

PROVIDER BULLETIN

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July 12, 2017

OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY SCHOOL-BASED INDIVIDUALIZED EDUCATION PLAN (IEP) DIRECT SERVICES

CONTENTS

- **RATE UPDATE**
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MAXIMUM ALLOWABLE RATE DECREASE

Effective for dates of service on or after July 1, 2017, the MO HealthNet fee-for-service maximum allowable rates for the services listed in **Attachment A** decreased by three percent (3%). The MO HealthNet Division (MHD) will reimburse the lower of the provider's billed charge or the maximum allowable amount for the date of service billed. Services provided as documented in an Individualized Education Plan (IEP) are reimbursed at the Federal Financial Participation (FFP) rate. The remainder of the allowed amount is the responsibility of the school district originating the IEP.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/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 Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896

Attachment A

Procedure Code	Service Description	Rate Effective Through June 30, 2017	Rate Effective July 1, 2017
92507TM	SPEECH/HEARING THERAPY, IEP	\$10.30	\$10.00
92507TR	SPEECH/HEARING THERAPY, IEP OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
92508TM	SPEECH/HEARING THERAPY, IEP	\$3.09	\$3.00
92508TR	SPEECH/HEARING THERAPY,IEP-OUTSIDE DISTRICT RESPONSIBLE	\$3.09	\$3.00
92510TM	REHAB FOR EAR IMPLANT (IEP)	\$10.30	\$10.00
92510TR	REHAB FOR EAR IMPLANT, IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
92521TM	EVALUATION OF SPEECH FLUENCY	\$10.30	\$10.00
92521TR	EVALUATION OF SPEECH FLUENCY	\$10.30	\$10.00
92522TM	EVALUATE SPEECH PRODUCTION	\$10.30	\$10.00
92522TR	EVALUATE SPEECH PRODUCTION	\$10.30	\$10.00
92523TM	SPEECH SOUND LANG COMPREHENSION	\$10.30	\$10.00
92523TR	SPEECH SOUND LANG COMPREHENSION	\$10.30	\$10.00
92524TM	BEHAVIORAL QUALITY ANALYS VOICE	\$10.30	\$10.00
92524TR	BEHAVIORAL QUALITY ANALYS VOICE	\$10.30	\$10.00
97012TM	MECHANICAL TRACTION THERAPY, IEP	\$10.30	\$10.00
97012TR	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;TRACTION, MECHANICAL,IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
97014TM	ELECTRIC STIMULATION THERAPY, IEP	\$10.30	\$10.00
97014TR	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;ELECTRICAL STIM.(UNATTENDED),IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
97016TM	VASOPNEUMATIC DEVICE THERAPY, IEP	\$10.30	\$10.00
97016TR	APPLICATION OF A MODALITY TO 1 OR MORE AREAS;VASOPNEUMATIC DEVICES, IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
97018TM	PARAFFIN BATH THERAPY, IEP	\$10.30	\$10.00
97018TR	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;PARAFFIN BATH, IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
97020TM	MICROWAVE THERAPY, IEP	\$10.30	\$10.00
97020TR	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;MICROWAVE, IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
97022TM	WHIRLPOOL THERAPY, IEP	\$10.30	\$10.00
97022TR	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;WHIRLPOOL, IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
97024TM	DIATHERMY EG MICROWAVE	\$10.30	\$10.00
97024TR	DIATHERMY EG MICROWAVE	\$10.30	\$10.00
97026TM	INFRARED THERAPY, IEP	\$10.30	\$10.00
97026TR	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;INFRARED, IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
97028TM	ULTRAVIOLET THERAPY, IEP	\$10.30	\$10.00
97028TR	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;ULTRAVIOLET, IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
97032TM	ELECTRICAL STIMULATION, IEP	\$10.30	\$10.00
97032TR	APP. OF A MODALITY TO 1 OR MORE AREAS (1 ON 1); ELECTRICAL STIM.(MANUAL),15 MIN,IEP-OUTSIDE DIST	\$10.30	\$10.00
97033TM	ELECTRIC CURRENT THERAPY, IEP	\$10.30	\$10.00
97033TR	APPICATION OF A MODALITY,ONE OR MORE AREAS(1-ON-1); IONTOPHORESIS,15 MIN. IEP-OUTSIDE DISTRICT RESPONSIBILITY	\$10.30	\$10.00

Attachment A

Procedure Code	Service Description	Rate Effective Through June 30, 2017	Rate Effective July 1, 2017
97034TM	CONTRAST BATH THERAPY, IEP	\$10.30	\$10.00
97034TR	APPLICATION OF A MODALITY TO ONE OR MORE AREAS (1-ON-1); CONTRAST BATHS,15 MIN.,IEP-OUTSIDE DISTRICT RESPONSIBILITY	\$10.30	\$10.00
97035TM	ULTRASOUND THERAPY, IEP	\$10.30	\$10.00
97035TR	APPLICATION OF A MODALITY TO ONE OR MORE AREAS(1-ON-1) ULTRASOUND, 15 MIN., IEP-OUTSIDE DISTRICT RESPONSIBILITY	\$10.30	\$10.00
97036TM	HYDROTHERAPY, IEP	\$10.30	\$10.00
97036TR	APPLICATION OF A MODALITY TO 1 OR MORE AREAS(1-ON-1) HUBBARD TANK,15 MIN,IEP-OUTSIDE DISTRICT RESPONSIBILITY	\$10.30	\$10.00
97110TM	THERAPEUTIC EXERCISES, IEP	\$10.30	\$10.00
97110TR	THERAPEUTIC EXERCISES, IEP-OUTSIDE DISTRICT RESPONSIBILITY	\$10.30	\$10.00
97112TM	NEUROMUSCULAR REEDUCATION, IEP	\$10.30	\$10.00
97112TR	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS,15 MIN. NEUROMUSCULAR REEDUCATION OF MOVEMENT IEP-OUTSIDE DISTRICT RESPONSIBILITY	\$10.30	\$10.00
97113TM	AQUATIC THERAPY/EXERCISES, IEP	\$10.30	\$10.00
97113TR	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS,15 MINS.AQUATIC THERAPY W/EXERCISES,IEP-OUTSIDE DISTRICT RESPONSIBILITY	\$10.30	\$10.00
97116TM	GAIT TRAINING THERAPY, IEP	\$10.30	\$10.00
97116TR	THERAPEUTIC PROC, 1 OR MORE AREAS,15 MINS.; GAIT TRAINING(W/STAIRS)IEP-OUTSIDE DISTRICT RESPONSIBILITY	\$10.30	\$10.00
97124TM	MASSAGE THERAPY, IEP	\$10.30	\$10.00
97124TR	THERAPEUTIC PROCEDURE,1 OR MORE AREAS,15 MINS.:MASSAGE,W/EFFLEURAGE & PETRISSAGE,IEP-OUTSIDE DISTRICT RES	\$10.30	\$10.00
97140TM	MANUAL THERAPY 1/> REGIONS	\$10.30	\$10.00
97140TR	MANUAL THERAPY 1/> REGIONS	\$10.30	\$10.00
97504TM	ORTHOTIC TRAINING, IEP	\$10.30	\$10.00
97520TM	PROSTHETIC TRAINING, IEP	\$10.30	\$10.00
97520TR	PROSTHETIC TRAINING, IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
97530TM	THERAPEUTIC ACTIVITIES	\$10.30	\$10.00
97530TR	THERAPEUTIC ACTIVITIES	\$10.30	\$10.00
97532TM	COGNITIVE SKILLS DEVELOPMENT	\$10.30	\$10.00
97532TR	COGNITIVE SKILLS DEVELOPMENT	\$10.30	\$10.00
97533TM	SENSORY INTEGRATION	\$10.30	\$10.00
97533TR	SENSORY INTEGRATION	\$10.30	\$10.00
97535TM	SELF CARE MANAGEMENT TRAINING	\$10.30	\$10.00
97535TR	SELF CARE MANAGEMENT TRAINING	\$10.30	\$10.00
97542TM	WHEELCHAIR MANAGEMENT TRAINING, IEP	\$10.30	\$10.00
97542TR	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$10.30	\$10.00
97750TM	PHYSICAL PERFORMANCE TEST, IEP	\$10.30	\$10.00
97750TR	PHYSICAL PERFORMANCE TEST, IEP-OUTSIDE DISTRICT RESPONSIBLE	\$10.30	\$10.00
S9152TM	SPEECH THERAPY, RE-EVALALUATION	\$10.30	\$10.00
S9152TR	SPEECH THERAPY, RE-EVALUATION	\$10.30	\$10.00
97161TM	PATIENT EVALUATION LOW COMPLEX 20 MINUTES	\$10.30	\$10.00
97161TR	PATIENT EVALUATION LOW COMPLEX 20 MINUTES	\$10.30	\$10.00
97162TM	PATIENT EVALUATION MOD COMPLEX 30 MIN	\$10.30	\$10.00
97162TR	PATIENT EVALUATION MOD COMPLEX 30 MIN	\$10.30	\$10.00

Attachment A

Procedure Code	Service Description	Rate Effective Through June 30, 2017	Rate Effective July 1, 2017
97163TM	PATIENT EVALUATION HIGH COMPLEX 45 MIN	\$10.30	\$10.00
97163TR	PATIENT EVALUATION HIGH COMPLEX 45 MIN	\$10.30	\$10.00
97164TM	PATIENT RE-EVALUATION ESTABLISH PLAN OF CARE	\$10.30	\$10.00
97164TR	PATIENT RE-EVALUATION ESTABLISH PLAN OF CARE	\$10.30	\$10.00
97165TM	OT EVALUATION LOW COMPLEX 30 MINUTES	\$10.30	\$10.00
97165TR	OT EVALUATION LOW COMPLEX 30 MINUTES	\$10.30	\$10.00
97166TM	OT EVALUATION MOD COMPLEX 45 MINUTES	\$10.30	\$10.00
97166TR	OT EVALUATION MOD COMPLEX 45 MINUTES	\$10.30	\$10.00
97167TM	OT EVALUATION HIGH COMPLEX 60 MINUTES	\$10.30	\$10.00
97167TR	OT EVALUATION HIGH COMPLEX 60 MINUTES	\$10.30	\$10.00
97168TM	OT RE-EVALUATION ESTABLISH PLAN CARE	\$10.30	\$10.00
97168TR	OT RE-EVALUATION ESTABLISH PLAN CARE	\$10.30	\$10.00