



Primary Insurance:

What Medicaid Dental Providers Need to Know

By Lori Reed, Dental Medicaid Facilitator, MCOH

If you're a Medicaid dental provider—or thinking about becoming one—it's important to check each patient's eligibility. This includes confirming whether they have Fee-For-Service Medicaid, Managed Care (Home State Health, Healthy Blue, Show Me Healthy Kids, UnitedHealthcare), or any other insurance, often called Third Party Liability (TPL).

MO HealthNet requires providers to bill the patient's primary insurance before billing Medicaid. Many times, providers don't learn about insurance changes until a patient tells them during the visit. If a patient reports other insurance, make sure that MO HealthNet's system (eMOMED) shows that information. Providers should also check eligibility with Managed Care plans to confirm what they list as the primary payer.

If primary insurance isn't listed with MO HealthNet, providers can update it through MO HealthNet's new [Third Party Liability Update](#) Portal. You can use the portal to:

- Report new TPL
- Update or correct existing TPL
- Upload supporting documents as needed

The portal replaces the old TPL-1 and TPL-4 paper forms and helps keep patient records up-to-date, which reduces denied claims due to missing insurance information.

TPL Portal link: **Third Party Liability Update**

If your patients are enrolled in a Managed Care Organization (MCO), contact the MCO directly if their TPL appears incorrect. MCOs often have the most current information, so it's important that their records match MO HealthNet's.

Key Points to Remember:

- Out-of-network denials (PR-242) are not considered a valid denial reason for Medicaid to pay. MO HealthNet will not reimburse if the primary denies payment because the provider is out-of-network.
- If the primary insurance *does* pay for an out-of-network service, MO HealthNet may pay up to the Medicaid allowed amount.

- Providers should inform patients if they are in-network or out-of-network with the primary plan, because it affects what Medicaid will pay.
- Providers should consider enrolling with the primary insurance when reasonable and proper.
- Medicare Part C must be billed when applicable, as it works similarly to commercial insurance.
- MHD will pay up to the MHD allowed amount for covered codes after the primary insurance has paid. Example:
 - Billed: \$200
 - Primary allowed: \$50
 - MO HealthNet allowed: \$125
 - MO HealthNet payment: \$75

Medicare Coverage

MO HealthNet knows Medicare Part B rarely covers dental services outside emergencies, so providers are not required to bill Part B. Part C, however, may include dental benefits, so checking network status or out-of-network coverage is important.

Important Note:

MHD posted a [Bulletin](#) on July 9, 2026, explaining Participant Liability and Billing. Please refer to this bulletin for more information regarding when the participant is responsible for payment, see link here: [20260709-Participant-Non-Liability-and-Billing-49-02.docx](#).

For Questions:

MO HealthNet TPL Unit

Phone: 573-751-2005

Email: TPL.Database@dss.mo.gov

Education & Training resources:

Website: [Education & Training | Missouri Department of Social Services](#)

Email: MHD.Education@dss.mo.gov

Phone: 573-751-6683

You can also reach out to the **Missouri Coalition for Oral Health** at lreed@oralhealthmissouri.org