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State/Territory Name: Missouri

State Plan Amendment (SPA) MO: 22-0027

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



Financial Management Group

September 23, 2022

Robert Knodell
Acting Director
Missouri Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, MO 65102

RE: TN 22-0027

Dear Mr. Knodell:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B, MO-22-0027, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 21st 2022. This SPA increases rates to services provided by Psychiatric Rehabilitation Services provided by Community Mental Health Centers and Independent Clinics (except for Federally Qualified Health Centers (FQHCs)), Ambulatory Surgical Centers, Medicaid Children's Clinics, Public Health Clinics, and Planned Parenthood Clinics. Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. 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 Robert Bromwell at (410) 786-5914 or robert.bromwell@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 - 0 0 2 7

2. STATE
MO

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447 and 1902(a)(4), 1902(a)(2), and 1903 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY FFY22 \$ 58,200,551
b FFY FFY23 \$ 234,797,547

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B Pages: 1, 1aaaaaaa, 1b, 2a, 2b, 3, 4, 4a, 4aaa, 4aaa1, 4b, 4d, 4dd, 4ddd, 4e, 4f, 5, 9, 9a, 9aa, 18a, 55, 56

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19B Pages: 1, 1aaaaaaa, 1b, 2a, 2b, 3, 4, 4a, 4aaa, 4aaa1, 4b, 4d, 4dd, 4ddd, 4e, 4f, 5, 9, 9a, 9aa, 18a, 55, 56

9. SUBJECT OF AMENDMENT
This State Plan Amendment (SPA) proposes to update the fee schedule for certain MO HealthNet State Plan services due to an increase appropriated by the State Legislature.

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT **SLV** OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL


11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Robert Knodell
13. TITLE
Acting Director
14. DATE SUBMITTED
07-20-2022

15. RETURN TO

FOR CMS USE ONLY
16. DATE RECEIVED
7/21/2022
17. DATE APPROVED
September 23, 2022
PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS
Pen and ink change to blocks 7 and 8 to remove 4.19-B page 56 from State Plan Amendment. Authorized 9/8/2022 via email.

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, 2022 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.

Other Licensed Practitioners

Ambulance

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 January 1, 2022 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>.

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, 2022 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>.

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, 2022 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, 2022 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, 2022 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, 2022 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

EMERGENCY 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, 2022 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>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search", and select "Ambulance".

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, 2022 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>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search", and select "Other Services".

DRUG SERVICES

The state agency will utilize the definitions, standards and methods described in 42 CFR 447.502 and 447.512 and 447.518 in establishing payment rates for prescribed drugs.

1. For prescribed drugs, devices and supplies, including specific MO HealthNet covered non-legend and legend products that are prescribed by an authorized prescriber, MO HealthNet will reimburse using the following hierarchy methodology. National Average Drug Acquisition Cost (NADAC); if no NADAC
2. Missouri Maximum Allowable Cost (MAC) (MO HealthNet's MAC includes all types of medications, including specialty and hemophilia products); if no NADAC or MAC

State Plan TN# 22-0027
Supersedes TN # 21-0027

Effective Date July 1, 2022
Approval Date September 23, 2022

State Missouri

Medical 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, 2022, 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 July 1, 2022 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, 2022 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, 2022, 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, 2022, 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.

The state agency will reimburse Targeted Case Management providers at a fee-for-service rate. A single, statewide fee schedule rate is established for the 5-minute unit. Except as otherwise noted in the state plan, the state-developed fee schedule rate is 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 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.

To develop the fee schedule rate, the following key cost components were considered:

- A. Staff wages
- B. Employee benefits and other employee-related expenses
- C. Productivity
- D. Other service-related expenses
- E. Administrative expenses.

To model the cost components, various market data sources were reviewed including Bureau of Labor Statistics, Missouri-specific staff wages and benefits, and Missouri TCM provider experience. The market assumptions for each cost component were factored together to develop an overall hourly rate, which was then converted to a 5-minute unit.

The State re-examines the rate at least once every five years. At any time during the five-year period, reevaluation of the rate is considered as warranted based upon provider inquiries, service access and budgetary considerations. The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm> and are effective for services provided on or after July 1, 2020. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search", and select "Other Medical".

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, 2022.

State Missouri

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, 2022.

State Plan TN# 22-0027

Supersedes TN# 20-0003

Effective Date 07/01/2022

Approval Date September 23, 2022

State _____ Missouri _____

Hospice Services

The reimbursement rate for hospice services for participants age 21 and over includes all covered services related to the treatment of the terminal illness, including the administrative and general supervisory activities performed by physicians who are employees of or working under arrangements made with the hospice. The reimbursement for hospice services for participants under age 21 is the same with the exclusion of reimbursement of curative covered services.

- 1) A per-diem rate for each day on which hospice services are provided will be based on the current rate established by the Centers for Medicare and Medicaid Services for the specific hospice based on the level of care provided-
- 2) Nursing Home Room and Board. Medicaid eligible individuals residing in Medicaid certified nursing facilities, who meet the hospice eligibility criteria, may elect Medicaid hospice care services. In addition to the routine home care or continuous home care per-diem rates, an amount may be paid to the hospice to cover the nursing home room and board costs which will be determined in accordance with rates established under 1902(a)(13) of the Social Security Act.
- 3) Physician services will be reimbursed in accordance with Medicaid reimbursement policy for physician services based on the lower or the actual charge or the Medicaid maximum allowable amount for the specific service, and as described in 42 CFR Part 418.302.
- 4) Cost Sharing. Hospice services shall be exempt from these Medicaid cost-sharing requirements as may be otherwise applicable to a comparable service when provided other than as a hospice service.

The state agency will reimburse for deductibles and coinsurance as may be imposed under Title XVIII for those Medicaid eligible recipients who also have Medicare eligibility.

Global Prenatal

The state agency will reimburse public providers of a nominal charge status, with a provider specialty code reflecting same, a global prenatal rate as defined and determined by the MO HealthNet Division and established in accordance with the provisions of 42 CFR 413.13. The state payment will be the lower of the providers actual charge for the service or the established 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 global prenatal services. The agency's fee schedule rate was set as of July 1, 2022 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# 22-027
Supersedes TN# 10-07

Effective Date July 1, 2022
Approval Date September 23, 2022

State Missouri

Asthma 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, 2022 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# 22-0027
Supersedes TN# 21-0035

Effective Date 07/01/2022
Approval Date September 23, 2022

State: Missouri

Diabetes Prevention Program (DPP) Services for Adults

Reimbursement for services is made on a fee-for-service basis. MHD has determined the maximum allowable fee for a unit of service as 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 be only 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 DPP services. The agency's fee schedule rate was set as of July 1, 2022 and is effective for services provided on or after that date. All rates are published on the fee schedule: <https://class.mo.gov/mhd/providers/pages/cptagree.htm>.

State Plan TN# 22-0027
Supersedes TN# 20-0001

Effective Date 07-01-2022
Approval Date September 23, 2022

State: Missouri

Biopsychosocial Treatment of Obesity for Youth and Adults

The state agency shall provide reimbursement for enrolled providers providing biopsychosocial treatment of obesity services who are currently licensed, certified, and in good standing with the state.

Reimbursement for services is made on a fee-for-service basis. MHD has determined the maximum allowable fee for a unit of service as 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 be only 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 biopsychosocial treatment of obesity services. The agency's fee schedule rate was set as of July 1, 2022 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# 22-0027
Supersedes TN# 21-0016

Effective Date 07-01-2022
Approval Date September 23, 2022

State Missouri

13.d. Rehabilitative Services

Complementary 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, 2022 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 # 22-0027
Supersedes TN# 19-0016

Effective Date July 1, 2022
Approval Date September 23, 2022

State Missouri

6.d. Other Licensed Practitioner

Acupuncturists

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, 2022 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 Practitioner

Chiropractors

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, 2022 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, 2022.

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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, 2022 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, 2022 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."

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 MO HealthNet Division. 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, 2022 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>.

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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, 2022, and is effective for services provided on or after July 1, 2022. 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, 2022, 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>.

CHIROPRACTIC SERVICES

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of chiropractic services. The agency's fee schedule rate was set as of July 1, 2022, 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>.

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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, 2022 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>.

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, 2022 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>.

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, 2022 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>.

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, 2022 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>.

Telemedicine/telehealth services

Payment for telemedicine/telehealth services is as follows:

Originating site (the physical location of the client at the time the service is provided) fees are paid a facility fee according to the fee schedule.

Distant site (the physical location of the health care provider that is providing the service) fees are paid the current fee schedule amount for the service. Reimbursement is the same amount for a telemedicine service and a face-to-face service.

Reimbursement shall be only 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 that provide telemedicine services. The agency's fee schedule rate was set as of July 1, 2022 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>.

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