

## PROVIDER BULLETIN

Volume 45 Number 33

<http://dss.mo.gov/mhd/>

December 28, 2022

### SHOW ME HEALTHY KIDS

### RESIDENTIAL BILLING UPDATE – ABOVE LEVEL 4

#### Applies to:

- **Qualified Residential Treatment Programs (QRTP)**
- **Residential Treatment Agencies for Children and Youth**

**Effective date: January 1, 2023**

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- **PROCEDURE CODES, LIMITATIONS, AND RATES**
  - **APPLICABILITY**
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#### PROCEDURE CODES, LIMITATIONS, AND RATES

The procedure code and modifier combinations below have been updated to include above level IV services. Effective for dates of service on and after January 1, 2023, these codes will be used by Show Me Healthy Kids (SMHK) and MO HealthNet Division (MHD) fee-for-service for comprehensive community support (CCS) rehab services.

All of these procedure codes have a limit of one (1) unit per day and a maximum quantity of 31 units per claim line. Providers may bill for a date range of up to 31 days on one claim line. The table below provides the MHD fee-for-service maximum allowable rates for each procedure code and modifier combination.

Any updates to the fee-for-service rates will be published in the “Other Medical” category of the MHD fee schedule at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>. The services below are covered only for participants with the following medical eligibility codes: (Children’s Division: 07, 08, 37, 38, 66, 0F; Adoption/Guardianship Subsidy: 36, 56, 57 5A).

<i>Facility Type</i>	<i>Level 2</i>		<i>Level 3</i>		<i>Level 4</i>		<i>Above Level 4</i>	
	<b>Code</b>	<b>Rate</b>	<b>Code</b>	<b>Rate</b>	<b>Code</b>	<b>Rate</b>	<b>Code</b>	<b>Rate</b>
<b>QRTP</b>	H0019	\$89.87	H0019	\$90.06	H0019	\$118.38	H0019	\$258.38
	HK		TF HK		TG HK		TJ HK	
<b>Non-QRTP</b>	H0019	\$78.35	H0019	\$78.52	H0019	\$103.21	H0019	\$243.21
	HA		TF HA		TG HA		TJ HA	

***Procedure Code    Standard Description***

<i>H0019</i>	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
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**APPLICABILITY**

The information in this bulletin applies to the MO HealthNet (MHD) fee-for-service program and may apply to the MHD managed care program, as well. MHD’s fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are “carved out” of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin’s applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) website 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 website 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
- 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 Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

**Provider Communications Hotline  
573-751-2896**