

PROVIDER BULLETIN

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July 28, 2022

SHOW ME HEALTHY KIDS

BILLING PRACTICES FOR RESIDENTIAL FACILITIES AND TREATMENT FOSTER CARE PROVIDERS

Applies to:

- **Qualified Residential Treatment Programs (QRTP)**
- **Residential Treatment Agencies for Children and Youth**
- **Child Placing Agencies Delivering Treatment Foster Care Services**

Effective date: October 1, 2022

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- **CHANGE IN PAYER SOURCE FOR COMPREHENSIVE COMMUNITY SUPPORT REHABILITATION SERVICES**
 - **PARTICIPANT ELIGIBILITY VERIFICATION**
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CHANGE IN PAYER SOURCE FOR COMPREHENSIVE COMMUNITY SUPPORT REHABILITATION SERVICES

The above providers, who serve children and youth in the custody of the Children's Division (CD) or who receive adoption or guardianship subsidy assistance, currently receive reimbursement directly from CD. This reimbursement includes both room and board and comprehensive community support/rehabilitation services.

Effective October 1, 2022, residential and treatment foster care (TFC) providers will begin submitting claims for the comprehensive community support (CCS) rehab per diem either to Show Me Healthy Kids (SMHK) plan, managed by Home State Health, or to MO HealthNet Division (MHD) fee-for-service, depending on the individual's coverage. The vast majority of COA 4 participants will be covered by SMHK, but children and youth who have opted out of

managed care will be covered through MHD fee-for-service. Opt out criteria are listed on slide 9 [here](#). CD will continue to pay room and board to residential facilities for individuals receiving services through MHD fee-for-service and for individuals receiving services through SMHK.

PARTICIPANT ELIGIBILITY VERIFICATION

Providers should verify whether each participant is covered by SMHK or by MHD fee-for-service. If the MHD or SMHK ID card is not available, providers can check eligibility via www.emomed.com or the MHD interactive voice response system at (573) 751-2896.

PRIOR AUTHORIZATION PROCESS

MHD and SMHK will provide additional details about the prior authorization process for CCS rehab services at a later date.

INTERNET ELECTRONIC CLAIM SUBMISSION

Providers may submit claims via the internet for MHD fee-for-service covered participants. The web site address is www.emomed.com. Providers are required to complete the online Application for MO HealthNet Internet Access Account. Please see “Apply for EMOMED” under the Billing heading at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>. Providers are unable to access www.emomed.com without proper authorization for each individual user.

CMS-1500 CLAIM FORM

The CMS-1500 claim form is used to bill for CCS rehab services.

PROCEDURE CODES, LIMITATIONS, AND RATES

Below are the Healthcare Common Procedure Coding System (HCPCS) and modifier combinations that will be used by SMHK and MHD fee-for-service for CCS rehab services. All of these procedure codes have a limit of one (1) unit per day and a maximum quantity of 31. Providers may bill for a date range of up to 31 days on one claim line.

The tables below provide 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).

Residential CCS/Rehab Services. Providers must bill for residential rehab services with procedure code H0019 and the appropriate modifier for facility type and level of care as outlined below:

Procedure Code	Standard Description
H0019	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

Facility Type	Level 2		Level 3		Level 4	
	Code	Rate	Code	Rate	Code	Rate
QRTP	H0019 HK	\$ 89.87	H0019 TF HK	\$ 90.06	H0019 TG HK	\$ 118.38
Residential without QRTP designation	H0019 HA	\$ 78.35	H0019 TF HA	\$ 78.52	H0019 TG HA	\$ 103.21

Above Level 4 rates will be determined in partnership with SMHK to determine baseline reimbursement.

Residential Aftercare Services. Residential providers must bill for aftercare services with procedure code H2022 and the appropriate modifier for facility type as outlined below:

Procedure Code	Standard Description
H2022	Community based wrap-around services, per diem

Provider	Service	Procedure code / modifier	Rate
QRTP	Aftercare	H2022 HK	\$ 82.40
Residential without QRTP designation	Aftercare	H2022 HA	\$ 82.40

Treatment Foster Care. Providers must bill for treatment foster care with procedure code H2020. Modifiers are not required for this service.

Procedure Code	Standard Description	Rate
H2020	Therapeutic behavioral services, per diem	\$ 114.19

Transition TFC. Providers must bill for transition TFC with procedure code H2022 and modifier HE.

Provider	Service	Procedure code / modifier	Rate
TFC	Transition TFC	H2022 HE	\$ 82.40

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.MCCcommunications@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.

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**