

PROVIDER BULLETIN

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

July 5, 2018

RATE UPDATE FOR HOME AND COMMUNITY BASED SERVICES

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 - **PRIVATE DUTY NURSING AND PERSONAL CARE**

MAXIMUM ALLOWABLE RATE INCREASE

Effective for dates of services on or after July 1, 2018, the MO HealthNet Fee-For-Service maximum allowable rates are increased by approximately 1.5% for Personal Care and Home and Community Based Services (HCBS) and approximately 4.5% for Private Duty Nursing services as indicated below. These changes reflect increases that were appropriated for the Fiscal Year 2019 budget.

MO HealthNet 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 MO HealthNet at a higher rate than they charge their private pay patients. Providers must bill MO HealthNet their usual and customary rate.

The affected procedure codes and amounts are as follows:

PROCEDURE CODE	DESCRIPTION	Maximum Allowable through June 30, 2018	Maximum Allowable July 1, 2018
S5100HB	Adult Day Care--ADC Waiver (15-min unit)	\$2.26	\$2.29
S5100HC	Adult Day Care--ADW (15-min unit)	\$2.26	\$2.29
S5120	Chore (15-min unit)	\$4.47	\$4.53
S5125U5	Attendant Care--MFAW (15-min unit)	\$4.47	\$4.53
S5130	Homemaker (15-min unit)	\$4.47	\$4.53

S5150	Basic In-Home Respite (15-min unit)	\$3.98	\$4.03
S5150TF	Advanced Respite (15-min unit)	\$4.77	\$4.84
S5170	Home Delivered Meals (per meal)	\$5.74	\$5.82
T1000	Private Duty Nursing, HCY (15-min unit)	\$7.89	\$8.24
T1000SC	Private Duty Nursing--Exception (15-min unit)	\$7.44	\$7.77
T1000U4	Private Duty Nursing, AIDS (15-min unit)	\$7.44	\$7.77
T1000U5	Private Duty Nursing--MFAW (15-min unit)	\$7.44	\$7.77
T1001	Authorized Nurse Visit (per visit)	\$43.06	\$43.70
T1001EP	Authorized Nurse Visit - HCY (per visit)	\$43.06	\$43.70
T1001TDEP	RN evaluation visit for PC - HCY (per visit)	\$43.06	\$43.70
T1001U3	Authorized Nurse Visit--ALF/RCF (per visit)	\$32.75	\$33.24
T1019	Personal Care (15-min unit)	\$4.47	\$4.53
T1019EP	Personal Care--HCY (15-min unit)	\$4.47	\$4.53
T1019TF	Advanced Personal Care (15-min unit)	\$5.53	\$5.61
T1019TFEP	Advanced Personal Care-HCY (15-min unit)	\$5.53	\$5.61
T1019U2	CDS Personal Care (15-min unit)	\$3.89	\$3.94
T1019U3	Personal Care--ALF/RCF (15-min unit)	\$4.32	\$4.38
T1019U3TF	Advanced Personal Care--ALF/RCF (15-min unit)	\$4.86	\$4.93
T1019U4	Personal Care--AIDS (15-min unit)	\$4.47	\$4.53
T1019U6	CDS Personal Care-ILW (15-min unit)	\$3.57	\$3.62

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**