**MO HealthNet Price File "Key"**

The information below is a key to help identify the indicators. **"M1" "M2"** Columns on Pricing File - Possible procedure code's modifiers are listed in these columns.

**"PA" Columns on Pricing File -**  
0 No Restrictions I Home Health Plan of Care Required  
1 Prior Authorization Required J Smart DME Prior Authorization Required  
2 Medical Necessity Required K Cert. of Medical Necessity for Abortion  
3 Denture Certification Required Required  
4 Sterilization Consent Form Required L Home Health Equipment Certification and  
5 Home Health Equipment Certification Prior Authorization Required  
 Required M Smart Prior Authorization Required  
6 Hearing Aid Certification Required N Denture Certification and Prior  
7 EPDS/HCY MS-40 Required Authorization Required  
8 Hysterectomy Form Required O Prior Authorization for Providers  
9 Second Opinion Form Required P Oxygen and Respiratory Equipment  
A Prior Authorization and Second Opinion Justification Required  
 Form Required Q Prior Authorization Required for Ages 0-2  
B Medical Necessity and Second Opinion Form R Invoice Required  
 Required S X-Ray Required  
C Complex Consultation Form Required T Transplant  
D Sterilization Consent Form and Second V Sleep Study  
 Opinion Form Required W Medical Necessity Required for 1st Claim  
E Augmentative Evaluation Report Required only  
F Invoice and Prior Authorization Required X Anesthesia Report Required  
G Inv. Cost and Medical Necessity Required Y Operative Report Required  
H Hysterectomy and Second Opinion Required Z Pathology Report Required

**"PI" Columns on Pricing File -**  
 3 Lower of billed or maximum allowed charge items of service  
 6, 7 Manually Priced  
 9 Do Not Pay - will not suspend  
 A Anesthesia  
 D NCD Required  
 H HCPCS Conversion  
 I Zero Allowed or Paid  
 O IEP Federal Paid  
 W Encounter Data only

**"EFF DATE" Column on Pricing File -**  
 The date that this procedure was activated with the P1 indicator shown. **"REL VAL" Column on Pricing File -**  
 The relative value assigned to a procedure code in calculating anesthesia pricing. **"SPEC FEE" Column on Pricing File -**  
 The Medicaid maximum allowable fee for this procedure. **"QTY" Column on Pricing File -**  
 The maximum quantity that can be billed per date of service.  
 Effective August 23, 2022, for dates of service on or after July 1, 2022, the MO HealthNet Division (MHD) requires  
 providers to follow [Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUE).](https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicaid/medicaid-ncci-edit-files)  
   
 An MUE for a Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code is the  
 maximum units of service that a provider would report under most circumstances for a single participant on a  
 single date of service. Not all HCPCS/CPT codes have an MUE assigned by CMS. If there is no MUE for a code,  
 providers should use the MO HealthNet maximum quantity on the online fee schedule.