

MO HealthNet TELEMEDICINE BILLING

Constituent Education

Revised May 2021

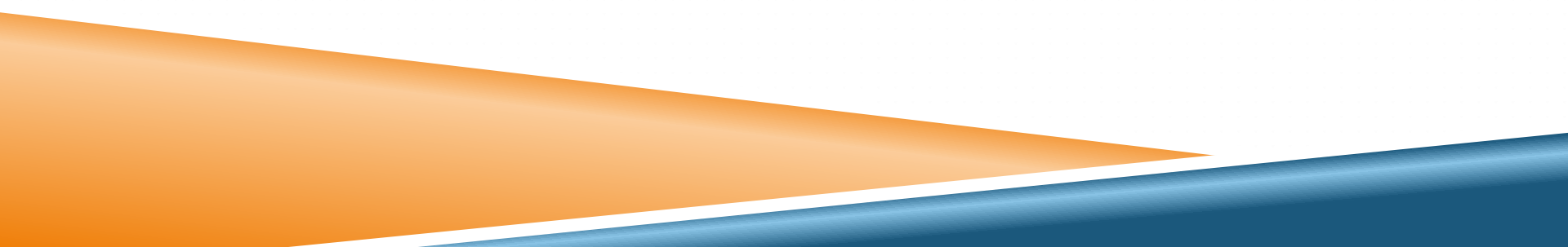


Use the Missouri Statute as a Guide

- ❖ MO HealthNet enrolled providers should follow Missouri Revised Statutes, 191.1145, 191.1146, 208.670, and 208.677 when providing telemedicine services.

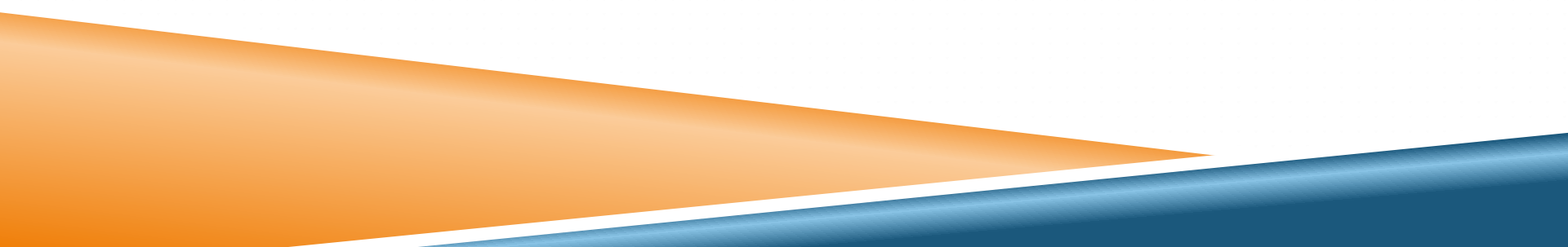
State Statute 208.670

“Payment for services rendered via telemedicine shall not depend on any minimum distance requirement between the originating and distant site. Reimbursement for telemedicine services shall be made in the same way as reimbursement for in-person contact; however, consideration shall also be made for reimbursement to the originating site. Reimbursement for asynchronous store-and-forward may be capped at the reimbursement rate had the service been provided in person.”

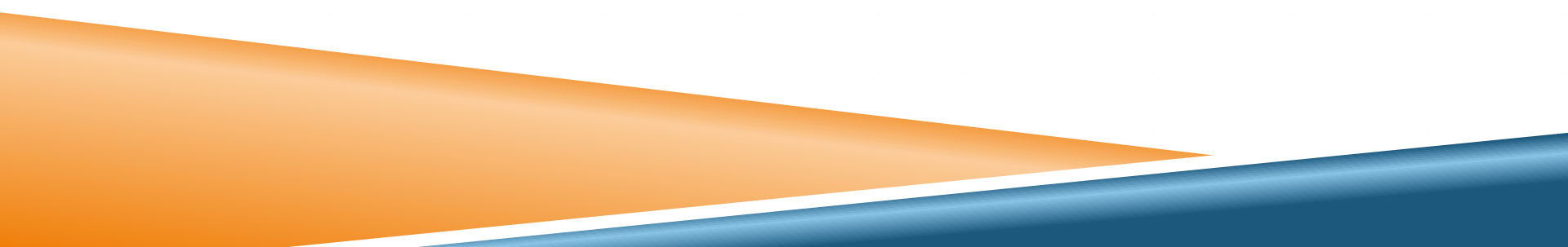


State Statute 208.670 (cont.)

RSMO 208.670 states, “The Department of Social Services shall reimburse providers for services provided through telemedicine if such providers can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in person. The department shall not restrict the originating site through rule or payment so long as the provider can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in person.”

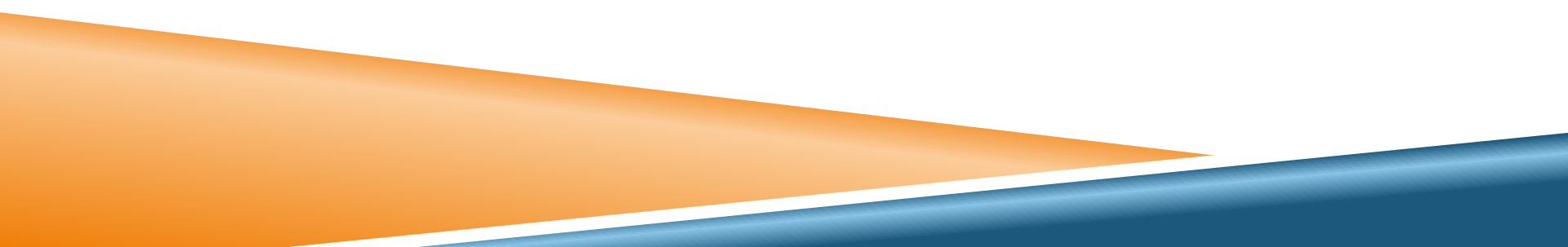


Provider Requirements for telemedicine

- ❖ "Provider", the same meaning as the term "health care provider" is defined in section 119.1145, and such provider meets all other MO HealthNet eligibility requirements.
 - ❖ A physician-patient relationship is required and must be established per 191.1146.
 - ❖ "Health care professional", a physician or other health care practitioner licensed, accredited or certified by the state of Missouri to perform specified health services consistent with state law RSMO **376.1350**.
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State Statute 208.677

“Prior to the provision of telemedicine services in a school, the parent or guardian of the child shall provide authorization for the provision of such service. Such authorization shall include the ability for the parent or guardian to authorize services via telemedicine in the school for the remainder of the school year.”



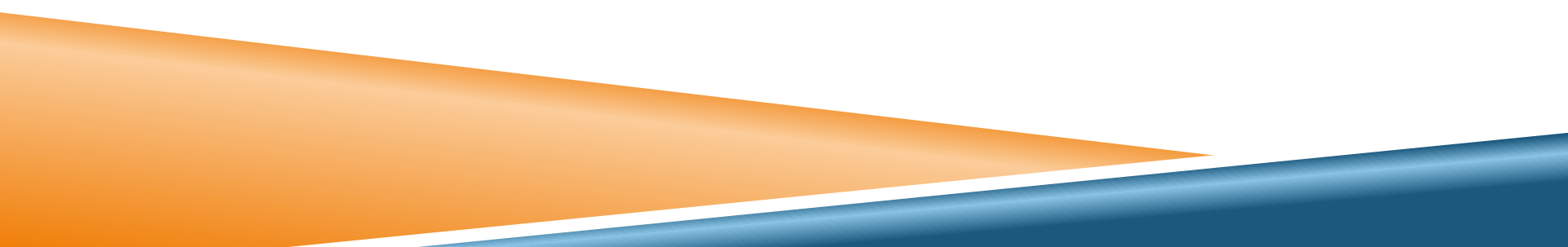
MO HealthNet Requirements

All billing requirements required to perform and bill for a service apply to telemedicine services.

- ❖ Prior Authorizations, pre-certifications, consent forms.
- ❖ Check the MO HealthNet on line Fee Schedule to ascertain these requirements.

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

Originating Site

- ❖ The **originating site** is where the MO HealthNet participant receiving the telemedicine service is physically located for the encounter. Procedure code Q3014 is used by the originating site to receive reimbursement for the use of the **facility** while telemedicine services are being rendered.
 - ❖ Q3014 cannot be billed when participant is receiving services at home.
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Distant Site

- ❖ Distant Site: a site at which a health care provider is located while providing health care services by means of telemedicine.

Originating & Distant Site

- ❖ The originating site fee and distant site services can be billed by the same provider for the same date of service as long as the distant site is not located in the originating site facility.

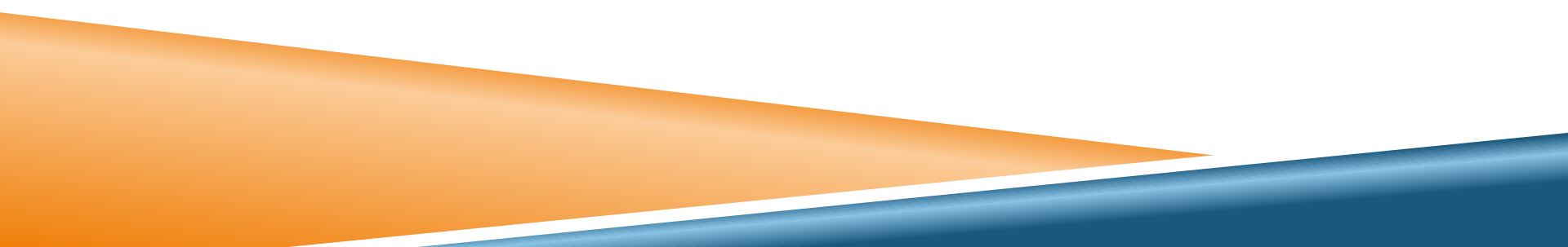
Reimbursement of Originating Site

Q3014

For dates of service on and after January 1, 2019, the MO HealthNet Division (MHD) reimburses outpatient facilities the telemedicine originating site fee at the lesser of the billed amount or the current fee schedule amount.

Place of Service (POS) 02

Reimbursement to the health care providers delivering the medical service at the distant site is equal to the current fee schedule amount for the service provided. Use the appropriate CPT code for the service along with place of service 02 when submitting telemedicine claims for the distant site. (exceptions following)



Behavioral health services in residential/inpatient

- ❖ Providers delivering behavioral health services via telemedicine, for participants located in a residential or inpatient place of service (Place of service codes 14, 21, 33, 51, 55, 56 or 61), must bill with the GT modifier and with the place of service where the participant is physically located.

Outpatient Hospital Facility Fee Billing

- ❖ Hospitals may bill a **facility fee** for distant site services provided in their facilities.
- ❖ The distant site service must be reported on the UB04 claim form with the procedure code, GT modifier, and zero billed charges.
- ❖ The physician providing the service will bill for their distant site services on the medical claim form.
- ❖ The usual/customary billed charges for the **facility fee** must be billed on a **separate line** of the claim.

Outpatient Hospital Facility Fee Billing

Example:

Professional distant site services provided via telemedicine:

CMS 1500: CPT and POS 02

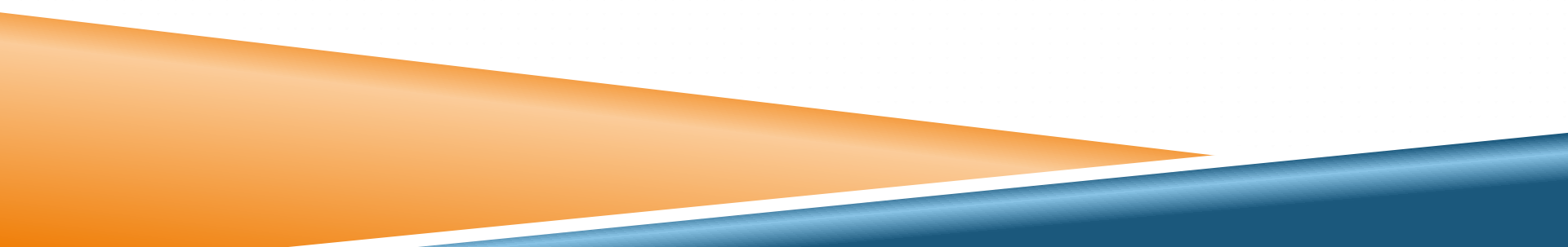
UB 04 for hospital **facility fee** :

Two Lines:


Line 1 – Rev code (510) + CPT+ GT+ zero billed charge

Line 2 – Facility Rev Code (510)+ facility fee billed charges

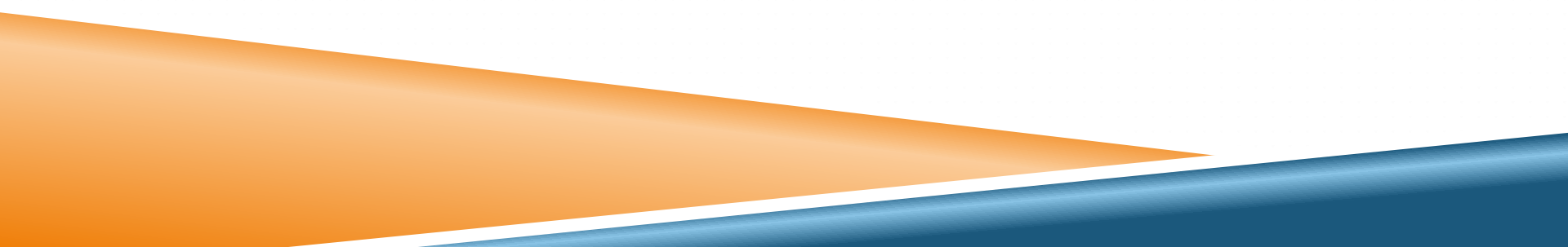
Distant Site on School Grounds

- ❖ Distant site services provided on school grounds should be billed with place of service 03 and a GT modifier.
 - ❖ The provider must get consent from the parent or guardian to provide telemedicine services. The parent or guardian may authorize services via telemedicine for a whole school year (RSMo 208.677).
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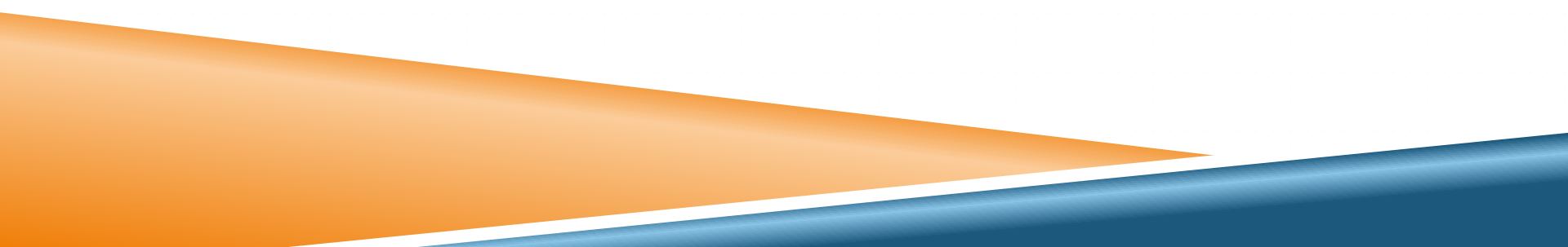
Rural Health Clinics

- ❖ RHCs, both provider-based and independent, must continue to bill telemedicine services using their non-RHC provider number when operating as an **originating site**.
 - ❖ RHCs may use either their RHC provider number or their non-RHC provider number when operating as a distant site.
 - ❖ Use POS 02 when billing the distant site when you use your non-RHC provider number.
 - ❖ **PBRHC/UB04**: Rev code + CPT+ GT+ billed charge
 - ❖ **IRHC/UB04**: Rev code+T1015+GT
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Federally Qualified Healthcare Clinics

- ❖ FQHC providers must remove originating site charges and payments for telemedicine services from their year-end cost reports.
 - ❖ FQHC providers must leave the Rendering Provider ID field (24j on CMS-1500) blank on their claims when billing the Q3014 originating site facility charge.
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FQHC Cost Reporting: Originating Site

- ❖ The telemedicine charges and costs, including the depreciation cost for equipment **are not allowed** on the FQHC cost report .
 - ❖ FQHC providers must remove charges and payments for telemedicine services from their year-end cost reports.
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FQHC Cost Reporting: Distant Site

- ❖ The telemedicine charges and costs, including the depreciation cost for equipment **are allowed** on the FQHC cost report .
- ❖ The clinic must have medical records in their clinic for the person being seen to be able to report these charges on their cost report. If the person being seen is not one of the clinic's patients, all costs will need to be removed from the cost report.

For questions on cost reporting you may contact Cathy Wade at 573-751-7731 or e-mail Cathy.wade@dss.mo.gov or the IRU Clinic e-mail address is IRU.CLINIC@dss.mo.gov

Addressing your Questions:

You may contact Constituent Education by email:

MHD.PROVTRAIN@dss.mo.gov

Or by phone at: 573-751-6683

