

**September 2006**

**Provider Bulletin Number 674**

# **HCBS MRDD Residential Services Providers**

## **Manual Update**

Changes to the Reimbursement section of the *HCBS MRDD Residential Services Provider Manual* on the Kansas Medical Assistance Program (KMAP) Web site at <https://www.kmap-state-ks.us> have been made.

The reimbursement information listed in the manual is no longer applicable for residential service billing and was deleted. See Section 7010, page 7-2, of the manual for more details.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *HCBS MRDD Residential Services Provider Manual*, page 7-2.

If you have any questions or need to request a paper copy of the bulletin, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

**7010. RESIDENTIAL SERVICE SPECIFIC BILLING INFORMATION**  
**Updated 9/06**

Enter procedure code **T2016** in field 24D of the HCFA-1500 claim.

**One unit = one day.**

**Reimbursement:**

~~Effective with dates of service on and after July 1, 2002, reimbursement will be based on Metropolitan Statistical Area (MSA) rates in four MSA regions of the state. The regions and applicable counties are: Kansas City (Johnson, Leavenworth, Miami and Wyandotte Counties), Lawrence (Douglas County), Wichita (Butler, Harvey, and Sedgwick Counties) and Topeka (Shawnee County).~~

~~The MSA rates are to be billed only when the service is provided in the counties listed above. MR/DD Residential Services provided outside of the above listed MSA regions will remain unchanged.~~

~~When billing for services performed in one of the counties listed above, use modifier 22 with procedure code W1380.~~

~~The maximum reimbursement for HCBS MR/DD Residential Service will be:~~

<del>Kansas City Region:</del>	<del>\$153.93</del>
<del>Lawrence Region:</del>	<del>\$153.80</del>
<del>Wichita Region:</del>	<del>\$143.81</del>
<del>Topeka Region:</del>	<del>\$137.60</del>

~~The federal portion (FFP) of the rate for services provided in each MSA county will be paid to the CDDOs; the state match portion will be certified by each CDDO. If an affiliate provided the service, the CDDOs must reimburse the affiliate.~~

**Client Obligation:**

If a case manager has assigned client obligation to a particular provider and informed that provider that they are to collect this portion of the cost of service from the client, the provider will not reduce the billed amount on the claim by the client obligation because the liability will automatically be deducted as claims are processed.