

PROVIDER BULLETIN

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July 24, 2017

RATE UPDATE FOR REHABILITATION CENTER SERVICES

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- **RATE UPDATE FOR REHABILITATION CENTER SERVICES**
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MAXIMUM ALLOWABLE RATE DECREASE

Effective for dates of services on or after July 1, 2017, the MO HealthNet Division (MHD) Fee-For-Service maximum allowable rates are reduced by approximately three percent (3%) for rehabilitation center services. These changes are due to reductions included in the Fiscal Year 2018 budget.

The MHD 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 the MHD at a higher rate than they charge their private pay patients. Providers must bill the MHD their usual and customary rate.

The affected procedure codes and amounts are indicated on Attachment A.

The MHD will reprocess claims paid for dates of service on or after July 1, 2017. Please check your future remittance advice statements for rate adjustments.

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 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	DESCRIPTION	MAX ALLOWABLE THROUGH JUNE 30, 2016	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
29049	APPLICATION OF CAST; FIGURE-OF-EIGHT	\$10.30	\$10.00
29055	APPLICATION SHOULDER SPICA	\$10.30	\$10.00
29058	APPLICATION PLASTER VELPEAU	\$10.30	\$10.00
29065	APPLICATION SHOULDER TO HAND (LONG ARM)	\$10.30	\$10.00
29075	APPLICATION ELBOW TO FINGER (SHORT ARM)	\$10.30	\$10.00
29085	APPLICATION HAND AND LOWER FOREARM (GAUNTLET)	\$10.30	\$10.00
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$10.30	\$10.00
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$10.30	\$10.00
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND) STATIC	\$10.30	\$10.00
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND) DYNAMIC	\$10.30	\$10.00
29130	APPLICATION OF FINGER SPLINT STATIC	\$10.30	\$10.00
29131	APPLICATION OF FINGER SPLINT DYNAMIC	\$10.30	\$10.00
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES)	\$10.30	\$10.00
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES) WALKER OR AMBULATORY TYPE	\$10.30	\$10.00
29358	APPLICATION OF LONG LEG CAST BRACE	\$10.30	\$10.00
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$10.30	\$10.00
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	\$10.30	\$10.00
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES) WALKING OR AMBULATORY TYPE	\$10.30	\$10.00
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$10.30	\$10.00
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$10.30	\$10.00

PROCEDURE CODE	DESCRIPTION	MAX ALLOWABLE THROUGH JUNE 30, 2016	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$10.30	\$10.00
29505	APPLICATION LONG LEG SPLINT	\$10.30	\$10.00
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$10.30	\$10.00
92507	TX OF SPEECH,LANGUAGE,VOICE,COMMUNICATION,AND/OR AUDITORY PROCESSING DISORDER(INCL....); INDIVIDUAL	\$10.30	\$10.00
92508	SPEECH/HEARING THERAPY	\$10.30	\$3.00
92510	REHAB FOR EAR IMPLANT	\$10.30	\$10.00
92521	EVALUATION OF SPEECH FLUENCY	\$10.30	\$10.00
92522	EVALUATE SPEECH PRODUCTION	\$10.30	\$10.00
92523	SPEECH SOUND LANG COMPREHEN	\$10.30	\$10.00
92524	BEHAVRAL QUALIT ANALYS VOICE	\$10.30	\$10.00
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;TRACTION, MECHANICAL	\$10.30	\$10.00
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;ELECTRICAL STIMULATION (UNATTENDED)	\$10.30	\$10.00
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;VASOPNEUMATIC DEVICES	\$10.30	\$10.00
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;PARAFFIN BATH	\$10.30	\$10.00
97020	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;MICROWAVE	\$10.30	\$10.00
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;WHIRLPOOL	\$10.30	\$10.00
97024	DIATHERMY EG MICROWAVE	\$10.30	\$10.00
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;INFRARED	\$10.30	\$10.00
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;ULTRAVIOLET	\$10.30	\$10.00

PROCEDURE CODE	DESCRIPTION	MAX ALLOWABLE THROUGH JUNE 30, 2016	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS (ONE-ON-ONE);ELECTRICAL STIMULATION (MANUAL), EACH 15	\$10.30	\$10.00
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS (ONE-ON-ONE);IONTOPHORESIS, EACH 15 MINUTES	\$10.30	\$10.00
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS (ONE-ON-ONE);CONTRAST BATHS, EACH 15 MINUTES	\$10.30	\$10.00
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS (ONE-ON-ONE);ULTRASOUND, EACH 15 MINUTES	\$10.30	\$10.00
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS (ONE-ON-ONE);HUBBARD TANK, EACH 15 MINUTES	\$10.30	\$10.00
97110	THERAPEUTIC EXERCISES	\$10.30	\$10.00
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;NEUROMUSCULAR REEDUCATION OF MOVEMENT, BAL	\$10.30	\$10.00
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	\$10.30	\$10.00
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;GAIT TRAINING (INCLUDES STAIR CLIMBING)	\$10.30	\$10.00
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE	\$10.30	\$10.00
97140	MANUAL THERAPY 1/> REGIONS	\$10.30	\$10.00
97161	PT EVAL LOW COMPLEX 20 MIN	\$10.30	\$10.30
97162	PT EVAL MOD COMPLEX 30 MIN	\$10.30	\$10.30
97163	PT EVAL HIGH COMPLEX 45 MIN	\$10.30	\$10.30
97164	PT RE-EVAL EST PLAN CARE	\$10.30	\$10.30

PROCEDURE CODE	DESCRIPTION	MAX ALLOWABLE THROUGH JUNE 30, 2016	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
97165	OT EVAL LOW COMPLEX 30 MIN	\$10.30	\$10.30
97166	OT EVAL MOD COMPLEX 45 MIN	\$10.30	\$10.30
97167	OT EVAL HIGH COMPLEX 60 MIN	\$10.30	10.3
97168	OT RE-EVAL EST PLAN CARE	\$10.30	10.3
97504	ORTHOTICS FITTING AND TRAINING, UPPER AND/OR LOWER EXTREMITIES, EA 15 MIN	\$10.30	\$10.00
97520	PROSTHETIC TRAINING, UPPER &/OR LOWER EXTREMITIES, EACH 15 MINUTES	\$10.30	\$10.00
97530	THERAPEUTIC ACTIVITIES	\$10.30	\$10.00
97532	COGNITIVE SKILLS DEVELOPMENT	\$10.30	\$10.00
97533	SENSORY INTEGRATION	\$10.30	\$10.00
97535	SELF CARE MNGMENT TRAINING	\$10.30	\$10.00
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$10.30	\$10.00
97597	RMVL DEVITAL TIS 20 CM/<	\$11.33	\$11.00
97598	RMVL DEVITAL TIS ADDL 20CM/<	\$11.33	\$11.00
97703	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	\$8.50	\$8.25
97750	PHYSICAL PERFORMANCE TEST	\$10.30	\$10.00
99205	OFFICE/OUTPATIENT VISIT NEW	\$32.96	\$32.00
99429	UNLISTED PREVENTIVE (DEVELOPMENT/MENTAL)	\$15.45	\$15.00
99429	UNLISTED PREVENTIVE (HEARING)	\$5.15	\$5.00
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	\$15.04	\$14.60
Q4003	CAST SUP SHOULDER CAST PLSTR	\$20.40	\$19.81
Q4004	CAST SUP SHOULDER CAST PLSTR	\$70.63	\$68.57
Q4005	CAST SUP LONG ARM ADULT PLST	\$7.52	\$7.30
Q4006	CAST SUP LONG ARM ADULT FBRG	\$16.95	\$16.46
Q4007	CAST SUP LONG ARM PED PLSTER	\$3.77	\$3.66
Q4008	CAST SUP LONG ARM PED FBRGLS	\$8.48	\$8.23
Q4009	CAST SUP SHT ARM ADULT PLSTR	\$5.03	\$4.88
Q4010	CAST SUP SHT ARM ADULT FBRGL	\$11.31	\$10.98
Q4011	CAST SUP SHT ARM PED PLASTER	\$2.51	\$2.44

PROCEDURE CODE	DESCRIPTION	MAX ALLOWABLE THROUGH JUNE 30, 2016	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
Q4012	CAST SUP SHT ARM PED FBRGLAS	\$5.65	\$5.49
Q4013	CAST SUP GAUNTLET PLASTER	\$9.15	\$8.88
Q4014	CAST SUP GAUNTLET FIBERGLASS	\$15.42	\$14.97
Q4015	CAST SUP GAUNTLET PED PLSTER	\$4.57	\$4.44
Q4016	CAST SUP GAUNTLET PED FBRGLS	\$7.70	\$7.48
Q4017	CAST SUP LNG ARM SPLINT PLST	\$5.28	\$5.13
Q4018	CAST SUP LNG ARM SPLINT FBRG	\$8.43	\$8.18
Q4019	CAST SUP LNG ARM SPLNT PED P	\$2.65	\$2.57
Q4020	CAST SUP LNG ARM SPLNT PED F	\$4.21	\$4.09
Q4021	CAST SUP SHT ARM SPLINT PLST	\$3.90	\$3.79
Q4022	CAST SUP SHT ARM SPLINT FBRG	\$7.06	\$6.85
Q4023	CAST SUP SHT ARM SPLNT PED P	\$1.97	\$1.91
Q4024	CAST SUP SHT ARM SPLNT PED F	\$3.53	\$3.43
Q4025	CAST SUP HIP SPICA PLASTER	\$21.93	\$21.29
Q4026	CAST SUP HIP SPICA FIBERGLAS	\$68.47	\$66.48
Q4027	CAST SUP HIP SPICA PED PLSTR	\$10.97	\$10.65
Q4028	CAST SUP HIP SPICA PED FBRGL	\$34.24	\$33.24
Q4029	CAST SUP LONG LEG PLASTER	\$16.77	\$16.28
Q4030	CAST SUP LNG LEG FIBERGLASS	\$44.15	\$42.86
Q4031	CAST SUP LNG LEG PED PLASTER	\$8.38	\$8.14
Q4032	CAST SUP LNG LEG PED FBRGLS	\$22.07	\$21.43
Q4033	CAST SUP LNG LEG CYLINDER PL	\$15.65	\$15.19
Q4034	CAST SUP LNG LEG CYLINDER FB	\$38.91	\$37.78
Q4035	CAST SUP LNGLEG CYLNDR PED P	\$7.82	\$7.59
Q4036	CAST SUP LNGLEG CYLNDR PED F	\$19.46	\$18.89
Q4037	CAST SUP SHRT LEG PLASTER	\$9.55	\$9.27
Q4038	CAST SUP SHRT LEG FIBERGLASS	\$23.91	\$23.21
Q4039	CAST SUP SHRT LEG PED PLSTER	\$4.78	\$4.64
Q4040	CAST SUP SHRT LEG PED FBRGLS	\$11.95	\$11.60
Q4041	CAST SUP LNG LEG SPLNT PLSTR	\$11.60	\$11.26
Q4042	CAST SUP LNG LEG SPLNT FBRGL	\$19.81	\$19.23
Q4043	CAST SUP LNG LEG SPLNT PED P	\$5.81	\$5.64
Q4044	CAST SUP LNG LEG SPLNT PED F	\$9.91	\$9.62

PROCEDURE CODE	DESCRIPTION	MAX ALLOWABLE THROUGH JUNE 30, 2016	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
Q4045	CAST SUP SHT LEG SPLNT PLSTR	\$6.74	\$6.54
Q4046	CAST SUP SHT LEG SPLNT FBRGL	\$10.84	\$10.52
Q4047	CAST SUP SHT LEG SPLNT PED P	\$3.36	\$3.26
Q4048	CAST SUP SHT LEG SPLNT PED F	\$5.42	\$5.26
Q4049	FINGER SPLINT, STATIC	\$1.23	\$1.19
S9152	SPEECH THERAPY, RE-EVAL	\$10.30	\$10.00