

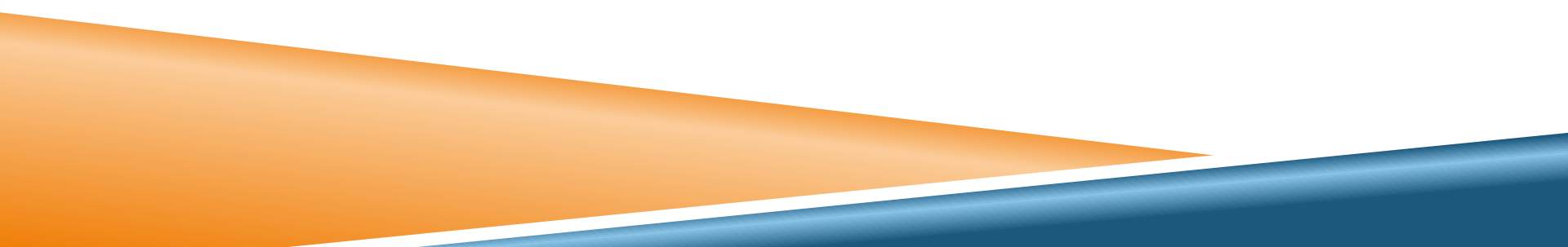
MO HealthNet Telemedicine Billing

Education and Training Unit
Revised July 2022

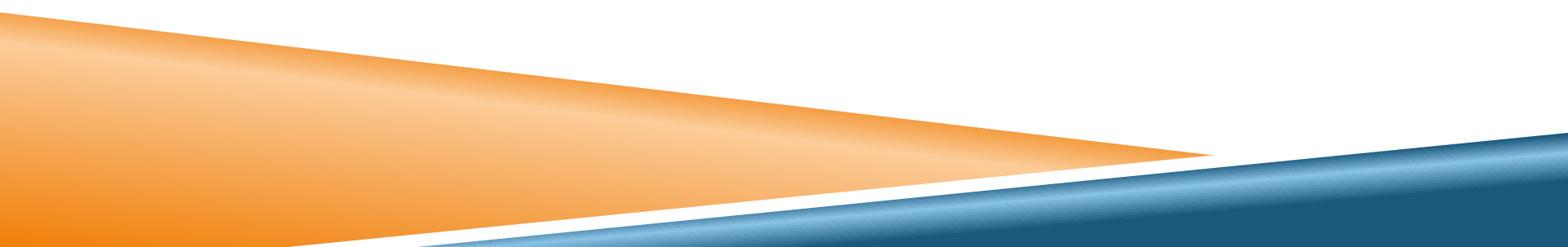
Telemedicine Definition

Telemedicine shall mean the delivery of health care services by means of information and communication technologies that facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a participant's health care while such participant is at the originating site and the provider is at the distant site.

Telemedicine shall also include the use of telephonic or asynchronous store-and-forward technology. Telemedicine services must be performed with the same standard of care as an in-person, face-to-face service.

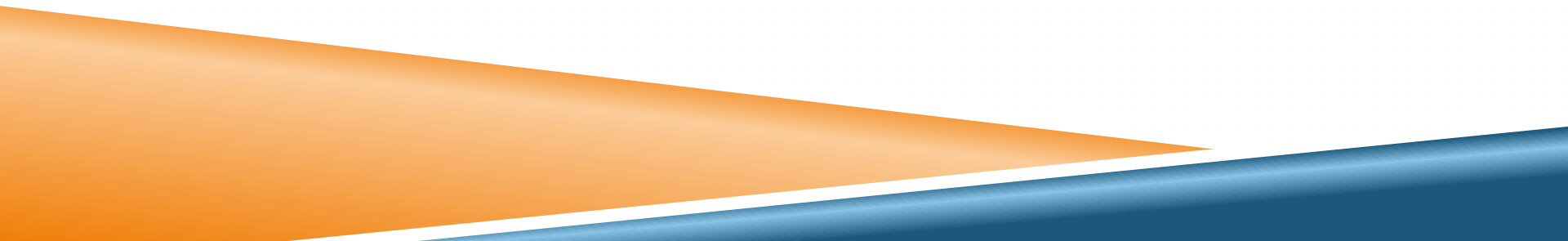


Originating Site

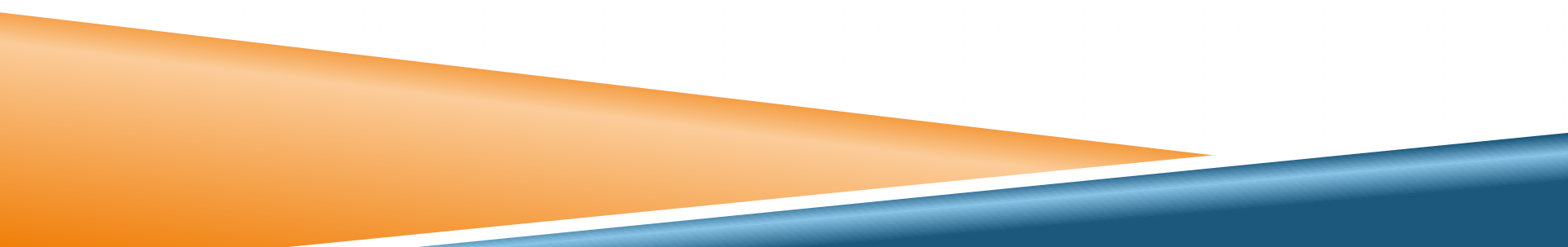
- Originating site shall mean a telemedicine site where the MO HealthNet participant receives the telemedicine service.
 - Originating sites include, but are not necessarily limited to health care provider facilities, participants' homes, and schools. For the purposes of asynchronous store-and-forward transfer, the originating site shall also mean the location from which the referring provider transfers information to the distant site.
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Distant Site

Distant site shall mean a telemedicine site where the health care provider providing the telemedicine service is physically located.



Provider Requirement for Telemedicine

- Any licensed health care provider shall be authorized to provide telemedicine services if such services are within the scope of practice for which the health care provider is licensed and are provided with the same standard of care as services provided in person.
 - To be reimbursed for telemedicine services health care providers treating patients in this state, utilizing telemedicine, must be fully licensed to practice in this state and be enrolled as a MO HealthNet provider prior to rendering services.
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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 & Distant Site Billing

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.

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 Current Procedural Terminology (CPT) code for the service along with place of service 02 when submitting telemedicine claims for the distant site.

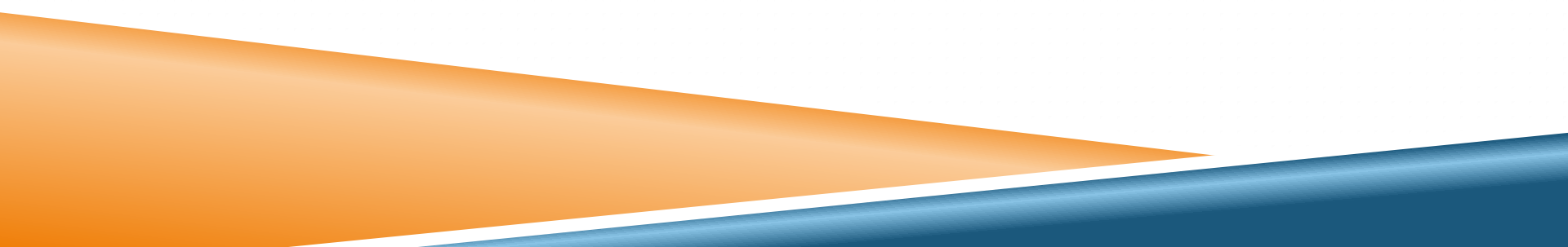
Exceptions to this are following.



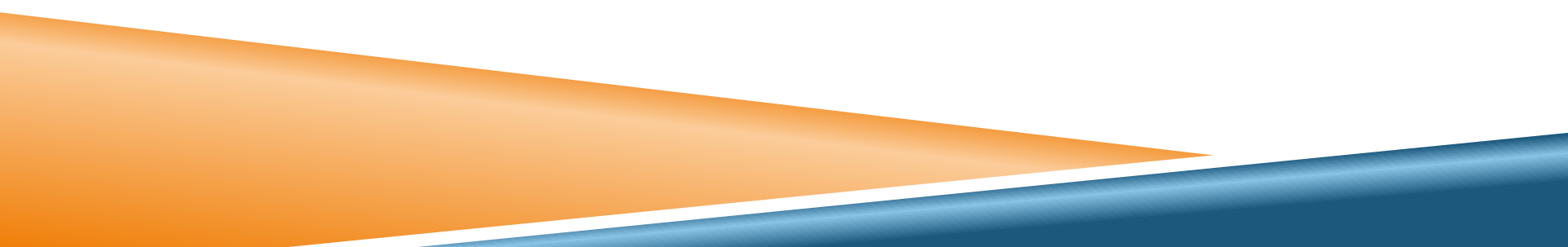
Behavioral Health Services in Residential/Inpatient

Providers delivering behavioral health services via telemedicine, for participants located in a residential or inpatient place of service (POS 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.

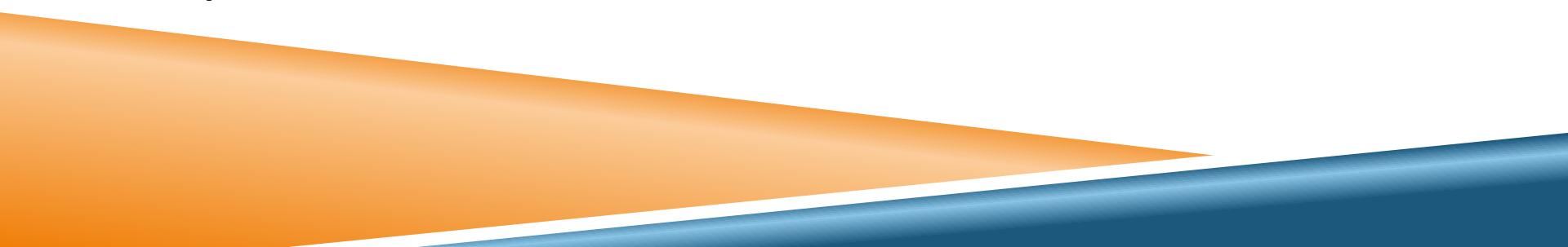
Outpatient Hospital Facility Fee Billing

- 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 and GT modifier.
 - The physician providing the service will bill for their distant site services on the medical claim form.
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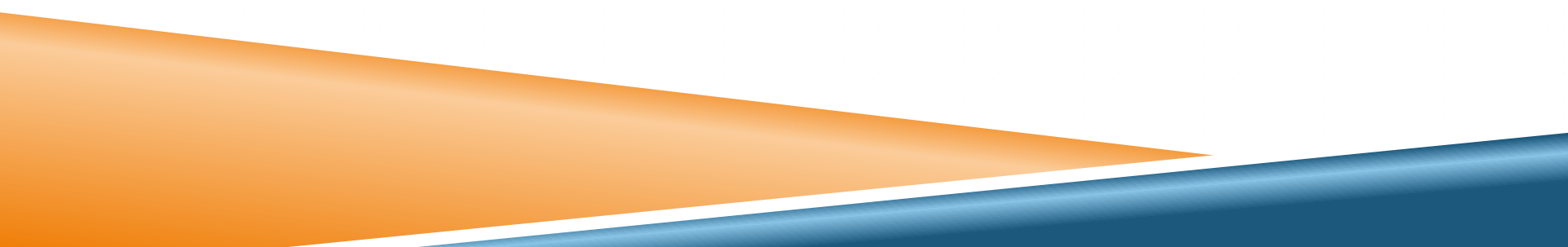
Distant Site on School Grounds

- 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.
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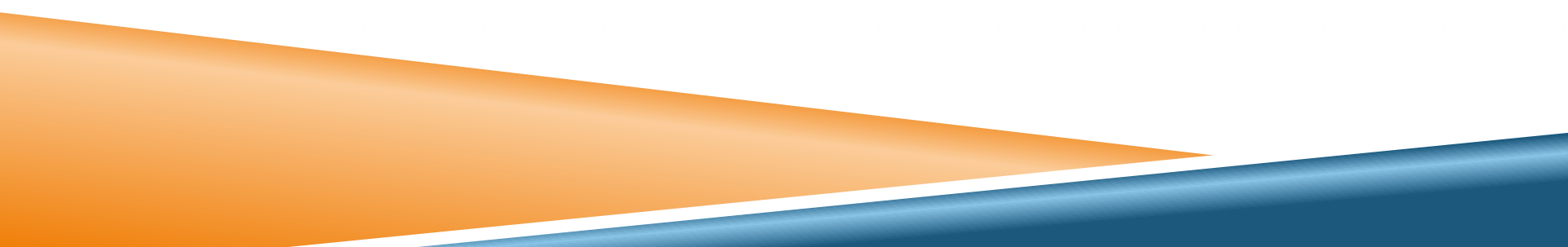
Rural Health Clinics (RHC)

- 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)

- 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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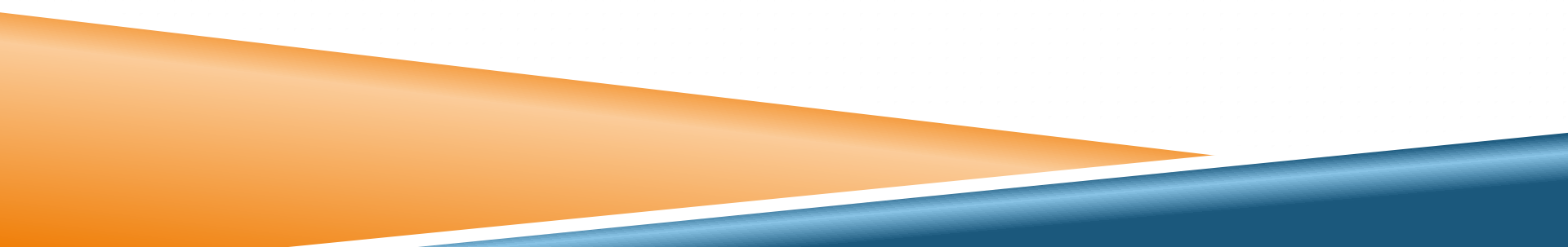
FQHC Cost Reporting: Originating Site

- 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: John Hirner at (573) 751-5663 or the Institutional Reimbursement Unit (IRU)
Clinic email at IRU.CLINIC@dss.mo.gov**



Addressing your Questions:

You may Contact the Education & Training Unit by:

email: MHD.PROVTRAIN@dss.mo.gov

Or by phone: 573-751-6683

