

**CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) PROGRAM
REIMBURSEMENT RATES**

SERVICE*	PRIOR AUTHORIZATION REQUIREMENTS**	REIMBURSEMENT RATE
AUDIOLOGICAL PROCEDURES	Required through PM regardless of cost for service plan entry	80% UCR
DENTAL (Up to 2 routine dental check-ups annually)	Not required	80% UCR
DENTAL (Orthodontic/Prosthodontic Procedures including Extractions)	Required through PM regardless of cost	80% UCR
DURABLE MEDICAL EQUIPMENT Includes:		
General DME	Required if greater than \$300	80% of UCR
Repair	Required regardless of cost	80% of UCR
Rental (Up to purchase price)	Required regardless of cost	Negotiated through Prior Authorization
Orthotic & Prosthetic Devices	Required if greater than \$300	80% of UCR
Augmentative Communication Evaluation & Device	Required through PM regardless of cost	80% of UCR
Disposable Supplies (Diapers, etc.)	Required if greater than \$300	80% of UCR
Hearing Aids	Required through PM regardless of cost	Wholesale cost plus 10%
Cochlear Implants, FM Systems & Magnifiers	Required through PM regardless of cost	80% of UCR
Ear Molds	Required for service plan entry	80% of UCR
Hearing Aid Accessories	Required if greater than \$300	80% of UCR
Hearing Aid Repair	Required regardless of cost	80% of UCR
EMERGENCY CARE CENTERS	Notification required within three (3) business days for service plan entry	80% of UCR up to MO HealthNet Inpatient per diem rate
EMERGENCY TRANSPORTATION	Not required	80% UCR
HEMOPHILIA FACTOR	Required for service plan entry	Average Wholesale Price – 10.43% + Dispensing Fee
INPATIENT HOSPITALIZATION Includes:	Required through PM regardless of cost:	
Evaluation & Treatment for Eligible Condition including Surgery & Special Procedures	Required for service plan entry	80% of UCR up to MO HealthNet Inpatient per diem rate
INTERPRETER FEES Includes:		
In-home	Required for service plan entry	\$12.00/unit (1 unit equals 15 minutes) with a 2 hour minimum
Telephone	Required for service plan entry	\$8.00/unit (1 unit equals 15 minutes)
MEDICAL NUTRITIONAL SERVICES	Required through PM regardless of cost	\$16.50/unit (1 unit equals 15 minutes)
OFFICE/OUTPATIENT CLINIC VISIT (New & Established Patient)	Not required	Varies by level of service
OFFICE VISIT PROCEDURES	Required for service plan entry	80% of UCR up to MO HealthNet Inpatient per diem rate

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OUTPATIENT PROCEDURES & SURGERY Includes:	Required through PM regardless of cost:	
Emergency	Notification required within three (3) business days for service plan entry	80% of UCR up to MO HealthNet Inpatient per diem rate
Non-Emergency	Required for service plan entry	80% of UCR up to MO HealthNet Inpatient per diem rate
PROFESSIONAL FEES – INPATIENT/OUTPATIENT (Ambulatory Surgical Centers, Anesthesiology, Consultation, Emergency, Pathology, Radiology & Special Procedures)	Not required	Up to \$100 paid in full. Balance of \$100 or more, paid at 54% with a maximum reimbursement of \$800 a day
PRESCRIPTION MEDICATIONS Includes:		
Formula (Specialized)	Required through PM regardless of cost	90% of UCR
Pharmacy, Physician’s Office & Treatment Center	Required for service plan entry	90% of UCR
THERAPIES/EVALUATIONS Includes:		
Auditory Therapy	Required through PM regardless of cost	\$16.50/unit (1 unit equals 15 minutes)
Occupational Therapy	Required through PM regardless of cost	\$16.50/unit (1 unit equals 15 minutes)
Physical Therapy	Required through PM regardless of cost	\$16.50/unit (1 unit equals 15 minutes)
Respiratory Therapy	Required through PM regardless of cost	\$16.50/unit (1 unit equals 15 minutes)
Speech Therapy	Required through PM regardless of cost	\$16.50/unit (1 unit equals 15 minutes)
Evaluations/Re-Evaluations	Not required	\$60

* Services must be medically necessary and directly related to the participant’s eligible condition for CYSHCN to consider payment.

** Services exceeding \$300 annually require prior authorization from the CYSHCN Service Coordinator. Services exceeding \$2,500 annually require prior authorization through the CYSHCN Program Manager (PM).

Rates are subject to change. For current reimbursement rates refer to:
<http://health.mo.gov/living/families/shcn/pdf/cshcnrateschedule.pdf>

For current claims submission guidelines refer to:
<http://health.mo.gov/living/families/shcn/pdf/ClaimsGuide.pdf>

CYSHCN will consider limited funding for eligible medical conditions up to \$25,000 annually per participant.