



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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ADULT DAY HEALTH CARE, AGED & DISABLED WAIVER, AIDS WAIVER, HOME HEALTH, INDEPENDENT LIVING WAIVER, PERSONAL CARE, PHYSICAL DISABILITIES WAIVER and PRIVATE DUTY NURSING

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INCREASED MAXIMUM ALLOWABLE

Effective for dates of service on or after July 1, 2007, the Medicaid/MC+ fee-for-service maximum allowable rates for services listed below will be increased. Medicaid will reimburse the lower of the provider's billed charge or the maximum allowable amount for the date of service billed. Providers may not bill Medicaid at a higher rate than they charge their private pay patients. Providers must bill Medicaid their usual and customary rate.

The affected procedure codes and amounts are as follows:

PROCEDURE CODE	DESCRIPTION	CURRENT MAXIMUM ALLOWABLE	MAXIMUM ALLOWABLE JULY 1, 2007
S5102	Adult Day Health Care-Full Day (6-10 hours)	\$59.32	\$63.16
S5101	Adult Day Health Care - Half Day (3-5 hours)	\$30.16	\$32.08
S5130	Homemaker (15-min. unit)	\$3.90	\$4.02
S5120	Chore (15-min. unit)	\$3.90	\$4.02
S515152	Basic Block Respite (9-12 hours)	\$63.32	\$68.12
S5150	Basic Respite (15-in. unit)	\$3.44	\$3.56
S5150TF	Advanced Respite (15-in. unit)	\$4.19	\$4.31
S515152TF	Advanced Block Respite (6-8 hours)	\$91.68	\$95.04
S5151TF	Advanced Daily Respite (17-24 hours)	\$221.76	\$231.84
T1005	Nurse Respite (15-min. unit)	\$5.32	\$5.44

PROCEDURE CODE	DESCRIPTION	CURRENT MAXIMUM ALLOWABLE	MAXIMUM ALLOWABLE JULY 1, 2007
S510252	Adult Day Care-Basic (minimum of 4 hours)	\$44.56	\$46.48
T1019U4	Personal Care, AIDS Waiver (15-min. unit)	\$3.90	\$4.02
T1000U4	Private Duty Nursing, AIDS Waiver (15-min. unit)	\$6.72	\$6.84
S5126U4	Attendant Care, AIDS Waiver (per day)	\$143.20	\$154.72
T1019	Personal Care (15-min. unit)	\$3.90	\$4.02
T1019TF	Advanced Personal Care (15-min. unit)	\$4.91	\$5.03
T1001	Authorized Nurse Visit (per visit)	\$39.49	\$39.97
T1019U3	Personal Care in RCF I and II (15-min. unit)	\$3.76	\$3.88
T1019U3TF	Advanced Personal Care in RCF I and II (15-min. unit)	\$4.27	\$4.39
T1001U3	Authorized Nurse Visit in RCF I and II (per visit)	\$29.71	\$30.19
T1019EP	Personal Care, HCY (15-min. unit)	\$3.90	\$4.02
T1019TFEP	Advanced Personal Care, HCY (15-min. unit)	\$4.91	\$5.03
T1001EP	Authorized Nurse Visit, HCY (per visit)	\$39.49	\$39.97
T1001TDEP	RN Evaluation Visit for Personal Care, HCY (per visit)	\$39.49	\$39.97
S5125U5	Attendant Care, Physical Disabilities Waiver (15-min. unit)	\$3.90	\$4.02
T1000U5	Private Duty Nursing, Physical Disabilities Waiver (15-min. unit)	\$6.72	\$6.84
T1000	Private Duty Nursing, HCY (15-min. unit)	\$6.72	\$7.20
T1000SC	Private Duty Nursing, Exception (15-min. unit)	\$6.72	\$6.84
T1019U2	Consumer-Directed Personal Care (15-min. unit)	\$3.35	\$3.47
T1019U6	Consumer-Directed Personal Care, Independent Living Waiver (15-min. unit)	\$3.35	\$3.47

Home Health Providers

Effective for dates of service on or after July 1, 2007, Home Health providers will receive an increase of \$0.48 to the per visit rate that is currently on file with Missouri Medicaid. A visit is a personal contact for a period of time, not to exceed three (3) continuous hours, in a patient's place of residence.

The Title XIX Medicaid reimbursement for covered Home Health services provided to eligible individuals continues to be made at the lower of the provider's billed charge for the service or the Medicaid maximum allowable fee for service, per visit rate, which is \$62.79 for dates of service through June 30, 2007, and \$63.27 for dates of service on or after July 1, 2007.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via E-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896