0001A			0			9	04/18/2023	0	0	1	ADM SARS20V2 30MCG/0.3ML 1ST
0001F			0			9	07/01/2025	0	0	1	HEART FAILURE COMPOSITE
0001U			0			1	07/01/2025	0	648	1	RBC DNA HEA 35 AG 11 BLD GRP
0002A			0			9	04/18/2023	0	0	1	ADM SARS20V2 30MCG/0.3ML 2ND
0002M			0			1	07/01/2025	0	453.06	1	LIVER DIS 10 ASSAYS W/ASH
0002U			0			1	07/01/2025	0	22.5	1	ONC CLRCT 3 UR METAB ALG PLP
0003A			0			9	04/18/2023	0	0	1	ADM SARS20V2 30MCG/0.3ML 3RD
0003M			0			1	07/01/2025	0	453.06	1	LIVER DIS 10 ASSAYS W/NASH
0003U			0			1	07/01/2025	0	855	1	ONC OVAR 5 PRTN SER ALG SCOR
0004A			0			9	04/18/2023	0	0	1	ADM SARS20V2 30MCG/0.3ML BST
0004M			0			1	07/01/2025	0	71.1	1	SCOLIOSIS DNA ALYS
0005F			0			9	07/01/2025	0	0	1	OSTEOARTHRITIS COMPOSITE
0005U			0			1	07/01/2025	0	684	1	ONCO PRST8 3 GENE UR ALG
0006M			0			1	07/01/2025	0	135	1	ONC HEP GENE RISK CLASSIFIER
0007M			0			1	07/01/2025	0	337.5	1	ONC GASTRO S1 GENE NOMOGRAM
0007U			0			1	07/01/2025	0	102.99	1	RX TEST PRSMV UR W/DEF CONF
0008U			0			1	07/01/2025	0	538.12	1	HPYLORI DETCJ ABX RSTNC DNA
0009U			0			1	07/01/2025	0	96.3	2	ONC BRST CA ERBB2 AMP/NONAMP
00100			0			1	07/01/2025	0	0	1	ANES PX SALIVARY GLAND W/BX
00102			0			1	07/01/2025	0	0	1	ANES PX PLSTC RPR CLEFT LIP
00103			0			1	07/01/2025	0	0	1	ANES RCNSTV PX EYELID
00104			0			1	07/01/2025	0	0	1	ANES ELECTROCONVULSIVE SEQ
0010U			0			1	07/01/2025	0	384.53	2	NFCT DS STRN TYP WHL GEN SEQ
0011A			0			9	04/18/2023	0	0	1	ADM SARS20V2 100MCG/0.5ML1ST
0011M			0			1	07/01/2025	0	684	1	ONC PRST8 CA MRNA 12 GEN ALG
0011U			0			1	07/01/2025	0	102.99	1	RX MNTR LC-MS/MS ORAL FLUID
00120			0			1	07/01/2025	0	0	1	ANES PX EAR W/BX NOS
00124			0			1	07/01/2025	0	0	1	ANES PX EAR OTOSCOPY
00126			0			1	07/01/2025	0	0	1	ANES PX EAR TYMPANOTOMY
0012A			0			9	04/18/2023	0	0	1	ADM SARS20V2 100MCG/0.5ML2ND
0012F			0			9	07/01/2025	0	0	1	CAP BACTERIAL ASSESS
0012M			0			1	07/01/2025	0	684	1	ONC MRNA 5 GEN RSK URTHL CA

# Education and Training

The [Education & Training](#) page provides an interactive calendar where providers can register for two-hour, program-specific webinars covering topics such as:

- Navigating Provider Resources
- eMOMED Overview
- Eligibility and Spend Down
- Program-Specific Policy and Process
- Q&A

The [Provider Training Calendar](#) also features trainings offered by the Managed Care health plans, as well as upcoming in-person workshops hosted by MHD in Jefferson City.

Explore the [Education & Training](#) page to access these trainings and additional resources.

For more program-specific materials, visit the [Program Specific Pages](#).



## Education & Training

### MO HealthNet Provider Trainings

MHD Education and Training provides virtual and in-person training to MO HealthNet providers and partners. We offer training on navigating provider resources, proper billing methods, procedures for claim filing via eMOMED, and other requested topics. All of our trainings include an opportunity to ask questions in real-time.

For information regarding training for the Managed Care health plans, visit their site directly:

- [Healthy Blue](#)
- [Home State Health](#) / [Show Me Healthy Kids](#)
- [United HealthCare](#)

View the calendar below to find an upcoming training and register. Each attendee must register individually.

Print this quarter's [Provider Training Calendar \(2025 Q2\)](#).

If you would like to schedule training, or you are registered for MHD training and need to cancel, send an email to [MHD.Education@dss.mo.gov](mailto:MHD.Education@dss.mo.gov) or call 573-751-6683.

# Education and Training

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**Education & Training**

### MO HealthNet Provider Trainings

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# Provider Overview Guide

The [MO HealthNet Provider Overview Guide](#) assists providers with:

- Navigating MO HealthNet resources
- Provider Manuals
- Claims & Billing
- Fee Schedules & Rates List
- Forms
- Eligibility
- Spend Down Program
- eMOMED
- And much more!

## MO HealthNet - The Basics

ME MO HealthNet Education and Training

Missouri's Medicaid program is called MO HealthNet. MO HealthNet covers qualified medical expenses for individuals who meet certain eligibility requirements. Depending on the type of coverage they qualify for, participants will get their services through the MO HealthNet Fee-For-Service Program or the MO HealthNet Managed Care Program.

MO HealthNet offers healthcare coverage through both of these programs. Which program a participant receives their services through depends on their age and eligibility. Participants can log in to the [FSD Benefit Portal](#) for more information about their coverage.



### Fee-For-Service

- Senior (age 65 and older)
- Person with a disability
- Blind or visually impaired adult
- Woman (under age 65) with breast or cervical cancer



### Managed Care

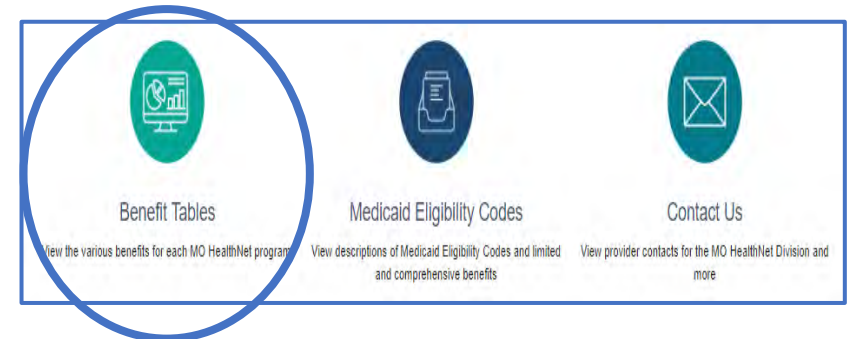
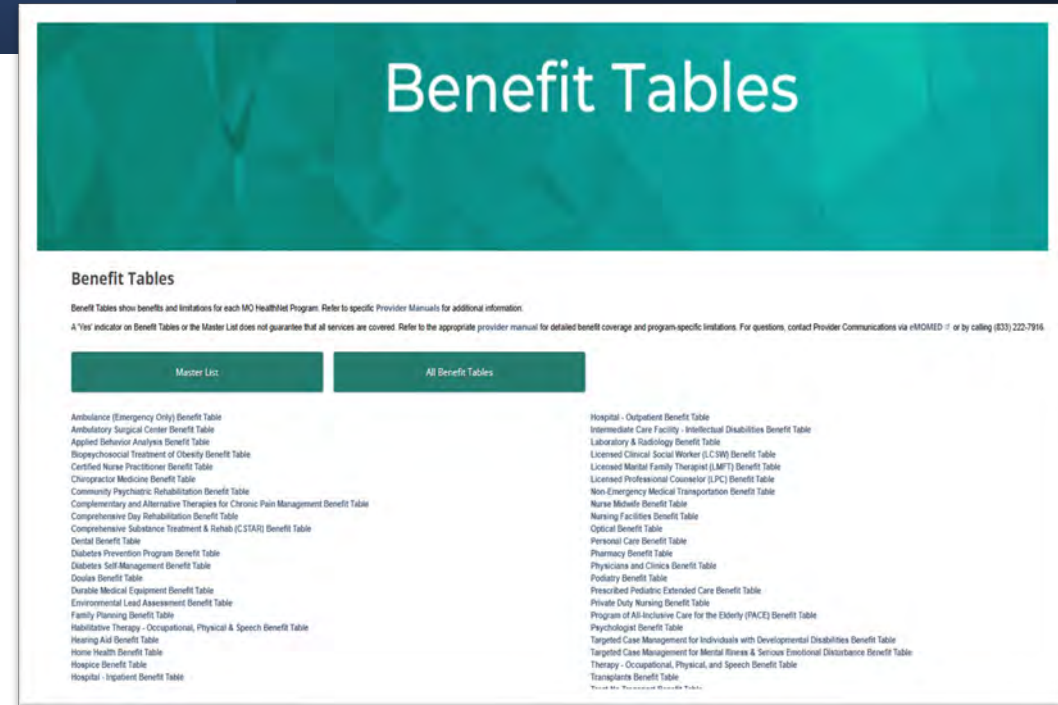
- Pregnant woman including her newborn
- Child (birth to age 18)
- Parent with children in the home
- Adult (age 19-64) without a disability

# Benefit Tables

**Benefit Tables** advise if a participant is eligible for a service based on their Medicaid Eligibility (ME) Code. This table can be found on the **Education & Training** page.

A 'Yes' indicator on Benefit Tables does not guarantee that all services are covered.

Refer to the appropriate **provider manual** for detailed benefit coverage and program-specific limitations. For questions, contact Provider Communications via **eMOMED** or by calling (833) 222-7916.



# Benefit Tables

## Program specific Benefit Table

**Benefit Tables**  
Summarizes benefits and limitations for each MO HealthNet program. Refer to the specific [Provider Manual](#) for additional information.

Physicians and Clinics – FQHC/RHC		
Coverage Group	ME Code(s)	Covered
Blind Programs	02, 03, 12	Yes
Breast or Cervical Cancer Control Program (BCCCP)	83, 84	Yes
Children's Programs	23, 28, 33, 34, 41, 49, 67, 88	Yes
CHIP Kids	71, 72, 73, 74, 75, 97, 4M	Yes
Missouri RX Plan (MORx)	82	No
MO HealthNet for Adults	05, E2	Yes
MO HealthNet for Kids	06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 69, 70, 65, 95, 0F, 5A	Yes
MO HealthNet for Pregnant Women	18, 43, 44, 45, 61, 95, 96, 98	Yes
Presumptive Eligibility for Children	87	Yes
Qualified Medicare Beneficiary (QMB)	55	Limited ♦
Temporary Women's Assistance for Pregnant Women	58, 59, 94	Limited**
Traditional Medicaid	01, 04, 11, 13, 14, 16, 81, 85, 86	Yes
Uninsured Women's Health Services	80, 89	Limited*
* Limited Coverage for family planning and limited testing and treatment of sexually transmitted diseases		
** Limited coverage for ambulatory prenatal care		
♦ MO HealthNet will pay Medicare coinsurance and deductible		

Refer to the [Fee Schedule](#), certain restrictions apply

Refer to [Section 1.1](#) of the [General Sections Manual](#) or the [Provider Resource Guide](#) for descriptions of Medical Eligibility (ME) Codes

Providers may also view the [Master List of Covered Services](#) for a quick glance at all program benefits & limitations. A 'Yes' indicator on the Master List does not guarantee that all services are covered.

Coverage Group	Blind Programs	Breast or Cervical Cancer Control Program (BCCCP)	Children's Programs	CHIP Kids	Missouri RX Plan (MORx)	MO HealthNet for Adults	MO HealthNet for Kids	MO HealthNet for Pregnant Women	Presumptive Eligibility for Children	Program of All Inclusive Care for the Elderly (PACE)*	Qualified Medicare Beneficiary (QMB)	Temporary Women's Assistance for Pregnant Women	Traditional Medicaid	Uninsured Women's Health Services
ME Code(s)	02, 03, 12	83, 84	23, 28, 33, 34, 41, 49, 67, 88	71, 72, 73, 74, 75, 97, 4M	82	05, E2	06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 69, 70, 65, 95, 0F, 5A	18, 43, 44, 45, 61, 95, 96, 98	87	01, 04, 11, 13, 14, 15, 16, 85, 86, E2	55	58, 59, 94	01, 04, 11, 13, 14, 16, 81, 85, 86	80, 89
Applied Behavior Analysis (ABA)	Limited (1)	Limited (1)	Limited (1)	Limited (1)	No	Limited (1)	Limited (1)	Limited (1)	Limited (1)	Yes	Limited (16)	No	Limited (1)	No
Ambulance (Emergency only)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	No
Ambulance - Treat No Transport (TNT)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Limited (3)	Yes	No
Ambulatory Surgical Center	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	Limited (3)
Biopsychosocial Treatment for Obesity	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes	Limited (16)	No	Yes	No
Certified Nurse Practitioner	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	Limited (3)
Chiropractic Medicine	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes	Limited (16)	No	Yes	No
Community Psychiatric Rehabilitation	Limited (13)	Yes	Yes	Yes	No	Yes	Limited (13)	Yes	Yes	Yes	Limited (16)	Limited (13)	Yes	No
Complementary & Alternative Therapies for Chronic Pain Management	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes	Limited (16)	No	Yes	No
Comprehensive Day Rehabilitation	Yes	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Yes	Yes	Yes	Limited (16)	No	Limited (4)	No
Comprehensive Substance Treatment & Rehabilitation (CSTAR)	Limited (13)	Yes	Yes	Yes	No	Yes	Limited (13)	Yes	Yes	Yes	Limited (16)	Limited (13)	Yes	No
Dental	Yes	Limited (17)	Yes	Yes	No	Limited (17)	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Limited (17)	No
Diabetes Prevention Program	Yes	Yes	No	No	No	Yes	No	Limited (16)	No	Yes	Limited (16)	No	Yes	No
Diabetes Self-Management	Yes	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Limited (4)	No
Durable Medical Equipment	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	No
Environmental Lead Assessments	Limited (4)	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Limited (4)	Yes	Yes	Limited (16)	No	Limited (4)	No
Family Planning	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	Yes
Habilitative Therapy: Occupational, Physical & Speech	No	No	No	No	No	Limited (21)	No	No	No	Yes	No	No	No	No
Hearing Aid	Yes	Limited (7)	Yes	Yes	No	Limited (7)	Yes	Yes	Yes	Yes	Limited (16)	No	Limited (7)	No
Home Health	Yes	Limited (18)	Yes	Yes	No	Limited (18)	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Limited (18)	No
Hospice	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	No
Hospital - Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Limited (15)	No	Yes	No
Hospital - Outpatient	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Yes	Yes	Limited (3)
Intermediate Care Facility - Intellectual Disabilities (ICF-ID)	Yes	No	Yes	No	No	No	Limited (20)	No	No	Yes	Limited (16)	No	Yes	No
Laboratory & Radiology	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	Yes	Yes	Limited (3)
Licensed Clinical Social Worker	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	No
Licensed Marital & Family Therapist	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	No
Licensed Professional Counselor	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	No
Non-Emergency Medical Transportation (NEMT)	Limited (8)	Yes	Yes	Limited (5)	No	Yes	Limited (8)	Yes	Yes	Yes	No	Limited (8)	Yes	No
Nurse Midwife	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Limited (16)	Yes	Yes	Limited (3)

# Medicaid Eligibility Codes

[ME Codes](#) can also be found on the [Education & Training](#) page.

This resource lists ME codes and their descriptions.



**Benefit Tables**  
View the various benefits for each MO HealthNet program



**Medicaid Eligibility Codes**  
View descriptions of Medicaid Eligibility Codes and limited and comprehensive benefits



**Contact Us**  
View provider contacts for the MO HealthNet Division and more

## MEDICAID ELIGIBILITY CODES

Adult MO HealthNet participants in Medicaid Eligibility (ME) categories for Aid to the Blind or pregnant women programs receive a full comprehensive benefit package which includes primary, acute and preventive care, hospital care, dental, prescriptions, and vision. All other adult participants receive a limited benefit package of services depending on their ME category.


For more information on ME Codes, review your specific [program manual](#). For more information on benefits and limitations, review the [Benefit Tables](#).

Full Comprehensive Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
03	Aid to the Blind	45	Pregnant Woman—Poverty
12	MO HealthNet Aid to the Blind	61	MO HealthNet for Pregnant Women—Health Initiative Fund
18	MO HealthNet for Pregnant Women	95	Show-Me Healthy Babies Pregnant Women income above 201% and up to 305%
43	Pregnant Woman—Post Partum (MO HealthNet for Families criteria)	96	SMHB Unborn Child with income 0 to 305% FPL
44	Pregnant Woman—Post Partum—Poverty	98	SMHB Post-Partum

Limited Benefit Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
01	Old Age Assistance	58	Presumptive Eligibility (Subsidized)
02	Blind Pension (State Funded)	59	Presumptive Eligibility (Non-Subsidized) (State Funded)
04	Permanently and Totally Disabled	80	Extended Women’s Health Services (State Funded)
05	MO HealthNet for Families—Adult	81	Temporary Assignment Category
E2	Adult Expansion Group	82	Missouri Rx (Medicare Part D wrap-around benefits)
11	MO HealthNet—Old Age Assistance	83	Breast or Cervical Cancer Control Project—Presumptive
13	MO HealthNet—Permanently and Totally Disabled	84	Breast or Cervical Cancer Control Project—Regular
14	Supplemental Nursing Care—Old Age Assistance	85	Ticket to Work Health Assurance—Premium
15	Supplemental Nursing Care – Aid to the Blind	86	Ticket to Work Health Assurance—Non-Premium
16	Supplemental Nursing Care—Permanently and Totally Disabled	89	Uninsured Women’s Health Services (State Funded)
55	Qualified Medicare Beneficiary (QMB)		

Full Comprehensive Package for MO HealthNet Kids			
ME Code	Description	ME Code	Description
06	MO HealthNet for Families—Child	56	Adoption Subsidy—Title IV-E
07	Foster Care—Title IV-E	57	Child Welfare Services—Foster Care—Adoption Subsidy (State Funded)

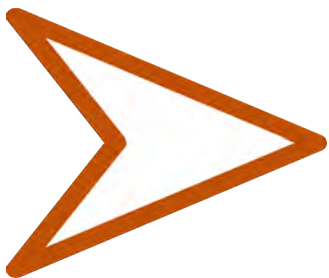
July 2024



# Contact Us

Select [Contact Us](#) located on the [Education & Training](#) page for a list of MO HealthNet provider resources and contact information.

Benefit Tables	Medicaid Eligibility Codes	Contact Us
View the various benefits for each MO HealthNet program	View descriptions of Medicaid Eligibility Codes and limited and comprehensive benefits	View provider contacts for the MO HealthNet Division and more



To receive MO HealthNet updates and our quarterly Newsletter, [subscribe](#) to [MO HealthNet News](#).

Provider Contacts for MO HealthNet		
Review the <a href="#">Provider Information</a> page and <a href="#">Frequently Asked Questions</a> for information on the MO HealthNet Division (MHD).		
To receive important MO HealthNet updates and our quarterly newsletter, <a href="#">subscribe</a> to <a href="#">MO HealthNet News</a> .		
<a href="#">Behavioral Health Services</a>	Assists with questions related to MO HealthNet Behavioral Health services.	<a href="mailto:MHD_BehavioralHealth@dss.mo.gov">MHD_BehavioralHealth@dss.mo.gov</a>
Clinical Services	Responsible for clinical policy development for MHD.	<a href="mailto:MHD.ClinicalServices@dss.mo.gov">MHD.ClinicalServices@dss.mo.gov</a>
Cost Recovery/ Third Party Liability	Contact to report injuries sustained by MO HealthNet participants, for questions about the estate of a deceased participant, for problems obtaining a response from an insurance carrier, unusual situations concerning third party insurance coverage for MO HealthNet participants, and questions regarding the Health Insurance Premium Payment Program (HIPP).	<a href="mailto:TPI_Database@dss.mo.gov">TPI_Database@dss.mo.gov</a> (573) 751-2005
<a href="#">Education &amp; Training</a>	Instructs providers on navigating MHD provider resources, proper billing methods and procedures for claim filing via eMOMED.	<a href="mailto:MHD.Education@dss.mo.gov">MHD.Education@dss.mo.gov</a> (573) 751-6683
<a href="#">Electronic Visit Verification</a>	System required for all Personal Care and Home Health Care services to document the delivery of these services under MHD.	<a href="mailto:Ask.EV@dss.mo.gov">Ask.EV@dss.mo.gov</a>
<a href="#">Exceptions</a>	Review Durable Medical Equipment (DME) or physical therapy requests not normally covered for MO HealthNet participants over the age of 21.	Fax Requests: (573) 522-3061 (800) 392-8030
Managed Care Health Plans	<a href="#">Healthy Blue</a>	<a href="#">Message the Team</a> (833) 388-1407
	<a href="#">Home State Health</a>	<a href="mailto:ManagedCareContracting@centara.com">ManagedCareContracting@centara.com</a> (855) 694-HOME (4663)
	<a href="#">Show Me Healthy Kids</a>	<a href="mailto:ManagedCareContracting@centara.com">ManagedCareContracting@centara.com</a> (877) 236-1020
Managed Care Liaisons	<a href="#">United HealthCare</a>	<a href="mailto:Missouri_PR_Team@uhc.com">Missouri_PR_Team@uhc.com</a> (866) 292-0359
	Assists providers unable to resolve a Managed Care issue directly with the health plan. Complete a <a href="#">Managed Care Provider Request for Information</a> .	<a href="mailto:MHD.MCcommunications@dss.mo.gov">MHD.MCcommunications@dss.mo.gov</a>
Overpayments	Contact to address repayment of overpayment amounts because of an audit or investigation.	<a href="mailto:MMAC.Financial@dss.mo.gov">MMAC.Financial@dss.mo.gov</a>
Participant Services	Assists participants with provider issues and questions regarding services, coverage, and unpaid bills. Managed Care participants should contact their health plan.	<a href="mailto:Ask.MHD@dss.mo.gov">Ask.MHD@dss.mo.gov</a> (800) 392-2161

# Provider Forms

The [Provider Forms](#) page offers the forms a provider would need, including:

- [Provider Update Request](#)
- [Insurance Resource Report \(TPL-4\)](#)
- [Prior Authorization Request](#)
- [Provider Spend Down](#)



The screenshot shows a webpage titled "Provider Forms" with a list of various forms available for download. The forms are organized into two columns under the heading "Forms".

### Forms

- Accident Report
- Acknowledgement of Receipt of Hysterectomy Information
- AIDS Waiver Program Addendum to MMAC Provider Agreement for Personal Care or Private Duty Nursing Services
- Applied Behavioral Analysis Request for Precertification
- Authorization by Clinic/Group Members for Direct Deposit, Address or Payment Change
- Breast and Cervical Cancer Treatment MO HealthNet Application
- Behavioral Health Services Request for Precertification
- Bone Marrow/Stem Cell Transplant Request
- Certificate of Medical Necessity
- Certificate of Medical Necessity for Abortion
- Claim Form: Dental ☐
- Claim Form: Health Insurance (CMS-1500 ☐)
- Claim Form: Hospital (UB-04) ☐
- Durable Medical Equipment Non-Bordering State Provider Enrollment Request
- Estate Notice
- Handicapping Labio-Lingual Deviation Index Score Sheet
- Health Insurance Premium Payment Program Application (HIPP-1)
- Health Insurance Premium Payment Program Application (HIPP-A)
- Healthy Children & Youth Lead Risk Assessment Guide
- Home & Community Based Services Care Plan & Participant Choice Statement
- Home & Community Based Services Ownership & Structure Change Request
- Home & Community Based Services Referral ☐
- Managed Care Provider Request for Information
- Medical Attestation on the Appropriateness of the Qualified Clinical Trial form
- Medical Referral of Restricted Participant PI-118
- Medically Fragile Adult Waiver Addendum to MMAC Provider Agreement for Home Health, Personal Care or Private Duty Nursing Services
- Medically Fragile Adult Waiver Provider Monitoring Log
- Medically Fragile Adult Waiver Private Duty Nursing Acceptance
- Missouri Medicaid Audit & Compliance Electronic Funds Transfer Authorization Agreement
- Notification of Termination of Hospice Benefits
- Personal Care Plan for Children
- Personal Care Program Addendum to MMAC Provider Agreement for Personal Care Services
- Personal Funds Account Balance Report
- Physician Certification of Need for Personal Care Services
- Physician Certification of Terminal Illness
- Prior Authorization Request
- Prior Authorization Request: Invasive Ventilation
- Prior Authorization Supporting Documents Cover Sheet for Durable Medical Equipment
- Private Duty Nursing Acceptance
- Program of All-Inclusive Care for the elderly (PACE) Primary Assessment
- Program of All-Inclusive Care for the elderly (PACE) Secondary Assessment
- Provider Initiated Self Disclosure Report Form
- Provider Spend Down Form
- Provider Update Request


# MMAC Provider Update Request

Providers are responsible for updating their records with MMAC.

Changes to the Provider Master File include:

- Address
- Tax identifier
- Ownership
- Individual's name/practice name
- National Provider Identification (NPI)

Providers must complete a [Provider Update Request](#) and submit it by fax to (573) 634-3105 to make changes.

 MISSOURI DEPARTMENT OF SOCIAL SERVICES  
MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT  
**PROVIDER UPDATE REQUEST**

You must submit a separate form for each provider type and/or individual/group. You MUST complete Sections 1 and 2 and the form must be signed. Include the effective date where indicated.  
**Failure to follow these instructions could result in the denial of your request.**

**SECTION 1: PROVIDER INFORMATION** – complete ONE of the below – for either a group or an individual provider

**INDIVIDUAL PROVIDER:**

LAST NAME		FIRST NAME	
MIDDLE INITIAL	SUFFIX	INDIVIDUAL PROVIDER'S NPI	

**GROUP PROVIDER:**

LEGAL BUSINESS NAME AS REGISTERED WITH THE IRS	
DBA (if applicable)	
GROUP PROVIDER'S NPI	TAXONOMY CODE

**SECTION 2: CONTACT PERSON** – Authorized person able to discuss the requested change & where notification can be sent.

NAME	TELEPHONE	E-MAIL ADDRESS
------	-----------	----------------

**SECTION 3: MAIN LOCATION CHANGE** – List additional locations on a separate sheet.  
THE FOLLOWING PROVIDERS CANNOT USE EMOMED TO UPDATE ADDRESSES – APRNs, Nurse Midwives, Assistant Physicians, Home & Community Based providers, clinics, and some other organization types.  
**ALL OTHER PROVIDERS PLEASE UTILIZE THE ADDRESS FUNCTION IN EMOMED.**

<input type="checkbox"/> MAIN PHYSICAL LOCATION	<input type="checkbox"/> EDIT	<input type="checkbox"/> DELETE	EFFECTIVE DATE:
ADDRESS CITY STATE ZIP:		COUNTY:	
BUSINESS PHONE NUMBER:	BUSINESS E-MAIL:	GROUP NPI IF APPLICABLE:	BUSINESS FAX NUMBER:
<input type="checkbox"/> REMITTANCE/ PAY TO ADDRESS	<input type="checkbox"/> EDIT	<input type="checkbox"/> DELETE	EFFECTIVE DATE:
ADDRESS CITY STATE ZIP:		GROUP NPI IF APPLICABLE:	

**IF THE REMITTANCE/ PAY TO NAME AND EFT ARE CHANGING - COMPLETE SECTIONS 7 ON PAGE 2 AND SUBMIT ALL REQUIRED DOCUMENTS.**

**SECTION 4: ADDITIONAL PRACTICE LOCATION** – List additional locations on a separate sheet.  
PROVIDERS WHO CANNOT USE EMOMED TO UPDATE ADDRESSES - Institutional Providers (Groups, Clinics, etc.), APRNs, Nurse Midwife, Assistant Physicians  
**ALL OTHER PROVIDERS: PLEASE USE THE ADDRESS FUNCTION IN EMOMED.**

<input type="checkbox"/> ADDITIONAL PRACTICE LOCATION	<input type="checkbox"/> ADD	<input type="checkbox"/> EDIT	EFFECTIVE DATE:
ADDRESS CITY STATE ZIP:		COUNTY:	
GROUP/ PRACTICE NPI:	PHONE #:		

DELETE A PRACTICE LOCATION OR REMOVE INDIVIDUAL IN SECTION 1 FROM THE FOLLOWING LOCATION  
(NOTE: Removing an individual from a location does not terminate their enrollment.)

GROUP NAME:	GROUP NPI:	EFFECTIVE DATE:
GROUP ADDRESS/CITY/STATE/ZIP:		

**SECTION 5: LICENSURE & NAME CHANGES**

<input type="checkbox"/> PROVISIONALLY LICENSED PROFESSIONAL COUNSELOR TO LICENSED PROFESSIONAL COUNSELOR - Attach a copy of the license.
<input type="checkbox"/> LICENSE EXPIRATION DATE - Attach a copy of the license.
<input type="checkbox"/> INDIVIDUAL NAME CHANGE: Attach a copy of the individual's current licensure issued in the new name.

**SECTION 6: ADDING ITEMS TO RECORD:**

<input type="checkbox"/> ADVANCED PRACTICE NURSE/NURSE MIDWIFE MEDICATION PRESCRIBER – 28 specialty code Attach a copy of the collaborative practice agreement (CPA) – ALL addresses on file <b>MUST</b> be listed on the CPA. <b>IF THE COLLABORATIVE PRACTICE AGREEMENT IS NOT SUBMITTED, MMAC WILL BE UNABLE TO PROCESS THE REQUEST.</b>
<input type="checkbox"/> MEDICARE NUMBER (if applicable):
<input type="checkbox"/> CLIA NUMBER (if applicable): Attach copy of certificate
<input type="checkbox"/> OTHER – MAKE CLEAR NOTES IN SECTION 9 on the next page – attach documentation as needed.

# Insurance Resource Report

Providers should utilize the [Insurance Resource Report TPL-4](#) form if the insurance listed on [eMOMED](#) is invalid or missing.

If providers have questions regarding the TPL-4 form they should contact the Third Party Liability unit at [TPL.Database@dss.mo.gov](mailto:TPL.Database@dss.mo.gov) or call (573) 751-2005.

MoHealthNet INSURANCE RESOURCE REPORT	
<p>Submit this form to notify the MO HealthNet Division of insurance information you have verified for a MO HealthNet participant. Send the completed form to <a href="mailto:TPL.Database@dss.mo.gov">TPL.Database@dss.mo.gov</a> or fax to (573) 526-1162. Attach a copy of an explanation of benefits or insurance letter, if available.</p> <p>Allow up to three weeks for the information to be verified and updated to the participant's eligibility file. Providers wanting confirmation of the state's response should indicate so on the form and ensure the name and address information is completed in the spaces provided. Eligibility can be verified through <a href="#">eMOMED</a> or by calling the Interactive Voice Response system at (573) 751-2896.</p> <p><b>Do not send claims with this form. Your claims will not be processed for payment if attached to this form.</b></p>	
Provider Information	
Provider Name	Date
Provider NPI	Taxonomy Code
Choose One: <input type="checkbox"/> Add New Resource <input type="checkbox"/> Change Resource Files	
Participant Information	
Participant Name	MHD Identification Number
Insurance Company Name	
Policyholder Name	Policyholder's Social Security Number (Required)
Policy Number (Required)	Group Name or Number
Source of Verified Information <input type="checkbox"/> Employer <input type="checkbox"/> Insurance Company Verified Information:	
Telephone Number of Contact	Date Contacted
Name of Person Completing Form	Telephone Number

# Prior Authorization Request

Some items/services provided by MO HealthNet require prior authorization.

Providers should use the [Prior-Authorization Request](#) when the service requires prior authorization.

Refer to specific [Provider Manuals](#) for additional information.

**MoHealthNet** PRIOR AUTHORIZATION REQUEST RETURN TO: WPKG INF/CROSSING  
PO BOX 5700  
JEFFERSON CITY, MO 65102

Authorization approves the medical necessity of the requested service. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The participant must be MO HealthNet eligible on the date of service or date the equipment or prosthesis is received by the participant. See second page for instructions. \*Required fields must contain valid information to be sent to the consultant for review. Missing or invalid information may cause prior authorization (PA) request to be returned to provider prior to review.

**Section I - General Information**

1. Choose One  
 Initial Prior Authorization  
 Reauthorization

2. Participant Last Name      First Name      Middle Initial      3. Date of Birth

4. Street Address      City      State      Zip Code

5. MO HealthNet ID Number\*      6. Prognosis      7. Diagnosis Code

8. Diagnosis Description      9. Name of Facility Where Services Are to be Rendered if Other than Home or Office

10. Street Address of Facility      City      State      Zip Code

**Section II - HCV (EPSDT) Service Request (May Require Plan of Care)**

11. Date of HCV Screen      12. Screening  
 Full     Inter-periodic     Partial      13. Type of Partial HCV Screen

14. Screening Provider Name      15. Provider NPI      16. Telephone Number

**Section III - Service Information**

17. Ref No	18. Proc Code*	19. Modifiers*	20. From*	21. Through*	22. Description of Service/Item	23. Qty or Limits*	24. Amount to be Charged*	For State Use Only		
								Appr	Denial	Amount Allowed if Paced by Report
(1)								<input type="checkbox"/>	<input type="checkbox"/>	
(2)								<input type="checkbox"/>	<input type="checkbox"/>	
(3)								<input type="checkbox"/>	<input type="checkbox"/>	
(4)								<input type="checkbox"/>	<input type="checkbox"/>	
(5)								<input type="checkbox"/>	<input type="checkbox"/>	
(6)								<input type="checkbox"/>	<input type="checkbox"/>	
(7)								<input type="checkbox"/>	<input type="checkbox"/>	
(8)								<input type="checkbox"/>	<input type="checkbox"/>	
(9)								<input type="checkbox"/>	<input type="checkbox"/>	
(10)								<input type="checkbox"/>	<input type="checkbox"/>	
(11)								<input type="checkbox"/>	<input type="checkbox"/>	
(12)								<input type="checkbox"/>	<input type="checkbox"/>	

25. Detailed Explanation of Medical Necessity for Services/Equipment/Procedure/Prosthesis (Attach additional pages if necessary)

**Section IV - Provider**

26. Provider Name      27. Provider Street Address      City      State      Zip Code

28. Provider NPI\*      Taxonomy Code (if applicable)      29. Provider Phone Number      30. Provider Fax Number

31. Signature      Date

2575-034 February 2026

# Provider Spend Down Form/Portal

The online [MO HealthNet Spend Down Provider form](#) allows MO HealthNet providers to verify qualified medical expenses to meet a participants spend down.

By completing the online form, providers verify that their patient has incurred and personally owes payment for medical expenses provided.

**MO HealthNet Spend Down Provider**

**Provider instructions:** Please fill out this form when you have a patient who has qualified for spend down, and an actual bill is not yet available. By completing this form, you (or an authorized employee) are verifying that your patient has incurred, and personally owes payment for medical expenses you provided.

Patient First Name: \*  Patient Middle Name:

Patient Last Name: \*  MO HealthNet Number: \*

Provider Name: \*

Does the patient have Medicare or other Third-Party Insurance? \*  
 Yes  No

Date of Service \*  Type of Service \*


Total Charge \*  Third Party Payment \*  Write-Off / Adjustment \*  Patient Responsibility \*

Verify: By completing and signing this document, you verify that you have provided accurate information and that you will bill the patient for the amount due. Also, if you filled in the "total patient is responsible to pay" column with a good faith estimate, CHECK HERE

**AUTHORIZED EMPLOYEE COMPLETING FORM**

Name \*

Phone Number \*  Date


CAPTCHA \*  
 I'm not a robot 

# Enroll with MO HealthNet

To enroll as a MO HealthNet provider, visit [MMAC Provider Enrollment](#).

Providers may also utilize the [MO HealthNet Provider Enrollment Guide](#).

Any questions regarding enrolling as a MO HealthNet provider should be directed to: [MMAC.ProviderEnrollment@dss.mo.gov](mailto:MMAC.ProviderEnrollment@dss.mo.gov) or call (833) 818-1183.

The cover image for the MO HealthNet (Missouri Medicaid) Provider Enrollment Guide features a close-up of several hands clasped together in a supportive grip. The text is overlaid in white on a dark background.

## MO HealthNet (Missouri Medicaid) Provider Enrollment Guide

BEGIN



Click **Begin** above to access the MO HealthNet Provider Enrollment Guide.

For questions regarding enrollment as a MO HealthNet provider, contact

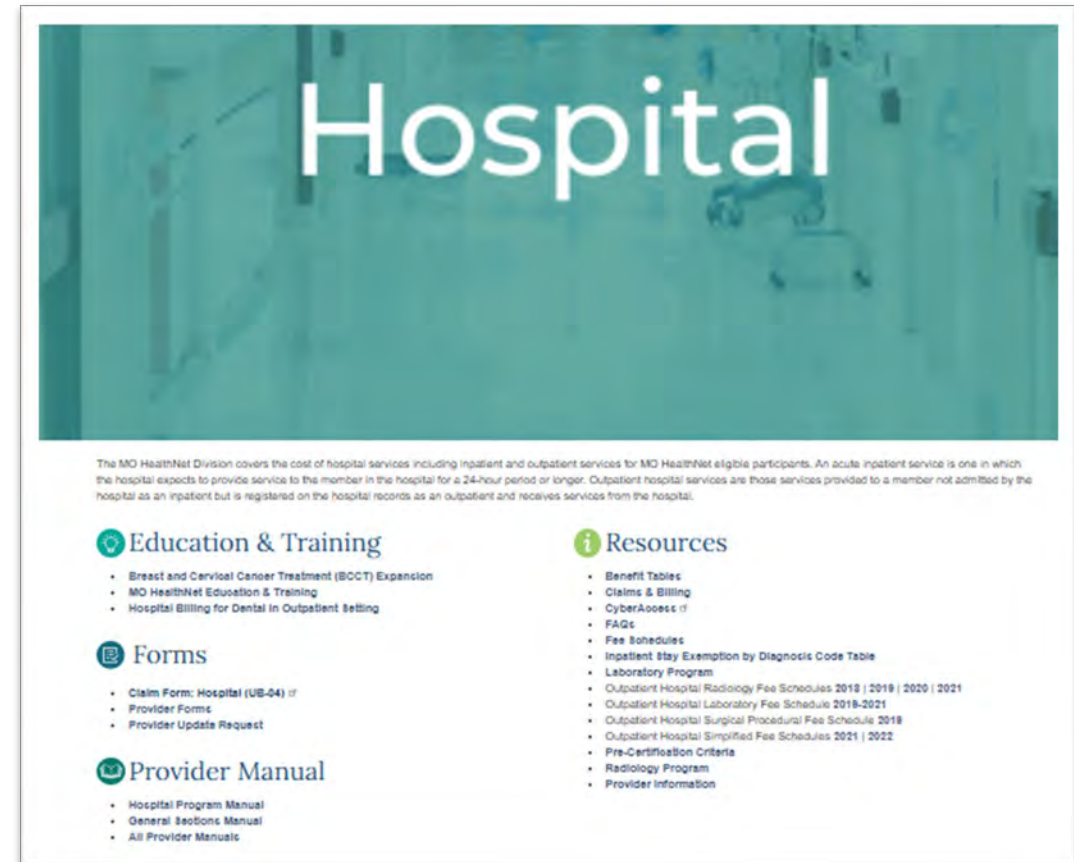
[MMAC.ProviderEnrollment@dss.mo.gov](mailto:MMAC.ProviderEnrollment@dss.mo.gov) or call (833) 818-1183.

For technical questions regarding this guide, contact [MHD.Education@dss.mo.gov](mailto:MHD.Education@dss.mo.gov).

# Program Specific Pages

The [Provider Information](#) page includes a link to for each program. This includes program specific:

- Hot Tips
- Bulletins
- Forms
- Billing & Training Resources
- Provider Manuals



**Hospital**

The MO HealthNet Division covers the cost of hospital services including inpatient and outpatient services for MO HealthNet eligible participants. An acute inpatient service is one in which the hospital expects to provide service to the member in the hospital for a 24-hour period or longer. Outpatient hospital services are those services provided to a member not admitted by the hospital as an inpatient but is registered on the hospital records as an outpatient and receives services from the hospital.

- Education & Training**
  - Breast and Cervical Cancer Treatment (BCCT) Expansion
  - MO HealthNet Education & Training
  - Hospital Billing for Dental in Outpatient Setting
- Resources**
  - Benefit Tables
  - Claims & Billing
  - CyberAccess (if)
  - FAQs
  - Fee Schedules
  - Inpatient Stay Exemption by Diagnosis Code Table
  - Laboratory Program
  - Outpatient Hospital Radiology Fee Schedules 2018 | 2019 | 2020 | 2021
  - Outpatient Hospital Laboratory Fee Schedule 2018-2021
  - Outpatient Hospital Surgical Procedural Fee Schedule 2018
  - Outpatient Hospital Simplified Fee Schedules 2021 | 2022
  - Pre-Certification Criteria
  - Radiology Program
  - Provider Information
- Forms**
  - Claim Form: Hospital (UB-04) (if)
  - Provider Forms
  - Provider Update Request
- Provider Manual**
  - Hospital Program Manual
  - General Sections Manual
  - All Provider Manuals

**MO HealthNet Programs**

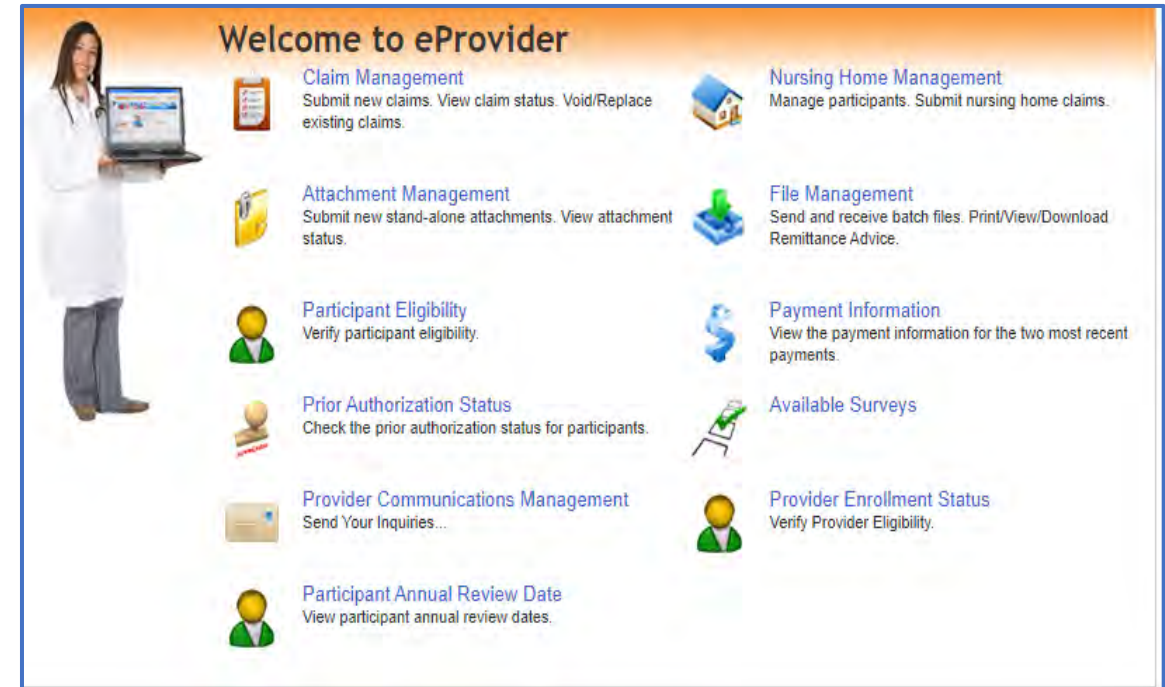
Learn more about MO HealthNet programs by viewing Provider Manuals, Bulletins, Hot Tips, trainings, and more. You can also visit our [MO HealthNet News](#) page to view information for all programs.

<ul style="list-style-type: none"> <li>• 1115 Demonstration Waivers</li> <li>• 1915(C) Home &amp; Community Based Waivers</li> <li>• Ambulance</li> <li>• Ambulatory Surgical Center</li> <li>• Behavioral Health Services</li> <li>• Behavioral Health Adult Targeted Case Management</li> <li>• Behavioral Health Youth Targeted Case Management</li> <li>• Community Psychiatric Rehabilitation Program</li> <li>• Comprehensive Day Rehabilitation</li> <li>• Comprehensive Substance Treatment &amp; Rehabilitation</li> <li>• Dental</li> <li>• Durable Medical Equipment</li> </ul>		<ul style="list-style-type: none"> <li>• Electronic Visit Verification</li> <li>• Environmental Lead Assessment</li> <li>• Exceptions</li> <li>• Healthy Children &amp; Youth</li> <li>• Hearing Aid</li> <li>• Home Health</li> <li>• Hospice</li> <li>• Hospital</li> <li>• Laboratory</li> <li>• Medicare/Medicaid Claims Processing</li> <li>• Non-Emergency Medical Transportation</li> <li>• Nurse Midwife</li> <li>• Nursing Home</li> <li>• Optical</li> <li>• Personal Care</li> <li>• Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Physician</li> <li>• Primary Care Health Home Initiative</li> <li>• Private Duty Nursing</li> <li>• Program of All-Inclusive Care for the Elderly</li> <li>• Rehabilitation Centers</li> <li>• Radiology</li> <li>• Rural Health Clinic</li> <li>• School District Administrative Claiming</li> <li>• School-Based IEP Direct Services Cost Settlement</li> <li>• School-Based IEP Specialized Transportation</li> <li>• Show Me Home (Money Follows the Person)</li> <li>• Targeted Case Management for IDD</li> <li>• Telemedicine</li> <li>• Therapy</li> <li>• Transplant</li> </ul>
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# eMOMED Overview

Providers can utilize [eMOMED](#) for the following:

- Claim Management
- Participant Eligibility
- Prior Authorization Status (PA)
- Provider Communications Management
- Participant Annual Renewal Date
- File Management
- Payment Information
- Provider Enrollment Status



Providers can review the [MO HealthNet Provider Overview Guide](#) found on the [Education & Training Page](#) for a detailed explanation of each function.

# Claim Management

- Submit claims
- Search Claim:
  - ICN Search
  - Or Advanced

**Claim Management**

NPI \*  Provider Name  
NPI is invalid.

**New Claim** ▾ **New Xover Claim** ▾


*Claim Search*

ICN  
 **Advanced**  
 Daily Claim Summary

Participant DCN  Submitted Charges

Dates of Service  To

Claim Type



## Welcome to eProvider

**Claim Management**  
Submit new claims. View claim status. Void/Replace existing claims.

**Attachment Management**  
Submit new stand-alone attachments. View attachment status.

**Participant Eligibility**  
Verify participant eligibility.

**Prior Authorization Status**  
Check the prior authorization status for participants.

**Provider Communications Management**  
Send Your Inquiries...

**Participant Annual Review Date**  
View participant annual review dates.

**Nursing Home Management**  
Manage participants. Submit nursing home claims.

**File Management**  
Send and receive batch files. Print/View/Download Remittance Advice.

**Payment Information**  
View the payment information for the two most recent payments.

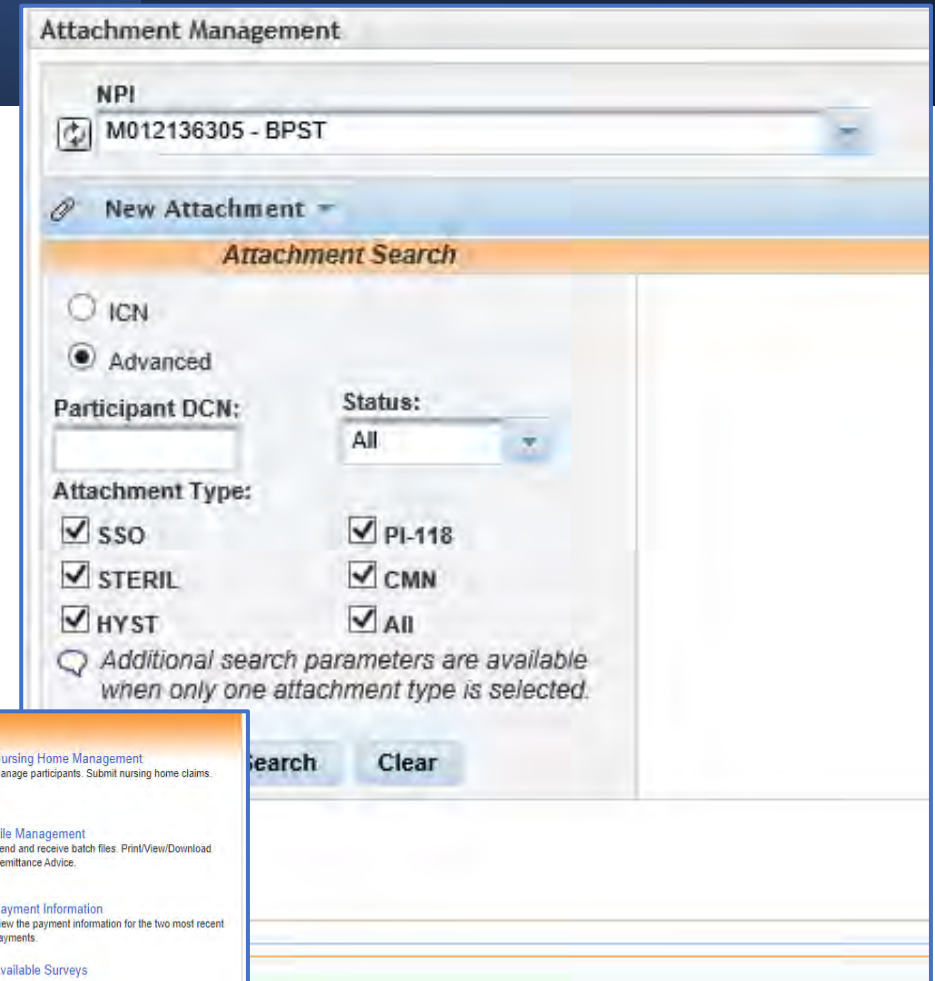
**Available Surveys**

**Provider Enrollment Status**  
Verify Provider Eligibility.

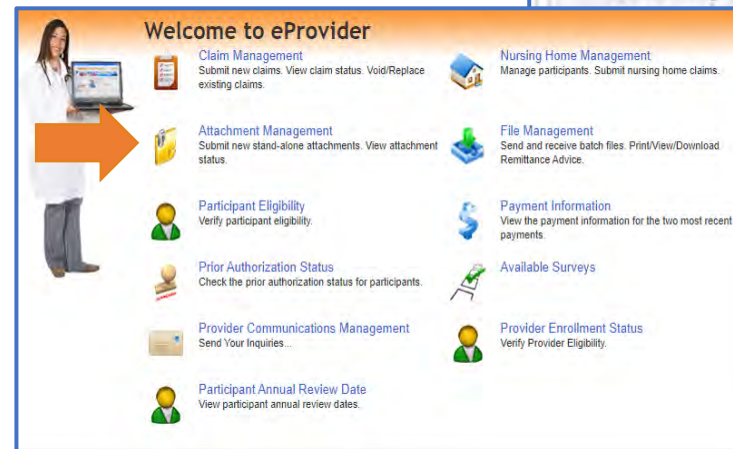
# Attachment Management

Providers can submit and check the status of the following forms:

- SSO – Second Surgical Opinion form
- STERIL – [Sterilization Consent form](#)
- HYST – [Acknowledgment of Receipt of Hysterectomy Information](#)
- PI-118 – [Medical Referral Form of Restricted Participants](#)
- CMN – [Certificate of Medical Necessity](#)



The screenshot shows the 'Attachment Management' web interface. At the top, there is a search bar for 'NPI' with the value 'M012136305 - BPST'. Below this is a 'New Attachment' button. The main section is titled 'Attachment Search' and contains several filters: radio buttons for 'ICN' and 'Advanced' (selected); a 'Participant DCN' input field; a 'Status' dropdown menu set to 'All'; and a grid of checkboxes for 'Attachment Type' including SSO, STERIL, HYST, PI-118, CMN, and All (all checked). A note at the bottom of the search area states: 'Additional search parameters are available when only one attachment type is selected.' At the bottom of the search area are 'Search' and 'Clear' buttons.

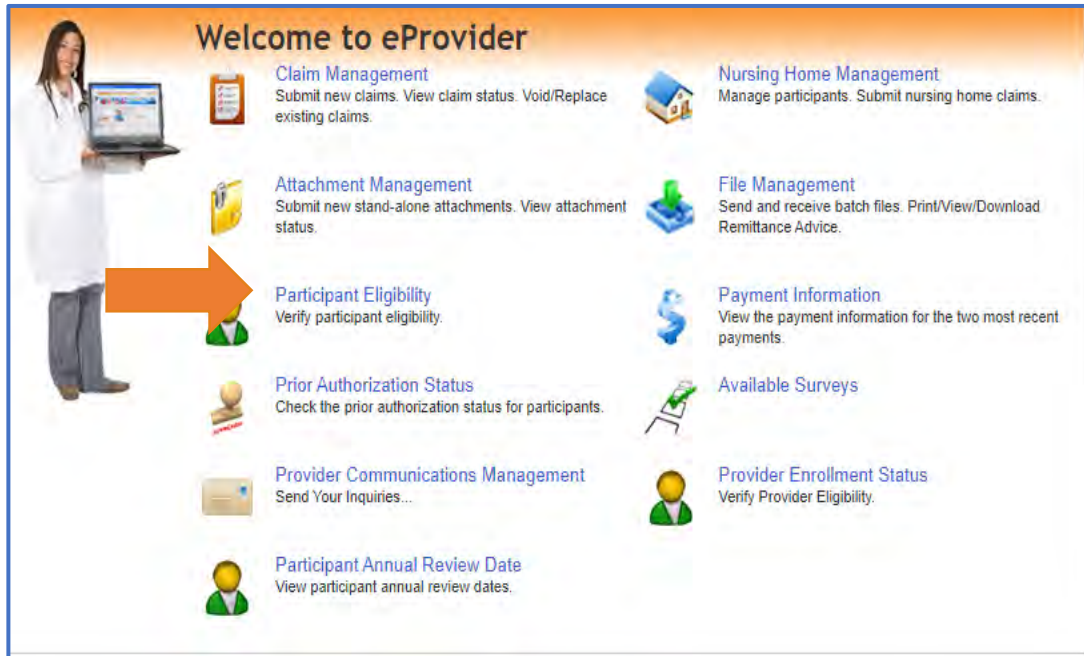


The 'Welcome to eProvider' dashboard features a central image of a doctor with a laptop and a large orange arrow pointing to the 'Attachment Management' tile. The dashboard includes the following tiles:

- Claim Management:** Submit new claims. View claim status. Void/Replace existing claims.
- Attachment Management:** Submit new stand-alone attachments. View attachment status.
- Participant Eligibility:** Verify participant eligibility.
- Prior Authorization Status:** Check the prior authorization status for participants.
- Provider Communications Management:** Send Your Inquiries...
- Participant Annual Review Date:** View participant annual review dates.
- Nursing Home Management:** Manage participants. Submit nursing home claims.
- File Management:** Send and receive batch files. Print/View/Download Remittance Advice.
- Payment Information:** View the payment information for the two most recent payments.
- Available Surveys:**
- Provider Enrollment Status:** Verify Provider Eligibility.

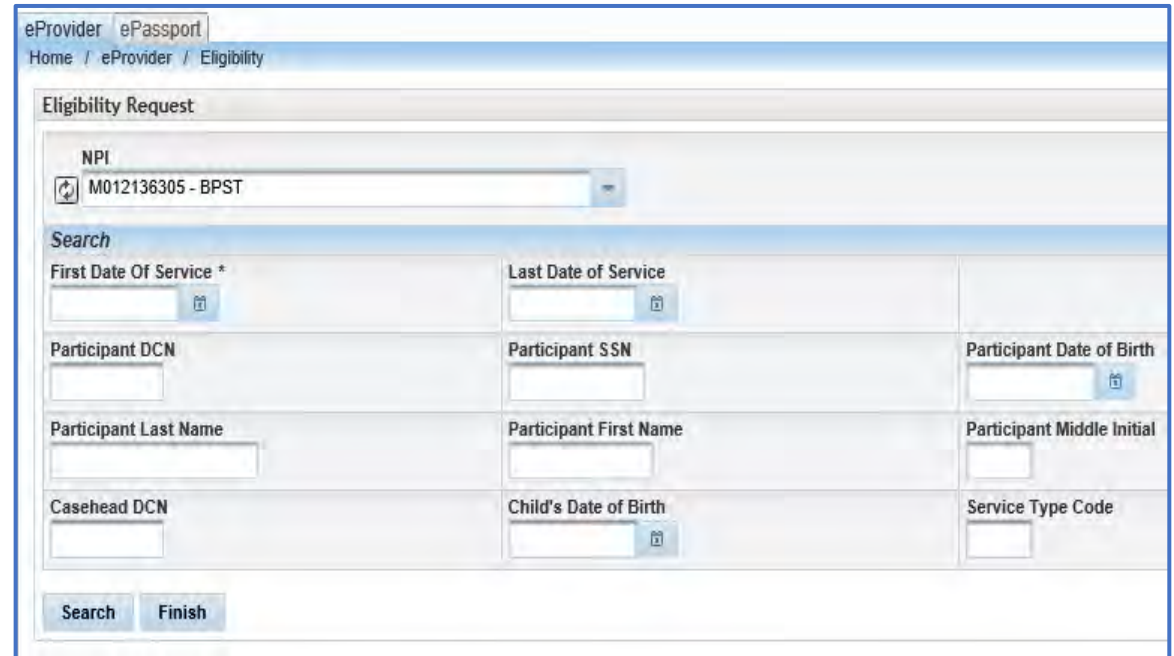
# Participant Eligibility

Providers can check participant eligibility either online on [eMOMED](#) or by calling Provider Communications at (573) 751-2896 or (833) 222-7916, Option 1.



**Welcome to eProvider**

- Claim Management**  
Submit new claims. View claim status. Void/Replace existing claims.
- Attachment Management**  
Submit new stand-alone attachments. View attachment status.
- Participant Eligibility**  
Verify participant eligibility.
- Prior Authorization Status**  
Check the prior authorization status for participants.
- Provider Communications Management**  
Send Your Inquiries...
- Participant Annual Review Date**  
View participant annual review dates.
- Nursing Home Management**  
Manage participants. Submit nursing home claims.
- File Management**  
Send and receive batch files. Print/View/Download Remittance Advice.
- Payment Information**  
View the payment information for the two most recent payments.
- Available Surveys**
- Provider Enrollment Status**  
Verify Provider Eligibility.



eProvider ePassport  
Home / eProvider / Eligibility

**Eligibility Request**

NPI  
M012136305 - BPST

**Search**

First Date Of Service *	Last Date of Service	
Participant DCN	Participant SSN	Participant Date of Birth
Participant Last Name	Participant First Name	Participant Middle Initial
Casehead DCN	Child's Date of Birth	Service Type Code

Search Finish

Refer to the [Eligibility and Spend Down Resource](#) for additional information

# Prior Authorization Status

Providers can check the status of a Prior Authorization (PA) using the PA Status Search.

Search by DCN

The screenshot shows the 'PA Status Search' interface within the 'eProvider | ePassport' system. The breadcrumb trail is 'Home / eProvider / PA Status Management'. The search criteria are as follows:

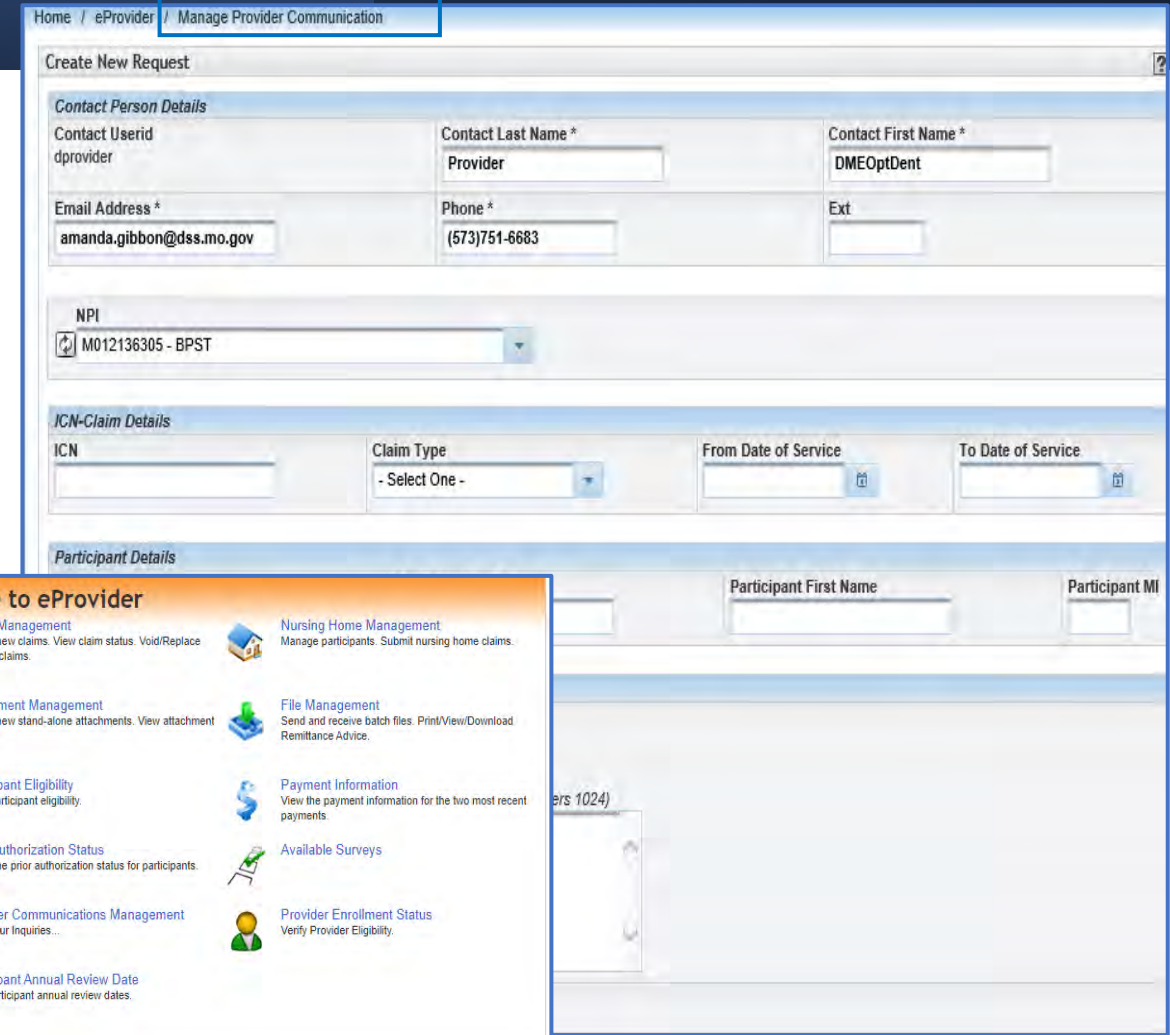
- NPI:** M012136305 - BPST
- Participant DCN:** (Empty text box, highlighted with a blue border)
- Procedure Code:** (Empty text box)
- Modifiers:** (Two empty text boxes)
- PA Status \*:**
  - Approved
  - Closed
  - Denied
  - Hold
  - Incomplete
  - Pending
  - All

Buttons for 'Search' and 'Clear' are located below the status selection. A 'Finish' button is at the bottom of the form.

# Provider Communications Management

The Provider Communications Management option is a direct message to the Provider Communications Unit to answer questions regarding claims and eligibility issues.

They will respond within 24-48 hours.



The image shows a screenshot of the eProvider system interface. The top navigation bar includes 'Home / eProvider / Manage Provider Communication'. The main form is titled 'Create New Request' and is divided into several sections:

- Contact Person Details:** Includes fields for Contact Userid (dprovider), Contact Last Name (\* Provider), Contact First Name (\* DMEOptDent), Email Address (\* amanda.gibbon@dss.mo.gov), Phone (\* (573)751-6683), and Ext.
- NPI:** A dropdown menu showing 'M012136305 - BPST'.
- ICN-Claim Details:** Includes fields for ICN, Claim Type (- Select One -), From Date of Service, and To Date of Service.
- Participant Details:** Includes fields for Participant First Name and Participant MI.

Below the form is a 'Welcome to eProvider' dashboard with a grid of icons and links to various services:

- Claim Management:** Submit new claims. View claim status. Void/Replace existing claims.
- Attachment Management:** Submit new stand-alone attachments. View attachment status.
- Participant Eligibility:** Verify participant eligibility.
- Prior Authorization Status:** Check the prior authorization status for participants.
- Provider Communications Management:** Send Your Inquiries... (highlighted with an orange arrow)
- Participant Annual Review Date:** View participant annual review dates.
- Nursing Home Management:** Manage participants. Submit nursing home claims.
- File Management:** Send and receive batch files. Print/View/Download Remittance Advice.
- Payment Information:** View the payment information for the two most recent payments.
- Available Surveys:**
- Provider Enrollment Status:** Verify Provider Eligibility.

# Provider Communications

**Providers may also contact Provider Communications at (573) 751-2896 or toll free at (833) 222-7916:**

Option 1 – Participant Eligibility

Option 2 – Check Amount Information

Option 3 – Claim Information

Option 4 – Provider Enrollment Status

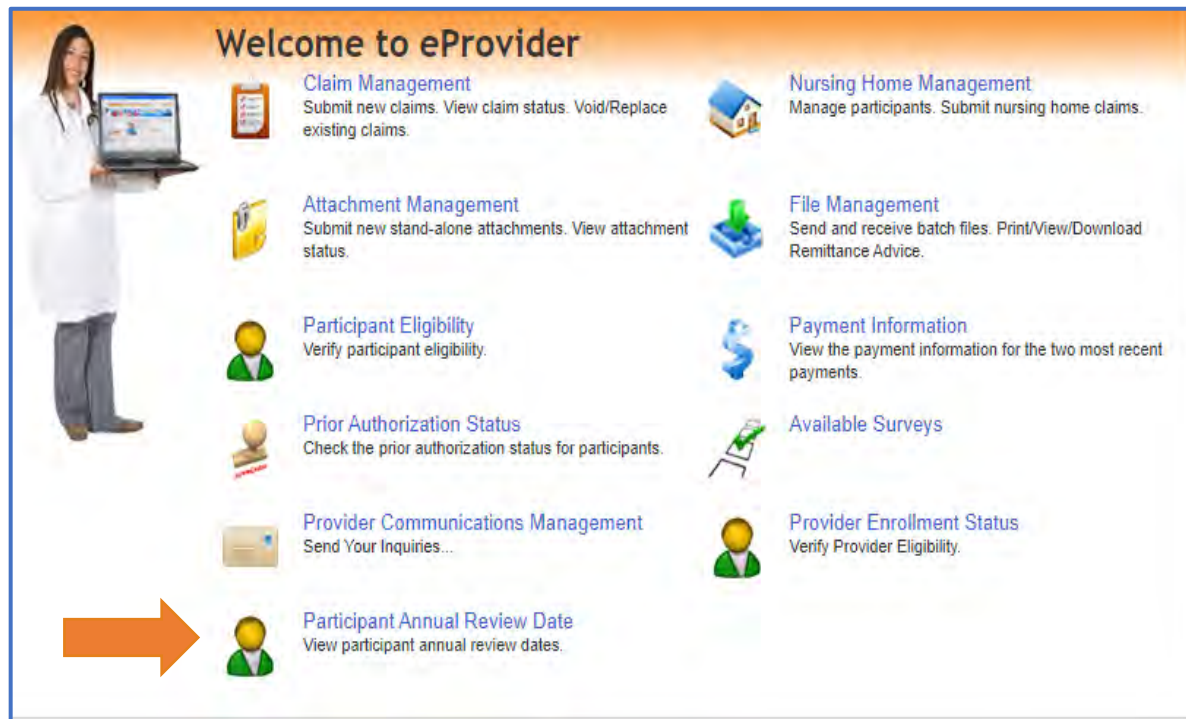
Option 5 – Participant Annual Review Date

Option 6 – Transfer to Representative



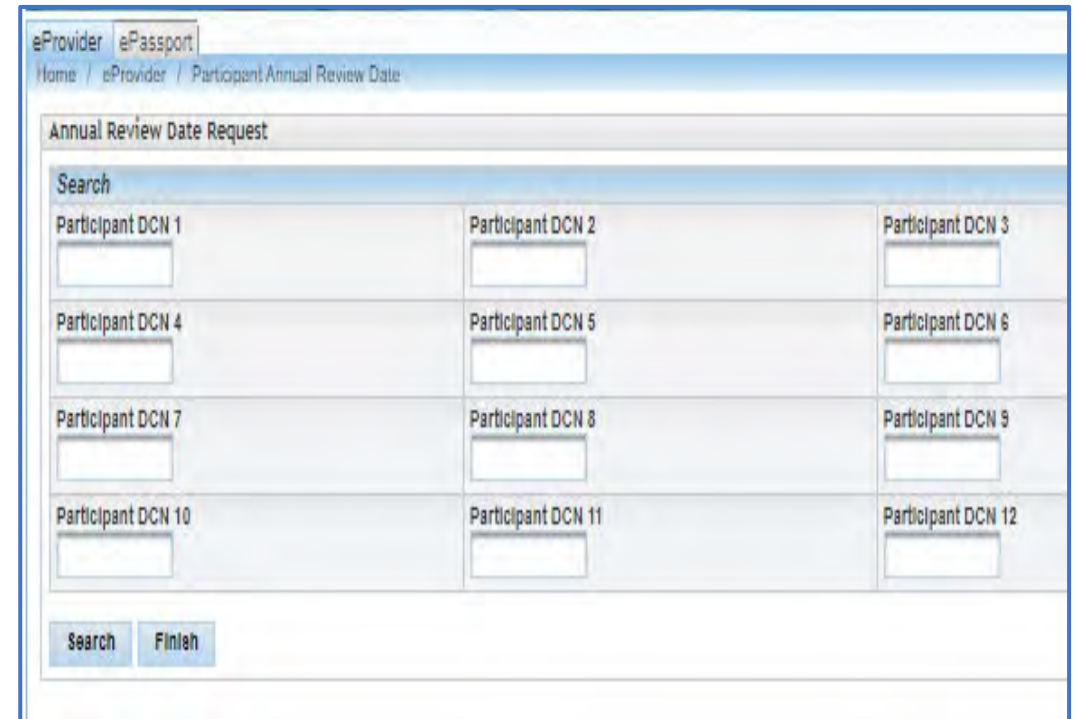
# Participant Annual Review

To verify a participant's annual renewal date in [eMOMED](#), select Annual Review Date and enter the participant's DCN. You can review up to 12 participant DCN's at one time.



**Welcome to eProvider**

- Claim Management**  
Submit new claims. View claim status. Void/Replace existing claims.
- Attachment Management**  
Submit new stand-alone attachments. View attachment status.
- Participant Eligibility**  
Verify participant eligibility.
- Prior Authorization Status**  
Check the prior authorization status for participants.
- Provider Communications Management**  
Send Your Inquiries...
- Participant Annual Review Date**  
View participant annual review dates.
- Nursing Home Management**  
Manage participants. Submit nursing home claims.
- File Management**  
Send and receive batch files. Print/View/Download Remittance Advice.
- Payment Information**  
View the payment information for the two most recent payments.
- Available Surveys**
- Provider Enrollment Status**  
Verify Provider Eligibility.



eProvider ePassport  
Home / eProvider / Participant Annual Review Date

**Annual Review Date Request**

Search

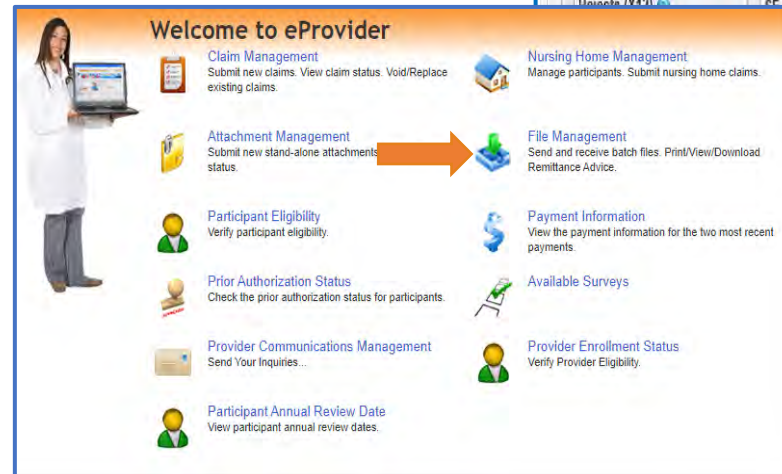
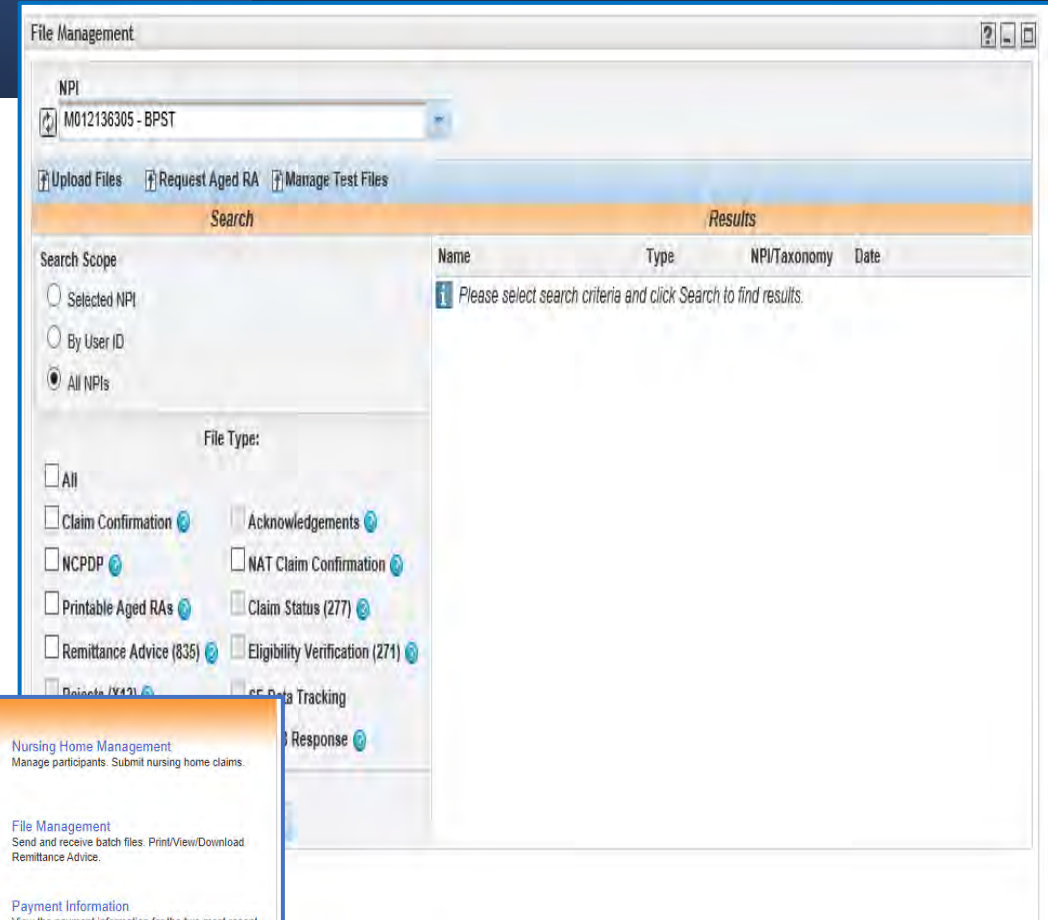
Participant DCN 1 <input type="text"/>	Participant DCN 2 <input type="text"/>	Participant DCN 3 <input type="text"/>
Participant DCN 4 <input type="text"/>	Participant DCN 5 <input type="text"/>	Participant DCN 6 <input type="text"/>
Participant DCN 7 <input type="text"/>	Participant DCN 8 <input type="text"/>	Participant DCN 9 <input type="text"/>
Participant DCN 10 <input type="text"/>	Participant DCN 11 <input type="text"/>	Participant DCN 12 <input type="text"/>

Search Finish

# File Management

In **eMOMED**, under File Management providers can:

- Retrieve a Remittance Advice (RA) the Monday following the weekend Financial Cycle run
- View and print the RA from their desktop
- Download the RA for future reference
- Request Aged RA's



# Payment Information/ Provider Enrollment Status

Direct Deposit information for last two billing cycles

Payment Information

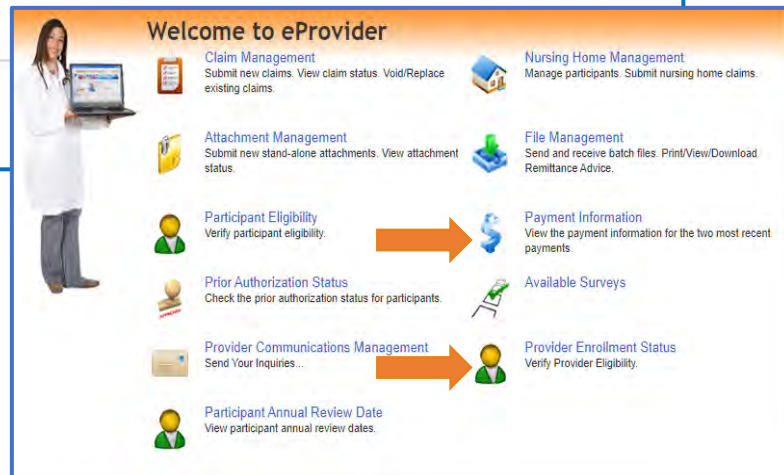
NPI

**Remittance Advice**

Date	Number	Amount
02/28/2020	10951891	\$0.00
02/07/2020	10940849	\$0.00

**Finish**

**Welcome to eProvider**



- Claim Management**  
Submit new claims. View claim status. Void/Replace existing claims.
- Attachment Management**  
Submit new stand-alone attachments. View attachment status.
- Participant Eligibility**  
Verify participant eligibility.
- Prior Authorization Status**  
Check the prior authorization status for participants.
- Provider Communications Management**  
Send Your Inquiries...
- Participant Annual Review Date**  
View participant annual review dates.
- Nursing Home Management**  
Manage participants. Submit nursing home claims.
- File Management**  
Send and receive batch files. Print/View/Download Remittance Advice.
- Payment Information**  
View the payment information for the two most recent payments.
- Available Surveys**
- Provider Enrollment Status**  
Verify Provider Eligibility.

Provider Enrollment information;  
Ordering/Prescribing/Performing  
providers must be enrolled.

eProvider ePassport

Home / eProvider / Provider Enrollment Status

**Provider Enrollment Status Request**

NPI

**Search**

Date Of Service \*

NPI \*

**Search** **Finish**

# Spend Down Program

In the Spend Down Program the participant has an amount they must pay or reach each month before they can have MO HealthNet coverage. It is similar to an insurance premium or a deductible.

MHD only reimburses providers for covered medical expenses that exceed a participant's spend down amount.

MHD tracks the bills received for the first day of coverage until the bills equal the participant's remaining spend down liability.



# Spend Down Unit

The Family Support Division (FSD) determines spend down amounts based on a participant's income and if it exceeds the allowable amount to qualify for MO HealthNet coverage.

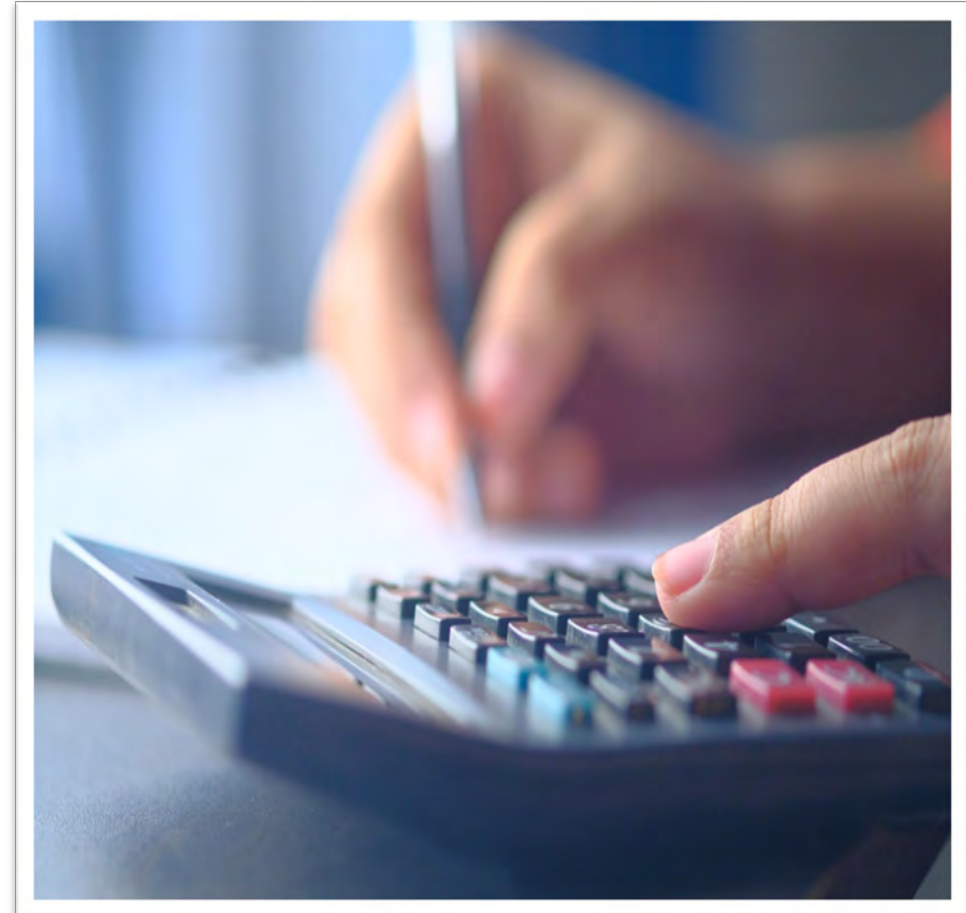
The FSD Spend Down Unit reviews incurred medical expenses to verify if the expense meets the spend down criteria, determines MO HealthNet coverage dates, and authorizes coverage.

Email questions: [SpendDown.Unit@dss.mo.gov](mailto:SpendDown.Unit@dss.mo.gov)

Call: (855) 600-4412

Fax for Spend Down ONLY: (855) 600-3754

Review [Spend Down FAQs](#)



# Meeting Spend Down

MO HealthNet participants may reach their spend down in one of the following ways:

- Provide incurred medical expenses (paid or unpaid) that add up to at least the spenddown amount
- Pay their spend down amount by credit card, electronic check, check, or money order

A participant's MO HealthNet coverage becomes active only after their spend down amount is met.

When the spenddown amount is paid directly, the participant's MO HealthNet coverage will be active on the first day of the month for which the spend down was paid. For instance, if a participant pays their spend down amount on December 5<sup>th</sup>, after processing the payment, their MO HealthNet coverage begins December 1<sup>st</sup>.

# How Providers Can Assist

Providers can help participants meet their spend down requirement by reporting incurred medical expenses through the electronic [Provider Spend Down Form](#). This form allows providers to submit the participant's medical expenses directly to FSD.

Once submitted, the information is reviewed through an automated process, which can activate coverage as soon as the next business day for participants who meet their spend down amount.

If a provider still needs to use the previous PDF version of the [MO HealthNet Spend Down Provider Form \(IM-29PROV\)](#), it remains available. However, expedited processing does not apply to forms submitted using the PDF version.

### MO HealthNet Spend Down Provider

Provider Instructions: Please fill out this form when you have a patient who has qualified for spend down, and an actual bill is not yet available. By completing this form, you (or an authorized employee) are verifying that your patient has incurred, and personally owes payment for medical expenses you provided.

Patient First Name: \*  Patient Middle Name:

Patient Last Name: \*  MO HealthNet Number: \*

Provider Name: \*

Does the patient have Medicare or other Third-Party Insurance? \*  
 Yes  No

---

Date of Service \*  Type of Service (Procedure Code) \*

Total Charge \*  Third Party Payment \*  Write-Off / Adjustment \*  Patient Responsibility


+   -

Verify: By completing and signing this document, you verify that you have provided accurate information and that you will bill the patient for the amount due. Also, if you filled in the "total patient is responsible to pay" column with a good faith estimate, CHECK HERE

**AUTHORIZED EMPLOYEE COMPLETING FORM**

Name \*

Phone Number \*  Date

CAPTCHA \*  I'm not a robot 

# Claims and Spend Down

After services are rendered to the MO HealthNet participant, the providers who performed the MO HealthNet services will submit a claim to MHD to be paid for their services.

Spend down is **date of service (DOS) specific** and applies to all claims for that same DOS until the participant's spend down amount is met. Any claim billed for that DOS is subject to spend down, regardless of whether the that provider submitted the Spend Down Form.

When spend down is applied to a claim, the claim will be paid up to the allowable, less the spend down amount.



# Eligibility and Spend Down Resource

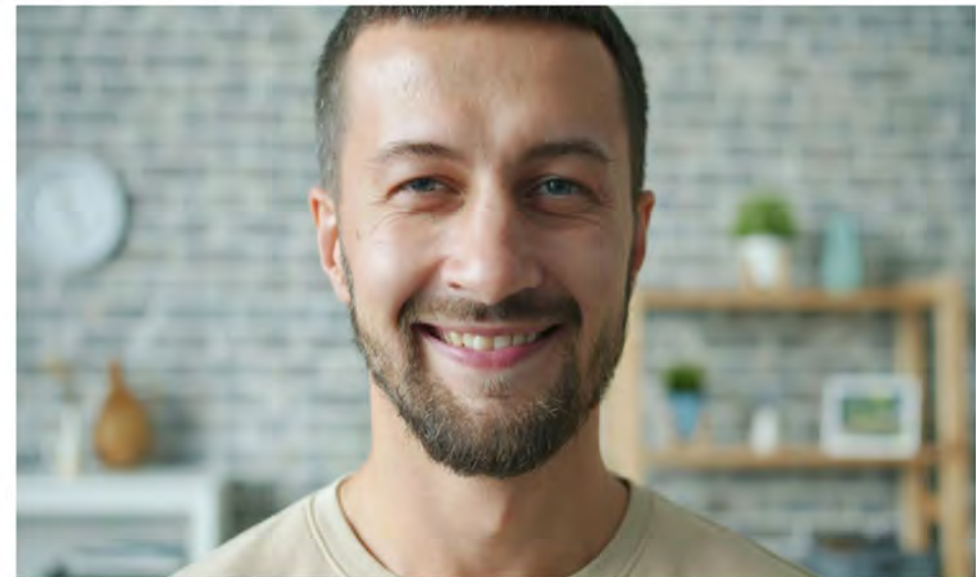
The [MO HealthNet Eligibility and Spend Down](#) resource explains how to check eligibility and includes two scenarios that show how spend down is applied to claims.

## Spend Down Scenario 1 - Spend Down Met



Jindy has a spend down amount of \$100 that must be met before her MO HealthNet coverage is active.

## Spend Down Scenario 2 - Spend Down Not Met



Matt has a spend down of \$200 that must be met before his MO HealthNet coverage is active.

# MO HealthNet Eligibility and Spend Down Resource

## MO HealthNet & Spend Down (Met)

Eligibility / Benefit Information1 of 4								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
B - Co-Payment	30 - Health Benefit Plan Coverage	13	34 - Month	\$0.00	MC - MO HealthNet	291		02/10/2026 02/10/2026

Eligibility / Benefit Information2 of 4								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	34 - Month		MC - MO HealthNet	291		02/10/2026 02/10/2026

Eligibility / Benefit Information3 of 4								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	1 - Medical Care 33 - Chiropractic 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 50 - Hospital - Outpatient 86 - Emergency Services 88 - Pharmacy 98 - Professional (Physician) Visit - Office AL - Vision (Optometry) MH - Mental Health UC - Urgent Care	13	34 - Month		MC - MO HealthNet	291		02/10/2026 02/10/2026

Eligibility / Benefit Information4 of 4								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
Y - Spend Down	30 - Health Benefit Plan Coverage			\$254.00	MC - MO HealthNet	291		02/01/2026 02/28/2026

Reference Information	
Confirmation Number	

Print Finish

## MO HealthNet & Spend Down (Not Met)

Eligibility / Benefit Information1 of 2								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
6 - Inactive	30 - Health Benefit Plan Coverage				MC - MO HealthNet	291		03/01/2026 03/01/2026

Eligibility / Benefit Information2 of 2								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
Y - Spend Down	30 - Health Benefit Plan Coverage			\$254.00	MC - MO HealthNet	291		03/01/2026 03/31/2026

Reference Information	
Confirmation Number	

Print Finish

The [MO HealthNet Eligibility and Spend Down Resource](#) includes detailed screen shots from eMOMED with question mark icons that explain the purpose of each field.

# Resources & Contact Information

Clinical Services	Policy development, benefit design, coverage decisions, provider and program policy inquiries	(573) 751-6963 <a href="mailto:MHD.ClinicalServices@dss.mo.gov">MHD.ClinicalServices@dss.mo.gov</a>
CyberAccess	Account setup or technical questions	(888) 581-9797 (573) 632-9797 <a href="mailto:cyberaccesshelpdesk@xerox.com">cyberaccesshelpdesk@xerox.com</a>
Education & Training	Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via <a href="#">eMOMED</a> .	(573) 751-6683 <a href="mailto:MHD.Education@dss.mo.gov">MHD.Education@dss.mo.gov</a>
Managed Care Communications	If providers are unable to resolve a Managed Care issue directly with a <a href="#">health plan</a> , complete a <a href="#">Managed Care Provider Request for Information</a> .	<a href="mailto:MHD.MCCommunications@dss.mo.gov">MHD.MCCommunications@dss.mo.gov</a>
MHD Services & Programs	Inquiries regarding programs and policy that cannot be answered by any other contact - Provide NPI, name and contact information and complete details regarding inquiry	<a href="mailto:Ask.MHD@dss.mo.gov">Ask.MHD@dss.mo.gov</a>
Participant Services	Questions from participants regarding MHD eligibility benefits and application process.	(855) 373-9994 <a href="http://www.mydss.mo.gov">www.mydss.mo.gov</a> Family Support Division Information Center (855) FSD-INFO (855) 600-4412

# Resources & Contact Information

Pharmacy & Medical Pre-Certification Help Desk	Pharmacy Clinical Authorizations, Edit Overrides, Medical Pre-Certifications (outpatient, diagnostic, non-emergency MRI, MRA, CT, CTA, PET scans and cardiac imaging)	(800) 392-8030
Provider Communications	Provider's initial contact for questions - Contact with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.	Via <a href="#">eMOMED</a> using Provider Communications Management link (573) 751-2896 or (833) 222-7916 Provider Communications Unit PO Box 5500 Jefferson City, MO 65102-2500
Provider Enrollment	Located within the MO Medicaid Audit and Compliance (MMAC) Unit - Inquiries regarding enrollment applications, changes to Provider Master File (addresses, tax identification, ownership, individual's name, practice name, National Provider Identification (NPI) number)	(573) 751-3399 <a href="mailto:mmac.providerenrollment@dss.mo.gov">mmac.providerenrollment@dss.mo.gov</a> Missouri Medicaid Audit & Compliance P. O. Box 6500 Jefferson City, Missouri 65102
Technical Help Desk	Technical support and assistance for issues with <a href="#">eMOMED</a> . Establishes required electronic claims and RA formats, network communication and HIPAA trading partner agreements.	(573) 635-3559 <a href="mailto:internethelpdesk@momed.com">internethelpdesk@momed.com</a>

# Help Us Improve



**Please complete an evaluation so we can keep improving our training and resources.**

**Thank you for attending today!**

If you have additional questions, contact [MHD.EDUCATION@dss.mo.gov](mailto:MHD.EDUCATION@dss.mo.gov) or call (573)751-6683