

## PROVIDER BULLETIN

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### Revised

## Telehealth: Originating Site Reimbursement for Rural Health Clinics & Federally Qualified Health Centers

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#### This Provider Bulletin contains revised information

#### Billing and Reimbursement for Telehealth Procedure Code Q3014 Rate Update

MHD Provider Bulletin Volume 41 Number 21, dated October 5, 2018, stated the following: For dates of service on or after July 1, 2018, the **originating site** reimbursement rate is \$15.39. Effective for dates of service on or after July 1, 2018, **FQHC providers must bill no more than \$16.73** in order to receive the \$15.39 maximum reimbursement. The MHD will reprocess claims paid for dates of service on or after July 1, 2018. Please check your future remittance advice statements for rate adjustments.

The MO HealthNet Division (MHD) will reimburse the lower of the provider's billed charge or the maximum allowable amount for the date of service billed for FFS claims. Providers may not bill the MHD at a higher rate than they charge their private pay patients.

#### Revision

RHCs, both Provider Based and Independent, must bill the Telehealth originating site fee using their **non-RHC** provider number. However, RHCs may use either their RHC provider number or their non-RHC provider number when operating as a **distant site**.

Claims for distant site services previously submitted using the non-RHC provider number may be resubmitted, within the timely filing guidelines, using the RHC provider number. RHC's will need to submit a claim credit to have the original payment taken back and then resubmit the claims using their RHC provider number.

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. FQHC providers must also remove charges and payments for Telehealth services from their year-end cost reports.

Managed Care enrolled providers should contact their Managed Care Organization for questions regarding telehealth/telemedicine billing and reimbursement.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**