

PROVIDER BULLETIN

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July 28, 2017

BEHAVIORAL HEALTH SCHOOL BASED INDIVIDUALIZED EDUCATION PLAN (IEP) DIRECT SERVICES

CONTENTS

- **RATE UPDATE**

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 on Attachment A decreased by approximately 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 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.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

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 Provider Communications 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

Procedure Code	Service Description	Rate Effective Through June 30, 2017	Rate Effective July 1, 2017
90791TMAH	PSYCH DIAGNOSTIC EVALUATION	\$48.28	\$47.38
90832TMAH	PSYTX WITH PATIENT 30 MINUTES	\$32.20	\$31.30
90834TMAH	PSYTX WITH PATIENT 45 MINUTES	\$64.27	\$62.47
90839TMAH	PSYTX CRISIS INITIAL 60 MINUTES	\$64.14	\$62.34
90846TMAH	FAMILY PSYTX WITHOUT PATIENT 50 MINUTES	\$64.40	\$63.50
90847TMAH	FAMILY PSYTX WITH PATIENT 50 MINUTES	\$69.88	\$68.98
90853TMAH	GROUP PSYCHOTHERAPY	\$13.49	\$13.11
96101TMAH	PSYCHO TESTING BY PSYCH/PHYS	\$64.14	\$62.34
96103TMAH	PSYCHO TESTING ADMIN BY COMP	\$21.38	\$20.78
96105TMAH	ASSESSMENT OF APHASIA	\$37.42	\$36.37
96111TMAH	DEVELOPMENTAL TEST EXTENDED	\$41.87	\$40.82
96116TMAH	NEUROBEHAVIORAL STATUES EXAM	\$37.42	\$36.37
90791TMAJ	PSYCH DIAGNOSTIC EVALUATION	\$25.66	\$24.94
90791UDTM	PSYCH DIAGNOSTIC EVALUATION	\$25.66	\$24.94
90832AJTM	PSYTX WITH PATIENT 30 MINUTES	\$25.66	\$24.94
90832UDTM	PSYTX WITH PATIENT 30 MINUTES	\$25.66	\$24.94
90834AJTM	PSYTX WITH PATIENT 45 MINUTES	\$51.31	\$49.87
90834UDTM	PSYTX WITH 45 MINUTES	\$51.31	\$49.87
90839AJTM	PSYTX CRISIS INITIAL 60 MINUTES	\$51.51	\$49.87
90839UDTM	PSYTX CRISIS INITIAL 60 MINUTES	\$51.51	\$49.87
90846AJTM	FAMILY PSYTX WITHOUT PATIENT 50 MINUTES	\$51.32	\$50.60
90846UDTM	FAMILY PSYTX WITHOUT PATIENT 50 MINUTES	\$51.32	\$50.60
90847AJTM	FAMILY PSYTX WITH PATIENT 50 MINUTES	\$51.32	\$50.60
90847UDTM	FAMILY PSYTX WITH PATIENT 50 MINUTES	\$51.32	\$50.60
90853AJTM	GROUP PSYCHOTHERAPY	\$10.69	\$10.39
90853UDTM	GROUP PSYCHOTHERAPY	\$10.69	\$10.39
90791TM	PSYCH DIAGNOSTIC EVALUATION	\$96.30	\$93.60
90792TM	PSYCH DIAGNOSTIC EVALUATION WITH MED SERVICES	\$96.30	\$93.60
90832TM	PSYTX WITH 30 MINUTES	\$44.75	\$43.49
90834TM	PSYTX WITH PATIENT 45 MINUTES	\$76.44	\$74.29
90839TM	PSYTX CRISIS INITIAL 60 MINUTES	\$64.14	\$62.34
90846TM	FAMILY PSYTX WITHOUT PATIENT 50 MINUTES	\$111.82	\$110.25
90847TM	FAMILY PSYTX WITH PATIENT 50 MINUTES	\$139.24	\$137.29
90853TM	GROUP PSYCHOTHERAPY	\$19.72	\$19.17
96101TM	PSYCHO TESTING BY PSYCH/PHYSICIAN	\$70.56	\$68.58
96103TM	PSYCHO TESTING ADMIN BY COMP	\$25.40	\$24.69
96105TM	ASSESSMENT OF APHASIA	\$45.63	\$44.35
96111TM	DEVELOPMENTAL TEST EXTENDED	\$83.74	\$81.39
96116TM	NEUROBEHAVIORAL STATUS EXAM	\$62.63	\$60.88