

## PROVIDER BULLETIN

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July 25, 2017

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## RATE UPDATE FOR HOME HEALTH SERVICES

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### PER VISIT RATE UPDATE FOR HOME HEALTH AGENCIES

Effective for dates of service on or after July 1, 2017, the MHD has decreased the home health agency per visit rate approximately three percent (3%) to \$77.16.

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 services included in this rate change are listed on Attachment A, along with the associated CPT/HCPCS codes and modifiers.

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**

<b>HOME HEALTH SERVICES</b>				
<b>PROCEDURE CODE</b>	<b>DESCRIPTION</b>	<b>MODIFIER</b>	<b>MAX ALLOWABLE THROUGH JUNE 30, 2017</b>	<b>MAX ALLOWABLE EFFECTIVE JULY 1, 2017</b>
92506	SPEECH/HEARING EVALUATION	EP	\$79.47	\$77.16
99501	HOME VISIT POSTNATAL		\$79.47	\$77.16
G0151	HHCP-SERV OF PT,EA 15 MIN		\$79.47	\$77.16
G0151	HHCP-SERV OF PT,EA 15 MIN	EP	\$79.47	\$77.16
G0151	HHCP-SERV OF PT,EA 15 MIN	SC	\$79.47	\$77.16
G0151	HHCP-SERV OF PT, EA 15 MIN	UB	\$79.47	\$77.16
G0152	HHCP-SERV OF OT,EA 15 MIN		\$79.47	\$77.16
G0152	HHCP-SERV OF OT,EA 15 MIN	EP	\$79.47	\$77.16
G0152	HHCP-SERV OF OT,EA 15 MIN	SC	\$79.47	\$77.16
G0152	HHCP-SERV OF OT, EA 15 MIN	UB	\$79.47	\$77.16
G0153	HHCP-SVS OF S/L PATH,EA 15MN		\$79.47	\$77.16
G0153	HHCP-SVS OF S/L PATH,EA 15MN	EP	\$79.47	\$77.16
G0153	HHCP-SVS OF S/L PATH,EA 15MN	SC	\$79.47	\$77.16
G0156	HHCP-SVS OF AIDE, EA 15 MIN		\$79.47	\$77.16
G0156	HHCP-SVS OF AIDE, EA 15 MIN	EP	\$79.47	\$77.16
G0157	HHC PT ASSISTANT EA 15		\$79.47	\$77.16
G0157	HHC PT ASSISTANT EA 15	EP	\$79.47	\$77.16
G0157	HHC PT ASSISTANT EA 15	SC	\$79.47	\$77.16
G0157	HHC PT ASSISTANT EA 15	UB	\$79.47	\$77.16
G0158	HHC OT ASSISTANT EA 15		\$79.47	\$77.16
G0158	HHC OT ASSISTANT EA 15	EP	\$79.47	\$77.16
G0158	HHC OT ASSISTANT EA 15	SC	\$79.47	\$77.16
G0158	HHC OT ASSISTANT EA 15	UB	\$79.47	\$77.16
G0159	HHC PT MAINT EA 15 MIN		\$79.47	\$77.16
G0159	HHC PT MAINT EA 15 MIN	EP	\$79.47	\$77.16
G0159	HHC PT MAINT EA 15 MIN	SC	\$79.47	\$77.16
G0160	HHC OCCUP THERAPY EA 15		\$79.47	\$77.16
G0160	HHC OCCUP THERAPY EA 15	EP	\$79.47	\$77.16
G0160	HHC OCCUP THERAPY EA 15	SC	\$79.47	\$77.16

PROCEDURE CODE	DESCRIPTION	MODIFIER	MAX ALLOWABLE THROUGH JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
G0161	HHC SLP EA 15 MIN		\$79.47	\$77.16
G0161	HHC SLP EA 15 MIN	EP	\$79.47	\$77.16
G0161	HHC SLP EA 15 MIN	SC	\$79.47	\$77.16
G0162	HHC RN E&M SVS, 15 MIN		\$79.47	\$77.16
G0162	HHC RN E&M PLAN SVS, 15 MIN	EP	\$79.47	\$77.16
G0162	HHC RN E&M PLAN SVE, 15 MIN	SC	\$79.47	\$77.16
G0163	HHC LPN/RN OBS/ASSES EA 15MIN		\$79.47	\$77.16
G0163	HHC LPN/RN OBS/ASSES EA 15	EP	\$79.47	\$77.16
G0163	HHC LPN/RN OBS/ASSES EA 15 MIN	SC	\$79.47	\$77.16
G0164	HHC LIS NURSE TRAIN EA 15 MIN		\$79.47	\$77.16
G0164	HHC LIS NURSE TRAIN EA 15	EP	\$79.47	\$77.16
G0164	HHC LIS NURSE TRAIN EA 15 MIN	SC	\$79.47	\$77.16
G0299	HHS/HOSPICE OF RN EA 15 MINS		\$79.47	\$77.16
G0299	HHS/HOSPICE OF RN EA 15 MINS	EP	\$79.47	\$77.16
G0299	HHS/HOSPICE OF RN EA 15 MINS	SC	\$79.47	\$77.16
G0300	HHS/HOSPICE OF LPN EA 15 MINS		\$79.47	\$77.16
G0300	HHS/HOSPICE OF LPN EA 15 MINS	EP	\$79.47	\$77.16
G0300	HHS/HOSPICE OF LPN EA 15 MINS	SC	\$79.47	\$77.16
T1000	PRIVATE DUTY NURSING, RN/LPN, PO EXCEPTION, 15-MINUTE UNIT	UB	\$8.01	\$7.77
T1001	ASSESSMENT/EVALUATION, HCY	EP	\$79.47	\$77.16
T4534	YOUTH SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH		\$0.72	\$0.70