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OFFICIAL MEMORANDUM

**DATE:** May 28, 2014  
**TO:** CSTAR Community Treatment Providers – Adults and Children  
**FROM:** Nora K. Bock, DBH Director of Adult Community Treatment  
**RE:** CSTAR Claims and Diagnoses

As a reminder, CSTAR claims must be submitted with an eligible diagnosis in order for services to be reimbursed by MOHealthNet, regardless of whether the claims are keyed or batched into the CIMOR system. In CIMOR, the Principal Diagnosis must be chosen within the CSTAR diagnostic group. The Principal Diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as "that condition established after study to be chiefly responsible for occasioning the admission of the patient..."

Recently, some provider claims have been rejected when the same service is billed more than once on the same day. These were rejected because the diagnosis differed on these same day billings. For example, a provider might key an additional unit of day treatment using a non-principal diagnosis, after having batched day treatment claims for that day in CIMOR using a different diagnosis. The claim is rejected because it is identified as a duplicate claim. To avoid rejections by MOHealthNet and to ensure data integrity, the first diagnosis on the claim should be the Principal Diagnosis in the Episode of Care (EOC) in CIMOR.

Please be aware that we are in the process of adding a business rule that will cause all billing to be rejected if the Principal Diagnosis in CIMOR is not also the diagnosis that is the first diagnosis (in the first position) on claims being billed. The purpose of this business rule is to ensure that the diagnosis is accurate and consistent between CIMOR, MOHealthNet, and providers' EMRs.

Please contact Rhonda Turner at [rhonda.turner@dmh.mo.gov](mailto:rhonda.turner@dmh.mo.gov) if you have any questions regarding the information in this memo.

Thank you.

NB:ldn

cc: Laurie Epple  
Connie Cahalan  
Vicki Schollmeyer

Natalie Fornelli  
Donna Siebeneck  
Kathy Huber