

## **Table of Contents**

**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 19-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



**Kansas City Regional Operations Group**

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October 11, 2019

Jennifer Tidball, Acting Director  
Missouri Department of Social Services  
Broadway State Office Building  
P.O. Box 1527  
Jefferson City, MO 65102-1527

Dear Ms. Tidball:

On August 1, 2019, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #19-0016. The purpose of this SPA is to update the fee schedules for MO HealthNet State Plan services due to a 1.5% increase to certain providers as appropriated by the State Legislature.

SPA #19-0016 was approved October 10, 2019, with an effective date of July 1, 2019, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Missouri State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Deborah Read at (816) 426-5925.

Sincerely, \_\_\_\_\_

James G. Scott, Director  
Division of Medicaid Field Operations - North

Enclosure

cc:  
Todd Richardson, Medicaid Director  
Amanda Clutter  
Marissa Crump  
Glenda Kremer

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 9 — 0 0 16</u>	2. STATE <b>Missouri</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2019</b>
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 2,990,587.00 b. FFY 2020 \$ 11,962,347.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B Pages: 1, 1b, 2a, 2b, 3, 3d, 4, 4a, 4aaa, 4d, 4e, 4f, 5, 6, 6c, 9, 9a, 9aa, 18a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B Pages: 1, 1b, 2a, 2b, 3, 3d, 4, 4a, 4aaa, 4d, 4e, 4f, 5, 6, 6c, 9, 9a, 9aa, 18a
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10. SUBJECT OF AMENDMENT

This State Plan Amendment (SPA) proposes to update the fee schedule for certain MO HealthNet State Plan services due to a 1.5% increase appropriated by the State Legislature.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPED NAME <u>Jennifer R. Tidball</u>	
14. TITLE <u>Acting Dept. Director</u>	
15. DATE SUBMITTED <u>07/31/2019</u>	

<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED August 1, 2019	18. DATE APPROVED October 10, 2019

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME James G. Scott	22. TITLE Director Division of Medicaid Field Operations - North, Kansas City

23. REMARKS

State: Missouri

### METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

The definition and determination of reasonable charge as administered by the MO HealthNet Division in establishing rates of payment for medical services will be that charge which most nearly reflects the provider's usual and customary charge to the general public for the service, as qualified by application of available prevailing charge resources and the upper and lower limitations of payment stipulated or optionally provided in Federal regulation.

If the funds at the disposal or which may be obtained by the MO HealthNet Division for the payment of medical assistance benefits on behalf of any person under one or more of the following specific medical services reimbursement methods, shall at any time become insufficient to pay the full amount thereof, then, pursuant to state law, the amount of any payment on behalf of each of such persons shall be reduced to pro rata in proportion to such deficiency in the total amount available or to become available for such purpose. In accordance with requirements of Title 42, Code of Federal Regulations, 447.204, the agency's payments will not be reduced beyond the point at which they become insufficient to enlist enough providers so services under the plan are available to recipients at least to the extent that those services are available to the general population.

### PHYSICIAN, DENTAL AND PODIATRY SERVICES

Physician Services (includes doctors of medicine, osteopathy, podiatry, dentistry).

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the MO HealthNet Division. Reimbursement is the lesser of charges or the published fee schedule amount. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician, dental and podiatry services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>. The determination and reimbursement of reasonable charge will be in conformance with the standards and methods as expressed in 42 CFR 447 Subpart F. Agency payment will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The allowable fee based on reasonable charge as above determined.

Payment for physician services for those organ and bone marrow transplant services covered as defined in Attachment 3.1-E will be made on the basis of a reasonable charge determination resulting from medical review by the Medical Consultant.

State Plan TN# 19-0016  
Supersedes TN# 16 01

Effective Date July 1, 2019  
Approval Date October 10, 2019

STATE: Missouri

OPTOMETRIC SERVICES

Reimbursement for services is made on a fee-for-service basis. For optometric services including services provided by professional clinics of optometry, the maximum allowable fee for a unit of service has been determined by the MO HealthNet Division to be a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of optometric services including services provided by professional clinics of optometry. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. The rates are published at:

<https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

OUTPATIENT HOSPITAL SERVICES - OUT-OF-STATE HOSPITALS AND FEDERALLY-OPERATED HOSPITALS LOCATED WITHIN THE STATE OF MISSOURI

1. Out-of-state hospitals shall present claims to Missouri Medicaid within three hundred sixty-five (365) days from the date of service. In no case shall Missouri be liable for payment of a claim received beyond one (1) year from the date services were rendered. Outpatient hospital services must be submitted on the UB-92 claim form.
2. The payment for authorized outpatient hospital services provided by an out-of-state hospital shall be the lowest of:
  - A. At the out-of-state hospital's election, a prospective outpatient payment percentage calculated using the Medicaid over-alt outpatient cost-to-charge ratio from the fourth, fifth, and sixth prior base year cost reports and all documentation required by Missouri regulation for hospitals operating in Missouri regressed to the current state fiscal year or the out-of-state hospital may be exempt from the cost report filing requirement if the hospital accepts the projected statewide average outpatient payment percentage as developed by the Department of Social Services, Division of Medical Services for the state fiscal year in which the service was provided. The effective date for any increase above the statewide average outpatient payment percentage shall be the first day of the month following the Division of Medical Services determination of the outpatient payment percentage based on information from the hospital's Medicare base year cost report and all financial documentation required by Missouri regulation for hospitals operating in Missouri.
  - B. The amount of total charges billed by the hospital.
3. Outpatient Reimbursement Rate Computation. The outpatient reimbursement rate computation is the same as calculated for Missouri hospitals as described in section I.

X-RAY SERVICES (INDEPENDENT)

The state agency will establish rates for reimbursement which are defined and determined as reasonable by the MO HealthNet Division. Payment will be based on the lower of:

1. The provider's actual billed charge, or;
2. The reasonable rate as determined above.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of x-ray services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at: <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

LAB SERVICES (INDEPENDENT)

The state agency will establish rates for reimbursement which are defined and determined as reasonable by the MO HealthNet Division. The Medicaid fee schedule rates are based on eighty percent (80%) of the current Medicare Clinical Lab Fee Schedule rate using Missouri Locality 01. Payment will be based on the lower of:

1. The provider's actual billed charge, or;
2. The reasonable rate as determined above.

State: Missouri

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of lab services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at: <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

#### FAMILY PLANNING

The state agency will pay for medical services which are identified as qualified Family Planning services. The payment will be in accordance with the standards and methods herein described as apply to the provider type represented.

The state payment for each service will be made on the lower of:

- (1) The provider's actual charge for the service, or;
- (2) The maximum allowable fee or rate as determined by the state agency.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Family Planning services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

#### EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (E.P.S.D.T.)

Reimbursement for EPSDT services provided in accordance with the provisions of section 6403 of PL. 101-239 and federal regulations as promulgated thereunder shall be made on the basis of reasonable allowance fee schedules or per-diem rates, if applicable, as determined by the, state agency, and in accordance with the standards and methods herein described as applicable to the service and provider type represented. The state payment for each service will be made on the lower of:

- (3) The provider's actual charge for the service, or;
- (4) The maximum allowable fee or rate as determined by the state agency.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

Reimbursement Methodology for Licensed Behavior Analysts and Licensed Psychologists:

- (A) MO HealthNet shall provide reimbursement to enrolled Licensed Behavior Analysts (LBAs) and Licensed Psychologists (LPs), who are currently licensed and in good standing with the state, for services provided within their scope of practice. Payment for services rendered by Licensed Assistant Behavior Analysts (LABAs) shall be made to the LBA supervising and employing these personnel. Payment for services rendered by technicians shall be made to the LBA or LP supervising and employing these personnel. If the LBA or LP operates through an agency or corporate entity, payment may be made to that agency or entity. Reimbursement for services shall not be made to or for services rendered by a parent, a legal guardian, or other legally responsible person.
- (B) Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable amount per unit of service. Reimbursement shall only be made for services authorized by MO HealthNet or its designee.
- (C) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of ABA services. The agency's fee schedule was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

State MissouriEMERGENCY AMBULANCE SERVICES

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be the lower of:

1. The provider's actual charge for the services, or;
2. The Medicaid maximum allowable amount per unit of service.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Ambulance services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at: <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

HOME HEALTH SERVICES

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be the lower of:

1. The provider's actual charge for the services; or
2. The Medicaid maximum allowable amount per unit of service.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of home health program services (intermittent or part-time nursing services, home health aide services, therapy services, and medical supplies). The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at: <https://dss.mo.gov/mhd/providers/pages/cptagree.htm> .

State Plan TN# 19-0016  
Supersedes TN # 10-14

Effective Date July 1, 2019  
Approval Date October 10, 2019



State: Missouri

Medication Therapy Management (MTM) – Payment to Providers

Qualified enrolled pharmacists may be reimbursed for medication therapy management services. Individual qualified pharmacists may be reimbursed for a maximum of 60 minutes of MTM services per month per participant. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medication therapy management services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at

<http://www.dss.mo.gov/mhd/providers/pages/cptagree.htm> .

State Plan TN#19-0016  
Supersedes TN#MO 12-20

Effective Date July 1, 2019  
Approval Date October 10, 2019

State MissouriMedical Equipment Services

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the MO HealthNet Division. Reimbursement is the lesser of charges or the published fee schedule amount. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both public and private providers of Durable Medical Equipment, orthotic and prosthetic devices, rehabilitative training, hearing aids and audiology services. The agency's fee schedule rate was set as of July 1, 2019, and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service, or;
- (2) The allowable fee based on reasonable charge as above determined.

Ambulatory Surgical Care Clinics

The state payment for service will be made on the lower of:

- (1) The provider's actual charge for the service, or;
- (2) The Medicaid maximum allowable fee under the established all-inclusive rate.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ambulatory surgical care clinics. The agency's fee schedule rate was set as of January 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

Nurse-Midwife Services

The state agency will reimburse providers of nurse-midwife services the lower of the provider's usual and customary charge to the general public or the Medicaid maximum allowable amount. For those services reimbursable as nurse-midwife services, the maximum allowable amount will be the same as the physician fees applicable to comparable services.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of nurse midwife services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

State: Missouri

### Personal Care Services

#### a. Personal Care Services (Agency Model):

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. RN supervisory visits provided in Residential Care Facilities are billed by the provider at a separate rate per visit and do not duplicate services already provided by the facility. The state payment for each service shall be the lower of:

- (1) The provider's actual charge for the services; or
- (2) The established rate per service unit or visit as determined by the state agency.

The total monthly payment made on behalf of an individual cannot exceed sixty percent (60%) of the average statewide monthly cost for care in a nursing institution (excluding state mental intermediate care facilities).

The total monthly payment for personal care for individuals eligible for advanced personal care services may not exceed 100% of the average statewide monthly cost for care in a nursing institution (excluding state mental intermediate care facilities).

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of personal care services. The agency's fee schedule rate was set as of July 1, 2019, and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

The fee schedule, as described, applies to all levels of personal care (basic, advanced, and RN supervisory visits). There is a variation in the rates paid according to the setting where services are delivered.

The amount of time associated with one unit of basic and advanced Personal Care is 15 minutes. The RN supervisory visit is a per visit unit. Any rate paid for furnishing personal care services to Medicaid beneficiaries does not include a cost consideration for room and board.

#### b. Personal Care Assistance (Consumer-Directed Model)

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The total monthly payment for personal care assistance for individuals shall not exceed 60% of the average statewide monthly cost for care in a nursing institution (excluding state mental intermediate care facilities). The State payment for services shall be the lower of:

- (1) The vendor's actual charge for the services; or
- (2) The established rate per service unit as determined by the state agency.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of personal care services. The agency's fee schedule rate was set as of July 1, 2019, and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

The amount of time associated with one unit of Personal Care Assistance is 15 minutes. The RN supervisory visit is a per visit unit. Any rate paid for furnishing personal care services to Medicaid beneficiaries does not include a cost consideration for room and board.

State Missouri

Method establishing payment rates for case management services for developmentally disabled individuals.

For employees of the state, county SB-40 boards, affiliated community service providers, and not-for-profits:

The initial uniform prospective hourly fee for case management will be established based on the weighted average hourly cost of all providers as calculated from providers' most recent available cost reports. Cost reports include non-productive time including training time, vacation, holiday and sick leave. The initial calculated fee, which will be based on costs for FY '00, will include an annual and, if appropriate, partial year inflation factor. Annually thereafter until rebasing, on July 1 the previous year's uniform hourly fee will be adjusted by the Consumer Price Index as determined by the Bureau of Labor Statistics or, if available, a Missouri-specific health care index of inflation. The uniform prospective hourly fee will be rebased at least once every ten years. For each rebasing year, the uniform prospective hourly fee will be calculated in the same manner as the initial fee described above. The unit of service is 5 minutes with a limit of 240 units per day per participant. The uniform prospective hourly fee is further computed to a 5 minute fee. All providers, statewide, are reimbursed at the same fee.

Method for establishing payment rates for case management services for Severely Emotionally Disturbed (SED) children

The state agency will reimburse Targeted Case Management providers at fee-for-service rates. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service.

A single rate is established for each unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services offered by TCM providers (as detailed in Section 3.1-A of the state plan). The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after July 1, 2019.

Method for establishing payment rates for case management services for chronically mentally ill adults.

The state agency will reimburse Targeted Case Management providers at fee-for-service rates. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service.

A single rate is established for each unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services offered by TCM providers (as detailed in Section 3.1-A of the state plan). The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after July 1, 2019.

State MissouriAsthma Preventive Education and Counseling for the Participant and In-Home Assessments for Asthma Triggers

The state agency shall provide reimbursement for asthma preventive education and counseling and in-home assessments for asthma triggers to enrolled educators and assessors who are currently certified and in good standing with the state as defined in 4b EPSDT Asthma Preventive Education and Counseling for the Participant and In-Home Assessments for Asthma Triggers. Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee consistent with efficiency, economy, and quality of care. The state payment for each service will be lower of:

- (1) The provider's actual charge for the services; or
- (2) The Medicaid maximum allowable amount per unit of service.

Reimbursement shall only be made for services authorized by the state agency or its designee. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of asthma preventive education and counseling and in-home assessments for asthma triggers. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

State Plan TN# 19-0016  
Supersedes TN# 16-04

Effective Date 07/01/19  
Approval Date 10/10/19

State Missouri13.d. Rehabilitative ServicesComplementary Medicine and Alternatives to Chronic Pain Management

The state agency shall provide reimbursement for enrolled providers providing complementary and alternative treatments for chronic pain who are currently in a pending, preliminary, or full recognition status with the Centers for Disease Control and Prevention (CDC), and in good standing with the state as defined in 13 CSR 70-3.290. Complementary Medicine and Alternative Pain Management for adults is a structured program developed to decrease use and misuse of opioid medications along with providing alternative treatments for chronic pain.

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the services; or
- (2) The Medicaid maximum allowable amount per unit of service.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Complementary Medicine and Alternatives to Chronic Pain Management. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

State Plan # 19-0016  
Supersede 18-0007Effective Date July 1, 2019  
Approval Date October 10, 2019

State Missouri6.d. Other Licensed PractitionerAcupuncturists

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the services; or
- (2) The Medicaid maximum allowable amount per unit of service.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of acupuncture services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

6.d.(b) Other Licensed PractitionerChiropractors

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the services; or
- (2) The Medicaid maximum allowable amount per unit of service.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of chiropractic services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

State Missouri

Community Psychiatric Rehabilitation Services

The state agency will reimburse Community Psychiatric Rehabilitation Services providers at fee-for-service rates. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service.

A single rate is established for each unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services offered by CPR providers (as detailed in Section 3.1-A of the state plan). The CPR procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after July 1, 2019.

State Plan TN# 19-0016  
Supersedes TN# 89-6

Effective Date 7/1/19  
Approval Date 10/10/19



State Missouri

### Comprehensive Day Rehabilitation Services

- (1) Reimbursement for Comprehensive Day Rehabilitation Services is by the fee schedule, at the lesser of the billed charge or the MO HealthNet maximum allowable fee per unit. The daily reimbursement rate is one unit of Comprehensive Day Rehabilitation Services which is defined as either one-half day (three to four hours) or one day (five or more hours).
- (2) Reimbursement is a half-day or daily rate based on the participant's level of care. A participant's level of care is based on the assessment to determine eligibility for the program. The MMIS will assure a half-day and a daily rate are not paid on the same date of service, and will also assure only one unit of either half-day or full-day is paid per date of service per participant.
- (3) Comprehensive day rehabilitation services must be prior authorized and cover a combination of goal oriented rehabilitation services provided by multiple providers according to a multiple hour schedule over a week's time, Services are designed to maintain and improve the recipient's ability to function as independently as possible in the community. Services are provided at a free-standing rehabilitation center. Services must include:
  - an evaluation/assessment to determine whether comprehensive day rehabilitation services are appropriate for the recipient;
  - development of an individualized plan of care;
  - services that address independent living skills and basic self care needs;
  - a service package that requires services from at least three of the following professionals:
    - o psychologist/neuropsychologist
    - o speech/language therapist
    - o physical therapist
    - o occupational therapist
    - o vocational rehabilitation specialist
    - o education specialist
    - o recreational therapist
    - o counselor
    - o case manager

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Comprehensive Day Rehabilitation services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

## EPSDT Lead Environmental Assessment Provider

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the MO HealthNet Division. Agency payment will be the lower of:

1. The provider's actual charge for the service; or
2. The allowable fee based on reasonable charge as above determined

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT Lead Environmental Assessment Providers. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

State MissouriNurse Practitioner/Clinical Nurse Specialist Services

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the MO HealthNet Division. Agency payment **will** be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The allowable fee based on reasonable charge as above determined.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of nurse practitioner/clinical nurse specialist services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <http://www.dss.mo.gov/mhd/providers/pages/cptagree/htm>

Licensed Psychologist's, School Psychologist's, Licensed Professional Counselor's, Licensed Clinical Social Worker's, and Licensed Marital and Family Therapist's Services

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the MO HealthNet Division. Reimbursement in the lesser of charges or the published fee schedule amount. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of psychological services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <http://www.dss.mo.gov/mhd/providers/pages/cptagree/htm>

Revised Submission 09.25.19

State - Missouri

Anesthesiologist Assistant Services

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the Division of Medical Services. The determination and reimbursement of reasonable charge will be in conformance with the standards and methods as expressed in 42 CFR 447 Subpart F. The Agency payment will be the lower of:

- 1) The provider's actual charge for the service; or
- 2) The Medicaid allowable reimbursement for the service.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of anesthesiologist assistant services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

State Plan TN# . 19-0016  
Supersedes TN.# 05-10

Effective Date July 1, 2019  
Approval Date October 10, 2019

Revised Submission 10.09.19

State: Missouri

### PHYSICIAN ASSISTANT SERVICES

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of physician assistant services. The agency's fee schedule rate was set as of July 1, 2019, and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

### ASSISTANT PHYSICIAN SERVICES

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of assistant physician services. The agency's fee schedule rate was set as of July 1, 2019, and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

State Plan TN# 19-0016  
Supersedes TN# 18 0023

Effective Date July 1, 2019  
Approval Date October 10, 2019

State: Missouri

Independent Clinics

Services provided by Independent Clinics shall be reimbursed at the lower of the following:

1. Submitted charges; or
2. Fee schedule as determined by the MOHealthNet Division

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of independent clinic services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <http://www.dss.mo.gov/mhd/providers/index.htm>.

Public Health Clinics

Services provided by Public Health Clinics shall be reimbursed at the lower of the following:

1. Submitted charges; or
2. Fee schedule as determined by the MO HealthNet Division

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of public health clinic services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <http://www.dss.mo.gov/mhd/providers/index.htm>.

Community Mental Health Clinics

Services provided by Community Mental Health Clinics (CMHC) shall be reimbursed at the lower of the following:

1. Submitted charges; or
2. Fee schedule as determined by the MO HealthNet Division

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of CMHC services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <http://www.dss.mo.gov/mhd/providers/index.htm>.

Planned Parenthood Clinics

Services provided by Planned Parenthood Clinics shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule as determined by the MO HealthNet Division

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Planned Parenthood clinic services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <http://www.dss.mo.gov/mhd/providers/index.htm>.