



MISSOURI
DIVISION OF MEDICAL SERVICES

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August 29, 2003

Adult Day Health
Care Bulletin

Due to budget constraints, paper copies of bulletins will
no longer be distributed by DMS. Bulletins are now
available only at the DMS Website.

Bulletins will remain on this site only until incorporated
into the provider manuals as appropriate, then deleted.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service
and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-
service programs also provide coverage for those services carved out of the MC+
Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services
included in the MC+ Managed Care benefit should be directed to the enrollee's MC+
Managed Care health plan. Please check the patient's eligibility status prior to
delivering a service.

HIPAA

To prepare for the mandatory implementation of Health Insurance Portability and
Accountability Act (HIPAA) national standards, the Division of Medical Services (DMS)
has analyzed how Adult Day Health Care providers must bill for services in order to be
in compliance with the implementation of national transaction and code sets. HIPAA
mandates that states allow providers to bill for services using the standard Health Care
Procedure Coding System (HCPCS) code sets; however, it does not require states to
add coverage for services that it does not currently cover.

Billing providers wishing to exchange electronic transactions with Missouri Medicaid
may now view the X12N Version 4010A1 Companion Guide on Missouri Medicaid's web

page at www.medicaid.state.mo.us. To access the Companion Guide, select Missouri Medicaid Electronic Billing Layout Manuals; select System Manuals; select Electronic Claims Layout Manuals; select X12N Version 4010A1 Companion Guide. For information on Trading Partner Agreements, select Section 1 - Getting Started; select Trading Partner Registration. All questions concerning Trading Partner Agreements or provider testing schedules should be directed to the Verizon Help Desk at 573-635-3559.

PROCEDURE CODES

Adult Day Health Care providers *must* use the appropriate covered codes listed below for dates of service on or after October 1, 2003:

- § Type of Service Z - S5102 - Adult Day Health Care, Full Day (6-10 hours) replacing Y9800
- § Type of Service Z - S5101 - Adult Day Health Care, ½ Day (3-5 hours) - replacing Y9850

TYPE OF SERVICE

Effective October 16, 2003, the type of service is no longer a valid code set under HIPAA standards. Type of service *should not* be included on any type of claim submissions on or after October 16, 2003, regardless of the dates of service submitted for adjudication.

Provider Communications

(800) 392-0938

or

(573) 751-2896