

## **Table of Contents**

**State/Territory Name: Missouri**

**State Plan Amendment (SPA) #: 20-0018**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

October 28, 2020

Jennifer Tidball  
Acting Director  
MO Healthnet Division  
P.O Box 6500  
Jefferson City, MO 65102

RE: TN 20-0018

Dear Ms. Tidball:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B, MO-20-0018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 22, 2020. This plan amendment proposes to update the provider fee schedule to add a modifier for individual, family, and group psychotherapy procedure codes to pay an enhanced rate for providers certified in specific evidence-based practices that provide evidence-based treatment to individuals under 21 years of age who have experienced severe physical, sexual, or emotional trauma as a result of abuse or neglect.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Blake Holt at (415) 744-3754 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		<b>1. TRANSMITTAL NUMBER</b> 2 0 — 0 0 18	<b>2. STATE</b> Missouri
<b>TO: REGIONAL ADMINISTRATOR</b> CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>5. TYPE OF PLAN MATERIAL (Check One)</b> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		<b>4. PROPOSED EFFECTIVE DATE</b> 7/1/2020	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
<b>6. FEDERAL STATUTE/REGULATION CITATION</b> 42 CFR 440.60		<b>7. FEDERAL BUDGET IMPACT</b> a. FFY 2020 \$ 12284.96 b. FFY 2021 \$ 49,958.02	
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</b> Attachment 4.19-B, Pages 1 and 9		<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</b> Attachment 4.19-B Pages 1 and 9	
<b>10. SUBJECT OF AMENDMENT</b> This State Plan Amendment (SPA) proposes to update the fee schedule by adding modifier HK for individual, family, and group psychotherapy procedure codes.			
<b>11. GOVERNOR'S REVIEW (Check One)</b> <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <i>JV</i> <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
[Redacted] Jennifer R. Tiddes		<b>16. RETURN TO</b> MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102	
<b>14. TITLE</b> Acting Department Director		<b>15. DATE SUBMITTED</b> 09-21-2020	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
<b>17. DATE RECEIVED</b> 9/22/2020		<b>18. DATE APPROVED</b> 10/28/2020	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL</b> 7/1/2020		<b>20. SIGNATURE</b> [Redacted]	
<b>21. TYPED NAME</b> Todd McMillion		<b>22. TITLE</b> Director, Division of Reimbursement Review	
<b>23. REMARKS</b> 10/13/20: State provided concurrence for a pen and ink change to Box 6: From "42 CFR 440.60" to "42 CFR 447 Subpart F".			

## 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, 2020 and is effective for services provided on or after that date. The Medicaid fee schedule is published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search," and select "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. 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 Missouri

Nurse 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, 2020 and is effective for services provided on or after that date. The Medicaid fee schedule is published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search," and select "Medical Services."

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 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 behavioral health services (as detailed in Section 3.1-A of the state plan). The agency's fee schedule rate was set as of July 1, 2020 and is effective for services provided on or after that date. The Medicaid fee schedule is published on the MO HealthNet website

at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search," and select "Medical Services" or "EPSDT Other Services."